FINAL REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC 2.0)

Team Recovery Under Structured Treatment (T.R.U.S.T.) Therapeutic Community Program Southern Desert Correctional Center

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INTRODUCTION

Research has consistently shown that programs that adhere to the principles of effective intervention, namely the risk, need, and responsivity (RNR) principles, are more likely to impact criminal offending. Stemming from these principles, research also suggests that cognitive-behavioral and social learning models of treatment for offenders are associated with considerable reductions in recidivism (see Andrews & Bonta, 2010 and Smith, Gendreau, & Swartz, 2009, for a review). Recently, there has been an increased effort in formalizing quality assurance practices in the field of corrections. As a result, legislatures and policymakers have requested that interventions be consistent with the research literature on evidence-based practices.

Within this context, the Nevada Department of Corrections is partnering with the University of Cincinnati Corrections Institute (UCCI) to assess correctional programs across the state of Nevada using the Evidence-Based Correctional Program Checklist (CPC). One of the programs selected to be assessed by NDOC is the Team Recovery Under Structured Treatment Therapeutic Community Program (T.R.U.S.T. Therapeutic Community Program) at Southern Desert Correctional Center (SDCC). The objective of the CPC assessment is to conduct a detailed review of the program's practices and to compare them to best practices within the correctional treatment literature. Program strengths, areas for improvement, and specific recommendations to enhance the effectiveness of the services delivered by the program are offered.

CPC BACKGROUND AND PROCESSES

The Evidence-Based Correctional Program Checklist (CPC) is a tool developed by the University of Cincinnati Corrections Institute (UCCI)[i] for assessing correctional intervention programs.[ii] The CPC is designed to evaluate the extent to which correctional intervention programs adhere to evidence-based practices (EBP) including the principles of effective intervention. Several studies conducted by UCCI on both adult and juvenile programs were used to develop and validate the indicators on the CPC. These studies produced strong correlations between outcome (i.e., recidivism) and individual items, domains, areas, and overall score. [iii] Throughout our work, we have conducted approximately 1,000 program assessments and have developed a large database on correctional intervention programs.[iv] In 2015, the CPC underwent minor revisions to better align with updates in the field of offender rehabilitation. The revised version is referred to as the CPC 2.0, but for ease, we will refer to it as the CPC throughout this report.

The CPC 2.0 is divided into two basic areas: content and capacity. The capacity area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: Program Leadership and Development, Staff Characteristics, and Quality Assurance. The content area includes the Offender Assessment and Treatment Characteristics domains, and focuses on the extent to which the program meets certain principles of effective intervention, namely RNR. Across these five domains, there are 73 indicators on the CPC, worth up to 79 total points. Each domain, each area, and the overall score are tallied and rated as either Very High Adherence to EBP (65% to 100%), High Adherence to EBP (55% to 64%), Moderate Adherence to EBP (46% to 54%), or Low Adherence to EBP (45% or less). It should be noted that all five domains are not given equal weight, and some items may be considered not applicable in the evaluation process.

The CPC assessment process requires a site visit to collect various program traces. These include, but are not limited to, interviews with executive staff (e.g., program director, clinical supervisor), interviews with treatment staff and key program staff, interviews with offenders, observation of direct services, and review of relevant program materials (e.g., offender files, program policies and procedures, treatment curricula, client handbook, etc.). Once the information is gathered and reviewed, the evaluators score the program. When the program has met a CPC indicator, it is considered a strength of the program. When the program has not met an indicator, it is considered an area in need of improvement. For each indicator in need of improvement, the evaluators construct a recommendation to assist the program's efforts to increase adherence to research and data-driven practices.

After the site visit and scoring process, a report is generated which contains all of the information described above. In the report, the program's scores are compared to the average score across all programs that have been previously assessed. The report is first issued in draft form and written feedback from the program is sought. Once feedback from the program is received, a final report is submitted. Unless otherwise discussed, the report is the property of the program/agency requesting the CPC and UCCI will not disseminate the report without prior program approval.

There are several limitations to the CPC that should be noted. First, the instrument is based upon an ideal program. The criteria have been developed from a large body of research and knowledge that combines the best practices from the empirical literature on what works in reducing recidivism. As such, no program will ever score 100% on the CPC. Second, as with any explorative process, objectivity and reliability can be concerns. Although steps are taken to ensure that the information gathered is accurate and reliable, given the nature of the process, decisions about the information and data gathered are invariably made by the evaluators. Third, the process is time specific. That is, the assessment is based on the program at the time of the assessment. Though changes or modifications may be under development, only those activities and processes that are present at the time of the review are considered for scoring. Fourth, the process does not take into account all "system" issues that can affect the integrity of the program. Lastly, the process does not address the reasons that a problem exists within a program or why certain practices do or do not take place.

Despite these limitations, there are a number of advantages to this process. First, it is applicable to a wide range of programs.[v] Second, all of the indicators included on the CPC have been found to be correlated with reductions in recidivism through rigorous research. Third, the process provides a measure of program integrity and quality as it provides insight into the black box (i.e., the operations) of a program, something that an outcome study alone does not provide. Fourth, the results can be obtained relatively quickly. Fifth, it provides the program both with an idea of current practices that are consistent with the research on effective interventions, as well as those practices that need improvement. Sixth, it provides useful recommendations for program improvement. Furthermore, it allows for comparisons with other programs that have been assessed using the same criteria. Finally, since program integrity and quality can change over time; it allows a program to reassess its progress in adhering to evidence-based practices.

As mentioned above, the CPC represents an ideal program. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall, 8% of the programs assessed have been classified as having Very High Adherence to EBP, 22% as having High Adherence to EBP, 21% as having Moderate Adherence to EBP, and 49% as having Low Adherence to EBP. Research conducted by UCCI indicates that programs that score in the Very High and High Adherence categories look like programs that are able to reduce recidivism.

SUMMARY OF THE TEAM RECOVERY UNDER STRUCTURED TREATMENT PROGRAM AT SOUTHERN DESERT CORRECTIONAL CENTER AND SITE VISIT PROCESS

The T.R.U.S.T. Therapeutic Community Program is operated at SDCC in Indian Springs, Nevada. The original program (OASIS) began approximately in 2005. The program was modified and changed its name to T.R.U.S.T. Therapeutic Community Program in October 2012. The T.R.U.S.T. Therapeutic Community Program operates as a therapeutic community to address substance abuse needs of incarcerated men and can serve up to 120 clients. Once in the program, clients undergo three phases of programming. The first phase includes beginning sessions of Cognitive Behavioral Interventions for Substance Abuse (CBI-SA) and therapeutic community treatment modules. The clients must also complete a pros/cons assignment, a sociogram, journaling, and begin skills class. In the second phase, clients progress through CBI-SA and continue on with their sociogram, journaling, and skills group. Phase III completes the CBI-SA curriculum, and the clients continue in skills group, completing their sociogram, and journaling. Clients also partake in a group designed to improve health decision making as it pertains to sexual activity, with the aim of reducing the spread of HIV and STDs. Clients also complete success plans in Phase III. The clients also complete a victim impact panel during Phases I-III. Some clients will continue on to aftercare if they have time before their release. In aftercare, clients receive an additional sex education program (Way Safe), continue with skills group, and work on relapse prevention. The Program Coordinator is Ms. Robyn Feese. While Ms. Feese is the Substance Abuse Program Director and oversees many additional programs, she was serving the Program Coordinator while this position was vacant. At time of assessment, the T.R.U.S.T. Therapeutic Community Program had three Substance Abuse Councilor (SAC) II positions, two SAC I position, a Correctional Casework Specialist III, and a Correctional Casework Specialist II.

The CPC assessment process consisted of a series of structured interviews with staff members and program participants during an on-site visit to the T.R.U.S.T. Therapeutic Community Program on October 19, 2017. Data were gathered via the examination of twenty representative files (open and closed) as well as other relevant program materials (e.g., manuals, assessments, curricula, resident handbook, etc.). Finally, a T.R.U.S.T. Therapeutic Community Program group was observed. Data from the various sources were then combined to generate a consensus CPC score and specific recommendations, which are described below. This is the fourth CPC assessment of this program.

FINDINGS

Program Leadership and Development

The first sub-component of the Program Leadership and Development domain examines the qualifications and involvement of the program director (i.e., the individual responsible for overseeing daily operations of the program), his/her qualifications and experience, his/her current involvement with the staff and the program participants, as well as the development, implementation, and support (i.e. both organizational and financial) for the program. As previously mentioned, Ms. Robyn Feese was identified as the program directors for the purpose of this report.

The second sub-component of this domain concerns the initial design of the program. Effective interventions are designed to be consistent with the literature on effective correctional services, and program components should be piloted before full implementation. The values and goals of the program should also be consistent with existing values in the community and/or institution, and it should meet all identified needs. Lastly, the program should be perceived as both cost effective and sustainable.

Program Leadership and Development Strengths

The program director is qualified and experienced. Ms. Feese has a Master's degree in Human Development counseling with course specialization in corrections stemming from a minor in criminal justice. Ms. Feese has over 12 years of experience working with correctional treatment populations, including 7 years at SDCC and two years in her position as Substance Abuse Program Director. The program director is directly involved in selecting staff for the T.R.U.S.T. Therapeutic Community Program. Ms. Feese receives a candidate list for HR, selects applicants for interviews, and participates in those interviews.

The program director is also involved in the training of new staff. Ms. Feese reviews all PREA requirements, goes over the necessary Administrative Regulations (ARs), and goes through a new hire training checklist. In addition, she assigns the new staff to observe different aspects of the T.R.U.S.T. Therapeutic Community Program and assigns them to a seasoned staff to shadow. New hires then co-lead with that staff, lead a group with a season staff member in the room, and finally lead with staff who sit in on group intermittently. Finally, new hires receive training and observation on all assessments, and are required to give presentations during staff meetings to demonstrate competence. Finally, Ms. Feese is involved in direct supervision of service delivery staff as she provides weekly clinical staffing meetings.

Formal piloting of potential changes to the program is a consistent and systematic process with the T.R.U.S.T. Therapeutic Community Program. The pilot period is used to evaluate and sort out any program logistics or content issues that may arise with a change to the program. If a change to the program is sought, staff present potential changes to a review committee for feedback and acceptance; if accepted, the Substance Abuse Program Director reviews this and determines if the changes can occur. Each pilot period has a beginning and end date and lasts for 90 days. Data and information are collected and reviewed. During the visit, evaluators found evidence for the

piloting of a contingency management program, a staff development form, a daily failure form, a proposal policy, and role play guidelines.

The program has the support of the criminal justice community as evidenced by its strong working relationship between T.R.U.S.T. Therapeutic Community Program staff, NDOC, and SDCC. This information was consistently observed and documented through interviews. The program also has the support of the community-at-large, as evidenced by their relationship with the University of Nevada Las Vegas (UNLV, where they consistently receive interns), Job Connect, Ridge House, and the Department of Health and Human Services.

There have been no major decreases in funding that have significantly impacted the program within the past two years. The original therapeutic community program has been offered at the facility for 10 years and the T.R.U.S.T. Therapeutic Community Program has been offered at the facility for roughly 5 years, which meets the CPC criterion of being an established program.

Program Leadership and Development Areas in Need of Improvement and Recommendations

Program directors that are actively involved in the delivery of program services are more aware of the current and changing needs of the staff and participants in the program. Thus, programs that have program directors actively involved in the delivery of services demonstrate better programmatic outcomes. Active involvement can take the shape of consistent group facilitation, consistent administration of assessments, and/or carrying a small caseload. Once the position is filled, the T.R.U.S.T. Therapeutic Community Program should ensure that the SAC III program director is directly involved in the delivery of services.

- ***Recommendation:*** The program director does not currently have consistent and systematic involvement in the delivery of services for the T.R.U.S.T. Therapeutic Community Program. This is a result of Ms. Feese temporarily operating as the Program Coordinator while this position is filled. It should be noted that once the SAC III position of Program Coordinator is filled, the job description requires that they provide direct service delivery dedicated to the T.R.U.S.T. Therapeutic Community Program.

It is important the program is based on the effective correctional treatment literature and that all staff members have a thorough understanding of this research. Interviews of staff and review of program materials indicated that a limited literature review was conducted; however, this review was not thorough enough to meet CPC criterion. The review of literature was based on some meta-analyses, a review of Crime Solutions website, and some trainings. While the T.R.U.S.T. Therapeutic Community Program should be commended for seeking out evidence-based information for its program, it is recommended that this review be more purposeful.

- ***Recommendation:*** The T.R.U.S.T. Therapeutic Community Program Program Coordinator or their designee should conduct a literature search to ensure that an effective program model is implemented consistently throughout all components of the program. The literature should also be consulted on an ongoing basis. This literature search should include major criminological and psychological journals, as well as key texts. Some examples of these texts are: “Psychology of Criminal Conduct” by Don Andrews and James Bonta; “Correctional Counseling and Rehabilitation” by Patricia Van Voorhis,

Michael Braswell, and David Lester; "Choosing Correctional Options That Work: Defining the Demand and Evaluating the Supply" edited by Alan Harland; and "Contemporary Behavior Therapy" by Michael Spiegler and David Guevremont. Journals to be regularly reviewed should, at a minimum, include: *Criminal Justice and Behavior; Crime and Delinquency;* and *The Journal of Offender Rehabilitation*. Collectively, these sources will provide information about assessment and programming that can be applied to groups and services delivered by the program. It is important that the core program and all of its components be based on a coherent theoretical model with empirical evidence demonstrating its effectiveness in reducing recidivism among criminal justice populations (e.g., cognitive behavioral and social learning theories).

Program fidelity is critical for program success. Programs that are not able to be implemented as intended do not perform as well as programs that have the funds to allow them to be implemented as intended. T.R.U.S.T. Therapeutic Community Program funding is not adequate to implement the program as designed. The program consistently operates with too few staff members, as staff often leave the position to receive better paying opportunities. This results in the remaining staff being overextended and not able to run the program as intended. While state funding did increase this year, the program still relies heavily on grant funds, which, if those funds cease, would render the program inoperable.

- ***Recommendation:*** The Substance Abuse Program Director should determine what appropriate wages are for similar positions are across the state of Nevada and work with the NDOC slowly increase wages to this level. In the meantime, or in lieu of the aforementioned idea, these parties should explore ways to reduce staff turnover to allow the program to be implemented as designed.

Staff Characteristics

The Staff Characteristics domain of the CPC concerns the qualifications, experience, stability, training, supervision, and involvement of the program staff. Staff considered in this section includes all full-time and part-time internal and external providers who conduct groups or provide direct services to the clients. Excluded from this group is support staff and the program director, who was evaluated in the previous section. In total, five staff were identified as providing direct services, including three Substance Abuse Counselor (SAC) II positions and two SAC I positions.

Staff Characteristics Strengths

T.R.U.S.T. Therapeutic Community Program staff meet CPC standards for experience. At the time of assessment, 75% of treatment staff had at least two years of work experience in a correctional treatment setting. The CPC requires that at least 75% of staff have this level of education.

Staff receive an annual evaluation that assesses staff on traditional employment indicators like documentation and file management, work ethic, customer service and communication, safety, and professionalism. In addition to those indicators, staff are also assessed on service delivery skills. This includes areas such as responsivity assessment administration, treatment plans, role modeling, skill teaching, reinforcement, and punishment.

Staff receive training on services provided by the program and on the philosophy and goals of the program before delivering services. This includes formal training and certification in CBI-SA, and training and certification in NRAS. Moreover, staff consistently receive 40 dedicated hours of yearly ongoing training related to evidence-based practices and service delivery skills. The T.R.U.S.T. Therapeutic Community Program should be commended for their commitment to training.

Staff feel they have a voice in the program and their input is valued. Staff have the ability to suggest modifications to the program at staff meetings, directly to the program director, and by text. Many of the areas highlighted as pilots were based on suggestions from staff.

The T.R.U.S.T. Therapeutic Community Program has ethical guidelines in place for all staff. These guidelines are found in NDOC ARs. Moreover, the staff follow the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) Code of ethics.

Staff Characteristics Areas in Need of Improvement and Recommendations

Programs that have at least 70% of staff with an associate's degree or higher in a helping profession (e.g., counseling, criminal justice, psychology, social work, or specialized fields like addictions) demonstrate better programmatic outcomes than programs who lack staff with this type of education. At the time of assessment, 63% of T.R.U.S.T. Therapeutic Community Program staff met this mark.

- ***Recommendation:*** When new staff are hired, it is recommended that the T.R.U.S.T. Therapeutic Community Program look to hire staff who have at least in an associate's degree in a helping profession.

Programs that hire staff based on key skills and values demonstrate better programmatic outcomes then programs that make decisions based solely on other factors (e.g., experience, education, time management, team player, punctuality, etc.). Staff hired to work in the T.R.U.S.T. Therapeutic Community Program participate in a standardized process in which five interview questions are selected from eight predetermined questions. Moreover, interviewers are prohibited from asking probing follow-up questions during the interview process. While this process is meant to reduce bias, it simultaneously prevents staff from asking questions related to the skills and values they possess related to offender change. As a results, there is no consistent process to ensure that staff are hired based on skills and values related to behavioral change.

- ***Recommendation:*** Indicators of key skills and values include (but are not limited to): strong support for offender treatment and change, empathy, fairness, life experiences, being non-confrontational but firm, problem solving, and prior training or licensure. T.R.U.S.T. Therapeutic Community Program staff should work with closely with NDOC to determine if there is a way to augment the current interview process to ensure that staff possess values supportive of helping inmates with their change process when they are hired.

While staff meetings occur weekly, which meets the criterion of the CPC, interviews consistently indicated these meetings focus on problematic cases (i.e., either in staffing to make sure they are

receiving the correct services or because of some behavioral or program rule violation). As a result, clients who are doing well are not staffed during meetings.

- ***Recommendation:*** Every client's file case should be consistently reviewed to verify progress and review treatment conditions and planning. A portion of each weekly meeting should be reserved for review of cases. Cases should be rotated through to ensure that each client's case is staffed multiple times (i.e., twice at a minimum) during their length of stay.

All staff involved in providing group or individual services to clients should receive ongoing clinical supervision. While the state of Nevada does not require clinical supervision for certain class titles, evidence does demonstrate that programs that provide clinical supervision to staff who delivery services demonstrate better outcomes than programs that do not provide clinical supervision. Currently, clinical supervision is being provided by two staff; however, only one staff member has the necessary credentials to provide clinical supervision.

- ***Recommendation:*** Staff members who meets Nevada state standards and are licensed by the state should provide at least monthly clinical supervision. The clinical supervisor(s) should meet at least once a month with all case managers and group facilitators to assist them in how they can improve in their service delivery and client interactions. This supervision should focus on how these staff can better incorporate cognitive behavioral interventions and core correctional practices into their daily interactions.

Programs that demonstrate staff support for the goals and values of behavioral change programs demonstrate greater reductions in recidivism than programs that do not. The site visit revealed that not all staff are supportive of the T.R.U.S.T. Therapeutic Community Program. While the majority of the staff believe that the program is beneficial, there are concerns over correctional officers' support the program.

- ***Recommendation:*** While correctional officer main focus will always be the safety and security of the institution, staff, and inmates, this does not preclude them for supporting the goals and values of behavioral change. Safety and security and programming are not mutually exclusive. Security staff can be trained in core correctional practices of effective disapproval, effective reinforcement, and effective use of authority to help support the T.R.U.S.T. Therapeutic Community Program in delivering effective interventions.

Offender Assessment

The extent to which participants are appropriate for the services provided and the use of proven assessment methods is critical to effective correctional programs. Effective programs assess the risk, need, and responsivity of participants, and then provide services and interventions accordingly. The Offender Assessment domain examines three areas regarding assessment: (1) selection of participants, (2) the assessment of risk, need, and personal characteristics, and (3) the manner in which these characteristics are assessed.

Offender Assessment Strengths

The T.R.U.S.T. Therapeutic Community Program admits appropriate clients, as determined by the program. While clients are self-referred, very few (less than 20%) are inappropriate for the services provided by T.R.U.S.T. Therapeutic Community Program. Those that may be inappropriate are the result of attending only for meritorious credit and are not motivated to fully participate in the program and/or have some mental health diagnosis that prevent them from fully participating in the program.

The program has written, established guidelines for excluding clients that may not be appropriate for services. Specifically, the program only selects individuals that have at least 18 months before probable parole release, six months with no violence write ups, 90 days with no write ups, no felony or ICE holds that need to be addressed at release, and must be at least moderate to very high (i.e., no low risk clients) on the NRAS.

Effective risk, need, and responsivity assessment tools are an essential component of effective intervention for all individuals involved in the criminal justice system. Risk assessment tools are a crucial piece of evidence-based correctional programming as these assessment scores assist in determining which clients are suitable for services as well as determining duration and intensity of treatment services, based on risk level. Need assessment scores are also crucial as they determine which criminogenic need areas clients have, whereas responsivity assessments assist in determining clients' possible barriers to treatment (i.e., mental health concerns, trauma histories, low motivation for treatment, learning or education barriers, to name a few). The T.R.U.S.T. Therapeutic Community Program reviews self-referred and identified clients for the NRAS risk and need assessment results. The NRAS is a valid, standardized, and objective instrument that produces a risk level and a survey of dynamic criminogenic needs.

Moreover, the T.R.U.S.T. Therapeutic Community Program also administers the criminogenic need specific Addiction Severity Index (ASI) to further determine the substance abuse need. The T.R.U.S.T. Therapeutic Community Program also administers the TCU Criminal Thinking Scales. Finally, the program assesses a variety of responsivity characteristics through the TCU social functioning scales which assess motivation, mental health and treatment readiness.

It is important that programs target higher risk clients for services. As a result, programs should strive to ensure that moderate and high risk clients are admitted to the program, and low risk clients are not routinely admitted. Currently, the T.R.U.S.T. Therapeutic Community Program has 100% percent of clients as very high, high, or moderate risk.

Treatment Characteristics

The Treatment Characteristics domain of the CPC examines whether the program targets criminogenic behavior, the types of treatment (or interventions) used to target these behaviors, specific intervention procedures, the use of positive reinforcement and punishment, the methods used to train justice-involved participants in new prosocial thinking and skills, and the provision and quality of aftercare services. Other important elements of effective intervention include matching the participant's risk, needs, and personal characteristics with appropriate programs, intensity, and staff. Finally, the use of relapse prevention strategies designed to assist the participant in anticipating and coping with problem situations is considered.

Treatment Characteristics Strengths

While the program does target non-criminogenic need areas such as motivation, parenting, sex education, and trauma, the program also targets criminogenic needs. These criminogenic targets include: criminal thinking, prosocial skill deficits/teaching pro social skills, substance abuse, peers, anger, relapse prevention, family, success planning, and emotional regulation. As a result, the T.R.U.S.T. Therapeutic Community Program focuses at least 50% of its effort on those characteristics associated with recidivism (criminogenic needs).

The program is using some evidence-based interventions. For example, the CBI-SA curriculum is cognitive behavioral in nature. Furthermore, the program utilizes skills groups that incorporate graduated practice.

While in the program, it is important that the clients are supervised and closely monitored within the context of the goals of the program. For programs that operate in institutions like T.R.U.S.T. Therapeutic Community Program, this means that program participants should be separated from the general population that is not receiving T.R.U.S.T. Therapeutic Community Program. All T.R.U.S.T. Therapeutic Community Program participants are housed in one unit away from the general population. While participants do interact with general population during education, the exposure time is limited.

T.R.U.S.T. Therapeutic Community Program has developed and follows a detailed program manual. Treatment programs each have a manual that outlines group sessions, goals, interventions, and homework. Furthermore, the manual includes a program description, philosophy, admission criteria, assessment practices, scheduling, case planning, phase advancement (behavior management, completion criteria, discharge planning, and aftercare (if applicable).

Correctional clients should spend between 35-50 hours a week in structured programming or outside program requirements, so that clients involved in structured activities have less down time. The T.R.U.S.T. Therapeutic Community Program meets the CPC criterion as all clients in each phase of the program have at least 35 hours of structured time. This is Achieved through: town hall meeting attendance, peer led groups, CBI-SA groups, graduated practice skills groups, and impact panels.

Effective correctional programs inform service delivery using the risk, need, and responsivity levels of the client. For example, effective programs are structured so that lower-risk participants have limited exposure to their higher risk counterparts. Research has shown that mixing low risk participants with moderate or high risk participants can increase the risk of recidivism for low risk participants. Low risk participants may be negatively influenced by the behavior of high risk participants, thereby increasing their risk of recidivism. The T.R.U.S.T. Therapeutic Community Program does not accept low risk clients, and, therefore, does not expose low risk clients to intensive interventions with high risk clients.

A program should vary the dosage and duration of service according to the client's risk level. Clients who are at higher risk for recidivism by definition have more criminogenic needs. These

clients should be required to attend additional services, dictated by the needs identified on the NRAS risk and need assessment tool. Thus, clients identified overall as high risk for recidivism should have longer and more intense services than those identified as moderate risk. Research indicates that participants who are moderate risk to reoffend need approximately 100-150 hours of evidence-based services to reduce their risk of recidivating and high risk participants need over 200 hours of services to reduce their risk of recidivating. Very high risk or high risk people with multiple high need areas may need 300 hours of evidence-based services. Only groups targeting criminogenic need areas (e.g., antisocial attitudes, values, and beliefs, antisocial peers, anger, self-control, substance abuse) using an evidence-based approach (i.e., cognitive, behavioral, cognitive-behavioral, or social learning) can count towards the dosage hours. The T.R.U.S.T. Therapeutic Community Program does provide more intensive services to higher risk participants. Those that are assessed as high or very high risk receive three more hours of service per week. This takes the form of more skills group, more homework, and they must complete two additional groups weekly focused on Hazelden workbooks.

Programs that have formal processes in place for clients to provide the program feedback on their likes and dislikes demonstrate better outcomes than programs that lack this formalized procedure. Clients in the T.R.U.S.T. Therapeutic Community Program are able to provide feedback through the structure board, quarterly satisfaction surveys, pilot review activities, and by using proposal forms.

T.R.U.S.T. Therapeutic Community Program has established a thorough array of reinforcers for use to encourage positive behavior in and out of the program. These reinforcers include: tally marks, fishbowl pull, and good job pulls. The tally marks and pulls allow the client to pick from a series of reinforcers (e.g., pencil sharpeners, colored pencils, notebooks, etc.). Clients also earn meritorious credit upon completion, can receive pushups in TC meetings, and are exposed to verbal praise by treatment staff. The T.R.U.S.T. Therapeutic Community Program has also established an array of appropriate punishers available for use. These include pull ups in TC meetings, phase demotion, phase delay, probation periods, extra homework, write ups, daily failures, behavioral contracts, and program discharge.

Effective programs have established criteria that clearly outline the completion criteria for the program. Successful completion should be defined by progress in acquiring pro-social behaviors, attitudes and beliefs while in the program as well as documented (i.e., behavioral assessment instrument, checklist of behavioral/attitudinal criteria, detailed treatment plan) progress towards meeting individualized treatment goals. To successfully complete the T.R.U.S.T. Therapeutic Community Program, a client must attend the groups and complete homework. However, they must also advance through all phases of the program. Moreover, they must demonstrate mastery of all skills of the CBI-SA program. This entails performing a graduated practice role play of all skills in the skills group. Based on their completion of each of the steps, the facilitator rates whether or not they mastered the skill. All skills must be mastered before completion. As such, the T.R.U.S.T. Therapeutic Community Program has a direct measurement of the acquisition of prosocial behaviors.

If correctional programming hopes to increase participant engagement in prosocial behavior, participants have to be taught skills in how to do so. This includes new thinking skills and new

behaviors. The T.R.U.S.T. Therapeutic Community Program provides cognitive restructuring and structured skill building throughout CBI-SA and skills groups. During these groups, staff define the skill to be learned, staff sell the skill/increasing participant motivation for the skill, staff model the skill for the participants, participants rehearse the skill (applying that skill to their specific life circumstances or high risk situations or role-playing; and every client practices that skill), and staff provide constructive feedback. In the skills groups, clients practice the skill in increasingly difficult situations and are given staff feedback/generalizing the use of the skill to other situations.

All treatment groups are conducted by direct service delivery staff from beginning to end. Moreover, staff monitor peer skills groups.

Treatment Characteristics Areas in Need of Improvement and Recommendations

To further reduce the likelihood that participants will recidivate, the ratio of criminogenic needs targeted to non-criminogenic needs should at least be 4:1 (80% criminogenic). As mentioned above, although the program targets a number of criminogenic needs, it also targets a number of non-criminogenic needs, resulting in a ratio of 9:4 (69% criminogenic). The emphasis of programming should greatly favor criminogenic needs as these are most likely to reduce recidivism.

- ***Recommendation:*** In order to increase the density of appropriate program targets, it is recommended the T.R.U.S.T. Therapeutic Community Program work to increase the amount of service time related to criminogenic need areas and decrease the amount of time spent on targets not directly linked to criminal behavior. The program should ensure that group and individual sessions stay focused on the core areas designated on the NRAS and that time spent on these core areas significantly outweighs time spent on other targets by a ratio of 4:1. For example, reducing the time spent on non-criminogenic targets like parenting, trauma, and victim impact panels will aid in dosage. Time spent on these topics could be replaced with additional skill practice, additional time spent practicing cognitive restructuring (i.e., more work on identifying problematic thinking and developing replacement thoughts), and developing and practicing detailed relapse prevention plans. If the program does not wish to completely get rid of targeting parenting, trauma, and victim impact panels, the program should lessens its focus on these areas and still increase time spent targeting criminogenic needs.

The T.R.U.S.T. Therapeutic Community Program does develop case plans for each participant in the program. However, a review of files and interviews with staff and clients revealed that case plans do not always track the progress of each client in meeting goals aimed at reducing relevant criminogenic needs. Many of the reviewed case plans were not build on the results of the NRAS assessment and some were not targeting criminogenic needs.

- ***Recommendation:*** Case/treatment plans should be derived from the review of the client's needs and individual goals, based on standardized and validated risk/need/responsivity assessments. These individualized case plans should be developed by the case manager or program staff and the participants and be regularly updated in case management meetings. The plans should include targets for change, and strategies for achieving the change based

on skills being taught throughout the program including what the client is responsible for completing and what the program staff are responsible for assisting the client with.

The most effective programs are based on behavioral, cognitive behavioral (CBT), and social learning theories and models. The T.R.U.S.T. Therapeutic Community Program aims for a primary modality of treatment that is cognitive-behavioral under a therapeutic community. While the CBI-SA and the skills groups are delivered in a cognitive behavioral format, other interventions (i.e., TC group, journaling, and anger management) are not delivered using an effective modality.

- ***Recommendation:*** The T.R.U.S.T. Therapeutic Community Program should implement a comprehensive program model based on social learning and cognitive behavioral theories and approaches across all interventions. This model should also be reflected in the program manual, group interventions, case management sessions, individual sessions, and in all other interactions with participants.

    - The program should select an evidence-based anger management curriculum (e.g., Aggression Replacement Training or Washington Aggression Interruption Training) that delivers interventions under a complete cognitive behavioral format.

    - There is little evidence that journaling programs consistently impact recidivism as they are not administered using an evidence based modality. Thus, if the T.R.U.S.T. Therapeutic Community Program wishes to continue interventions delivered using journaling, care should be taken to introduce cognitive behavioral strategies throughout. For example, based on a client's response in the journal, what criminal thoughts were identified and what thoughts could be used to replace antisocial thoughts? What skill learned in your CBI-SA class could be used in the situation? Then this skill could be practiced.

The length of time over which services are delivered is important. The most effective interventions last between three and nine months. The current program is designed to be completed in 10 to 14 months.

- ***Recommendation:*** T.R.U.S.T. Therapeutic Community Program should evaluate how the program can be completed within 9 months, not including aftercare. The program could look at removing interventions that take up time that are not focused on criminogenic needs.

Offender needs and responsivity factors like personality characteristics or learning styles should be used to systematically match the client to the type of service for which he/she is most likely to respond. These assessed characteristics can also be used to assign staff and offenders together. While the T.R.U.S.T. Therapeutic Community Program assess both criminogenic needs and responsivity factors, there was no evidence in the treatment files that responsivity assessment results are used to make treatment or case planning decisions to refer clients to programming or to match of staff and clients. Moreover, programs that assign staff to groups based on skills, education, experience, or training have better outcomes than programs that do not. Staff at T.R.U.S.T. Therapeutic Community Program are assigned to groups based on schedule. Programs have better outcomes when they staff are matched to clients based on assessed need and/or

responsivity factors. It is important to note that the T.R.U.S.T. Therapeutic Community Program strives to match clients to staff as best as possible, but are often unable to do so because the program is short of staff. For example, the T.R.U.S.T. Therapeutic Community Program attempts to assign staff to programs based on skills, experience, training, and expressed interest. As indicated above, the program is often not able to implement the program as designed because of staff shortages. Once staff are in place, policies exist that should allow the T.R.U.S.T. Therapeutic Community Program the ability to match clients and staff and staff to programming.

- ***Recommendation:*** Results from standardized criminogenic need and responsivity assessments should be used to assign participants to different treatment groups and staff. To illustrate, participants who are highly anxious should not be placed in highly confrontational groups or with staff who tend to be more confrontational. Likewise, participants who lack motivation may need motivation issues addressed before an assignment to a service designed to address beliefs and teach skills.

- ***Recommendation:*** Clients should be purposefully assigned to staff. For example, a client with substance abuse issues is matched with a staff member with substance abuse credentials. Or, a client who lacks motivation is matched with a staff who excels in motivational interviewing techniques.

- ***Recommendation:*** Once the program addresses staff turnover issues, T.R.U.S.T. Therapeutic Community Program should assign staff to deliver programming based on skills, experience, education, training, and then expressed interest. Scheduling should not be based on schedule availability alone.

With regard to reinforcers and punishers, the program can increase its adherence to the evidence by improving the use and process of administration of positive and negative consequences. Programs for criminal justice clientele should identify and apply appropriate reinforcers. While T.R.U.S.T. Therapeutic Community Program has established an appropriate menu of reinforcers (i.e., verbal praise, push-ups, fishbowl draws, good job draws, etc.), the administration of reinforcers needs to be improved. Rewards are most valuable when they are received as close in time to the target behavior as possible and when the target behavior is directly linked with the reward. Further, the research is also clear that rewards need to outweigh sanctions (i.e., punishers) by a ratio of 4:1. Finally, program staff do not receive any limited training in the administration of rewards and punishers.

In addition to appropriate rewards, a good behavior management system has a wide range of negative consequences available to promote behavioral change which are appropriately applied. As noted above, the T.R.U.S.T. Therapeutic Community Program has established an array of appropriate punishers available for use. While this is an acceptable menu, the program uses treatment as punishment, which is not an aspect of effective behavioral management. Specifically, clients are often assigned a thinking report as punishment. A thinking report should be a tool used by the program to change behavior and should be viewed by clients as a positive tool that helps them identify problematic thinking that leads to poor behaviors. When thinking reports are given as a punishment, this portrays them as a negative rather than a positive. Staff are also not trained on how to properly administer effective negative consequences. For example, there is no formal

policy concerning negative effects that may occur after the use of punishment. Policy and training should alert staff to issues beyond emotional reactions such as aggression towards punishment, future use of punishment, and response substitution. CPC recommendations in this area are designed to help programs fully utilize a cognitive-behavioral model.

- ***Recommendations:*** The current behavior management system should be modified in the following manners:

    - Reinforcers should be monitored to ensure they are being consistently applied, administered as close in time to the desired behavior as possible, and staff link the reward to the desired behavior. For key target behaviors, staff should have the client articulate the short-term and long-term benefits of continuing that behavior.

    - All staff, regardless of their role, should administer rewards as appropriate. This should include correctional officers, case managers, and treatment staff.

    - The program should strive for a 4:1 ratio of reinforcers to punishers. The program can increase its ratio by using reinforcement in informal contacts, in groups, and in individual sessions.

    - For consequences to achieve maximum effectiveness, they should be administered in the following manner: 1) escape from the consequence should be impossible; 2) applied at only the intensity required to stop the desired behavior; 3) the consequence should be administered at the earliest point in the deviant response; 4) it should be administered immediately and after every occurrence of the deviant response; 5) alternative prosocial behaviors should be provided and practiced after punishment is administered; and 6) there should be variation in the consequences used (when applicable).

    - Treatment tasks should never be used as punishers. Instead, staff should sanction the behavior with one of the appropriate sanction developed by the program. After the appropriate punisher has been administered, staff can introduce the concept of a "treatment response." That is, the staff can introduce the client to a thinking report and sell it as a mechanism that can be used to avoid getting into trouble in the future.

    - Staff should understand punishment may result in certain undesirable outcomes beyond emotional reactions and be trained to monitor and respond to these responses. For example, after the administration of a punishment staff should watch for emotional reactions (e.g., fear, interference with new learning, and disruption in social relationships), avoidance/aggression towards punishers (i.e., use of behaviors to escape punishment), future use of punishment (i.e., mimicking the same type of punishment received), response substitution (i.e., demonstrating another inappropriate behavior), or lack of punishment generalization (i.e., believe the punishment only comes from the correctional system and would not be applied in the "real world").

Effective correctional programs have a completion rate between 65% and 85%, ensuring the program is neither too difficult nor arbitrarily easy to complete. The T.R.U.S.T. Therapeutic Community Program completion rate was 56% for the previous year.

- ***Recommendation:*** The T.R.U.S.T. Therapeutic Community Program should audit the reasons and stage of failure in the program to determine if there are any areas that can be addressed to improve completion. Similarly, reducing the time in the program to 9 months may also have an impact on completion rate.

Group size falls outside the required range of the CPC. The required range for groups is 8 to 10 per facilitator. Groups at the T.R.U.S.T. Therapeutic Community Program begin with 12 participants.

- ***Recommendation:*** Groups should not exceed 8 to 10 clients per active facilitator. Once fully staffed, the program should work towards this goal.

The T.R.U.S.T. Therapeutic Community Program does not develop formal discharge plans for all clients of the T.R.U.S.T. Therapeutic Community Program.

- ***Recommendation:*** Formal discharge plans should be developed upon termination from the program. These plans should include any referrals to other services (in the community or institution), progress in meeting target behaviors and goals, and noted areas that need continued improvement. These plans can be shared with the client and follow them through the criminal justice system.

Research demonstrates that aftercare is an important component of effective programs in order to help clients maintain long-term behavior change. The T.R.U.S.T. Therapeutic Community Program does currently have an aftercare component; however, it is not a required component and is only used for those who do not parole immediately following program completion.

- ***Recommendation:*** All clients should be required to attend a formal aftercare period in which continued treatment and/or supervision is provided. This should be developed for both populations of clients—those that remain in the institution after the primary treatment has been completed and those that are paroled immediately following completion of primary treatment.

- ***Recommendation:*** All clients should be required to attend a formal aftercare period in which continued treatment and/or supervision is provided. High quality aftercare includes planning that begins during the treatment phase, reassessment of offender risk and needs, requirement of attendance, evidence-based treatment groups or individual sessions, and duration and intensity is based on risk level.

Quality Assurance

This CPC domain examines the quality assurance and evaluation processes that are used to monitor how well the program is functioning. Specifically, this section examines how the staff ensure the program is meeting its goals.

Quality Assurance Characteristics Strengths

The program has a systematic process to solicit client satisfaction with the program. This process occurs quarterly. Programs that collect formal client feedback on service delivery and use that information to inform programming have better programmatic outcomes than programs who lack this process.

The T.R.U.S.T. Therapeutic Community Program has periodic, objective, and standardized reassessment process to determine if clients are meeting target behaviors. Specifically, clients are reassessed multiple times on the TCU CTS and social functioning scales.

Quality Assurance Areas in Need of Improvement and Recommendations

The T.R.U.S.T. Therapeutic Community Program lacks a formal management audit system. Internal quality assurance mechanisms are important to programs to ensure that they are operating the way they are intended to operate. While the program does have a mechanism to ensure that clients are provided feedback on their progress in treatment and quarterly file audits are completed, the T.R.U.S.T. Therapeutic Community Program lacks consistent, quarterly observation of staff delivery.

- ***Recommendation:*** The T.R.U.S.T. Therapeutic Community Program should develop policy for consistent, systematic process wherein there is quarterly observation of staff service delivery. This needs to be consistently done by the program director and there should be documented feedback provided to the staff based on the observations of the program director.

The program does not track recidivism of it participants after completion of the program. Additionally, the program has not undergone a formal evaluation comparing its treatment outcomes (recidivism) with a risk-control comparison group. Finally, the program does not work with an internal or external evaluator that can provide regular assistance with research/evaluation.

- ***Recommendation:*** Recidivism—in the form of re-arrest, re-conviction, or re-incarceration—should be tracked at 6 months or more after termination (successful or unsuccessful) from the program. The program can do this on its own, or work with NDOC to secure these data.

- ***Recommendation:*** In relation to the formal evaluation, the comparison study between the program's outcome and a risk-controlled comparison group should include an introduction, methods, results, and discussion section. This study should be kept on file.

- ***Recommendation:*** T.R.U.S.T. Therapeutic Community Program should consider working with NDOC to identifying an evaluation who is available to evaluate available data. Evaluation must be the main focus of their position. Alternatively, T.R.U.S.T. Therapeutic

Community Program could partner with a local college or university for research purposes to limit the cost. While conversations could center on having a faculty member responsible for this task, part of the conversation should relate to the possibility of using undergraduate or graduate interns to assist with data collection activities (at no cost to T.R.U.S.T. Therapeutic Community Program) so that fiscal remuneration is limited to payment for analysis and reporting. Another option is to determine whether there is a possible research project that would meet the requirements for a student's master's thesis or dissertation (in order to provide another no-cost/low-cost option for evaluation).

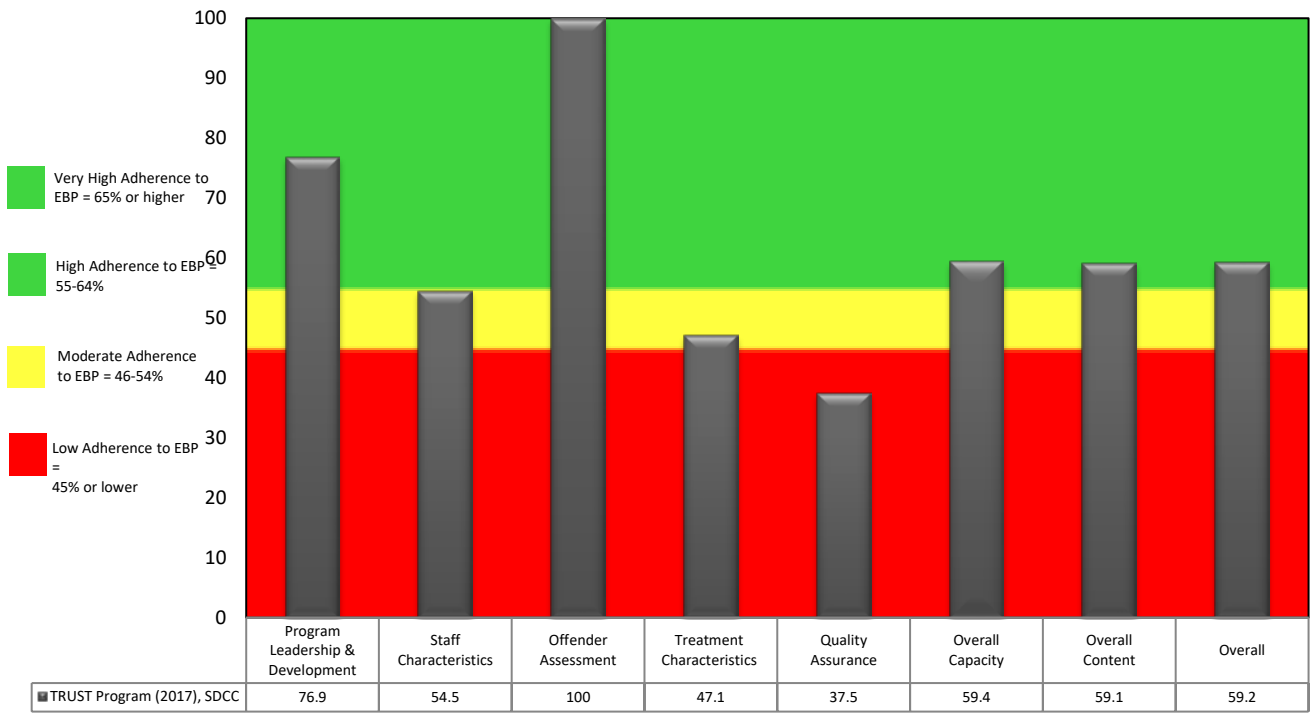
OVERALL PROGRAM RATING AND CONCLUSION

The program received an overall score of 59.2% on the CPC 2.0. This falls into the High Adherence to EBP category. The overall capacity area score designed to measure whether the program has the capability to deliver evidence based interventions and services for the participants is 59.4%, which falls into the High Adherence to EBP category. Within the area of capacity, the program leadership and development domain score is 76.9% (Very High Adherence to EBP), the staff characteristics score is 54.5% (Moderate Adherence to EBP), and the quality assurance score is 37.5% (Low Adherence to EBP). The overall content area score, which focuses on the substantive domains of assessment and treatment, is 59.1%, which falls into the High Adherence to EBP category. The assessment domain score is 100.0% (Very High Adherence to EBP) and the treatment domain score is 47.1% (Moderate Adherence to EBP).

This is the fourth CPC assessment of the Trust program. It is evident that the program has integrated the CPC feedback into its processes and procedures and is operating in high adherence to EBP across the both CPC areas. Where the program is hampered the most relates to the domain of Staff Characteristics, which then trickles down and impacts other areas (e.g., group size, client matching, group observation, etc.), especially in the areas of Treatment Characteristics and Quality Assurance. The T.R.U.S.T. Therapeutic Community Program should be commended for its continued improvement and is encouraged to further improve the program by following the recommendations in the report. We also recommend that the NDOC and SDCC administration take note of the impact that staffing has had on this program, in hopes of improving this area and thereby assisting the program to greatly improve upon and address areas of improvement affected by staffing.

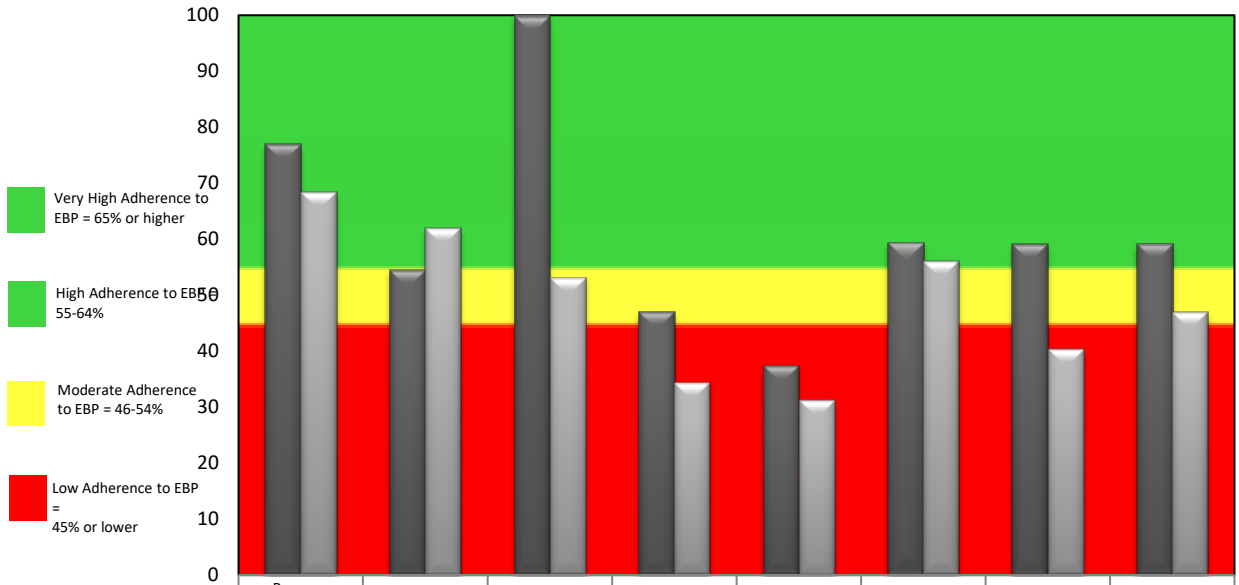
As outlined in the cover letter attached to this report, please take the time to review the report and disseminate the results to selected staff. Although we have worked diligently to accurately describe your program, we are interested in correcting any errors or misrepresentations. As such, we would appreciate your comments after you have had time to review the report with your staff. If you do not have any comments, you can consider this to be a final report.

Figure 1: Team Recovery Under Structured Treatment Program, SDCC CPC Scores



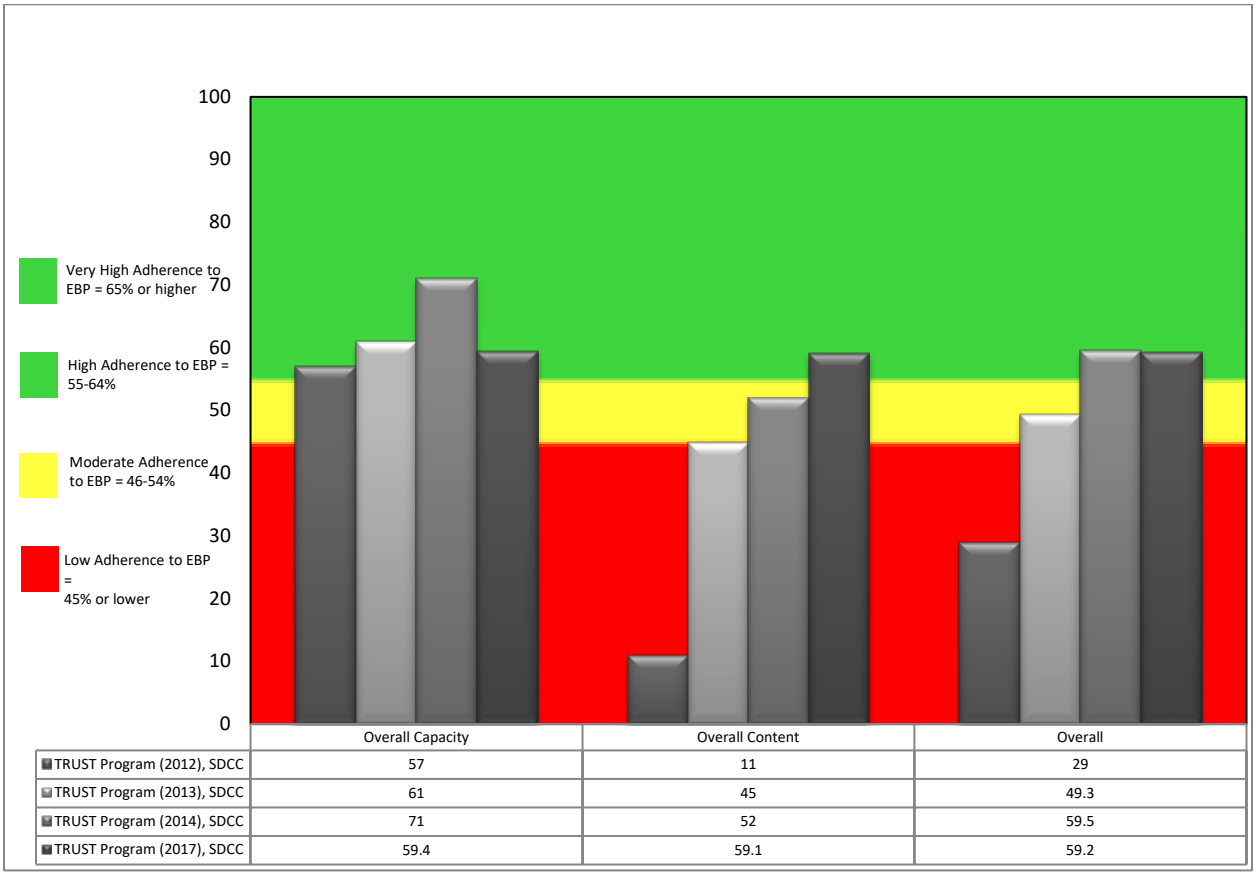
	Program Leadership & Development	Staff Characteristics	Offender Assessment	Treatment Characteristics	Quality Assurance	Overall Capacity	Overall Content	Overall
TRUST Program (2017), SDCC	76.9	54.5	100	47.1	37.5	59.4	59.1	59.2

Figure 2: Team Recovery Under Structured Treatment Program, SDCC CPC Scores Compared to the CPC Average Scores



	Program Leadership & Development	Staff Characteristics	Offender Assessment	Treatment Characteristics	Quality Assurance	Overall Capacity	Overall Content	Overall
TRUST Program (2017), SDCC	76.9	54.5	100	47.1	37.5	59.4	59.1	59.2
CPC Average Scores	68.4	61.9	53.2	34.5	31.2	56.1	40.3	46.9

Figure 3: T.R.U.S.T. Therapeutic Community Program Program CPC Scores for All Program Assessments



	Overall Capacity	Overall Content	Overall
TRUST Program (2012), SDCC	57	11	29
TRUST Program (2013), SDCC	61	45	49.3
TRUST Program (2014), SDCC	71	52	59.5
TRUST Program (2017), SDCC	59.4	59.1	59.2

[i] In the past, UCCI has been referred to as the University of Cincinnati (UC), the UC School of Criminal Justice, or the UC Center for Criminal Justice Research (CCJR). We now use the UCCI designation.

[ii] The CPC is modeled after the Correctional Program Assessment Inventory (CPAI) developed by Paul Gendreau and Don Andrews. The CPC, however, includes a number of items not included in the CPAI. Further, items that were not positively correlated with recidivism in the UCCI studies were deleted.

[iii] A large component of this research involved the identification of program characteristics that were correlated with recidivism outcomes. References include:

Holsinger, A. M. (1999). *Opening the 'black box': Assessing the relationship between program integrity and recidivism.* Doctoral Dissertation. University of Cincinnati.

Lowenkamp, C. T. (2003). *A program level analysis of the relationship between correctional program integrity and treatment effectiveness*. Doctoral Dissertation. University of Cincinnati.

Lowenkamp, C. T. & Latessa, E. J. (2003). Evaluation of Ohio's Halfway Houses and Community Based Correctional Facilities. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

Lowenkamp, C. T. & Latessa, E. J. (2005a). *Evaluation of Ohio's CCA Programs.* Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

Lowenkamp, C. T. & Latessa, E. J. (2005b). *Evaluation of Ohio's Reclaim Funded Programs, Community Correctional Facilities, and DYS Facilities.* Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

[iv] Several versions of the CPAI were used prior to the development of the CPC and the subsequent CPC 2.0. Scores and averages have been adjusted as needed.

[v] Programs we have assessed include: male and female programs; adult and juvenile programs; prison-based, jail-based, community-based, and school-based programs; residential and outpatient programs; programs that serve prisoners, parolees, probationers, and diversion cases; programs that are based in specialized settings such as boot camps, work release programs, case management programs, day reporting centers, group homes, halfway houses, therapeutic communities, intensive supervision units, and community-based correctional facilities; and specialized offender/delinquent populations such as sex offenders, substance abusers, drunk drivers, and domestic violence offenders.