

DRAFT REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC 2.0)

Getting it Right Reentry **Florence McClure Women's Correctional Center** 4370 Smiley Road, Las Vegas, Nevada 89115

By

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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 Getting It Right Reentry (GIRR) program at Florence McClure Women's Correctional Center (FMWCC) was assessed using the Evidence-Based Correctional Program Checklist (CPC). The objective of the CPC assessment is to conduct a detailed review of GIRR program's practices and to compare them to best practices within the correctional treatment literature. Strengths, areas for improvement, and specific recommendations to enhance the effectiveness of the services delivered by GIRR are offered.

GIRR was assessed as part of a training initiative in which Nevada Department of Corrections (NDOC) staff were trained on the administration and scoring of the CPC. Given that this CPC assessment involved a training process, this CPC report represents an assessment conducted within a training context. This is the first CPC assessment of this program at this facility.

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 UCCI's 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 GETTING IT RIGHT RE-ENTRY PROGRAM AT FLORENCE MCCLURE WOMEN'S CORRECTIONAL CENTER AND SITE VISIT PROCESS

GIRR is operated at FMWCC in Las Vegas, Nevada and began delivering Re-entry programming around 2007. GIRR program provides re-entry services to women at the correctional center. The program aims to address numerous areas that can impact re-entry for women. These areas include: relationships, communication, family, feelings, criminal behavior, anger, empathy, change plans, good habits, financial responsibility, time management, health, employment, coping skills, responsible thinking, and relapse prevention. GIRR program employs the Getting it Right series of workbooks from the Change Company; the women attend class and go through these books with a group facilitator. Ms. Elizabeth Coleman¹ is identified as the Program Director for the purpose of this report as she is charged with overseeing programming and services for GIRR. In addition to the program manager, GIRR program utilizes two Program Officer I's and a Caseworker (who provides case management to GIRR women, as well as women in other programs at the institution).

The CPC assessment process consisted of a series of structured interviews with staff members and program participants during an on-site visit to GIRR program on October 5, 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, two GIRR groups were 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 first CPC assessment of this program.

¹ Ms. Coleman was also a trainee during the assessment of GIRR. This is not typical; however, an exception was made to allow Ms. Coleman to receive the CPC training.

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), her qualifications and experience, 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. Coleman was identified as the Program Director 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

Ms. Coleman is qualified to be an effective Program Director. She has a Master of Arts degree in Educational Administration, and has specialized corrections training, in the form of working with youth offenders in the court system. Ms. Coleman is directly involved in selecting staff for GIRR program. She receives a candidate list from HR, selects applicants for interviews, and participates in those interviews. Ms. Coleman is also involved in the training of new staff, as she is directly involved in providing training to new hires on human resources topics, providing an overview of the implementation manual, assigning new hires to shadow other staff, and reviewing their observations while shadowing staff. In addition to training staff, Ms. Coleman is also involved in direct supervision of service delivery staff, as evidenced by monthly staff meetings.

The program has the support of the criminal justice community as evidenced by support from the NDOC, FMWCC operations and administration staff. Concern was expressed regarding Caseworker support for GIRR program; however, the lower level of support for the program by Caseworkers did not interfere with GIRR program's ability to deliver services. The program also has the support of the community-at-large, as evidenced by their relationship with outside programs such as Alcoholics/Narcotics Anonymous (AA/NA), toastmasters, and volunteers that provide religious services.

Program funding is adequate to implement the program as designed and there have been no major decreases in funding that have significantly impacted the program within the past two years. While the use of the Getting it Right series is relatively new (i.e., past 11 months), the facility has had ongoing re-entry programming for 10 years, which meets the CPC criterion of being an established program.

Program Leadership and Development Areas in Need of Improvement and Recommendations

Ms. Coleman has been working with treatment programs and with adult criminal justice populations for 11 months. She has been in her current position as the Program Director for four months.

- **Recommendation:** Programs that have experienced Program Directors—those with at least three years of experience in correctional treatment programs—demonstrate better outcomes. Ms. Coleman will reach this mark in two years. No expectations are made for the program to address this currently; however, future hiring practices should consider Program Director experience.

Ms. Coleman is the Statewide Reentry Administrator and has many duties for many reentry programs. As a result, she is not actively involved in the delivery of GIRR program.

- **Recommendation:** 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. Alternatively, the NDOC could consider utilizing localized Program Directors who would be more available to provide these services on a regular basis.

It is important the program be 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 no formal, thorough literature review appears to have been conducted prior to establishing GIRR program or on an ongoing basis. As such, staff are not formally and regularly informed about evidence-based practices with this population.

- **Recommendation:** GIRR and/or the Program Director 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).

- **Recommendation:** This information on what works should be disseminated to all staff delivering direct services in the program on a regular basis. This can be achieved by sharing this information at the treatment staff meetings, hosting a discussion on the information, and determining how the program is or should incorporate the information into its daily practices.

Formal piloting of potential changes to the program are not consistently conducted. GIRR program should consistently have a formal pilot period observed where program logistics and content are sorted out before a new program or process begins.

- **Recommendation:** Ongoing modifications to the program should be formally piloted. Piloting of new interventions (e.g., curriculum changes, case planning, behavior management, etc.) should last at least one (1) month and should involve formal start and end dates. Information and data should be collected and staff should be included in making adjustments. Piloting should be a consistent programmatic practice.

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 are support staff and the Program Director, who was evaluated in the previous section. In total, two Program Officer I's were identified as providing direct services.

Staff Characteristics Strengths

Staff hired for GIRR program are selected for skills and values they possess, including their belief in behavioral change, understanding of rehabilitation practices, and belief in offender change. Staff also have a voice in the program and their input is valued. Staff have the ability to suggest modifications to the program at staff meetings, as well as individually with the program director.

Staff are also required to receive continuous annual training on EBP and group facilitation skills. This ongoing training meets the CPC criterion of 40 hours per year.

GIRR program has ethical guidelines in place for all staff. These guidelines are found in NDOC's Administrative Regulations.

Staff Characteristics Areas in Need of Improvement and Recommendations

Program staff fall short of the CPC standards for education and experience. At the time of assessment, 50% had obtained an Associate's Degree or higher in a helping profession. The CPC requires that at least 70% of staff have this level of education. For experience, the CPC requires that at least 75% of staff have worked in programs with criminal/juvenile justice populations for at least two years. No GIRR staff currently meet this mark.

- **Recommendation:** When new staff are hired to provide services in the program, preference should be given to staff with at least an Associate's Degree in a helping profession. In addition to providing preferences to these candidates, GIRR may wish to explore recruiting candidates from local colleges and universities that have obtained a degree in a helping field.
- **Recommendation:** When new staff are hired to provide services in the program, preference should be given to staff who have at least two years of experience working with offender populations.

Formal staff meetings for GIRR staff occur once per month. These meetings include re-entry staff from other institutions. While GIRR staff at FMWCC sometimes meet more frequently, this is not a consistent practice.

- **Recommendation:** Staff meetings should occur at least twice (2) per month to discuss intakes, case reviews, problems, programming, and any other issues related to the delivery and execution of GIRR program specifically. This should be a consistent and formal practice.

Staff receive an annual evaluation that assesses staff on traditional employment indicators like administrative assistance, correspondence/reports, supervision, file/records maintenance, attendance records, work ethic, and customer service and communication. Staff are not currently assessed on service delivery skills. In order to promote behavioral change, programs need to assess staff annually on their abilities and skills related to EBP and service delivery.

- **Recommendation:** Annual reviews can include traditional employment indicators, but should also be supplemented to assess the service delivery skills of staff involved in behavioral change. Service delivery skills can include: assessment skills and interpretation of assessment results, communication skills, modeling of new behaviors, redirection techniques, behavioral reinforcements, group facilitation skills, and knowledge of the treatment intervention model and effective interventions.

All staff involved in providing group or individual services to clients should receive ongoing clinical supervision. While NDOC does not require clinical supervision for certain class titles, evidence does demonstrate that programs that provide clinical supervision to staff who deliver direct services demonstrate better outcomes than programs that do not provide clinical supervision.

- **Recommendation:** A staff member who meets Nevada state standards and is licensed by the state should provide at least monthly clinical supervision. The clinical supervisor 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.

While new staff receive training on human resource policies, institutional rules, and department wide policies and practices, staff do not receive initial training on the Getting it Right program.

- **Recommendation:** New staff should receive a thorough training in the theory and practice of interventions employed by GIRR. There should be formal training for all staff on GIRR series and in what works in changing offender behavior (see above in the Program Leadership and Development section for information on this literature base) before any staff deliver the curriculum.

Programs that demonstrate staff support for the goals and values of behavioral change programs demonstrate greater reductions in recidivism than programs that do not. While a correctional officers' main focus will always be the safety and security of the institution, staff, and inmates, this does not preclude them from supporting the goals and values of behavioral change. While the totality of the site visit revealed that programming staff are supportive of the goals and values of GIRR program, there was consistent concern expressed over lack of support by correctional officers and lack of prioritization by institutional administration. Specifically, correctional officers do not support GIRR program and do not believe in offender change. Similar concern was expressed that FMWCC administration does not prioritize programming and downplays the role of programming. Safety and security and programming are not mutually exclusive. The FMWCC administration should better understand the role of programming in terms of behavioral change and decrease in idleness. In fact, research has demonstrated that participation in evidence-based treatment leads to reduction in institutional misconducts.

- **Recommendation:** GIRR program and FMWCC administration should work with each other to educate each other. Correctional officers should be educated on the goals and values of the program and the skills and concepts the participants are learning, and the program staff should be trained to support the officers in their roles so that each group can support the other.

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

GIRR program admits appropriate clients, as determined by the program. While clients are self-referred, very few (less than 1%) are inappropriate for the services provided by GIRR. Furthermore, the program does have written, established guidelines for excluding clients that may not be appropriate for services. Specifically, GIRR program does not accept clients who score low on the Nevada Risk Assessment System (NRAS), and their parole probability must be less than 24 months.

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).

GIRR program reviews self-referred clients for their NRAS results. The NRAS is a valid, standardized, and objective instrument that produces a risk level and a survey of dynamic criminogenic needs.

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 admitted (or extremely limited and separated from the population). Currently, GIRR program has one group of low risk clients, and they do not mix with the high or moderate risk groups.

Offender Assessment Areas in Need of Improvement and Recommendations

GIRR program does not conduct any responsivity assessments to measure a participant's engagement in treatment or potential barriers to the delivery of services.

- ***Recommendation:*** The program needs to measure two or more responsivity factors (e.g., motivation, readiness to change, intelligence, maturity, reading level, mental health, depression, etc.). The assessment of these results can be used to make decisions on how staff, clients, and the program work together. Examples of low cost/no cost responsivity tools include: the Texas Christian University (TCU) Client Self-Rating Scale, TCU Client Evaluation of Self at Intake/Treatment, Beck's Depression, Test of Adult Basic Education (TABE), University of Rhode Island Change Assessment (URICA), and the Global Appraisal of Individual Needs-Short Screener (GAIN-SS).

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 time management, financial, nutrition, stress reduction, personal responsibility, and non-directive empathy, the program also targets criminogenic needs. These criminogenic targets include: family, communication skills, emotional regulation, responsible thinking, anger management employment, coping skills, alcohol

and drug refusal skills, and decision making. As a result, GIRR program focuses at least 50% of its effort on those characteristics associated with recidivism (criminogenic needs).

There is a program manual for the staff to follow which specifies major aspects of the program, including program description, philosophy, admission criteria, and scheduling. The program manual describes how individual and group sessions should be structured. Importantly, all staff follow the program manual.

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. Review of program materials, case files, and interviews revealed that GIRR program does accept low risk clients, however, does not mix low risk with higher risk clients.

Programs that assign staff to groups based on skills, education, experience, or training have better outcomes than programs that do not. Staff at GIRR are assigned to groups based on experience, skills, and interest. All treatment groups are conducted by direct service delivery staff from beginning to end.

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 9:5 (64% 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 GIRR 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. Appropriate criminogenic targets for change include (but are not limited to): antisocial thinking and beliefs, antisocial peers, substance abuse, and pro-criminal personality factors such as poor anger management, poor problem solving ability, education/employment, family conflict, and constructive (prosocial) use of leisure time.

While the GIRR Caseworker develops an overall case plan for each inmate at the facility level, the program does not develop case plans for each participant specific to the program. Furthermore, these case plans are not consistently based on formal assessment results (i.e., NRAS). Many times case plans are developed based on what the client wishes to work on. Case plans need to be developed using an objective method to determine what is most important for changing a client's likelihood of committing future crime. Moreover, many of the objectives listed in case plans were

generic and did not utilize/emphasize skills being taught in programming (e.g., coping skills, thinking, etc.).

- **Recommendation:** Case/treatment plans should be derived from the review of the client's needs and individual goals, based on the NRAS results. These individualized case plans should be developed by the Caseworker or Program Officer I and the participant 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. GIRR aims for a primary modality of treatment that is cognitive-behavioral. However, the majority of the model is delivered via non-effective modalities (i.e., process oriented group), many that target non-criminogenic needs (see above), and that lack behavioral components (i.e., modeling, skill building, role play, graduated practice). The program does target antisocial thinking, but does not incorporate appropriate skill building or graduated practice (i.e., behavioral techniques).

- **Recommendation:** GIRR program should implement a comprehensive program model based on social learning and cognitive behavioral theories and approaches. 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 focus should be on teaching participants to identify and replace antisocial thinking and choices with prosocial ones (i.e., cognitive restructuring). Cognitive restructuring can be taught through behavior chains, rules tools, thinking reports, and cost-benefit analysis. Observation of groups noted missed opportunities to focus on antisocial thinking and replacing those thoughts with prosocial thoughts.
 - The program should teach participants skills critical to their leading a crime-free lifestyle upon release (e.g., refusal skills, relapse prevention skills, problem-solving skills, decision making skills, etc.). Structured skill building techniques should be present throughout the program. While observation of groups noted that there were attempts at role play, these role plays lacked structure and focus. A detailed description of how skills should be taught is provided below.
 - The program should use consistent reinforcement for appropriate behaviors and choices, and holding participants accountable for antisocial behaviors and choices through use of sanctions. A detailed description of effective reinforcement and disapproval is provided below.

The length of time over which services are delivered is important. The most effective interventions last between three (3) and nine (9) months. The current program is designed to be completed in six (6) weeks.

- **Recommendation:** GIRR program could increase the time needed to complete the program by incorporating more opportunities to groups to: target criminogenic needs, teach skills needed to reduce recidivism, and practice skills in increasing amounts of difficulty.

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 GIRR, this means that program participants should be separated from the general population that are not receiving GIRR. Currently, GIRR program is housed in a building that contains program participants and general population inmates.

- **Recommendation:** The program should attempt to work with the administration and determine the feasibility of eventually housing only participants in GIRR.

The clients should spend between 35-50 hours a week in structured programming or outside program requirements (i.e., required employment, required education). Clients involved in structured activities have less down time. Currently, the program does not require all clients to be involved in tasks for a minimum of 35 hours per week. GIRR program participants go to 1.5 hours of GIRR class each day, and have no other required tasks to complete during that. Participants can sign up for other programming during the hours of 7:00-3:00, such as AA/NA, toastmasters, crafts, or religious services; however, these activities are not required. Thus, the program only requires 1.5 hours a day four days a week.

- **Recommendation:** The program can work to increase structured activities including, school, work, treatment groups, and other staff supervised tasks. GIRR staff should work with FMWCC administration to ensure that the inmates can participate in more than one program at a time.

A program should vary the dosage and duration of service according to the client's risk level. The program does not provide more intensive services to higher risk participants. 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 toward the dosage hours.

- **Recommendation:** As currently delivered, most of GIRR programming cannot count toward dosage, as it is not consistently delivered following a behavioral, cognitive behavioral, or social learning model. For GIRR to increase dosage, the program needs to fully adopt an evidenced-based modality, and consistently implement cognitive restructuring, modeling, and skill building practices throughout all curricula in its program (see below for discussion on how these processes should be implemented).

- **Recommendation:** Once an evidence-based modality is adopted, GIRR should develop separate program tracks for moderate and high risk offenders with different requirements for dosage hours. High risk inmates should receive more groups and services than the moderate risk inmates. Dosage hours should be tracked and included as part of the completion criteria.

Offender needs and responsivity factors like personality characteristics or learning styles should be used to systematically match the client to the groups for which she is most likely to respond/need the most. At the time of the assessment, all program participants received the same services and clients were assigned to staff based on convenience (i.e., who has openings). These assessed characteristics can also be used to assign staff and offenders together. GIRR does not use the results of a needs assessment to refer clients to programming or to match staff and clients.

- **Recommendation:** Results from standardized criminogenic need and responsivity assessments should be used to assign participants to different treatment groups. To illustrate, participants who are highly anxious should not be placed in highly confrontational groups. Likewise, participants who lack motivation may need motivation issues addressed before an assignment to a service designed to address beliefs and teach skills.
- **Recommendation:** Results from standardized criminogenic need and responsivity assessments should be used to assign participants to different 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 member who excels in motivational interviewing techniques. GIRR should work towards implementing responsivity assessments (as described above) and use both responsivity and need assessment results to match clients and staff.

Clients do not have formal mechanisms to provide program input. 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.

- **Recommendation:** GIRR program should create formal procedures to solicit client feedback on a regular basis. Examples can include unit meetings, elected representatives, suggestion boxes, or feedback forms, to name a few. Any suggested changes made by clients must be approved by the program supervisor or staff.

With regard to reinforcers and punishers, the program can increase its adherence to the research-based 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 GIRR has established some appropriate reinforcers (i.e., verbal praise, certificate of completion), there is not a menu of available reinforcers or guidance on when to use them. That is, the program has also not established a thorough array of reinforcers for use to encourage positive behavior in and out of the program. Similarly, the administration of reinforcers also 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 formal training in the administration of rewards (or punishers).

In addition to appropriate rewards, a good behavior management system has a wide range of negative consequences available to promote behavioral change and are appropriately applied. GIRR program has established very few punishers available for use, and the program has no formal protocol for administering them. 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 toward 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:

- GIRR should enhance its reinforcement protocol to include a wider range of appropriate reinforcers. In addition to reinforcers already employed by the program (i.e., verbal praise and certificate of completion), other reinforcers should be added. These include things like establishing a token system, tangible reinforcers (e.g., food, books, etc.), awards, raffle tickets, increased TV time, comfy seats in the program rooms, increased recreation time, extra shower, or program helper, to name a few. It is recognized that the institution may have policies in place as to what is acceptable/accessible as reinforcers. Therefore, GIRR should work with the institution to determine what is possible when expanding their reinforcement menu.
- These reinforcers should be received in exchange for a participant demonstrating progress toward individualized treatment goals (i.e., role-playing a skill satisfactorily, exceptional homework report, or demonstrating prosocial skill ability in the real world). Reinforcers should be monitored to ensure they are being consistently applied, administered as close in time to the desired behavior as possible, and that 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 and case managers.
- 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.
- An appropriate range of punishers should be used to extinguish antisocial behavior and to promote behavioral change in the future by showing the offenders that behavior has consequences. Appropriate punishers include: Verbal warning, verbal disapproval, written warning, a behavior contract, loss of points or privileges, or formal write-up to name a few. Removal from program should only be reserved

only for when all other options have been used. Shaming and treatment activities (e.g., more group, thinking report, etc.) should never be used as punishers.

- 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).
- Staff should understand punishment may result in certain undesirable outcomes beyond emotional reactions and be trained to monitor and respond to these responses.
- There should be a written policy to guide administration of rewards and punishers. All staff should be trained in the behavior management system and be monitored to ensure they are using the system consistently and accurately. This training should include the core correctional practices of effective reinforcement, effective disapproval, and effective use of authority.

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 toward meeting individualized treatment goals. In comparison, to successfully complete GIRR program, a client must attend the groups. There is no emphasis on direct measurement of the acquisition of prosocial behaviors.

- **Recommendation:** GIRR program should establish written guidelines for successful completion. These guidelines should be tied to individualized progress in acquisition of target behaviors taught in the program. In addition to client progress observed by staff in meeting their individualized treatment plan goals and objectives, progress should also be linked to some objective assessment such as the Texas Christian University Criminal Sentiments Scale (TCU CTS), which can be utilized as pre-, mid-, and post-test measure of client progress or reassessment of the NRAS. Clients should also be informed of these guidelines and their progress toward meeting target behaviors as they move through the program.
- **Recommendation:** Since the program is in its early stages of implementation, it is not held to the CPC criterion for completion rate. As the program ages, it should monitor its successful completion rate, which should range between 65% and 85%, indicating that participants do not indiscriminately complete or get terminated from the program.

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. At the time of the site visit, none of the group services incorporated the correct format for teaching new skills as outlined by social learning theory.

- **Recommendation:** Structured skill building should be routinely incorporated across the program. Staff should be trained to follow the basic approach to teaching skills which includes: 1) defining skill to be learned; 2) staff selling the skill/increasing participant motivation for the skill; 3) staff modeling the skill for the participants; 4) participant rehearsal of the skill (applying that skill to their specific life circumstances or high risk situations or role-playing; every client should practice that skill); 5) staff providing constructive feedback; and 6) client practicing the skill in increasingly difficult situations and being given staff feedback/generalizing the use of the skill to other situations. The identification of high-risk situations and subsequent skill training to avoid or manage such situations should be a routine part of programming. All staff members should use these steps consistently and provide constructive feedback to the client.
- **Recommendation:** Overall the program can benefit from ensuring that cognitive restructuring and structured skill building be split anywhere from a 50/50 to 70/30 range across the service targets.

Group size falls outside the required range of the CPC. The required range for groups is 8 to 10 per facilitator. Groups at GIRR program begin with 15-30 participants.

- **Recommendation:** Groups should not exceed 8 to 10 clients per active facilitator.

GIRR does not develop formal discharge plans for all clients.

- **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, the facility Caseworker, and anyone working with the offender post-release.

Research demonstrates that aftercare is an important component of effective programs in order to help clients maintain long-term behavior change. GIRR program does not currently have an aftercare component.

- **Recommendation:** All clients should be required to attend a formal aftercare period in which continued treatment and supervision is provided.
- **Recommendation:** Aftercare can be delivered by an outside provider or delivered in house. No matter who administers it, GIRR should take necessary steps to ensure that high quality aftercare 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 Strengths

The NDOC has an evaluator whose main responsibility is to provide evaluative feedback to certain programs within the DOC. One of these programs is GIRR. As such, GIRR program meets CPC criterion of working with an individual whose primary responsibility is program evaluation.

Quality Assurance Areas in Need of Improvement and Recommendations

GIRR program lacks internal quality assurance mechanisms. While the Program Director does conduct quality assurance file reviews and there is regular observation of staff delivering services that includes structured feedback, the program does not have a consistent, formal mechanism to provide clients feedback on their progress in the program.

- **Recommendation:** GIRR program should develop policy for consistent, systematic process wherein clients are provided feedback on their progress in treatment. This can take the form of biweekly, monthly, or quarterly (or other time frames) meetings where the client receives feedback on their progress in meeting treatment and case planning goals, their progress in group, and what they need to do to successfully complete the program. This process needs to be systematic for all clients. The program should also ensure that quality assurance file reviews and observation of staff delivery with structured feedback continues to occur.

The program does not have a systematic process to solicit client satisfaction with the program. Programs that collect formal client feedback on service delivery and use that information to inform programming have better programmatic outcomes than programs which lack this process.

- **Recommendation:** GIRR program should develop a consistent process to solicit client feedback on the program and the services it provides. This can be done through quarterly surveys, exit/surveys/interviews, post release surveys, etc. The program should use the information gathered from this process to inform potential programmatic changes.

The program does not have a periodic objective, and standardized reassessment process to determine if clients are meeting target behaviors.

- **Recommendation:** GIRR program should formalize a period reassessment process in which objective, standardized reassessment takes place. This can include pre- and post-testing using the NRAS (or other standardized risk or need assessment tools that may be adopted), monitoring progress through a detailed treatment plan in which changes in the plan occur on a regular bases. Having a subjective assessment (e.g., professional judgement) is not sufficient to meet this requirement.

The program does not track recidivism of its participants after completion of the program.

- **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.

The program has not undergone a formal evaluation comparing its treatment outcomes (recidivism) with a risk-control comparison group.

- **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.

OVERALL PROGRAM RATING AND CONCLUSION

The program received an overall score of 38.9% on the CPC 2.0. This falls into the Low 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 46.7%, which falls into the Moderate Adherence to EBP category. Within the area of capacity, the program leadership and development domain score is 69.2% (Very High Adherence to EBP), the staff characteristics score is 36.4% (Low Adherence to EBP), and the quality assurance score is 16.7% (Low Adherence to EBP). The overall content area score, which focuses on the substantive domains of assessment and treatment, is 33.3%, which falls into the Low Adherence to EBP category. The assessment domain score is 88.9% (Very High Adherence to EBP) and the treatment domain score is 18.2% (Low Adherence to EBP).

It should be noted that the program scored highest in the Assessment Domain. While recommendations have been made in each of the five CPC domains, most of the areas in need of improvement relate to the domain of Treatment Characteristics, Staff Characteristics, and Quality Assurance. These recommendations should assist the program in making the necessary changes to increase program effectiveness. Certainly, care should be taken not to attempt to address all “areas needing improvement” at once. Programs that find the assessment process most useful are those that prioritize need areas and develop action plans to systemically address them. UCCI is available to work closely with the program to assist with action planning and to provide technical assistance as needed. Evaluators note that the program staff are open and willing to take steps toward increasing the use of evidence-based practices within the program. This motivation will no doubt help this program implement the changes necessary to bring it further into alignment with effective correctional programming.

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: Getting it Right Reentry, FMWCC CPC Scores

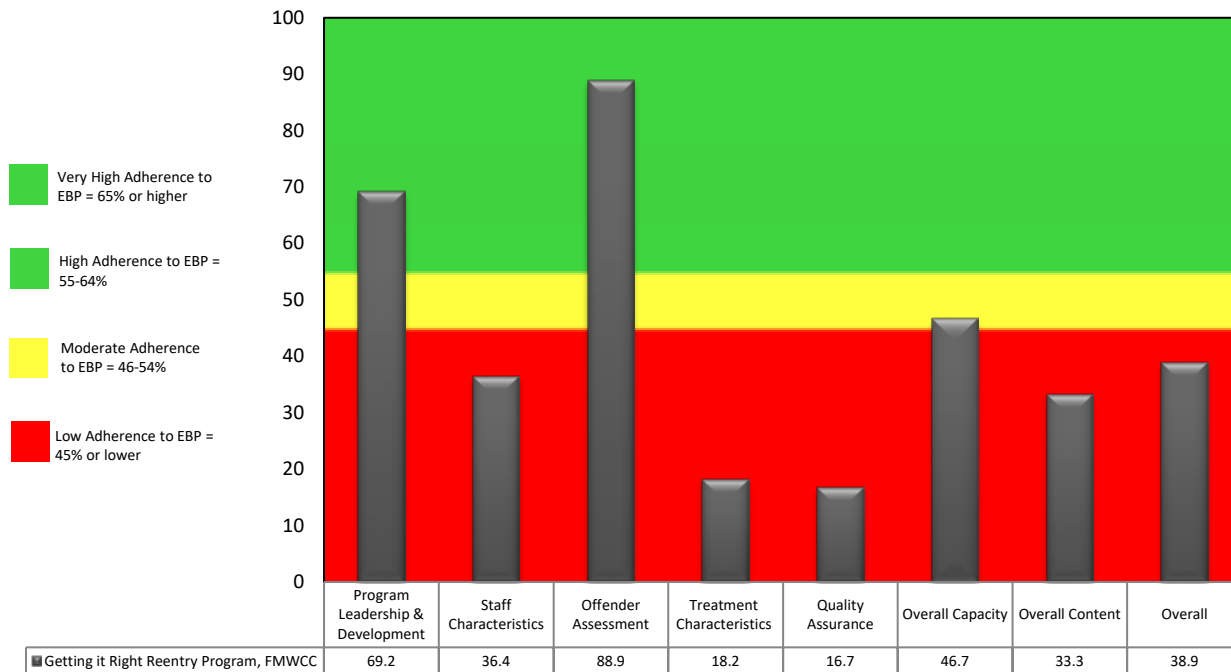
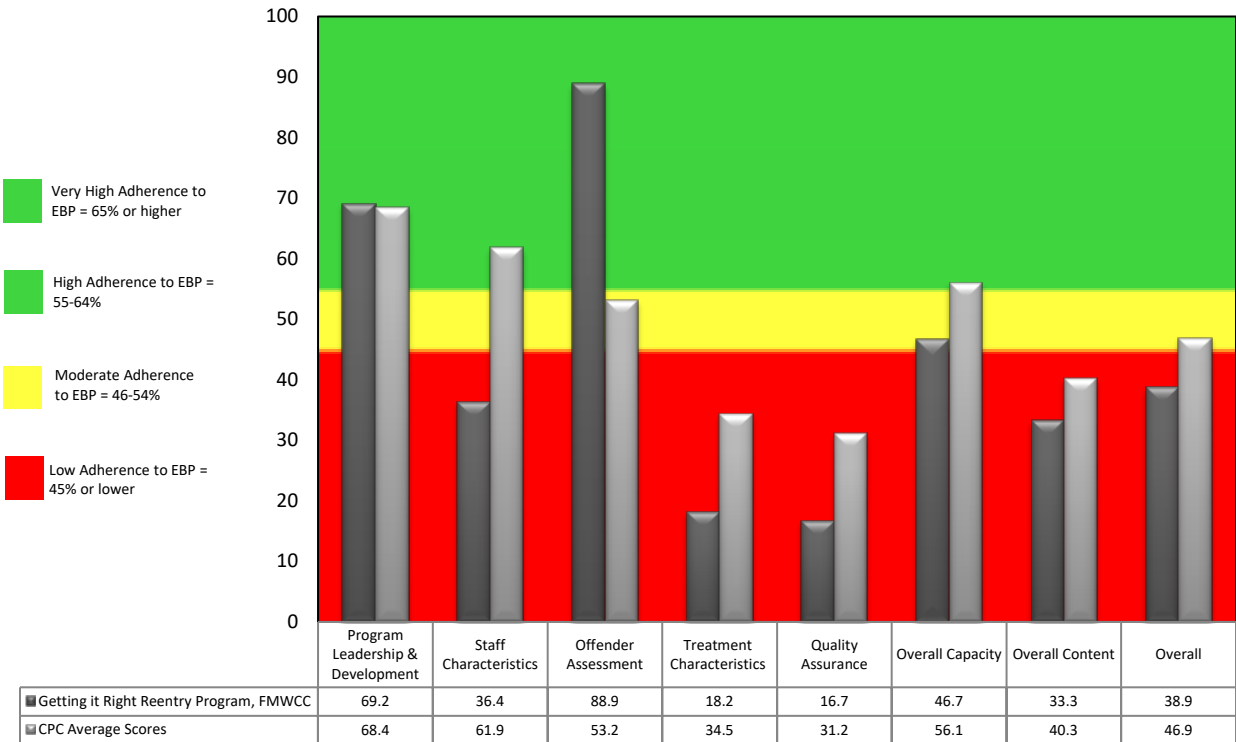


Figure 2: Getting it Right Reentry, FMWCC CPC Scores Compared to the CPC Average Scores



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.