Second Chance Act FY 2016/17 Process Evaluation Report

Nevada's Statewide Recidivism Reduction Program: Stopping the Revolving Door

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Executive Summary

This Second Chance Act evaluation report was supported by the United States Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (BJA). The evaluation report summarizes the results of the process evaluation component of the Second Chance Act Strategic Recidivism Reduction project to identify areas of success and opportunities to improve. This report does not examine the outcome evaluation component of the project, nor does it examine the fidelity of the treatment program. Rather, the results of this process evaluation discusses effectiveness of the initial program implementation. The outcome evaluation will be developed at the completion of the research project in Year 3.

The results of the process evaluation are provided for use by all relevant stakeholders, including Nevada Department of Corrections (NDOC), Nevada Department of Parole and Probation (P&P), the Nevada Board of Parole Commissioners, The State of Nevada Governor's Re-Entry Task Force, and statewide collaborative and community partners, for improvement to the implementation of the Second Chance Act Recidivism Reduction grant programs and activities.

In addition to the information required by BJA's Performance Measurement Tool (PMT), the following analyses were conducted in Year 1: **1) Preliminary analyses (Chapter 2)** between RISE (Reaching Inward to Succeed in my Environment) and the TC (Therapeutic Community) comparison group, which included only male re-entry inmates; **2) Nevada Risk Assessment System (NRAS) validation (Chapter 3)** of the Prison Intake Tool (PIT) was conducted via various statistical and psychometric analyses using secondary data using both male and female inmates and returning citizens; and **3) Training** utilizing satisfaction surveys of trainings, (**Chapter 4)** and **5) Collaborative assessment (Chapter 5)**, using the social network analysis**.**

Chapter 1 focuses on the overall project goals as defined in the grant application and Statewide Re-entry Strategic Plan for Re-Entry as well as process measures based on the logic model that was developed for the evaluation plan. Chapter 1 discusses fidelity of program implementation, not the effectiveness of the RISE treatment model. The NDOC, in collaboration with key community and state partners, worked to establish the beginning a significant culture shift, under the direction of Director Dzurenda, from a punitive correctional mindset, to a more holistic focus of mutual respect and rehabilitative programming mindset designed to address the criminogenic needs of inmates to focus on reducing recidivism in Nevada. Some of NDOC's most notable accomplishments in Year 1 of the Second Chance Act grant includethe automation of the Nevada Risk Assessment Sytem (NRAS) (assessment tool) utilized for individual case planning for mental health, education, and other re-entry programs. In addition, the assessment tool was utilized for participant enrollment and flow into the blended re-entry substance abuse pilot program (RISE), which included a treatment (TX) and comparison group (TC). As part of the overall efforts of to support the NRAS tool, NDOC and partners worked with the Nevada Board of Parole Commissioners to assist them with understanding and recognizing the evidence-based nature of the RISE program for consideration at parole hearings. NDOC also conducted a major policy and program review and overhaul.

The BJA Grant is expected to be delivered over three (3) years, if the State demonstrates significant achievement on their overall goals. Overall, findings of the process evaluation revealed that 13 out of 30 total benchmarks were idenitified as met in Year 1, another 5 identified as partially met, and 12 benchmarks were identified as needing to be addressed in Year 2.

Some key recommendations for improvement include:

- Fidelity to program design is essential for effective intervention. It is recommended that proposed changes to the RISE program or TC programs be made in collaboration with the research and community parnters.
- The RISE program within prison walls should work to streamline and incorporate education and vocational components.
- Natural community support influencers need to be in place for returning citizens prior to their release (achieved through EPICS-I).
- Transition to the Phase II (aftercare stage) should be a more structured process. This would support collaboration and communication for returning citizens, community providers.
- Wraparound services should be more structured with streamlined data collection on the outside.
- Increase positive reinforcement in both Phase I and Phase II.
- Parole Board should be invited to provide more representation within each of the applicable workgroups
- Identify more state and community partners from across the state to support in areas where gaps in specific services have been identified.
- Implementation of NRAS, Effective Practices in Community Supervision (EPICS), Core Correctional Practice (CCP), and EPICS-I fidelity tools is necessary, with close monitoring and tracking of NRAS's administration and use for case planning
- Validation of NRAS's Reentry Tool (RT) and Supplemental Reentry Tool (SRT) tools in Year 2, using the RISE participants as a separate subsample for validation in comparison to a subset of the general population assessed using the RT or SRT.
- More communication and collaboration is needed in general, between all community partners involved and NDOC, as well as community partners and P&P with respect to Phase II; recommend more face-to-face meetings with all workgroups and quarterly meetings with the chairs of each workgroup so that there is cross-communication between workgroups.

Chapter 2 discusses the NDOC's RISE Re-entry Program, which is located at the Southern Desert Correctional Center (SDCC) in southern Nevada, and the Warm Springs Correctional Center (WSCC) in northern Nevada. The RISE Program is a modified outpatient-model program for structured living that blends substance abuse programming and re-entry programming for the treatment of substance use disorders and restructuring criminal thinking in order to reduce

recidivism. The Year 1 RISE evaluation focuses on program delivery and housing issues. Data for this evaluation were gathered via work group attendance and site visits to the RISE program at Southern Desert Correctional Center (SDCC) in August 2017 and Warm Springs Correctional Center (WSCC) in September 2017. This evaluation identifies strengths and areas for improvement as well as with recommendations for those improvements.

As originally designed, the RISE program intervention reflects evidence based principles (EBP) that have demonstrated their validity in the literature (National Institute of Corrections (NIC), 2004, see Appendix C). However, during the implementation phase modifications were made to the initial design by NDOC as a result of practical issues with respect to Nevada Revised Statutes (NRS) and Administrative Regulations (ARs) with respect to: classification criteria for camps, programming, bed space, staffing issues related to both turnover and hiring barriers, resources, or other policies and procedures within NDOC. In addition, the processing of the state fiscal system to authorize both the contractual and budget authority took 90-days. Because of these logistical and practical issues, the phases of treatment for the RISE participants started in the second quarter and wrap-around services could not be delivered during Year 1 of the grant (due to the amount of time (six (6) months) to complete the program). Impacts of these adjustments are being documented, tracked, and monitored going into Year 2, and Phase 2 of the grant.

As of October 31, 2017, there were at total of 73 invited to participate in the RISE program based on the initial screening criteria. Three (3) participants were moved to camps early in Phase I before NDOC modified their classification policies as a response to the low numbers of eligible inmates for RISE, and three (3) participants were not yet assessed for their eligibility as of October 31, 2017. Of the 67 participants enrolled and assessed, thirteen (19.5%) did not successfully complete the RISE program and were discharged. Of these 13, one was discharged due to a positive urinalysis, 10 were discharged due to non-compliance with institutional rules, and two (2) refused treatment. Fifteen participants (22%) had successfully completed the program.

Of the 67 participants enrolled and assessed, eight (8) or (12%) were classified as very high on the NRAS; 37 or (55%) were classified as high; and 22 as moderate (33%). Thirty-four (34) (50%) of these participants self-identified as African American, 19 (28%) identified as Caucasian, two (2) (3%) as Asian, one (1) or (1.5%) as Native American, six (6) or (9%) as Other, and five (5) (7.5%) self-identify as Caucasian Hispanic. The average age of the RISE participant population is 33.

Preliminary analyses reviewing key process and outcome variables between RISE and the TC group demonstrates trends for statistically significant differences between criminal thinking, motivation to change, social functioning, and psychological functioning skills.

The NRAS validation component of the study (Chapter 3) found that the Prison Intake Tool (PIT) is able to discriminately predict recidivist and non-recidivist membership using both the overall risk/need categories as well as the overall risk/need raw score. However, the PIT can predict recidivism when using the overall raw score and overall risk categories for females only when technical violators are included in the analyses. When technical violators are excluded from the analysis, the PIT predicts recidvism for males only, however, our sample size is not desirable, and for females, the sample size is too small to conduct the proper statistical analyses. Therefore,

these results are preliminary. Data collection will continue in Year 2 to update these NRAS validation analysis using an appropriate sample size. The PIT also displayed poor psychometric (reliability and validity of the instrument – instrument should accurately and dependably measure what it ought to measure) properties, which is a significant limitation of the instrument. Simple reorganization, removal and/or addition of items, and re-norming of the tool could possibly improve the predictive validity. Also of concern are instrument administration issues, which impact data quality. The PIT is currently predictive of recidivism for females, however, adjustments to the tool can considerably improve its utility, and additional validation studies will be conducted in Year 2.

As part of the Second Chance Act Strategic Recidivism Reduction project, the NDOC and the Division of P&P conducted a series of trainings for personnel throughout 2017. Chapter 4 includes the course evaluations collected from trainees assessed across 12 items tapping into different aspects of the training. Trainings included courses which educated participants on the Nevada Risk Assessment System (NRAS: previously known as the Ohio Risk Assessment System), CCP End User, EPICS end-user and EPICS-I (for Influencers). The majority of the responses were positive for every course type (e.g., NRAS, CCP) across all areas of the course. A sample survey can be found in Appendix H.

Over 90% of trainees for NRAS, CCP, EPICS, and EPICS-I reported that the courses were "good" or better at (1) effective use of teaching aids/media; (2) clearly communicating course objectives; (3) allotting an appropriate amount of time for course content; (4) developing or enhancing program-related knowledge and/or skills; (5) providing clear instructions; (6) lecturing at a comprehensible level; (7) clearly delineating course objectives; (8) demonstrating how course content was practically related to the job or field; (9) providing a mix of participation and presentation; (10) providing satisfactory answers to questions; and (11) presenting material enthusiastically. In addition, approximately 90% of respondents reported that taken as a whole, the course was rated "good" or better. EPICS End User courses evaluations were less positive with a larger proportion of respondents reporting that courses were "fair" for (1) clear communication of course objectives; (2) allotment of an appropriate amount of course time; (3) development or enhancement of program-related knowledge and/or skills; (4) establishment of clear course expectations; (5) providing clear instructions; and (6) demonstration of how course content was practically related to the job/field. Moreover, one responded reported that taken as a whole, the course was "poor." Comments provided by trainees were diverse in valence and recommendations were made for (1) course duration, (2) course materials, (3) course structure, (4) course organization, and (5) program implementation.

The collaborative assessment study component of this report (Chapter 5) was executed as part of the process evaluation of the Second Chance Act Implementation Grant (SCIG) to analyze the development of partnerships and collaborations of the NDOC with community providers, state and community agencies and justice partners. The social analysis was the instrument used to access stakeholder involvement in the collaboration process, and the formal or informal network relationships that developed from these efforts.

The project objectives focused on creating comprehensive, sustainable, inclusive, and cross-policy initiatives; through collaboration, communication, evidence-based programs, and

community support for our returning citizens. Data for this collaborative assessment study were collected using a web based survey distributed at the end of the federal fiscal year to those identified as involved in various aspects of the project. The first part of the collaborative assessment survey looks at the collaborative performance of the project's operations using the opinions of the project members regarding collaboration processes, including: communication, level of trust, distribution of power, leadership, use of resources, etc. The second part uses social network analysis to investigate the social and interorganizational relationships among the members of the SCIG.

Five areas identified for improvement include:

1. Not all project members feel connected to the project both in terms of formal and informal channels of communication.
2. Open lines of communication have not been identified.
3. A plan for sustaining collaborative membership and maintaining resources has not yet been developed for community partners and stakeholders.
4. There is a high level of competing priorities among the stakeholders involved in the process of collaboration.
5. Formalized procedural arrangements have not been developed establishing ground rules, operating protocols, decision-making rules, or other rules that may facilitate collaboration.

Chapter 1: Process Evaluation

Evaluation Questions and Intended Use

The Evaluation Plan for the Strategic Recidivism Reduction (SRR) Grant consists of two major components: 1) Process Evaluation (Year 1 or Phase 1 of grant period) and 2) Outcome Evaluation (Years 2 and/or 3 or Phase 2 of grant period). For the purposes of this process evaluation report, fidelity to program design is discussed. All results of the process evaluation are intended to be used by all relevant stakeholdersfor improvement to all aspects of the Second Chance Act Recidivism Reduction grant programs and activities.

This process evaluation discussed herein will consider the following general questions:

- **Implementation:** Were the program activities put into place as originally intended?
- **Effectiveness:** Is the program achieving the goals and objectives it was intended to accomplish?

Although Year 1 of this report does not focus an outcome evaluation, some issues with the NDOC program were identified that need close monitoring and improvement in Year 2. The research and evaluation team recommends NDOC design an effective outcome evaluation plan in collaboration with the evaluation team before the Year 2 kick-off meeting to address the following outcome evaluation questions:

- **Efficiency:** Are the program's activities being produced with appropriate use of resources such as budget and staff time?
- **Cost-Effectiveness/Sustainability:** Does the value or benefit of achieving the program's goals and objectives exceed the cost of producing them?
- **Attribution:** Can progress on goals and objectives be shown to be related to the program's activities, as opposed to other things that are going on at the same time?

Introduction

Nevada has a disproportionately high incarceration rate. In 2014, property crime accounted for nearly 80% of all crime in Nevada; the property crime rate in Nevada is approximately 3% higher than the national average (FBI, 2015). The 2011 release cohort had a three-year reincarceration rate of 29.1%. However, property offenders had a three-year reincarceration rate of 36.02% (male only). Data from 2013 reveal that 77% of property offenders who were reincarcerated in the NDOC for a new offense were assessed as moderate to very high risk via the NRAS. Additionally, substance abuse was a factor in the primary instant offense, the individual had a history of substance abuse, or both.

Research consistently demonstrates a relationship between property crimes and substance misuse and abuse (Belenko, Hiller, & Hamilton, 2013; Kopak &Hoffman, 2014). People with a

drug and alcohol addiction may be driven to commit crimes, particularly property crimes (Belenko, Hiller, & Hamilton, 2013). Kopak and Hoffman (2014) found that people who have a substance use disorder are more likely than people who do not live with substance dependency to be charged with non-violent crimes, such as property offenses, due to an acquisition motivation.

Substance abuse programming that adheres to evidence-based practice (EBP) principles (National Institute of Corrections, 2004; see Appendix C) reduces that likelihood of relapse and recidivism (Belenko, Hiller, & Hamilton, 2013). Recent research has focused on the effectiveness of therapeutic communities (TC) in prisons at reducing relapse and recidivism upon return to the community. Jensen and Kane (2012) found that TC completion reduced the likelihood of rearrest. Conversely, Welsh and Zajac (2013) found that TC participation did not influence the likelihood of relapse or rearrest, but did significantly reduce the likelihood or reincarceration (see also Welsh, Zajac, & Bucklen, 2014). Galassi, Mpofu, and Athanasou (2015) conducted a systematic review of the literature and found that TCs are associated with relapse reduction in 70% of studies, reduction in rearrest in 55% of studies, and reduced rates of reincarceration in 75% of studies. The varied findings regarding the impact of TC participation on relapse and recidivism may be attributable to how well critical responsivity factors, an often-overlooked component of EBP, are addressed (Welsh et al., 2014).

The extant research also indicates that programs and processes are more likely to reduce relapse and recidivism when they are rooted in EBP and adopt a **cognitive-behavioral approach** (Hamilton & Belenko, 2015; Landenberger & Lipsey, 2005; Mackenzie, 2013; Wilson, Bouffard, & Mackenzie, 2005), **provide wrap-around services** (Freudenberg & Heller, 2016; LePage et al., 2016), and utilize a **continuity of care model** to facilitate transition from prison to the community (Veysey, Ostermann, & Lanterman, 2014). Programs rooted in evidence-based principles follow these eight principles for effective intervention: 1) Assess risk/needs; 2) Enhance Intrinsic Motivation; 3) Target Interventions; 4) Skill Train with Directed Practice (use Cognitive Behavioral strategies); 5) Increase Positive Reinforcement; 6) Engage Ongoing Support in Natural Communities; 7) Measure Relevant Processes/Practices; and 8) Provide Measurement Feedback. These EBP programs' interventions are targeted to address the risk principle, the need principle, and responsivity (NIC, 2004). The BJA's Second Chance Act funding has initiated a number of new reentry programs across the country to incorporate evidence-based principles. One such pilot program implemented by the NDOC is the **RISE** (**Reaching Inward to Succeed in my Environment) Program.** While the RISE Program is not a Therapeutic Community program, it is the goal of NDOC to determine whether an intervention from a comparable blended re-entry and substance abuse program administered, in a shorter timeframe (6-9 months as opposed to 12 months), can be just as impactful with respect to reducing recidivism, thereby resulting in a more cost-effective and efficient program for the department. This would also provide information to BJA to share with other institutions across the country.

Evaluation Methodology

The evaluation methodology approach was of a participatory, action research-based nature as an evaluation research partner. There were many challenges with the research-practitioner model in the first half of Year 1. Many of these challenges have been mediated through communications with NDOC, the technical assistance advisors, and the evaluation research partner. Strong communication and collaboration moving forward between the evaluation research partner and all project partners will help NDOC meet its project goals and objectives.

The process evaluation discussed below is of a goal-based nature, with a focus on fidelity to program design and implementation. Findings discussed below are based on data collection from various methods, including interviews, case reviews, data collection from various NDOC sites, units, agencies, and workgroup involvement. The process measures collected and benchmarks reported will answer the following research questions with respect to the RISE substance abuse pilot program (see Chapter 2):

- Does the program utilize a design that has previously demonstrated an ability to reduce recidivism (i.e., is it Evidence Based)?
- Is the program being implemented as designed (are all systems/staff/procedures in place)?
- Are staff training and experience sufficient to execute the program as designed and are training practices being utilized and implemented by staff?
- Are risk and needs assessed and services delivered based on individuals' risk and needs?
- Is the "dosage" and intensity of the treatment adequate to effect the desired change?
- Is the delivery of these services consistent over time?
- What are the services being provided?
- How many people are receiving services?
- What are the relevant characteristics of people receiving services?
- What are the quality of those services?
- What is the required staffing and training to provide those services?

Process Evaluation Results

A Truncated Logic Model (Table 1) is attached below, which includes the program's goals, objectives, process measures, benchmarks for Year 1, and addresses the more specific process evaluation questions. All data indicators under the process measures column and the benchmarks column were collected. Tools for data collection included the PMT tracking tool for RISE participants, a separate data tracker kept for the Comparison Group by the NDOC Substance Abuse Staff, the NRAS tracking system now automated in Nevada Offender Tracking Information System (NOTIS), and additional process and outcome measures collected independently by various NDOC mental health and substance abuse staff, P&P, and the evaluation team. As we move into Year 2 of the implementation grant, data collection of these same variables will continue, but will also include wraparound release services and referrals related to employment,

housing, education, mental and behavioral health referrals, and recidivism indicators (rearrest, reconviction, and reincarceration).

Table 1
Truncated Logic Model

Goals	Objectives	Process Measures	Year 1 Benchmarks
Promoting Quality Programs **Goal 1:** To develop a comprehensive statewide re-entry and recidivism reduction plan.	• O1: Develop formalized collaborative partnerships with community providers, agencies, and families of returning citizens through networks, coalitions and alliances. • O2: Reduce recidivism rate of NDOC population by 4% over two years. • O3: Reduce recidivism rate of NDOC population by 11% over five years. • O4: Ensure cross system quality assurance.	Number of meetings with community providers, agencies, non-profits, and families of returning citizens Statewide re-entry philosophy model developed Number of completed collaborative assessment surveys Number of established collaborative partnerships	One Planning Committee meeting and six meetings of each workgroup per year Completed by the end of year 1 70% survey response rate by the end of year 1 Establish an MOU and maintain partnerships with P&P and 5 agencies or non-profits
Case Management **Goal 2**: To develop a comprehensive case management system to reduce recidivism of property, "violent property," and drug offenders by applying existing evidenced based practices and programs.	• O1: Reduce recidivism rate of target population by 15% over two years. • O2: Reduce recidivism rate of target population by 50% over five years. • O3: Identify how many property, "violent property," and drug offenders have a substance use disorder history and mental health history using standardized instruments	Number of NRAS trainings and recertifications conducted at NDOC and P&P Evidence of NRAS utilized for risk and needs assessment and case management and programming Number of trainings on Core Correctional Practices (CCP) and EPICS Number of EPICS-I Coaches trained in the community	100% of all NDOC staff who administer NRAS or use NRAS for case management will be trained or recertified in NRAS (substance abuse, mental health intake, and case management). 100% of NRAS trainings evaluated 100% of RISE participants and 50% of TC participants are assessed with NRAS; 50% of case management, custody, and treatment staff trained on CCP and 25% of P&P staff trained on EPICS. 100% of CCP and EPICS trainings evaluated. 100% of EPICS-I Coaches in the community identified by NDOC to be trained.
Risk and/or Needs Assessment **Goal 3:** To integrate NRAS into a standardized data management system to be used by the NDOC, the Division of Parole and Probation, and community partners.	• O1: Validate NRAS for Nevada's correctional population. • O2: Automate NRAS for use across the data management system. • O3: Test NRAS-driven data management system to ensure the validity and quality of data sharing across the collaborating partners. • O4: Ensure complementary or joint use of NRAS by the NDOC, Parole and Probation, and community partners for ~~a~~ standardized data.	Evidence of NRAS being automated and utilized for centralized record-keeping, including risk and needs data Collection of NRAS data Fidelity tools for evaluation of NRAS end users utilized Number of trainings provided to community partners on how to use NRAS data.	Automation complete by NDOC 100% of data collected for NRAS validation process to be completed. NRAS utilization verification in NOTIS of 50% of randomly selected NDOC intake cases in July and August 2017 have an NRAS score. 100% of community partners trained on the use of NRAS data for case management.

Direct Services **Goal 4:** To utilize evidenced based programs and practices that reduce recidivism of property, "violent property," and drug crime offenders by targeting their criminogenic needs.	• O1: Adopt and validate existing evidenced based programming for Nevada's total correction population. • O2: Develop and implement a positive behavioral reinforcement system to encourage new skills and prosocial behavior.	Number of Evidence based programs identified and adopted for Nevada's total correction population based on their validity.	100% review of all non-evidenced based programs within NDOC
		Number and types of varying behavioral reinforcement programs between RISE and TC	NDOC will implement at least one new evidence-based program, not including RISE or TC.
		Percentage change of inmates with reduced criminal thinking	A positive behavioral reinforcement system should be utilized for RISE and TC participants with the RISE participants receiving more and increased behavioral reinforcements than the TC participants.
		Percentage change of inmates with increased motivation to change	RISE participants will show significantly greater reduced criminal thinking as they progress through the program compared to their baseline measures as well as compared to the TC clients
		Evidence of Nevada/Oregon Case Management Model (OCMM) implementation and utilization	RISE participants will show significantly greater increased motivation to change as they progress through the program compared to their baseline measures as well as compared to the TC clients
			100% of the RISE participants receive case management services (e.g., assistance entering and navigating systems of care, removing barriers to recovery, staying engaged in the recovery process, supportive others receive EPICS-I training, and one collaborative case management meeting with returni citizens and supportive others prior to release) in yea 1, 2, and 3.
		Number referred for wraparound services post-release (education, identification, housing, substance abuse treatment)	100% of RISE participants referred for post-release wraparound services in year 1.
		Evidence of EPICS-I model implementation	100% of RISE participants with a supportive other in the community will have at least one supportive influencer trained by coaches in EPICS-I during their stay and will participate in at least one collaborative case management meeting prior to release
			100% of EPICS-I Trainings Evaluated
		Number of inmates assessed for job aptitude and skill development	50% of all RISE participants will be assessed for job aptitude and skill development
		Number of inmates with an education plan	Year 1: 50% of all RISE participants will have developed an education plan.

Supervision Practices **Goal 5:** To adopt a balanced approach for supervising returning citizens, emphasizing community safety, offender accountability, and community-based programming.	• O1: Identify, modify and implement existing evidence-based parole supervision practices. • O2: Expand graduated sanction options in the community for returning citizens who require additional supervision or co-located services.	Evidence of complementary or joint use of NRAS and EPICS and demonstrated competence Evidence of developed budgets for electronic monitoring and quotes for start-up and maintenance of DRCs Evidence of increased referrals, which resulted in graduated sanctions and reduced parole revocation proceedings for parolees who have violated supervision conditions	Year 1: 25% of P&P staff trained on NRAS, EPICS, and EPICS-I Year 1: Graduated sanction budgets developed for Phase 2. Year 1: P&P will increase the numbers of offenders diverted from incarceration through house arrest by 1%.
Operations **Goal 6:** To ensure cross-system the NRAS, CCP, and EPICS by NDOC and P&P.	• O1: Ensure complementary or joint use of NRAS/CCP/EPICS by the NDOC, Parole and Probation, and community partners for a seamless transition standardized data.	Inclusion of knowledge and skills of using NRAS/CCP and EPICS in the position descriptions and performance standards of parole and probation officers and NDOC NRAS/CCP/EPICS/and EPICS-I utility will be incorporated into NDOC operations manuals and ARs Evaluation of NRAS/CCP/EPICS/and EPICS-I trainings and Fidelity of Use	Year 1: 100% of position descriptions and performance standards will be drafted to include NRAS/CCP/and EPICS by both NDOC and P&P. Year 1: 100% of relevant ARs and NDOC operations manuals include the use of NRAS/CCP/EPICSEPICS-I and other evidence based programs. Year 1: Identify fidelity tools and other instruments to evaluate the fidelity of the use of NRAS/CCP/EPICS/EPICS-I

This evaluation examines only the fidelity of program design implementation and effectiveness, and not the effectiveness of the treatment model.

<u>Goal/Activity 1: Promoting Quality Programs</u>: To develop a comprehensive Statewide Reentry and Recidivism Rate (RR) Reduction Strategic Plan to include formalized collaborative partnerships and cross system quality assurance.

Process Measures Year 1:

1) **Number of meetings with community providers, agencies, non-profits, and families of returning citizens**

<u>Benchmark Met</u>: One Planning Committee meeting and six meetings of each workgroup

In Year 1 of the implementation phase this benchmark was met; there were six (6) meetings of the Employment Networking workgroup, six (6) meetings of the Offender Tracking workgroup; and six (6) meetings of the Family workgroup. There were two (2) Policy workgroup meetings and only 2 Planning and Tracking workgroup meetings. However, members of these workgroups worked independently outside of actual formal meetings to

accomplish the grant objectives. In addition, there were numerous meetings between NDOC, community providers, and state agencies.

Recommendation: In Year 2, we recommended that all stakeholders from all workgroups meet every quarter, either face to face or via video conference so that all members of the individual workgroups work more collaboratively toward common goals, without operating in silos. In Year 2, as part of the original program design, families and other influencers need to be trained in EPICS-I, and must be involved with the lives of the RISE inmates at enrollment into the program and during aftercare in Phase 2. Additionally, it is recommended that more family or influencer visitations are used as incentives to both enroll and motivate RISE participants.

2) Statewide re-entry philosophy model developed

Benchmark Met: Strategic Plan completed by Year 1
The Statewide Strategic Plan, which includes the statewide re-entry philosophy model (vision, mission, and values) was completed in October of 2016 and approved by the Governor's Statewide Re-Entry Task Force in December 2016 (see Appendix B).

Recommendation: NDOC leadership and administrative personnel completed the strategic plan in Year 1. In Year 2, we recommend that all stakeholders and partners be invited to collaborate and provide input to NDOC regarding any possible revisions to the goals of the NDOC and the SRR grant and future sustainability.

3) Number of completed collaborative assessment surveys

Benchmark Not Met: 70% survey response rate by the end of Year
Response rates for the collaborative assessment surveys in Year 1 was 67%.

Recommendation: Increasing "buy-in" from collaborators through statewide meetings and inclusion of evaluation research partners in all workgroup and statewide meetings. In addition, we recommend more communication and directives from NDOC leadership to encourage the completion of the assessment surveys.

4) Number of established collaborative partnerships

Benchmark Met: **Establish an MOU and maintain partnerships with P&P and five (5) agencies or non-profits**
An MOU or cooperative agreement was established with six (6) agencies outside of NDOC (UNR, UNLV, P&P, Ridge House, Freedom House, and Department of Health and Human

Services--DHHS) and is maintaining its partnership with these same agencies. Additionally, NDOC has been working to expand relationships with the Veterans Administration (VA), The Department of Motor Vehicles (DMV) and the Department of Employment, Training and Rehabilitation (DETR).

<u>Goal/Activity 2: Case Management:</u> To develop a comprehensive case management system to reduce recidivism of property, "violent property," and drug offenders by applying existing evidenced based principles and programs

Process Measures Year 1:

1) **Number of NRAS trainings and recertifications conducted at NDOC and P&P**

<u>Benchmark Partially Met</u>: 100% of all NDOC & P&P staff who administer NRAS or use NRAS for case management will be trained or recertified in NRAS (substance abuse, mental health intake, and case management).

NDOC completed 70% of all the training for NDOC staff requiring the NRAS certification or recertification. According to the NDOC database for NDOC staff only, 43 employees were NRAS recertified between November 2016 through October 2017 and 12 were NRAS certified for the first time. This does not account for the in-house trainer, which certifies and trains end-user staff on NRAS in the north and south at least one time year. According to the UCCI CPC list, there were a total of 84 NRAS end user attendees, of which, there were approximately 54 new NRAS certifications for NDOC employees, with 13 recertifications, and there were 17 P&P employees who completed new NRAS certifications. There were also 62 NDOC employees who attended the NRAS TOT (training of the trainer) sessions, and another 36 who are scheduled to attend the NRAS TOT sessions at the end of November 2017.

P&P also conducted their own NRAS end-user trainings for 17 P&P staff through the UCCI and completed evaluations; however, it is unknown at this time which P&P staff will be directly responsible for administering NRAS to the RISE participants.

<u>Benchmark Not Met</u>: 100% of all NRAS trainings are evaluated.

Only 43% (31/72) of NRAS trainings were evaluated. Some of the earlier trainings were not being evaluated by NDOC because they were not aware that evaluation of the current NDOC NRAS trainings were to be included as part of the grant deliverables. However, once the NDOC training manager was aware of the trainings, he notified the evaluation research partner, and 100% of those trainings that were discovered by the evaluation partner after the trainings were over were evaluated via a web version of the evaluation survey that was created using the paper version of the NDOC training evaluation tool.

<u>Recommendation</u>: More accurate and consistent record keeping is needed by the NDOC and P&P trainers including the identification of who needs to be trained, recertified, when they are

trained or recertified, and whether or not they complete the certification process or need to recomplete the training until recertified. This information must also be given to the NDOC training manager and human resources so that records of all trainings (e.g., EPICS, CCP, EPICS-I) can be kept for NDOC, P&P, and collaborative partners with respect to this project.

2) Evidence of NRAS utilized for risk and needs assessment and case management and programming

Benchmark Met: 100% of RISE participants and 100% of TC participants assessed with NRAS.

Recommendation: Although NRAS assessments were conducted, the fidelity of its use has not been established. Additionally, the Nevada Case Management Model has not yet been established and its immediate use in Year 2 after training is the key to the NRAS tool's predictive ability as well as its use for case management and evidence-based programming.

3) Number of trainings on CCP with NDOC staff and EPICS with P&P staff

Benchmark Met: 50% of NDOC case management staff trained on CCP and 50% of NDOC treatment staff trained on NRAS.

Recommendation: All trainings should be scheduled through NDOC identified personnel. NDOC Quality Assurance Manager should ensure assessment tools are available immediately after the training (within 1-2 days of training completion) or during the trainings (paper copies). Fidelity tools for CCP and NRAS should be identified by P&P and NDOC and implemented.

Benchmark Not Met: 100% of CCP and EPICS trainings evaluated.

Only 25% of EPICS and 78% of EPICS-I trainings were evaluated in Year 1. There were 55 EPICS trainees and 27 EPICS-I trainees, of those 55 EPICS trainees, only 14 completed an evaluation, and of those 27, 21 completed an evaluation. There were 92 CCP end user trainees, and of those 92, 46 completed an evaluation; thus, only 50% the CCP trainings were evaluated.

Recommendation: The Department is limited as course evaluations are often considered voluntary by staff. However, it is recommended that NDOC and P&P leadership inform staff that the evaluations are essential to the success of this project and overall goals of both partners, and encourage completion of the training evaluations. It was determined that the lower response rates for the evaluation of the trainings was due to trainees failing to complete them. This could have been remedied with a quicker time frame via a web survey to those trainees who completed these trainings. Paper evaluations completed during the training (last day of training) are likely to garner a higher completion rate than the web based survey sent to

participants several days after the training, and thus, using paper copies for all trainings is still highly recommended. Fidelity tools for CCP and EPICS should be identified and implemented by NDOC and P&P, respectively.

4) Number of EPICS-I Coaches trained in the community

Benchmark Met: 100% of EPICS-I Coaches in the community identified by NDOC to be trained.
There were 27 EPICS for influencers coaches trained in year 1.

Recommendation: Although there were 27 EPICS for influencers coaches trained in year 1, the influencers have not yet been matched to RISE participants as the participants in the program and being released in Year 2. In addition, NDOC still needs to train them on how to coach the RISE participants. The priority for the corrective action plan is to focus on having the RISE graduates and current RISE participants identifying their influencers, NDOC must then approve those influencers, matching the influencers to the inmates, then contact those influencers for the RISE graduates who have already been released. Once contacted, the influencers must be trained by the trained influencers/coaches in their region so they can support the RISE graduates in Phase II.

Goal/Activity 3: Risk and/or Needs Assessment: To integrate NRAS into a seamless data management system to be used by NDOC, P&P, and community partners.

Process Measures Year 1:

1) Evidence of NRAS being automated and utilized for centralized record-keeping, including risk and needs data

Benchmark Partially Met. Automation complete by NDOC in Year 1.
The NRAS PIT assessment tool was fully automated by NDOC's IT Department into NDOC's electronic system NOTIS on October 1, 2017 (see attached example of NRAS printed report in Appendix D). The NRAS SRT and RT assessment tools will be automated in Year 2. This automation was an enormous undertaking as NDOC was using only paper copies of the NRAS tool at most intake facilities, and only one intake facility was inputting the data into an electronic data spreadsheet (Microsoft Excel). The other NDOC intake facilities were only keeping paper copies, making case chrono notes in NOTIS, and filing the copy.

Recommendation: Aside from the substance abuse units, there appears to be an indication that only one correctional facility (FMWCC) that was actually using the NRAS for case management programming. The implementation of the Nevada Case Management Model in Year 2 should include the use of the NRAS PIT tool for program planning, and all inmates upon re-entry to the community should be recommended to aftercare programs using the RT or

the SRT. In Year 2 offenders should be evaluated using the appropriate NRAS assessment (PIT, RT, SRT), and followed up for one year to collect recidivism data. In Year 1, for validation purposes of cohorts that have been followed three years post release (2012 and 2013 cohorts), recidivism refers to returns to an NDOC prison 36-months' post-release. After the Phase 2 follow-up period, the relationship between NRAS score and actual recidivism will be analyzed. Discussions with the Nevada State Court Administrator's Office and Parole and Probation about using the NRAS for pre-trial assessment (PAT) should continue into Year 2.

2) Collection of NRAS data

Benchmark met. **100% of data collected for NRAS validation process to be completed**. The validation of the NRAS PIT tool was completed using 100% of all usable files from the random sample that was pulled for the data collection; this does not mean that 100% of all NDOC files that contained NRAS scores were pulled.

Recommendation: Changes to operating procedures and administrative regulations (ARs) regarding NRAS data collection have been finalized (see attached procedures for NRAS data collection in Appendix D). Probation violators and parole violators should also complete an NRAS assessment at intake in all NDOC facilities; all NRAS forms should be filed in the "I-files" rather than the medical files; all NRAS individual raw scores and domain scores should be entered in NOTIS as per NDOC's directive, as of October 1, 2017, and will also be documented under NOTIS's case notes (case note chrono). It was discovered that some NRAS assessments were completed using only case review data from the files, rather than interviewing the inmates. This should be monitored for consistency to ensure an actual interview and the case assessor and date of the assessment is documented into the case notes section in NOTIS.

3) Fidelity tools for evaluation of NRAS end users utilized

Benchmark not met. NRAS utilization verification in NOTIS of 50% of randomly selected NDOC intake cases in July and August 2017 have an NRAS score.

Recommendation: Due to the delay in the NRAS automation process, this Benchmark was not completed, and should be a benchmark for NDOC in Year 2. During the utilization verification, the following threats to the fidelity of the NRAS implementation and effectiveness should be considered:

Although fidelity tools were not used in Year 1, there have been some noticeable problems with the administration and filing of the NRAS tool, which affects the fidelity of its implementation with respect to case programming based on the inmates' specific criminogenic needs. Three (3) RISE participants scored higher on the NRAS assessment tool at discharge

than at enrollment. It was later discovered that the reason for this increase was due to errors in the administration of the tool (during the interview phase at intake), not due to the programming that the inmate was receiving during their participation in RISE or their interactions with other inmates. This required recertification training for identified staff.

Although an NRAS data entry operating procedure has been developed by NDOC (see Appendix D), it is recommended that NDOC develop a procedure directive to file the NRAS in the I-file (inmate file) rather than in the medical files. In addition, there should be a specific divider within the I-file that is for case management planning. NDOC should also utilize a case management planning forms for standardization that link to the NRAS.

During the course of the NRAS validation data collection process, it was discovered that intake staff were not administering the NRAS to parole and probation violators. The research team recommended that the tool be administered to all inmates, so that these inmates could also benefit from evidence-based programs to reduce recidivism and so that NDOC would have baseline NRAS data to be able to track change throughout their NDOC institutionalization. Mental health intake staff are now administering the NRAS PIT tool to all inmates, including parole and probation violators. It is recommended that this policy become formalized via a change in NDOC's procedures or regulations so that NRAS will be administered to all inmates at all Nevada intake facilities as well as the RT and SRT after six (6) months at NDOC before entering any type of evidence based programming and within six (6) months of release into the community.

While reviewing case files for NRAS scores, it was discovered that a number of NRAS assessments were not scored properly, were not dated, were not signed by the assessor, were not filed in the appropriate file or in the appropriate section in the file. In addition, there were a number of issues with filing discovered in numerous locations. Disorganization and nonsystematic procedures resulted in hundreds and hundreds of hours of staff time trying to locate the NRAS sheets from the inmates' files. It is recommended that NDOC complete audits on the intake and discharge regulations to ensure application and fidelity of the instrument's use.

4) Number of trainings provided to key community providers on how to use NRAS data.

<u>Benchmark not met</u>. 100% of key community providers trained on the use of NRAS data for case management.

To date, according to training records, no key community providers (e.g., Ridge House) other than P&P have been trained on the interpretation of NRAS for programming of services but during the September 14, 2017 offender workgroup meeting the NDOC substance abuse director offered to give Ridge House an overview of NRAS.

<u>Recommendation</u>: There are already 15 RISE graduates in the community. It is recommended that the community partners contracted to provide wraparound services to these graduates

(Ridge House and Freedom House), are trained in NRAS, or at least in the use of NRAS for case management, within 90 days of Year 2 of the contract.

<u>Goal/Activity 4: Direct Services</u>: To utilize evidence based programs and practices that reduce recidivism of property and crime offenders by targeting their criminogenic needs.

Process Measures Year 1

1) **Number of Evidence based programs identified and adopted for Nevada's total correction population based on their validity.**

<u>Benchmark Met</u>: 100% review of all non-evidenced based programs within NDOC.
NDOC's Quality Assurance Manager (Psychologist II) has reviewed 100% of all NDOC's EBPs and has determined which programs should be completely disbanded or put on hold until NDOC has the resources to implement them with effectiveness (see Appendix E, "Programs Not Offered," "Approved Merit Credit Core/Operational Programs," and "Approved Merit Credit Educational/Vocational Programs"). In addition, NDOC has worked with the PEW institute and the legislature to ensure that all programs are evidence based or best practice to ensure sustainability of funding in the future, and with the Board of Prison Commissioners to ensure information is consistent with programming.

<u>Recommendation</u>: It is important that these EBP programs be identified not only so that the returning citizen's criminogenic needs are met, but also because the Nevada Board of Parole Commissioners will not recognize optional, non-evidence based programs during the parole hearing, but only core, evidence-based programs. There was a disconnect between the inmate, NDOC, and the Nevada Board of Parole Commissioners, in the first half of Phase 1. When some of the RISE participants were nearing completion of the program, they went before the Board and were denied their parole. One reason for the parole denial was that the Board was not familiar with the EBP nature of the RISE program. Since that time, NDOC leadership has addressed this issue, asking for a review of those individuals denied parole. All but one RISE participant has been granted parole. Communication between the Board, NDOC, and P&P has improved, but more communication and collaboration is necessary in order for systematic change to occur with respect to reducing recidivism in Nevada. Currently, the Board has a representative on the offender programming workgroup, but inviting them to provide more representation within each of the applicable workgroups will keep them well informed.

<u>Benchmark Met</u>. NDOC will implement at least one new evidence-based program, not including RISE or TC.
Moral Reconation Therapy (MRT) trainings have already been conducted by UCCI. In year 1, 69 NDOC staff members have been trained as a trainer, co-trainer, or facilitator. MRT has already been implemented at NDOC with all non-RISE and non-TC populations.

2) Number and types of varying behavioral reinforcement programs between RISE and TC

<u>Benchmark Not Met</u>: A positive behavioral reinforcement system should be utilized for RISE and TC participants with the RISE participants receiving more and increased behavioral reinforcements than the TC participants.

<u>Recommendation</u>: There were no differences in intervention administration between the RISE units and the TC units with respect to positive behavioral reinforcement interventions in Year 1 as was supposed to occur according to the original research design. This is a key gap in program implementation. One of the main principles of effective intervention is to increase positive reinforcement to affect behavior change. A 4:1 ratio of positive reinforcements to negative reinforcements is recommended by behavioral modification experts (National Institute of Corrections, 2004). P&P expanded graduated sanctions through Day Reporting Centers or DRCs. In Year 2, it is recommended that tablets be incorporated into the RISE Program as an incentive in the RISE units.

In addition, it is recommended that incentives for completing programs in the RISE units be increased to the equivalent in the TC units (currently, RISE participants receive only 60 credits and TC participants receive 240 credits); increased incentives for RISE participants to encourage enrollment, during their programming, and as stages of the RISE program are completed; and the incentive to be able to more quickly relocate to a minimum custody re-entry unit such as Casa Grande Transitional Housing or Northern Nevada Transitional Center where they can begin seeking employment or completing their GED sooner than those in the TC units. Additionally, some RISE participants were not granted parole, but expired their sentence. Without research incentives to keep the returning citizen involved in wraparound services it will be difficult to motivate them to remain in the study, posing another design issue due to loss to follow-up. Therefore, it is recommended that incentives be instituted in Phase 2 for both the aftercare portion as well as the in-custody portion.

3) Percentage change of inmates with reduced criminal thinking

<u>Benchmark Met</u>: **RISE participants will show significantly greater reduced criminal thinking as they progress through the program compared to their baseline measures as well as compared to the TC clients.**

Preliminary results from the Criminal Rationalization scores indicate that at discharge, RISE clients reported weaker endorsement of beliefs that crime is justified because other people in society (e.g., lawyers, bankers, police officers) get away with breaking the law, compared to TC clients, as well as compared to their baseline scores at enrollment into the program. However, these results must be interpreted with great caution, as these sample sizes are small, and these participants have not yet completed Phase II.

4) Percentage change of inmates with increased motivation to change

<u>Benchmark Partially Met</u>: RISE participants will show significantly greater increased motivation to change as they progress through the program compared to their baseline measures as well as compared to the TC clients.
Preliminary results from the motivation to change scales indicate that at discharge, RISE clients, compared to their baseline scores at Time 1 (at enrollment) and also when compared to the TC participants, felt marginally less pressure to be in treatment due to family concerns, legal troubles, or concerns about having to be in treatment to avoid further penalties. However, these results must be interpreted with great caution, as these sample sizes are small, and these participants have not yet completed Phase II.

5) Evidence of Nevada/Oregon Case Management Model implementation and utilization

<u>Benchmark Not Met</u>. 100% of the RISE participants will receive case management services (e.g., assistance entering and navigating systems of care, removing barriers to recovery, staying engaged in the recovery process, supportive others receive EPICS-I training, and one collaborative case management meeting with returning citizens and supportive others prior to release).

The Nevada Case Management Model was not implemented in Year 1, but is planned to be implemented in Year 2.

<u>Recommendation:</u> The Oregon Case Management Model was adapted by Nevada and funds from the SCA BJA grant in year 2 will go toward case management and planning, as well as training correctional staff.

6) Number referred for wraparound services post-release (education, identification, housing, substance abuse treatment)

<u>Benchmarks Partially Met:</u> 100% of RISE participants referred for post-release wraparound services in year 1.

The wraparound services checklist has been partially utilized by NDOC for the RISE participants, but has not been utilized yet by P&P and collaborative partners due a delay in the checklist's development. This is planned to be fully developed in Year 2.

7) Evidence of EPICS-I model implementation

<u>Benchmark Not Met</u>. 100% of RISE participants will have at least one supportive influencer trained in EPICS-I during their stay in the RISE program.
Although there were 27 EPICS for influencers coaches trained in year 1, the influencers have not yet been matched to RISE participants, and have not been trained on how to coach the RISE participants.

<u>Recommendation</u>: It is recommended that NDOC work to establish the EPICS for Influencers training as part of the inmate's natural support system. This should be scheduled immediately in year 2 of the grant with the natural community supports for the RISE graduates and then the current RISE participants.

8) Number of inmates assessed for job aptitude and skill development

<u>Benchmark Not Met</u>. 50% of all RISE participants will be assessed for job aptitude and skill development

During the grant proposal-writing phase, DETR (Department of Employment, Training and Rehabilitation) was using Work Keys as their skills assessment tool, but during Phase 1, a member of the Network and Employment Development Work Group announced that DETR is no longer using this tool. So far, this job skills assessment tool has not been replaced by another tool to assess work skills, and although RISE participants are doing some form of employment skills curriculum during their stay in the program, no assessments for job skills are currently planned by re-entry or the employment workgroup.

<u>Recommendation</u>: It is recommended that a work skills assessment tool is selected and administered by DETR and/or the employment workgroup to the current RISE participants.

9) Number of inmates with an education plan

<u>Benchmark Not Met</u>. 50% of all RISE participants will have developed an education plan.
A scaled literacy assessment instrument (CASAS) has been identified by NDOC and there is a plan to administer it to all NDOC inmates in Year 2. According to the tracking data, 21 RISE participants have been referred out for education services, even though only 2 of the 67 RISE participants have obtained a GED. NDOC is currently developing an operating procedure to ensure that an education plan is written for all NDOC inmates who do not have a high school diploma or GED, upon entry to the NDOC. It is imperative that all RISE participants be referred for an education plan and begin their plan while in the re-entry units.

<u>Goal/Activity 5: Supervision Practices:</u> Adopt a balanced approach to community supervision

Process Measures Year 1

1) **Evidence of complementary or joint use of NRAS and EPICS and demonstrated competence**

<u>Benchmark Partially Met</u>: 25% of P&P staff trained on NRAS and EPICS.

<u>Recommendation</u>: Regarding EPICS, 55 staff have been trained but none have demonstrated competence yet as they are all in the coaching phase through March 2018. Regarding NRAS, 50 staff have been trained and re-completing NRAS assessments and until a fidelity tool is identified and utilize, demonstrated competence with respect to NRAS's use by P&P cannot be determined. An additional thirty P&P staff will be trained in December 2018. NDOC plans to have all staff trained by the 3rd year of the grant.

2) **Evidence of developed budgets for electronic monitoring and quotes for start-up and maintenance of DRCs**

<u>Benchmark Met</u>: Graduated sanction budgets developed for Phase 2.

The Division has $745,800 for FY18 for two Day Reporting Centers, one in Reno and one in Las Vegas. The DRC in Las Vegas was slated to open first and has been operating since October 2, 2017. The DRC for Reno is slated to open February 9, 2018.

The Division has $342,000 for FY18 for State Funded House Arrest (Electronic Monitoring). There are no other funds provided for electronic monitoring and these funds would be operated through a separate Department.

3) **Evidence of increased referrals, which resulted in graduated sanctions and reduced parole revocation proceedings for parolees who have violated supervision conditions**

<u>Benchmark Met</u>: P&P will increase the numbers of offenders diverted from incarceration through house arrest by 1%.

P&P has diverted a monthly average of 40 offenders from incarceration this fiscal year.

<u>Goal 6: Operations</u>: To ensure P&P officers use NRAS and EPICS and 2) to ensure NDOC staff use NRAS and Core Correctional Practice (CCP)

Process Measures Year 1

1) **Inclusion of knowledge and skills of using NRAS/CCP and EPICS in the position descriptions and performance standards of parole and probation officers and NDOC**

Benchmark Not Met: 100% of position descriptions and performance standards will be drafted to include NRAS/CCP/and EPICS by both NDOC and P&P.
This benchmark has not yet been met. This is a three-year plan.

2) **NRAS/CCP/EPICS/and EPICS-I utility will be incorporated into NDOC operations manuals and ARs**

Benchmark Not Met: 100% of relevant ARs and NDOC operations manuals include the use of NRAS/CCP/EPICSEPICS-I and other evidence-based programs.
This benchmark has not been met. All ARs and NDOC operations manuals have been updated in relation to CCP only

3) **Identify fidelity tools and other instruments to evaluate the fidelity of the use of NRAS/CCP/EPICS/EPICS-I**

Benchmark Met: Fidelity tools for evidence based programs has been identified.

Recommendation: Fidelity tools developed by UCCI have been identified and plans to discuss the training for these fidelity tools with UCCI have been made. The evaluation research partner has plans for the development of an inter-rater reliability tool for the NRAS assessments and the evaluation research partner has discussed this plan with the NDOC Quality Assurance Manager. In addition, the Quality Assurance Manager has drafted an audit tool to assess the fidelity of all evidence based program implementation at NDOC beginning in Year 2. It is recommended a similar audit or fidelity tool should be identified and utilized by P&P.

Limitations and Other Recommendations

The findings of this process evaluation are limited by missing data for previous years, lack of data available as of year-end (after Year 1 from the comparison group and from Phase II of the RISE component due to delays in Year 1, too few participants graduating to the aftercare phase of the study, and small sample sizes). These results must be interpreted with caution, and cannot be used to generalize to the entire RISE population nor speak to the effectiveness of the current program until after Phase 2 of the project is completed for both the RISE sample and the TC sample.

Data collection will continue in Year 2 and 3. It is recommended that rigorous monitoring and data collection continue not only for the RISE program, but also for those in the comparison TC program. Without similar data collected for the TC comparison group, the effectiveness of

RISE will remain in question. Another measure of program effectiveness will be the returning citizen's functioning in the community. However, admission to the recommended community aftercare facility is not always guaranteed. For example, there are some RISE participants in Phase 2 who were not granted housing at two of the community partner facilities due to the facilities' guidelines (e.g., not admitting those with a prior violent or sexual offense). These limitations cause a disruption in the continuity of care, and would need to be identified and accounted for in the integrity of the research. In addition, some of the RISE participants were not granted parole, but expired their sentence. This provides little incentive for mandated follow-up. Without research incentives to keep the returning citizen involved in wraparound services in Phase 2, it will be difficult to hold their interest and motivation to remain in the study, posing another design issue due to loss to follow-up. Therefore, it is recommended that incentives are instituted in Phase 2 for both the aftercare portion as well as the in-custody portion and all aftercare services are closely monitored and tracked by NDOC, P&P, and all community providers involved.

Chapter 2: RISE Program

Program Context- RISE Program as Originally Designed

The NDOC **RISE (Reaching Inward to Succeed in my Environment) Re-entry Program** is located at the Southern Desert Correctional Center (SDCC) in southern Nevada, and the Warm Springs Correctional Center (WSCC) in northern Nevada. The RISE Program is a modified outpatient-model program for structured living that blends substance abuse programming and re-entry programming for the treatment of substance use disorders and restructuring criminal thinking in order to reduce recidivism. The RISE Program is part of the *The Second Chance Act Statewide Adult Recidivism Reduction Program,* **Stopping the Revolving Door: Nevada's Strategic Recidivism Reduction Plan.** The RISE Program at SDCC is housed in an area of NDOC that is segregated from other areas of the institution in which general population inmates who are not assigned to the program are housed.

Research Methodology

Target population. Nationally, property and drug offenders have the greatest propensity to recidivate (Bureau of Justice Statistics, April, 2014) based on a study of recidivism across 30 states in 2005. According to this BJS report, the highest risk of being arrested for a new crime was 82.1% for property offenders and 76.9% for drug offenders, compared to public order offenders and violent offenders, 73.6% and 71.3%, respectively. Property offenses include burglary, fraud/forgery, larceny, motor vehicle theft, and other unspecified property offenses, as defined by the Bureau of Justice Statistics (2014). BJS (2014) defines drug offenses as possession, trafficking, and other miscellaneous or unspecified drug offenses. In Nevada, Property and Drug offenders also represent the greatest recidivism risk compared to DUI offenders, sexual offenders, violent offenders, and other offenders according to 2012 recidivism risk data. Specifically, for the NDOC 2012 release cohort followed between 2012-2015, property offenders represented 24% of offenders released from the Nevada Department of Corrections, but had the highest within offense group recidivism percentage at 38.47%. Drug offenders comprised the second highest category of recidivists, with 29.6% returning to an NDOC prison within three years of release.

Of the 569 property offenders who were released on parole in 2013 (the first year Nevada started collecting and using NRAS[1] data), **77% were moderate to very high risk to reoffend** (recidivism rate defined as a return to any NDOC prison within 36 months of release) and substance use was either a factor in the crime, or the individual had some history of substance

[1] NRAS stands for the Nevada Risk Assessment System. NRAS was renamed from ORAS, Ohio Risk Assessment System, with permission from the University of Cincinnati, Center for Criminal Justice Research. NRAS is comprised of five tools. The five tools are: 1) Pre-trial (PAT); 2) Prison intake (PIT); 3) Community supervision (CST); 4) reentry from a long-term prison stay (4+ years; RT); and 5) reentry from a short prison stay (<4 years; SRT). The Prison Intake Tool (PIT) consists of the following five domains: criminal history; education, employment, and financial situation; family and social support; substance abuse and mental health; and criminal attitudes and behavioral patterns.

abuse, or both. Targeting these populations in the most highly populated counties (Clark and Washoe), coupled with evidence-based training and programming that will be in place throughout the correctional and parole supervision systems, should also reduce the overall *statewide* recidivism rates.

The current **statewide recidivism rate** for felony offenders using the 2012 release cohort (most recent available data to the research partner) is 30.24% (release follow-up between 2012-2015). This release cohort includes male and female offenders in all age and offense groups released to community supervision or discharged. By inspecting and analyzing data across years, it was concluded that the male offenders paroled to community supervision who are 18 to 55 years of age at time of release have significantly higher return rates than do other offenders. Male property offenders released on parole in 2012 have a recidivism rate that is 13.7% higher than the baseline rate and male drug offenders' recidivism rate is 3.40% higher. The ranking in relation to size holds true for historical release cohorts. Based on the analysis of the data, and after concluding that these two groups have disproportionally higher return rates, the NDOC will implement the treatment program on these returning citizens. These are the offenders that are at highest risk of returning and who should be treated first as they represent 32.71% of all recidivists in the 2012 cohort.

The current drivers of recidivism in Nevada coupled with the existing research mentioned above supported **the selection of *male* property and drug offenders with a history of substance use disorder,** who are assessed as moderate to very high risk for recidivism within three years, eligible for parole within six months of beginning the RISE blended substance use and reentry treatment program (TX), and who are between the ages of 18-55 years old, as the target population for this program. This treatment group (TX) will participate in RISE, which is based on an EBP curriculum for both reentry and substance abuse, while in NDOC custody. The population will be eligible for wrap-around services and will be supported with a continuity of care model to facilitate their transition from NDOC to the community while under evidence-based supervision practices.

Participant Selection and Criteria for Enrollment

Nevada will enroll a total of approximately 100 male property offenders or drug offenders per cohort per year (N=300) over a 33-month programming period (3 cohorts; N = 300) who meet the DSM-5 diagnostic criteria for a substance use disorder; have been scored as moderate to high or very high risk on NRAS; and whose must be within 10 months of probable release. **Year 1 of the project has already been completed, and there have been a total of 67 participants who were enrolled in the RISE Program.** Due to administrative processes of grant approvals, there were delays in personnel hiring and training, which caused the onset of recruitment into these groups also to be delayed by approximately three months. These property and drug offenders were assigned to the Treatment Group-RISE (TX). The Therapeutic Community or Comparison Group (TC), will also consist of 300 property and drug offenders (after Year 3) who also meet the DSM-5 and diagnostic criteria for a substance use disorder; have scored moderate to very high on the NRAS, and whose probable release date is within the 12-18 months of the target enrollment period

(TC program takes approximately 9-12 months to complete, so their parole date used for selection into the TC will be different than the RISE group, which only takes 6-9 months to complete). Table 1 below displays the RISE program's pre-release and post-release services as was intended by the original program design.

Table 1: Pre and Post Release Services

Treatment Program	Pre-Release	Post-Release
Phase 1 (Prison-Based)		
Cognitive Behavioral Intervention (CBI)	✓	
Helping Men Recover: Addiction Program	✓	
Getting it Right Series	✓	
EPICS-I (EPICS for Influencers)	✓	
Tablets and Increased Positive Reinforcement	✓	
The Oregon Model	✓	
Individual Counseling Sessions (1X/mo.)	✓	
Work Keys Aptitude Skills Testing	✓	
Phase 2 (Community-Based)		
Transitional Case Management	✓	✓
Residential Substance Abuse Treatment		✓
Parole Officer trained in EPICS		✓
Parole and Probation Graduated Sanctions		✓
Community Based TX and Wraparound services		✓

In *Phase 1* of the RISE Program and pre-release services, the Treatment Group was supposed to receive the following (Prison-Based Treatment): *Cognitive Behavioral Intervention, Work Keys Aptitude Skills Assessment* and the following curriculum: *Helping Men Recover: A Program for Treating Addiction and Education and Employment Skills*, which includes the *Getting it Right* series of Interactive Journaling workbooks, developed by the Change Companies. Phase 1 treatment Group were also to receive the following services: Individual Counseling Sessions (1x per month); Transitional Case Management; The Nevada Case Management Model (modeled after the Oregon Case Management Model); and Increased Positive Reinforcement. The recidivism reduction strategy focused on individuals who are assessed as at being moderate, high, or very high risk to re-offend based on the Ohio Risk Assessment System, adopted by Nevada with permission, and renamed the Nevada Risk Assessment System (or NRAS). The strategy also emphasizes participants' most significant criminogenic needs and requires a diagnosis of moderate or severe substance use disorder. Individualized case management plans were developed to address substance dependency and other criminogenic needs through cognitive-behavioral interventions. The dosage and intensity of standard programming while in NDOC custody is to remain uniform, but the number of wrap-around service hours was to vary based on the range and severity of other needs. The dosage and severity of community-based substance use treatments will be determined by the Level of Care Index. It is recommended by the National Institute of Corrections (2004) that

for high risk offenders, 40-70% of their time should be structured with routine services (e.g., outpatient services, employment, education) within the first 3-9 months of release. Additionally, in *What Works (and Doesn't) in Reducing Recidivism* by Latessa, Listwan, and Koetzle (2014), the authors review a study by Bourgon and Armonstrong (2005) that found 100 hours of treatment was sufficient to reduce recidivism for moderate risk offenders or those with few needs (3 or less) while high risk offenders with fewer needs or moderate risk offenders with multiple needs (3 or more) required 200 hours of treatment to reduce recidivism. This book also references a study by Sperber, Latessa, and Markarios (2013) that found increasing dosage of treatment for high risk offenders (100-199 hours and 200+ hours resulted in significant reductions of recidivism while moderate risk offenders with dosage of treatment ranging from 0-99 hours to 100-199 hours did not show a significant reduction.

In Phase 1, NDOC staff were to be trained in Core Correctional Practices (CCP), parole officers were to be trained in NRAS and Effective Practices in Community Supervision (EPICS), and pro-social members of participants' natural communities were to be trained in Effective Practices in Community Support for Influencers (EPICS-I). CCP, EPICS, and EPICS-I teach people responsible for supervising and supporting justice-involved individuals about EBP to facilitate positive change.

Phase 2 (Community-Based Treatment) Post-Release services include: formal referral for out-patient, individualized, substance abuse treatment and medical-necessitated needs for approximately three months; community-based transitional case management wrap-around services based on individual needs; EPICS-I services from the returning citizen's natural support system; Parole officer trained in EPICS; and Parole and Probation Expanded Graduated Sanctions.

During Year 1, NDOC developed an operational procedure "Nevada Department of Corrections Re-Entry Directorate, Operational Procedure, Reaching Inward to Succeed in my Environment (RISE) RE-ENTRY Program" currently in draft form to be formalized by the administration within the next month. In the operational procedure, the eligibility criteria for the RISE program are outlined:

CLASSIFICATION CRITERIA:

1. The inmate must be within 10 months of probable release on from their eligible parole or discharge release date.
    - *PROBABLE RELEASE IS NOT PAROLE ELIGIBILITY DATE*
        - Probable release is the likelihood that the inmate shall return to the community on either parole or discharge once the classification specialist has reviewed the inmate's institutional file (I-file) for certain factors to include, but not limited to, severity of crime, criminal history, institutional adjustment, and sentence structure.

2. The inmate must be six (6) months disciplinary free from institutional violence and three (3) months disciplinary free from General and Minor infractions.
3. Inmates must be **assigned to** Level 1 or Level 2 housing. Any exceptions shall be staffed by the SAPD, SACIII, and CCSIII.

4. If not currently assigned to SDCC, participant must meet classification criteria for assignment to SDCC.
5. If the inmate is eligible for minimum custody **and the inmate has agreed to participate in the program and waive his right to minimum custody,** RISE Correctional Casework Specialist III may contact OMD to have the inmate removed from the department transfer list (P-List). **The RISE Correctional Casework Specialist will then reclassify the inmate to remain at SDCC to continue programming**.

CLINICAL CRITERIA:

6. A clinical treatment staff must have diagnosed the inmate with a substance use disorder based on the current version of the Diagnostic and Statistical Manual (DSM) of Mental Disorders criteria.
7. A designated, trained staff will administer an approved criminogenic risk/needs assessment resulting in scores within the qualifying range (moderate, high, or very high on the NRAS).

Implementation and Fidelity to Program Design

As originally designed, the RISE program intervention reflects evidence based principles (EBP) that have demonstrated their validity in the literature (National Institute of Corrections (NIC), 2004; see Appendix C). During the implementation phase, however, numerous modifications were made to the initial design by NDOC. Most of these changes were a result of practical issues with respect to Nevada Revised Statutes (NRS) and Administrative Regulations (ARs) with respect to: classification criteria for camps, programming, bed space, staffing issues with respect to both turnover and hiring barriers, resources, or other policies and procedures within NDOC. Because of these logistical and practical issues, the phases of treatment for the RISE participants did not start on time and wrap-around services could not be delivered during Year 1 of the grant. Impacts of these adjustments must be closely documented, tracked, and monitored going into Year 2 and Phase 2 of the grant.

RISE Program Delivery

The Year 1 RISE evaluation focuses on program delivery and housing issues. Data for this evaluation were gathered via work group attendance and site visits to the RISE program at Southern Desert Correctional Center (SDCC) in August 2017 and Warm Springs Correctional Center (WSCC) in September 2017. This evaluation identifies strengths and areas for improvement along with recommendations for those improvements.

The RISE program is a two-phase treatment and reentry program for moderate to very high risk property and drug offenders with a history of substance use. Phase I of the program takes place while participants are still in Nevada Department of Corrections (NDOC) custody. Phase II of the program is implemented subsequent to participants' return to the community.

Phase I

Assessment

The program design requires all potential RISE participants to be evaluated via several assessments. Each potential participant's risk level should be determined via the NRAS. Then, a clinical staff member evaluates each potential participant to determine whether or not a diagnosis of substance use disorder is appropriate based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Next, each potential participant is evaluated with the Addiction Severity Index (ASI) to determine the severity of the substance use disorder. If a potential participant was determined to be an appropriate fit for RISE, the applicant would be evaluated via the Texas Christian University (TCU) Criminal Thinking Scales (CTS) TCU Social Functioning Scales (SOCform), Psychological Functioning Scales (PSY), and Motivation Scale (MOTform), which are all responsivity tools. The individual is also evaluated via a job skills assessment tool to measure competency in skill domains necessary for workplace success. Finally, prior to release, each RISE participant is assessed with the NRAS Reentry Tool (RT) if he has been incarcerated for four or more years or the Supplemental Reentry Tool (SRT) if he has been incarcerated for less than three years prior to his release to the community. He will be evaluated via the American Society of Addiction Medicine (ASAM) Level of Care Index (LOCI) to determine the appropriate level of substance use treatment to be delivered in the community. He will also be reevaluated with the TCU scales (CTSform, SOCform, PSYform, MOTform), and upon program completion, should be administered the TCU ENG scale (ENG = Engagement scale measuring program satisfaction).

Strengths. NDOC has done an excellent job ensuring that all participants are properly screened for risk, severity of substance use disorder, criminal thinking, social and psychological functioning. All participants were assessed with the NRAS, DSM-5, ASI, TCU CTS SOC and PSY prior to starting the program. Participants were also reassessed with the NRAS RT or SRT, LOCI, TCU CTS prior to return to the community.

Participant recruitment was a challenge for the first several months of the program. The evaluators learned from an NDOC caseworker that the incarcerated men eligible for RISE were often eligible for minimum custody classification and were being transferred to camps. NDOC staff worked to modify the classification and transfer policies to permit RISE-eligible men housed at WSCC and SDCC to voluntarily waive their right to minimum custody so that they are able to remain at WSCC or SDCC to participate in RISE. In addition, NDOC modified regulations so that individuals enrolled in programs would not be transferred out of the program, until complete.

Areas for improvement. During the grant proposal-writing phase, DETR (Department of Employment, Training and Rehabilitation) was using a Work Keys assessment tool, but during Phase I, a member of the Network and Employment Development Work Group announced that DETR is no longer using this tool. So far, this job skills assessment tool has not been replaced by another tool to assess work skills, and although RISE participants are doing some form of

employment skills curriculum during their stay in the program, no assessments for job skills are currently planned by re-entry or the employment workgroup. It is recommended that a work skills assessment tool is selected and administered by DETR and/or the employment workgroup. NDOC did not have electronic data for the TCU PSY tool. It is recommended that data collection continue for all assessment and responsivity tools in both the RISE and TC programs.

Program

The RISE program includes several treatment and skill-building curricula. RISE participants use the Helping Men Recover (HMR) curricula for substance use disorders, Getting it Right (GIR) to prepare for reentry, and cognitive behavioral intervention strategies (CBI) to teach participants to understand the relationship between their thoughts, feelings, and behavior. Participants attend counselor-led skills groups to practice the skills they learn in HMR, GIR, and CBI. Participants also attend one-on-one counseling. Participants are intended to practice their skills with peers in the Home Group facilitated by another staff member.

Strengths. Staff at both WSCC and SDCC have done an excellent job ensuring that RISE participants receive HMR, GIR, and CBI. They also facilitated counselor-led skills groups and one-on-one counseling sessions as intended.

Areas for improvement. It was discovered during the site visits that some folks in the TC units were also being referred to Helping Men Recover. This program was only supposed to be for the RISE participants. However, since these TC participants were already receiving Helping Men Recover programming, it was not ethical to remove them from that standard of care programming as it was NDOC's treatment-as-usual. It was decided by NDOC that they would continue their referrals to Helping Men Recover for those that were already receiving the program and keep track of those participants, but that the Substance Abuse units would no longer refer the TC participants to this program for the remainder of the grant administration.

The Home Group was removed from the program. Current staffing levels do not permit the assignment of Home Group with another staff member, which meant that participants were duplicating the counselor-led skills group. Facilitating as many opportunities to practice newly acquired skills is beneficial to RISE participants. It is recommended that the NDOC reconsider the cancellation of the Home Group. Participants may be practicing skills with the same staff member, but practicing the skills twice per week outside of class rather than once per week will be beneficial for skill reinforcement and mastery.

Incentives

RISE participants were intended to have different and a greater amount of incentives (positive reinforcements) than Therapeutic Community (TC) participants in response to program compliance and achievement. The plan was for the RISE participants only (provided to their units only in a monitored location, rather than individually) to have access to tablets on which they

could listen to music or watch a movie, work on their GED, and or learn some type of technical skill (e.g., automotive skills) through the NDOC intranet (as opposed to internet).

Areas for improvement. In Year 1, RISE participants did not have access to tablets as incentives. The Nevada Revised Statutes prohibited access to tablets, and NDOC had to go to the legislature to request changes in the law. The legislature approved the request for pilot programs; the new law was signed by the Governor allowing tablets with access to the intranet. Unfortunately, RISE and TC participants had the same incentives. It is recommended that NDOC provide tablets as the primary program incentive to RISE participants in Year 2. It is also recommended that NDOC ensure that tablets are not accessible to TC participants or general population inmates through the conclusion of the grant for substance abuse programming at the same institutions. Having tablets in other units will undermine the enrollment into RISE. If they can have access to tablets in other units outside of RISE, their motivation to enroll in RISE will diminish. If tablets are provided in other units outside of RISE, RISE participants must be rewarded with more tablet use time, and it should be significantly different (more) than the other units for the incentive to work effectively.

Case Management

RISE participants are intended to receive institutional case management through the Nevada Case Management Model (NCMM), which was adapted from the Oregon Case Management Model. Then, they were intended to receive transitional case management as they prepared to be released to the community.

Strengths. RISE participants are receiving transitional case management as intended. The NCMM was not implemented in Year 1, as it was planned for Year 2 of the grant. NDOC modified the plan to offer case planning in year 3 recognizing the importance of case management by other states and the technical assistance provided. NDOC took corrective action and the NCMM will be implemented in Year 2 of the grant. In addition, funds for the NCMM were included in Year 2 of the grant, and UCCI Case Management Training will officially begin. NOTIS automation of NRAS also allows for inmates who are wait listed into programs to have priority based on their NRAS risk score.

Phase II

Program

The preparation for Phase II takes places in NDOC and Phase II takes place in the community. RISE participants released with additional time on their sentences will be supervised by Parole and Probation (P&P).

Phase II is guided by parole officers (POs) using the Effective Practices in Community Supervision (EPICS) Model, which is a model of evidence-based supervision practices. POs should be trained in the NRAS so that they are able to periodically complete risk assessments for their clients. RISE participants are to receive referrals to outpatient substance use treatment and

Medication Assisted Treatment (MAT), if necessary. RISE participants will also be referred to select community partners for a range of wraparound services to address their unique needs.

Strengths. Fifty POs have been trained in the use of NRAS. An additional 30 POs will be trained in December 2018. RISE participants have been referred to outpatient substance use treatment and wraparound services with the select community partners. To date, 10 RISE participants have required MAT, and have been enrolled.

Areas for improvement. Fifty-five POs who will supervise RISE participants are currently in the EPICS coaching phase, which will be completed in March 2018. However, this means that the RISE participants who have already been released and those who are soon to be released to the community are not being supervised by POs who can reasonably be expected to fully implement EPICS, as their training is not fully completed yet. It is recommended that, moving forward, staff training be completed before skill utilization.

One RISE participant released from WSCC was referred to an agency other than the select community provider due to a denial. It is recommended that NDOC not refer RISE participants to any other community partners besides the select community partner unless there is a legitimate reason for doing so, such as denials from community providers. If there is a legitimate reason for referring a RISE participant to another community partner (i.e., community partner has specific guidelines for acceptance that does not include certain violent offenders or sexual offenders—which is not the RISE participant's current incarceration offense but may be in his history of offenses), then NDOC should document the reason for future evaluations. NDOC does plan to track these returning citizens who are not released to the selected community partners in Phase 2, however. Threats to treatment integrity and loss to follow up are issues with releasing these returning citizens to housing other than the community partner of choice, so it is important that these returning citizens' aftercare services received be tracked accurately by NDOC.

Case Management

RISE participants are intended to receive community-based transitional case management services to ensure that they are receiving appropriate referrals for behavioral health needs, housing, employment, and education with the use of the NRAS tool.

Strengths. A wraparound services checklist has been developed. Wraparound services have been identified; contracts and MOUs have been developed with two community partners to deliver the wraparound services. NRAS automation has been completed, a report can be printed by all those at NDOC. NRAS training has begun at P&P as well. Nevada Case Management Model Training is planned for Year 2, along with case management programming using the wait list in NOTIS, using the NRAS scores.

Areas for improvement. The checklist has only been used by NDOC. The evaluation partner will work with NDOC staff to ensure the fidelity of the checklist and its ease of use by P&P and other community partners. An operational policy or directive for Phase 2 participants with respect to the procedures for leaving the NDOC facility, tracking the returning citizens', identifying who at NDOC and P&P are responsible for assisting the inmate with continuity of care and services. During Phase I, it was determined that NDOC would not have access to the Nevada Department of Health and Human Services' (DHHS) database of services, such as knowledge of inmates who have applied for food stamps, but that one community provider, Ridge House, requires all residents to apply for food stamps and will be able to track those services (those who do not complete the Ridge House program do not get to keep their food stamps cards). NDOC is also working with DHHS to gain access to their services. It is recommended that the Offender Programming workgroup and Planning and Tracking workgroup work together to discuss the feasibility of tracking the returning citizens' services received from DHHS and other community partners and if so, the two workgroups should determine what services should be tracked and how (there have been ongoing discussions about using an electronic data tracking system that can be accessed by all community partners, but a system has not been identified or finalized to date and should be rectified before any more inmates are released to Phase 2).

Graduated Sanctions

RISE participants on parole are intended to be subject to graduated sanctions for technical violations of parole conditions. These sanctions include State Funded House Arrest (electronic monitoring; EM) and day reporting centers (DRCs).

Strengths. The DRC in Las Vegas opened on October 2, 2017. Funding has been allocated for the DRC in Reno, which is scheduled to open on February 9, 2018. Funding has been allocated to support EM for fiscal year 2018.

Areas for improvement. P&P does not have a tracking system to identify how many parolees and probationers are receiving graduated sanctions. This information would be available only be accessing individual client files, which is a time-consuming task and not readily completed for a large number of clients. It is recommended that P&P develop a tracking system first for RISE participants and then all other clients so that they can track referrals to graduated sanctions.

Training and Support

All RISE participants are intended to have additional support for their transition from NDOC to the community via the Effective Practices in Community Support for Influencers (EPICS-I) Model. EPICS-I requires each RISE participant to identify a pro-social support in his life. If that support person agrees to participate, then he or she fills the role of Influencer and is trained in the EPICS-I Model. This training will enable the Influencer to work with RISE

participants to identify risky situations and practice the skills necessary to avoid or manage those risky situations.

Strengths. NDOC provided training to EPICS-I trainers and coaches who are tasked with supervising and serving as a resource for the Influencers.

Area for improvement. Influencers for the first cohort of RISE participants were not identified or trained prior to the first cohort's release from NDOC. This is a key gap in program implementation. It is recommended that NDOC collaborate with P&P to immediately identify and train Influencers for RISE participants who have been released from NDOC custody and then identify and train Influencers for the next release cohort.

Housing

There are RISE housing issues at WSCC and SDCC. At WSCC, there are several housing issues. Initially, RISE participants were housed in one of two connected wings that housed veterans, inmates in a reentry program, and general population inmates. They are in four-man cells, which do not have space for the RISE participants to do their homework or to practice their skills. These wings do not have a common area that would allow RISE participants to complete homework or practice their skills, either. Furthermore, they do discuss programming with the inmates in the reentry program. Finally, the housing unit is in a separate building from the treatment staff. This results in a situation in which RISE participants have less support in non-scheduled or crisis situations. At SDCC, RISE participants were initially housed in a dormitory that also housed inmates in the education program, reentry program, and general population inmates.

A housing problem shared by WSCC and SDCC is how to manage RISE participants who have not been granted parole or whose sentences did not expire upon completion of Phase I programming. Those who are eligible are being referred to Northern Nevada Transitional Housing (NNTH) or Casa Grande Transitional Housing (CGTH). These two transitional housing facilities are operated by NDOC that typically allow inmates to leave the facility during the day to secure and maintain employment.

However, there are issues with transitioning some inmates as trustees to the NDOC transitional housing units, as NDOC has its own ARs preventing those RISE participants who have previous escapes or violations from relocating to these facilities. The issue then becomes what to do with these inmates who have graduated from the RISE program? They cannot continue to receive additional programming via the same curriculum because this additional programming will confound the results when comparing the RISE intervention to the TC comparison group. These RISE graduates also cannot be transferred back to the general prison population. It is important that NDOC identify a corrective action plan as soon as possible to identify barriers to allowing RISE participants to continue into Phase II, and determining if any of those barriers can be remedied via changes to ARs, or if these are issues that cannot be remedied with policy changes, new ARs and/or operating procedures must be developed with directives regarding continued programming for these RISE graduates.

Strengths. In Year 1, the SDCC Warden had moved the general population inmates into the same housing units as the RISE participants in order to fill up bed space. NDOC has since moved these general population inmates out of the wing that housed the RISE participants from the dormitory that housed the RISE participants at SDCC. It is unknown at the time of this writing whether or not this same scenario has happened with the RISE participants at WSCC in the north.

Areas for improvement. Space concerns are common in correctional facilities. However, it is crucial to keep inmates in new programs that are being tested separate from inmates in other programs and general population inmates to prevent program contamination until it can be determined whether the new program is effective at achieving the desired outcome. It is also highly desirable to have enough space for program participants to complete their assignments and practice the skills they are learning. Finally, it is also desirable for program participants to be housed in the same building as treatment staff. Therefore, it is recommended that NDOC work to identify a separate housing area for WSCC RISE participants that is in the same building as the treatment staff and has enough room for participants to complete their homework and practice skills. It is also recommended that NDOC work to identify a separate housing area for SDCC RISE participants.

It is also recommended that RISE participants who are transferred to NNTH or CGTH subsequent to Phase I program completion begin the equivalent of Phase II substance use treatment to maintain their skills. Otherwise, they should focus only on education, vocational skill training, and employment rather than participating in programs that offer additional curricula. In order for substance abuse treatment to continue at the re-entry centers, staffing placements may need to change, as well as modifications to any applicable administrative regulations or operating procedures.

RISE Preliminary Results

As of October 31, 2017, there were at total of 73 invited to participate in the RISE program based on initial screening criteria. Three participants were moved to camps early in Phase I before NDOC changed their classification policies as a response to the low numbers of eligible inmates for RISE, and three participants were not yet assessed for their eligibility. Of the 67 participants enrolled and assessed, thirteen (19.5%) did not successfully complete the RISE program and were discharged. Of these 13, one was discharged due to a positive urinalysis, ten (10) were discharged due to non-compliance with institutional rules, and two (2) refused treatment. Fifteen participants (22%) had successfully completed the program as of 10/31/17.

Of the 67 participants enrolled and assessed, eight (8) (12%) were classified as very high on the NRAS, 37 (55%) were classified as high, and 22 as moderate (33%). Thirty-four (50%) of these participants self-identified as African American, 19 (28%) identified as Caucasian, two (2)

(3%) as Asian, one (1) (1.5%) as Native American, 6 (9%) as Other, and five (5) (7.5%) self-identify as Caucasian Hispanic. The average age of the RISE participant population is 33.

Preliminary analyses looking at some key process and outcome variables between RISE and the TC group show some trends in statistically significant differences between criminal thinking, motivation to change, social functioning, and psychological functioning skills.

Satisfaction (Engagement) Data -- RISE vs. TC groups

The TCU (Texas Christian University) instrument contains four Engagement in Treatment scales: Treatment Participation (TP), Treatment Satisfaction (TS), Counseling Rapport (CR), and Peer Support (PS). Because raw data was unavailable for these scales, we can only report on the available summary data. According to these data, the average mean (*M)* score for Treatment Participation was similar across both RISE and TC groups, RISE *M* = 42.25, TC *M* = 43.71. Both of these values are higher than the norm values previously reported in the literature (Norm *M* = 40.40; Garner, Knight, & Flynn, 2007), suggesting both RISE and TC groups were on average more receptive to treatment than the norm groups were. The average score for Treatment Satisfaction was similar across both RISE and TC groups, RISE *M* = 39.34, TC *M* = 41.10. Both of these values are higher than the norm values previously reported in the literature (Norm *M* = 33.90; Garner, Knight, & Flynn, 2007), suggesting both RISE and TC groups were on average more satisfied with the treatment programs than the norm groups were. The average score for Counseling Rapport was similar across both RISE and TC groups, RISE *M* = 41.49, TC *M* = 43.45. Both of these values are higher than the norm values previously reported in the literature (Norm *M* = 36.27; Garner, Knight, & Flynn, 2007), suggesting that on average, both RISE and TC groups had better rapport with their counselors than the norm groups were. Finally, the average score for Peer Support was similar across both RISE and TC groups, RISE *M* = 35.03, TC *M* = 35.30. Both of these values are similar to the norm values previously reported in the literature (Norm *M* = 33.91; Garner, Knight, & Flynn, 2007), suggesting all three groups reported similar levels of support from other participants in the program.

Comparison analyses RISE v TC

Criminal Thinking Scales – Intake. The TCU instrument contains six Criminal Thinking scales: Entitlement (EN), Justification (JU), Power Orientation (PO), Cold Heartedness (CH), Criminal Rationalization (CN), and Personal Irresponsibility (PI). These analyses compared scores in these scales between clients in the RISE treatment and clients in the Therapeutic Community (TC) treatment taken at intake. All comparisons were made using independent sample t-tests. See Appendix F for statistical information on these analyses.

At intake, the RISE clients had significantly higher Justification scores, compared to the TC clients, RISE *M* = 22.10 vs. TC *M* = 18.84. This indicates that RISE clients more strongly endorsed justifications for their actions that minimized the harm done (for example, by blaming the victim), compared to TC clients. Similarly, RISE clients had marginally higher scores in the

Entitlement, RISE *M* = 19.84 vs. TC *M* = 17.12. This indicates that RISE clients had marginally stronger beliefs that they were entitled to certain benefits from society, compared to TC clients. RISE clients also had marginally higher scores in the Criminal Rationalization scale, RISE *M* = 31.78 vs. TC *M* =28.53. There were no other significant differences between these groups at intake. This indicates that RISE clients had marginally stronger endorsement of beliefs that crime is justified because other people in society (e.g., lawyers, bankers, police officers) get away with breaking the law, compared to TC clients.

It is important to note that these higher scores for RISE participants at intake are due to some inmates in the TC units having the mistaken belief that if they score higher on the criminal thinking scales, they will have to do *more* programming, which they did not want to do, and so some of the TC participants were actually lying about their criminal thinking. This situation was identified by a substance abuse staff member, and was addressed immediately. The explanation for the higher RISE scores has to do with some of the TC inmates not being honest about their criminal thinking behavior; therefore, the scores from the RISE participants' criminal thinking skills are more honest. However, the baseline scores for TC and RISE will not be accurate, and any comparisons conducted between these groups in the future will be difficult to interpret.

Criminal Thinking Scales – Discharge. These analyses compared scores in the Criminal Thinking scales between clients in the RISE treatment and clients in the Therapeutic Community (TC) treatment taken at discharge. All comparisons were made using independent sample t-tests. Because there were data available for only 5 cases in the TC condition, mean imputation was used to increase the TC sample size to that of the RISE group (10 cases, for a total per-group *N* of 15).

At discharge, the RISE clients had significantly lower Criminal Rationalization scores, compared to the TC clients, RISE *M* = 22.11 vs. TC *M* = 34.33. This indicates that at discharge, RISE clients reported weaker endorsement of beliefs that crime is justified because other people in society (e.g., lawyers, bankers, police officers) get away with breaking the law, compared to TC clients. RISE clients also had significantly lower Personal Irresponsibility scores, RISE *M* = 15.44 vs. TC *M* = 20.00. This indicates that RISE clients reported weaker endorsement of beliefs that place responsibility for the client's imprisonment on factors outside of the client's control (for example, bad luck) compared to TC clients. RISE clients had marginally lower scores in the Cold Heartedness scale compared to TC clients, RISE *M* = 20.40 vs. TC *M* = 23.20. This suggests that RISE clients reported marginally stronger feelings of empathy compared to TC clients. RISE clients also had marginally higher scores in the Power Orientation scale compared to TC clients, RISE *M* = 19.33 vs. TC *M* = 16.57. This suggests that RISE clients reported marginally stronger beliefs that they had to demonstrate strength and dominance in their everyday lives (for example, by responding with violence to being disrespected). There were no other significant differences between these groups at discharge.

Treatment Needs and Motivation Scales – Intake. The TCU instrument contains five Treatment Needs and Motivation scales: Problem Recognition (PR), Desire for Help, (DH), Treatment

Readiness (TR), Pressures for Treatment (PT), and Treatment Needs (TN). These analyses compared scores in these scales between clients in the RISE treatment and clients in the Therapeutic Community (TC) treatment taken at intake. All comparisons were made using independent sample t-tests. At intake, there were no significant differences on any of the scales between RISE and TC clients.

Treatment Needs and Motivation Scales – Discharge. These analyses compared scores in the Treatment Needs and Motivations scales between clients in the RISE treatment and clients in the Therapeutic Community (TC) treatment taken at discharge. All comparisons were made using independent sample t-tests. Because there were data available for only 5 cases in the TC condition, mean imputation was used to increase the TC sample size to that of the RISE group (10 cases, for a total per-group *N* of 15).

At discharge, the RISE clients had marginally lower Pressures for Treatment scores, compared to the TC clients, RISE $M = 23.33$ vs. TC $M = 27.14$. This suggests that at discharge, RISE clients felt marginally less pressure to be in treatment due to family concerns, legal troubles, or concerns about having to be in treatment to avoid further penalties.

Social Functioning Scales – Intake. This TCU instrument contains four Social Functioning scales: Hostility (HS), Risk Taking (RT), Social Support (SS), and Social Desirability Scale (SD). These analyses compared scores in these scales between clients in the RISE treatment and clients in the Therapeutic Community (TC) treatment taken at intake. All comparisons were made using independent sample t-tests.

At intake, the RISE clients had significantly lower Social Desirability (SD) scores compared to TC clients, RISE $M = 4.60$ vs. TC $M = 5.78$. This indicates that at intake, RISE clients reported their behavior to be less socially desirable (e.g., being a bad listener, purposefully saying hurtful things), compared to TC clients. Similarly, RISE clients had marginally higher Hostility scores, RISE $M = 27.84$ vs. TC $M = 24.66$. This suggests that RISE clients reported marginally stronger endorsement of beliefs and behaviors which demonstrate hostility (e.g., carrying weapons, experiencing urges to hurt other people), compared to TC clients. RISE clients also had marginally higher Risk Taking scores compared to TC clients, RISE $M = 35.76$ vs. TC $M = 32.81$; $t = -1.814$, $df = 92$, $p = .073$, compared to TC clients. This suggests that at intake, RISE clients reported stronger endorsement of risky behaviors and risk-taking in general, compared to TC clients. There were no other significant differences between RISE and TC clients at intake.

Social Functioning Scales – Discharge. These analyses compared scores in the Social Functioning scales between clients in the RISE treatment and clients in the Therapeutic Community (TC) treatment taken at discharge. All comparisons were made using independent sample t-tests. Because there were data available for only 5 cases in the TC condition, mean imputation was used to increase the TC sample size to that of the RISE group (10 cases, for a total per-group *N* of 15).

At discharge, RISE clients had significantly higher Social Support scores compared to TC clients, RISE *M* = 43.78 vs. TC *M* = 38.89. This indicates that RISE clients reported greater availability of a social support network to help them cope with drug or behavioral troubles (e.g., having people close to them who encourage their drug recovery), compared to TC clients. There were no other significant differences between these groups at discharge.

Psychological Functioning Scales – Intake. This TCU instrument contains five Psychological Functioning scales: Self-esteem (SE), Depression (DP), Anxiety (AX), Decision Making (DM), and Expectancy (EX). These analyses compared scores in these scales between clients in the RISE treatment and clients in the Therapeutic Community (TC) treatment taken at intake. All comparisons were made using independent sample t-tests. At intake, there were no significant differences between RISE and TC clients in any of the Psychological Functioning scales.

Psychological Functioning Scales – Discharge. Available data did not include information on Psychological Functioning scores for the TC sample at discharge; therefore, no comparison analyses were possible.

RISE at Intake vs. RISE at Discharge

Comparison analyses

These analyses evaluated what changes (if any) were present on RISE clients' scores on the Criminal Thinking and Treatment Needs scale and Motivation scale between Intake and Discharge. Due to the low number of cases from limited record keeping on the TC group, we were unable to conduct these analyses with the TC participants. See Appendix F for statistical information on these analyses.

Criminal Thinking Scales. Compared to their intake scores, RISE clients at discharge reported significantly lower scores for Entitlement, Intake *M* = 17.78, Discharge *M* = 13.44. This indicates that at discharge, RISE clients reported weaker endorsement of beliefs that they were entitled to certain benefits from society, compared to intake. RISE clients at discharge reported significantly lower scores for Justification, compared to intake, Intake *M* = 19.00, Discharge *M* = 14.66. This indicates that RISE clients at discharge reported weaker endorsement of justifications for their actions that minimized the harm done (for example, by blaming the victim), compared to intake. RISE clients at discharge reported significantly lower Power Orientation scores, compared to intake, Intake *M* = 24.86, Discharge *M* = 19.33. This indicates that RISE clients at discharge reported weaker beliefs that they had to demonstrate strength and dominance in their everyday lives (for example, by responding with violence to being disrespected), compared to intake. RISE clients at discharge reported significantly lower scores for Criminal Rationalization compared to intake, Intake *M* = 29.78, Discharge *M* = 22.11. This indicates that RISE clients at discharge reported weaker endorsement of beliefs that crime is justified because other people in society (e.g., lawyers, bankers, police officers) get away with breaking the law, compared to intake. RISE

clients also showed marginally lower scores for Personal Irresponsibility at discharge, compared to intake, Intake *M* = 18.78, Discharge *M* = 15.44. This indicates that RISE clients at discharge reported weaker endorsement of beliefs that place responsibility for the client's imprisonment on factors outside of the client's control (for example, bad luck), compared to intake. There were no differences between intake and discharge on RISE clients' Cold Heartedness scores.

Treatment Needs and Motivation Scales. Compared to their intake scores, RISE clients at discharge reported significantly lower scores for Problem Recognition, Intake *M* = 41.04, Discharge *M* = 32.30. This indicates that RISE clients at discharge reported that their drug use was less problematic for them, compared to intake. RISE clients at intake reported significantly lower Desire for Help scores, compared to discharge, Intake *M* = 44.56, Discharge *M* = 38.16. The results of the Desire for Help scores indicate that RISE clients at discharge reported needing less help to deal with their drug problem, and greater willingness to make changes necessary to deal with their drug problem, compared to intake. RISE clients at intake reported significantly lower Treatment Readiness, compared to discharge, Intake *M* = 43.92, Discharge *M* = 38.33. This indicates that RISE clients at discharge reported a lower need for treatment, compared to intake. RISE clients at intake reported significantly lower Pressures for Treatment, compared to discharge, Intake *M* = 28.48, Discharge *M* = 23.33. This indicates that RISE clients at discharge felt less pressure to be in treatment due to family concerns, legal troubles, or concerns about having to be in treatment to avoid further penalties. There were no differences between intake and discharge on RISE clients' Treatment Needs scores.

Social Functioning Scales. Compared to intake scores, RISE clients at discharge reported significantly lower scores for Hostility, Intake *M* = 25.75, Discharge *M* = 19.64. This indicates that RISE clients at discharge reported weaker endorsement of beliefs and behaviors which demonstrate hostility (e.g., carrying weapons, experiencing urges to hurt other people), compared to intake. RISE clients at discharge reported significantly lower Risk Taking scores, compared to intake, Intake *M* = 38.29, Discharge *M* = 31.24. This indicates that at discharge, RISE clients reported weaker endorsement of risky behaviors and risk-taking in general, compared to intake. Conversely, RISE clients at discharge reported significantly higher scores for Social Support, compared to intake, Intake *M* = 37.19, Discharge *M* = 43.78. This indicates that RISE clients at discharge reported greater availability of a social support network to help them cope with drug or behavioral troubles (e.g., having people close to them who encourage their drug recovery), compared to intake. Finally, RISE clients at discharge reported significantly higher Social Desirability scored, compared to intake, Intake *M* = 4.27, Discharge *M* = 5.87. This indicates that RISE clients reported their behavior to be more socially desirable (e.g., being a good listener, admitting when they have made a mistake), compared to intake.

Psychological Functioning Scales. Compared to intake scores, RISE clients at discharge reported significantly higher scores for Self-esteem, Intake *M* = 31.82, Discharge *M* = 42.12. These results

for Self-esteem indicate that at discharge, RISE clients reported higher self-esteem compared to intake. At discharge, RISE clients reported significantly higher Decision Making scores, compared to intake, Intake *M* = 35.96, Discharge *M* = 41.31. The results for Decision Making indicate that at discharge, RISE clients reported more careful and thoughtful decision-making (e.g., by considering the consequences of their actions before acting, or by considering multiple ways of solving a problem), compared to intake. At discharge, RISE clients reported significantly higher Expectancy scores, compared to intake, Intake *M* = 37.50, Discharge *M* = 45.68. The results for Expectancy indicate that at discharge, RISE clients reported that they perceived themselves as less likely to relapsing into alcohol or drug use, compared to intake. At discharge, RISE clients reported significantly lower Depression scores compared to their intake scores, Intake *M* = 25.45, Discharge *M* = 15.76. The results for Depression indicate that at discharge, RISE clients experienced fewer thoughts of helplessness or loneliness, and reported lower feelings of exhaustion, compared to intake. There were no differences between intake and discharge on RISE clients' Anxiety scores.

Process Evaluation Research Questions Relevant to RISE

Now that all of the of the benchmarks and strengths of the RISE program have been discussed. The process evaluation questions related specifically to RISE mentioned earlier are reviewed below and can be answered:

Does the program utilize a design that has previously demonstrated an ability to reduce recidivism (i.e., is it Evidence Based)?

NDOC's Quality Assurance Manager has reviewed 100% of all NDOC's EBPs. The QA Manager has determined which programs should be completely disbanded because they are not evidence based, or put on hold because they are evidence based, until has the resources to implement them with effectiveness. Appendix E lists all NDOC programs that follow Evidence Based Principles, of which include evidence-based curricula, such as Getting it Right, Helping Men Recover, Cognitive Behavioral Intervention, Core Correctional Practices, EPICS, EPICS-I, and NRAS.

Is the program being implemented as designed (are all systems/staff/procedures in place)?

The programs at WSCC and SDCC are staffed, but staff in both programs expressed the desire for additional clinical staff. NDOC took steps to address initial challenges associated with participant recruitment. The program curricula and counseling were delivered as intended. Participants also received transitional case management as intended.

There are two (2) areas for improvement on which the Nevada Department of Corrections (NDOC) should focus in Year 2. The Nevada Case Management Model (NCMM)--RISE participants were supposed to have access to additional behavioral incentive programs (i.e. tablets) as incentives in Year 1; this did not happen, and they had the same incentives as the therapeutic community. It is recommended that NDOC finalize the policy necessary to make the tablets available to RISE participants in Year 2.

Are risk and needs assessed and services delivered based on individuals' risk and needs?

Yes. Each potential participant's risk level is determined via the Nevada Risk Assessment Scale (NRAS). Then, a clinical staff member evaluates each potential participant to determine whether or not a diagnosis of substance use disorder based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is appropriate. Next, each potential participant is evaluated with the Addiction Severity Index (ASI) to determine the severity of the substance use disorder. If a potential participant is determined to be an appropriate fit for RISE, then he is evaluated via the Texas Christian University (TCU) Criminal Thinking Scales (CTS) and TCU Social Functioning Scales (SOC). All of these assessments are required for entry into the RISE program.

Is the "dosage" and intensity of the treatment adequate to effect the desired change?

Yes, the treatment dosage is sufficient to effect desired change. The RISE program consists of approximately 144 contact hours, which breaks down to approximately nine hours per week for four months. Nine treatment hours per week allows RISE to meet the needs of participants who require ASAM Level 1: Outpatient Services or ASAM Level 2.1: Intensive Outpatient Services (Mee-Lee, 2013). Furthermore, the Center for Substance Abuse Treatment (2005) indicated that many prison-based treatment programs are therapeutic communities that are nine to twelve months in duration and recommended that researchers investigate the effect of shorter duration prison-based treatment programs (p. 211). RISE is an answer to this call. However, experts recommend specific programming hours based on risk level, including 200 or more hours for some high risk offenders, and it is recommended that these references be consulted with respect to programming dosage (Latessa, Listwan, & Koetzl, 2014).

How many people are receiving services?

There were at total of 67 participants enrolled and assessed as of October 31, 2017.

What are the relevant characteristics of people receiving services?

Of the 67 participants enrolled and assessed as of October 31, 2017, 8 (12%) were classified as very high on the NRAS, 37 (55%) were classified as high, and 22 as moderate (33%). Thirty-four (50%) of these participants self-identified as African American, 19 (28%) identified as Caucasian, 2 (3%) as Asian, 1 (1.5%) as Native American, 6 (9%) as Other, and 5 (7.5%) self-identify as Caucasian Hispanic. The average age of the RISE participant population is 33.

What are the services being provided?

Participants in the RISE program complete an evidence-based substance use treatment curriculum (Helping Men Recover), a reentry curriculum (Getting it Right), and cognitive-behavioral interventions to teach participants to understand the relationship between their thoughts, feelings, and behavior. Participants attend counselor-led skills groups to practice the skills they learn in

Helping Men Recover, Getting it Right, and cognitive behavioral interventions. Participants also attend one-on-one counseling. Prior to release from Nevada Department of Corrections custody, participants receive a case plan and transitional case management is provided.

What are the quality of those services?

The average score for Treatment Satisfaction for RISE was *M* = 39.34, which is higher than the norm values previously reported in the literature (Norm *M* = 33.90; Garner, Knight, & Flynn, 2007), suggesting RISE participants, were on average more satisfied with the treatment programs than the norm groups were. However, these are only preliminary data based on group means, as individual scores were not available to the research team, so no statistical analyses were conducted on these data. Additionally, audit tools for the quality of services received are in draft form and were not implemented in Year 1.

What is the required staffing and training to provide those services?

RISE program staff at WSCC and SDCC expressed concern regarding clinical staffing levels. Staff felt that their caseloads were a bit on the high side and expressed the view that the clients would be better served if another clinician were allocated to the program. Both the substance abuse staff member in the north and in the south recommended a 1:20 staff to inmate ratio for programming RISE.

Chapter 3: NRAS Validation

Overview

The Nevada Risk Assessment System (NRAS) validation component of the study found that the NRAS Prison Intake Tool (PIT) is able to discriminately predict recidivist and non-recidivist membership using both the overall risk/need categories as well as the overall risk/need raw score. However, the PIT can predict recidivism when using the overall raw score and overall risk categories only in regards to females. When technical violators of parole or probation *without* new crimes are excluded from recidivism analyses, the PIT is then able to discriminate between recidivists and non-recidivists for males whereas the sample size becomes too small to accurately model females. The PIT also displayed poor psychometric properties, which is a significant limitation of the instrument. Simple reorganization, removal and/or addition of items, and re-norming of the tool could possibly improve the predictive validity. Also of concern are issues which could impact data quality. The PIT is currently predictive of recidivism for females, however, adjustments to the tool can considerably improve its utility. For example, excluding technical violators was able to improve predictive validity enough for the instrument to be predictive for males using overall scores. These competing findings are preliminary. Data collection will continue into Year 2 so that a larger sample size for both recidivists and non-recidivists can be collected and utilized for additional validation analyses.

Introduction

One goal of this grant was to assess the predictive validity of the NRAS. The NRAS was adopted from the University of Cincinnati's Ohio Risk Assessment System (ORAS), which demonstrated acceptable predictive validity in regards to Ohio's justice-system-involved individuals (see Latessa, Smith, Lemke, Makarios, & Lowenkamp, 2009; Latessa, Lemke, Makarios, Smith, & Lowenkamp, 2010), as well as Indiana's (see Latessa, Lovins, & Makarios, 2013). Whether the instrument would demonstrate similar predictive validity for assessing the criminogenic risks/needs and likelihood of recidivating in Nevada's offender population was unknown. To this end, NRAS data was collected from state correctional facilities in both the North and South by various members of the University of Nevada, Reno (UNR) evaluation team with the help of NDOC staff.

The NRAS consists of five assessment instruments: the Pretrial Assessment Tool (PAT), the Community Supervision Tool (CST), the Prison Intake Tool (PIT), the Reentry Tool (RT- reentry from a long-term prison term of 4+ years); and Supplemental Reentry Tool (SRT- reentry from a short prison term of <4 years). The development and validation study conducted on the original scale (ORAS; Latessa et al., 2009) found that the four original instruments (PAT, CST, PIT, RT) were predictive of recidivism. For the purposes of this NRAS validation using the NDOC general population (males and females), data for the NRAS validation (predictive validity) will be

analyzed using the prison intake tool only (PIT)[2]. Although the ORAS developers (Latessa, et al., 2010) used rearrests for a new crime for their definition of recidivism as their criterion to validate the initial instrument, for our validation purposes, we are using reincarceration in a NDOC prison (any return to an NDOC prison within 36 months of post release, including technical violations) as a proxy variable for rearrest as well as rearrests for a new crime that was *not* a return to NDOC custody, but some other correctional facility at the city or county level, as indicated in data provided by the Nevada Division of Parole and Probation. The NRAS PIT tool was intended to be used for a rearrest for a new crime, not technical violations. However, due to the data we were provided, we were not able to differentiate for every member of our NRAS validation dataset, who was rearrested for a new crime or a technical violation. However, we were able to run the data separately for those that we were able to discriminate. Failure rates (percent recidivating) based on risk level (low, moderate, high, very high) by gender are reported for overall risk as well as domain level risk. Recidivism likelihood based on raw scores are also examined. Another outcome measure included time to recidivism after release.

Sample

As the NRAS had not been implemented for use by the NDOC prior to November of 2013, only those individuals who were released in 2014 and in 2015 were included in selection criteria. This allowed for a long enough period of post-release tracking for assessing recidivism, while helping to minimize individuals being included within the sample who had entered the correctional system prior to NRAS's implementation. Lists of individuals who met the selection criteria were generated by NDOC, which comprised a total sample size of $N = 634$. NDOC's sampling methodology to generate the lists was explained to the research evaluation team as such:

Records of offenders released in Calendar Years 2014 and 2015 were inspected to make sure that the imprisonment and release statuses were available in the data sets. Offenders kept in the data sets were those who had been admitted after the NRAS was instituted (2013 and forward) and were most likely to have taken the NRAS. If an offender had been released more than once in the same year, the most applicable record was kept in the list.

The resulting caseload of releases was matched against lists of recidivists and non-recidivists in NDOC's data warehouse reports. The resulting matching data consisted of offenders released in 2014 and 2015, and who recidivated sometime between January of 2014 and August of 2016. When an offender is in custody, the NRAS is in the offender's I-file in the prison, and this simplifies the process of retrieving the file. Thus, NDOC matched the list of recidivists in each cohort against a list of offenders in custody. These are the sample recidivists utilized to validate the NRAS scores. The list of non-recidivists is much larger, and their hard copy files are subject to records retention policies. Given the size of the data sets, research staff assigned each non-recidivist a record number. A random sample of 200 odd records from each release cohort was

[2] In later years of the grant cycle, data will also be collected and analyzed from two samples of offenders (the treatment group TX—RISE Program participants) and the comparison group—the Therapeutic Community (TC) prior to community release (RT/SRT) and community supervision (CST).

drawn. The research team then looked up the files of these offenders who were either on discharge or parole status, and the NRAS scores were recorded in spreadsheets.

This required research staff to read the actual hard copy NRAS documents in the inmate's file. To locate the inmate's file, lists of recidivists were compared against current lists of offenders in custody and their housing locations. Staff traveled to select locations to retrieve the files and review the NRAS sheets, their scores, etc.

Another list was prepared that consisted of offenders released in Calendar Years 2014 and 2015 and that had not returned as of August 2016. For these offenders, the files were no longer available at the location where they were housed before being released.

For the non-recidivist group, records were matched against lists off offenders released in 2014 and 2015 and that had been formerly admitted between 2013 and 2015. The data matching mechanism was intended to retrieve variables that were available in data sets extracted from different universes. The releases data sets have the commitment statuses and dates. The data sets were given a case number beginning with the number 1, another sample was formed with just odd case numbers. In turn, a random sample of 200 "odd" cases of inmates released in 2014 and another 200 "odd" sample of 2015 releases were drawn using SPSS. The resulting data sets revealed the location of the inmate prior to release and assisted in locating the file with the NRAS documentation. Table 1 provides general demographic information regarding the total sample.

Table 1. Demographics	**2014 Release Cohort**	**2015 Release Cohort**	**Total**
Sample size	231	403	634
Gender			
Male	216	336	552
Female	15	67	82
Recidivism Status			
Recidivist	107	278	385
Non-Recidivist	124	125	249
Offense Category			
Drug	31	82	113
DUI	4	6	10
Property	21	153	174
Sex	14	3	17
Violence	49	80	129
Other	6	11	17
Missing Data	106	68	174
Race/Ethnicity			
American Indian	5	8	13
Asian	7	13	20
Black	60	89	149
Caucasian	110	223	333
Cuban	1	0	1
Hispanic	47	63	110
Missing Data	1	7	8
Average Release Age (years) (based on valid cases)	36.21 (113 cases)	33.55 (336 cases)	34.22 (449 cases)

Prison Intake Tool and Recidivism Outcomes

NRAS makes use of the same instrument items and scoring guidelines as the ORAS. However, the only component of the ORAS which was adopted by the NDOC for which there is currently sufficient data to conduct validation analyses is the PIT. The PIT is comprised of 5 criminogenic risk/need domains: 1) Age/Criminal History; 2) School Behavior and Employment; 3) Family and Social Support; 4) Substance Abuse and Mental Health; and 5) Criminal Lifestyle. A score is given for each item within each domain. These items are then summed to get a domain score, which in turn are used to determine a risk level (e.g., low, moderate, high for women) or specific criminogenic risks/needs. This information in turn is supposed to guide staff on determining which interventions and programs are most appropriate for the individual given the individual's specific criminogenic risks/needs, with priority for programming given to those who are highest risk. The domain scores are also totaled into an overall score, which helps assess the likelihood of an individual recidivating. This overall score requires some additional explanation. For males, the overall risk categories are comprised of low, moderate, high, and very-high. For females, the overall risk categories are low, moderate, and high. Females also have slightly different cut-off points for these categories compared to males. Table 2 below provides information on PIT domain scores and recidivism figures for each domain's risk/need categories. Figure 1 and 2 further below provides information on the overall risk category and recidivism, by gender.

Table 2. Domain Categories and Recidivism

		Non-Recidivists	Recidivists	Total (%)
Age/Criminal History				
Low	(44.2%)	58	128	186 (68.8%)
Medium	(39.4%)	39	127	166 (76.5%)
High	(16.4%)	16	53	69 (76.8%)
Total	(100%)	113	308	421 (73.1%)
School Behavior and Employment				
Low	(30.4%)	36	92	128 (71.9%)
Medium	(38.5%)	41	121	162 (74.7%)
High	(31.1%)	36	95	131 (72.5%)
Total	(100%)	113	308	421 (73.1%)
Family and Social Support				
Low	(51.8%)	52	166	218 (76.1%)
Medium	(33.7%)	42	100	142 (70.4%)
High	(14.5%)	19	42	61 (68.9%)
Total	(100%)	113	308	421 (73.1%)
Substance Abuse and Mental Health				
Low	(47.7%)	58	143	201 (71.1%)
Medium	(40.9%)	44	128	172 (74.4%)
High	(11.4%)	11	37	48 (77.1%)
Total	(100%)	113	308	421 (73.1%)
Criminal Lifestyle				
Low	(35.6%)	50	100	150 (66.7%)

Medium	(48.0%)	48	154	202 (76.2%)
High	(16.4%)	15	54	69 (78.2%)
Total	(100%)	113	308	421 (73.1%)

Figure 1. Percent Recidivating within Overall Risk Category: Male

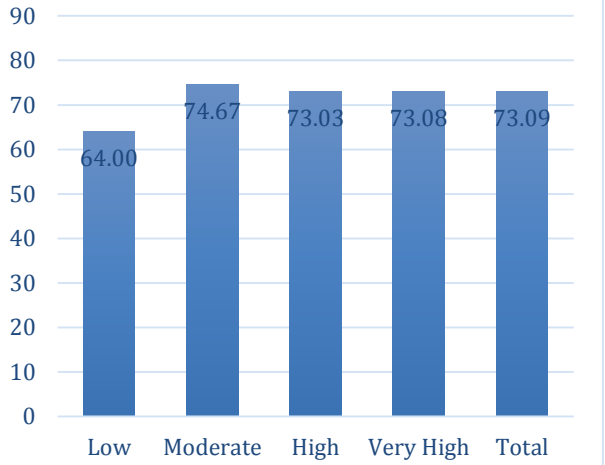
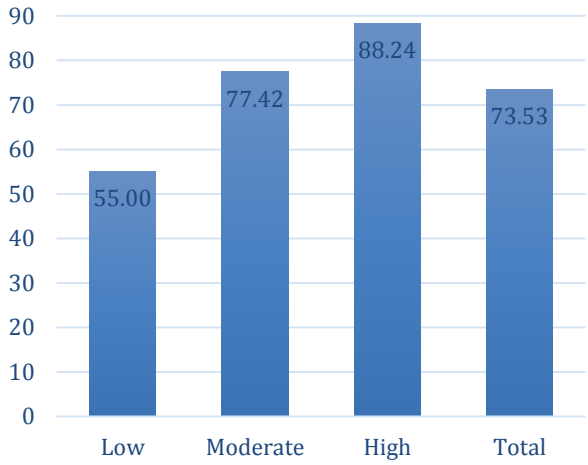


Figure 2. Percent Recidivating within Overall Risk Category: Female



It should be noted that there is a great deal of missing data (213 cases of 634). Despite much effort to obtain all PIT data for all individuals within the sample, some individuals' files were missing from storage or could not be located in storage; some individuals did not have an NRAS sheet within their I-file(s), C-file(s) nor medical file(s). In some instances, despite the selection criteria, some individuals had NDOC admission dates prior to NRAS being implemented, and thus, were never given a PIT, as it is administered at intake. Others were simply not administered the NRAS tool as NDOC's policy at the time of NRAS's implementation was to not administer it to inmates with a probation or a parole violation. Some cases had PIT data which was not correct (e.g., incorrect arithmetic/summing of domain scores and total scores), or contained errors (e.g., a score of "23" when only a 0 or 1 can be assigned to that particular item). Incorrect arithmetic and category classifications as a result were corrected; however, those with scores outside of the possible ranges had to be excluded from the predictive validity analyses, as their true scores were unknown.

As can be seen from Figure 1 above, with regards to males, the PIT does not discriminate between those who are low, moderate, high, or very high. Membership in one category does not seem to lead to increased likelihood of recidivating as is demonstrated within Latessa et al. (2010) in regards to the ORAS. However, with regards to females, there is increasing likelihood of recidivating as the risk category membership increases from low to moderate (a 22.42% increase), and from moderate to high (a 10.82% increase).

Below, Figures 3 – 12 show the percentage recidivating within each risk category, by domain and by gender.

Figure 3. Percent Recidivating: Age/Criminal History Level of Need: Males

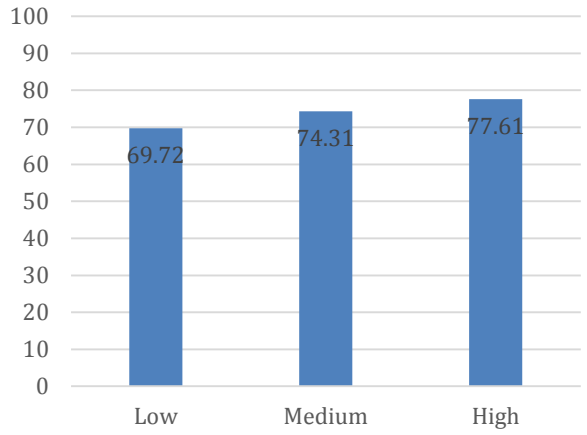


Figure 4. Percent Recidivating: Age/Criminal History Level of Need: Females

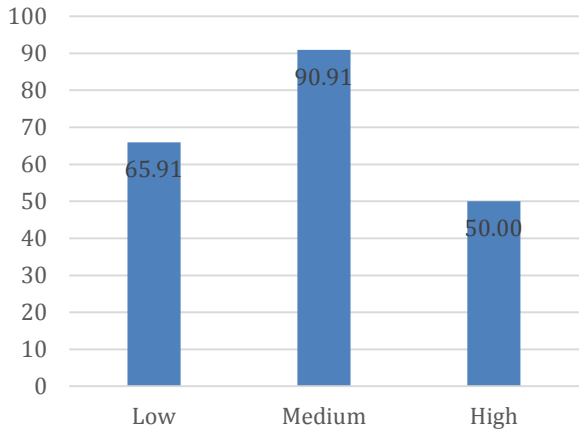


Figure 5. Percent Recidivating: School Behavior and Employment: Males

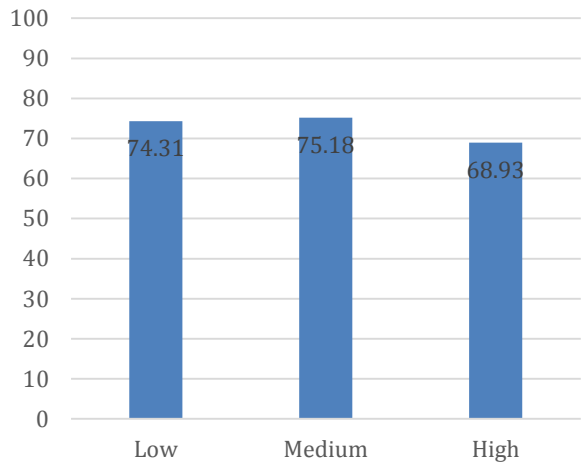


Figure 6. Percent Recidivating: School Behavior and Employment: Females

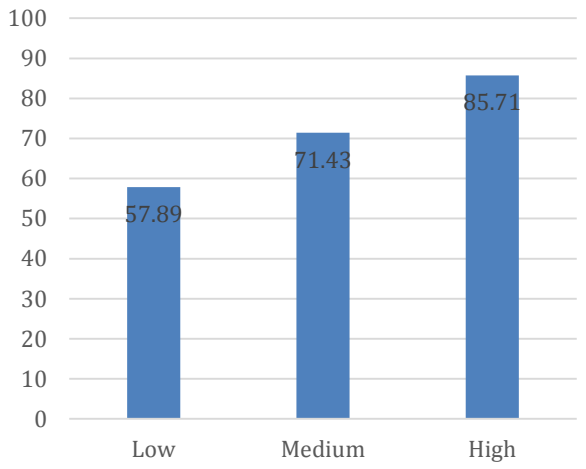


Figure 7. Percent Recidivating: Family and Social Support: Males

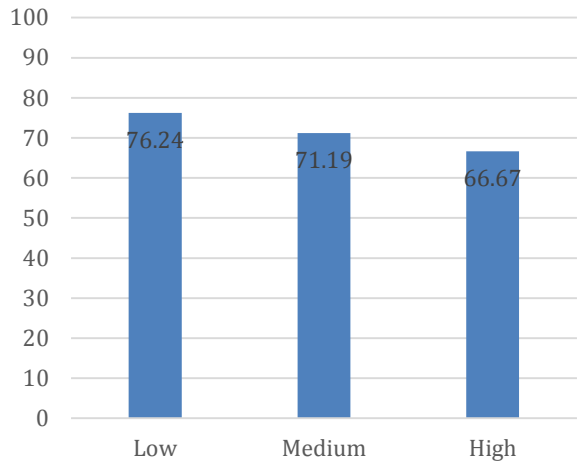


Figure 8. Percent Recidivating: Family and Social Support: Females

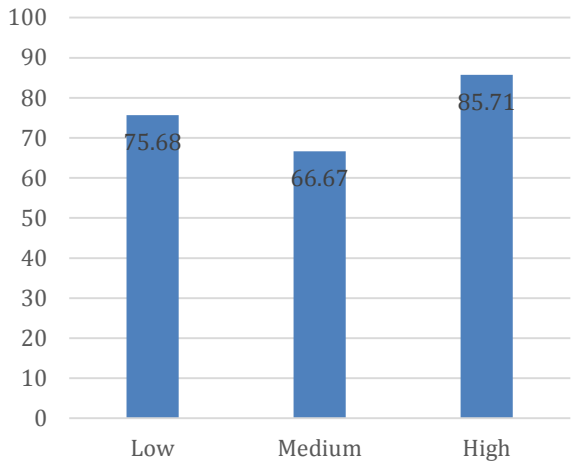


Figure 9. Percent Recidivating: Substance Abuse and Mental Health: Males

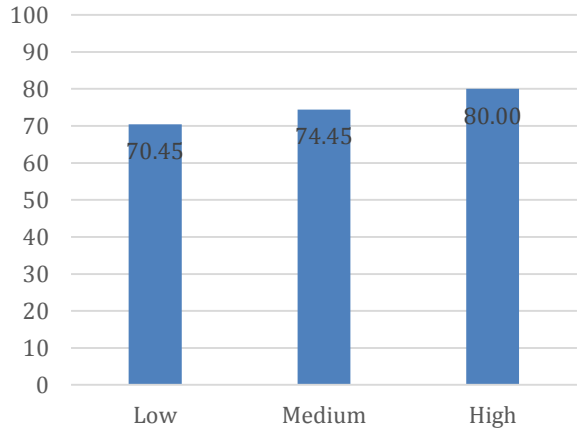


Figure 10. Percent Recidivating: Substance Abuse and Mental Health: Females

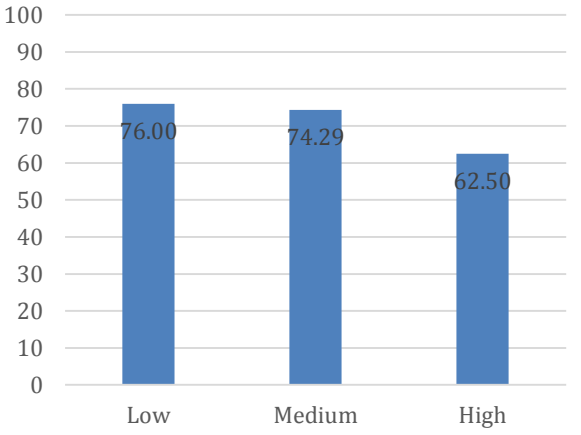


Figure 11. Percent Recidivating: Criminal Lifestyle: Males

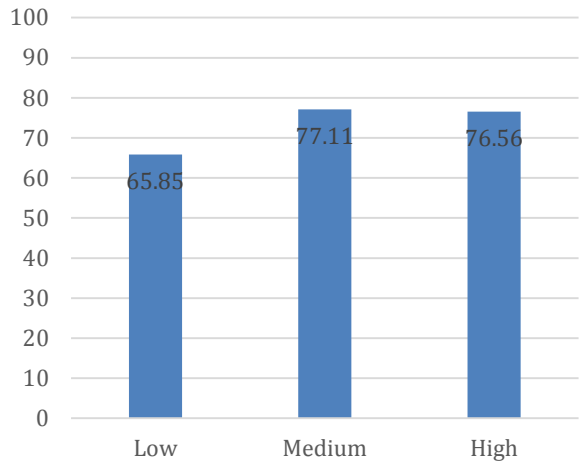
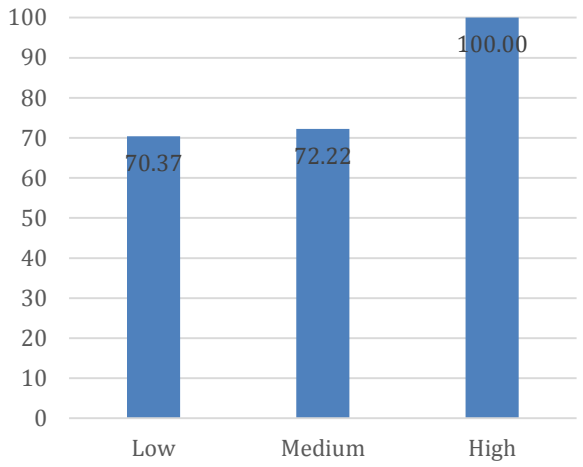


Figure 12. Percent Recidivating: Criminal Lifestyle: Females



Does overall risk category predict recidivism?

To assess whether increases in likelihood to recidivate based upon overall risk category were statistically significant, a series of logistic regression models were run with recidivism as the dependent variable and the overall risk category variable as the predictor. As logistic regression with categorical predictors requires that one category of the predictor variable is used as a reference point for the other categories to be compared against, the logistic regression models were run selecting a different risk category group as a reference point each time to assess differences between all the categories (see Appendix G for statistical information on these and other analyses).

For men, the categorical predictor of overall risk level did not predict recidivism. Overall risk level was not a significant predictor of recidivism, nor did differences between risk categories emerge. **In other words, the data indicate that, for males, the PIT overall risk categories are not predictive of likelihood to recidivate, and there are no differences in likelihood to recidivate between the risk categories. These analyses include technical violators.**

For females however, there is a different picture. The overall risk level as a predictor variable was marginally significant, and there were significant differences in likelihood of recidivism between low and high risk categories. There were no significant differences, however, between low and medium risk categories, and between medium and high risk categories. **This would imply that for females, the PIT is able to differentiate between those that are low risk and those that are high risk in regards to likelihood to recidivate, while the medium category is not statistically different from low or high. These analyses include technical violators.**

Another set of logistic regression analyses were performed using each domain outside of the instrument's overall risk category to examine if the domains themselves are predictive of recidivism. No individual level of need domain was significant at predicting recidivism outcome. Nor did any statistically significant differences emerge between different risk categories within each domain and likelihood of recidivating. The data do not support that any of the domains'

increasing risk categories coincide with increased likelihood of recidivating. However, due to a small sample size for females and the presence of empty categories at the domain level (for example, 100% of females who were high in criminal lifestyle recidivated), results for females on this particular analysis are likely inaccurate, especially given that the standard errors for some variables were exceptionally high.

A third set of logistic regression analyses were conducted to assess whether risk *scores* (as opposed to risk *categories*) were predictive of recidivism. Results from this analysis showed that the model was significant for females but not for males. **This indicates that the overall risk score is indeed a predictor of recidivism for females. Specifically, a one-point increase on a female's overall risk score is related to a 13.7% increase in their likelihood of recidivating.** Another logistic regression model measured whether the risk scores for each risk domain were individually effective at predicting recidivism. Results from this analysis showed that the model was not significant. None of the scores for individual risk domains were by themselves predictive of increased risk of recidivism. **These findings indicate that even though no individual risk domain can be used to predict risk of recidivism, the overall score can be an effective predictor of recidivism for females, but not males when technical violators are included in the analysis.**

Having found evidence that the PIT is predictive of recidivism, a final set of logistic regression analyses were conducted with altered exclusion criteria from the previous analyses. As the NDOC operational definition of recidivism in this study included individuals who were re-admitted to an NDOC facility for technical violations, and the original ORAS validation was conducted using re-arrest for a new crime as the definition of recidivism, an additional set of analyses were conducted to examine if exclusion of individuals admitted only for technical violations would improve the predictive validity of the PIT instrument in this study. Once individuals admitted only for technical violations were excluded from analyses, the PIT was able to discriminate between recidivists and non-recidivists for males, but not for females, when using the overall risk score. Domains were also examined outside of the overall instrument, however, no single domain score was predictive of recidivism, for neither gender. When risk categories are used instead of risk scores, the overall risk category was not able to predict recidivism for either gender. When domain categories were analyzed, Criminal Lifestyle risk categories were predictive of male recidivism, but not female. Also, there were statistically significant differences between the low and medium categories, the low and high categories, but not between the medium and high categories. **In other words, these additional analyses demonstrate that if the instrument is used to predict new crimes rather than any return to an NDOC facility, the predictive validity of the PIT improves for males. Criminal Lifestyle's risk categories are then also predictive of recidivism for males.** These results also indicate that not including those with technical violations in the analyses actually decreases the validity of the PIT for females; however, as the sample size for females was small and exclusion criteria further reduced sample size, the results from these analyses for females are not reliable.

Further complicating interpretation of the findings, when these models are examined for potential outliers, the only outliers found were female cases. When these outliers are removed and the models re-ran, results did not change for men, whereas for women, the model fit statistics improved. This was true in both sets of analyses which utilized NDOC's definition of recidivism as well as the new-crimes-without-technical-violators definition. Unfortunately, removal of outliers and exclusion of technical violators results in a female sample size which is too small to generate more in-depth statistics. However, one might suspect from the improving model fit statistics that if sample size was larger, these exclusion criteria and removal of the outliers may have resulted in significant predictive ability being found for both genders as opposed to males only.

Below are Figures 13 – 16, which show the mean total NRAS score by recidivists and non-recidivists, by gender and means within each domain, and by recidivism status by gender.

Figure 13. Mean Total Score: Males

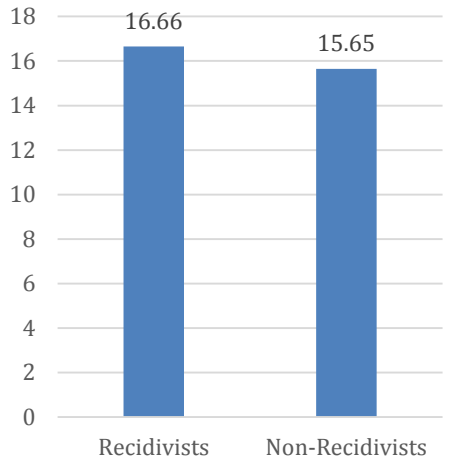


Figure 14. Mean Domain Scores by Recidivism Status: Males

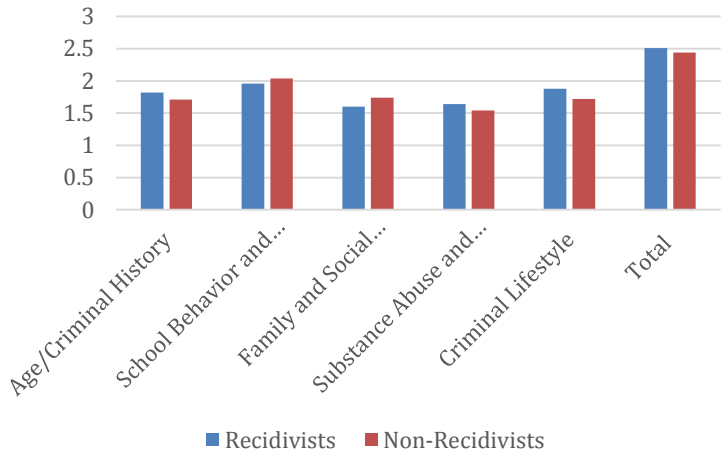


Figure 15. Mean Total Score: Females

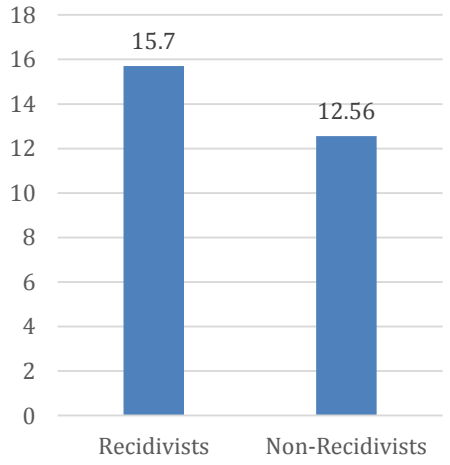
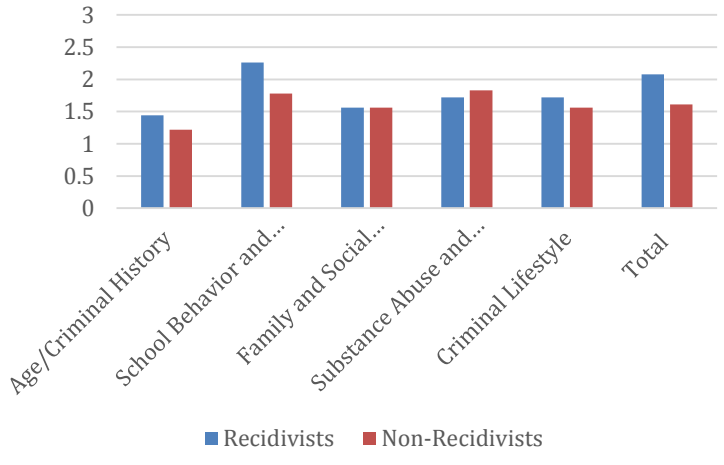


Figure 16. Mean Domain Scores by Recidivism Status: Females



The graphs in the left hand columns above depict the overall NRAS mean scores for females when broken down by recidivist and non-recidivists, which are 15.70 vs. 12.56 respectively. For males, it is 16.66 on average for recidivists, and 15.65 for non-recidivists.

Figures 17 - 19 below displays the mean domain scores between the recidivists and non-recidivists for the total population of males and females combined and the total NRAS score split by recidivist status. The mean total scores are relatively high for both recidivists (M = 16.5) and non-recidivists (15.16), and males (M = 16.39) and females (M = 14.87). For psychometric property values, please see Appendix G.

Figure 17. Total Score By Recidivist Status

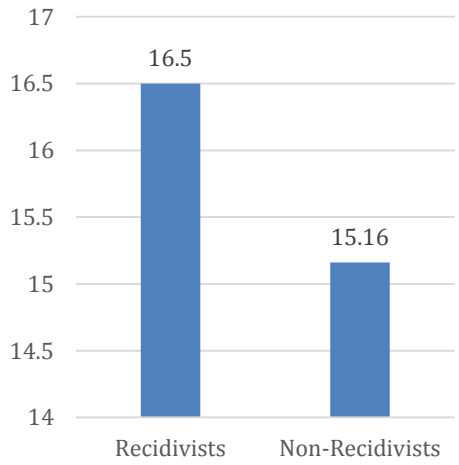


Figure 18. Mean Domain Scores by Recidivist Status

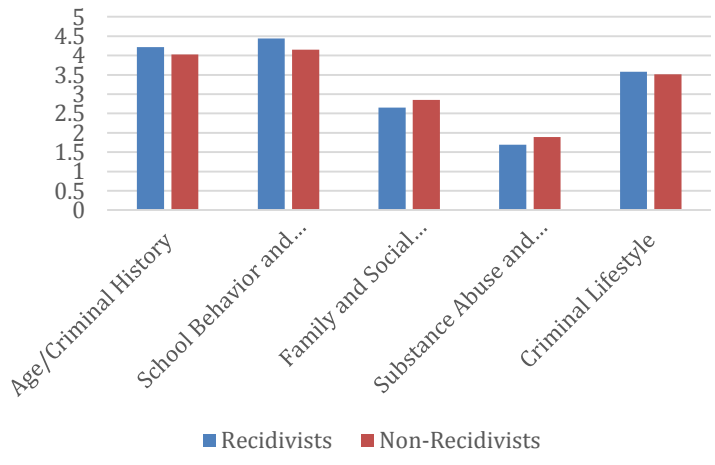
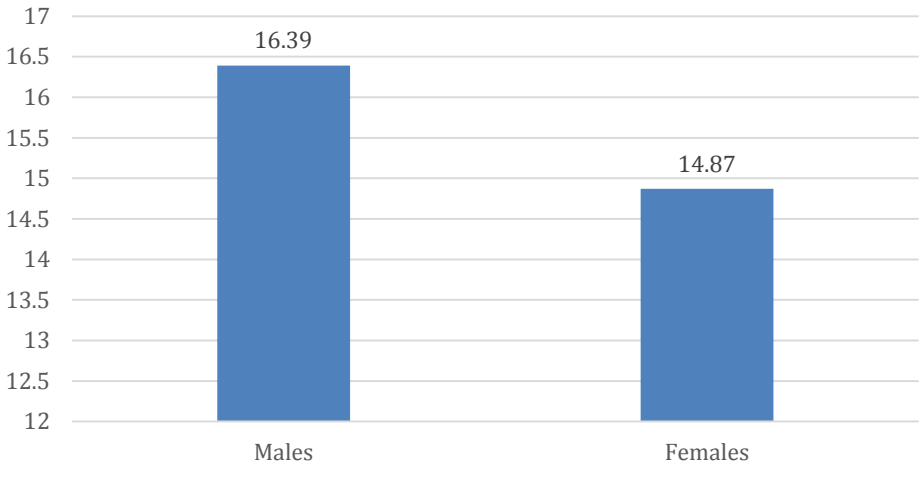


Figure 19. Mean Total Risk Score by Gender



Does overall categorical risk/need level predict recidivism?

To assess the predictive validity of the NRAS PIT, Receiver Operating Characteristic (ROC) curve analyses were used. As males and females have different scoring guidelines and cut-

off points for total risk categories, the two groups were analyzed separately. Additionally, ROC were implemented for raw scores are well as categorical levels. Both are reported below.

For males, using the PIT's overall categorical risk levels, the ROC analysis revealed a predictive score not statistically different from chance. This indicates that for males, the PIT is no better at predicting recidivism than random chance (for example, flipping a coin to guess who will recidivate and who will not). For females, the ROC analyses revealed a predictive score which was statistically more accurate than chance. This indicates that for females, the PIT is able to discriminate between recidivists and non-recidivists. **The PIT is able to discriminate between recidivists and non-recidivists using the overall categorical risk/need level for females at a better-than-chance rate, whereas it is not able to do so for males. These analyses included all recidivists and non-recidivists both with and without technical violations.**

Using the raw scores rather than the overall risk/need level categories, the findings are similar. For males, ROC analyses indicate the PIT cannot predict recidivism better than chance, but for females, the PIT can predict recidivism better than chance. **In other words, the PIT is able to discriminate between recidivists and non-recidivists using the overall raw score for females at a better-than-chance rate, whereas it is not able to do so for males.** Additionally, logistic regression output also indicates that using raw scores results in increased ability to correctly classify a female as a recidivist or non-recidivist over using the categorical risk/need level (75.0% correctly classified versus 73.5%), **indicating that raw scores are more accurate than the categorical risk classifications.**

For the sake of thoroughness, each domain, as both a raw score as well as a level of risk/need was assessed using ROC analyses, by gender, as well. For males, Criminal Lifestyle level of need is only marginally significant for males, and is not significant for females. But School Behavior and Employment level of need is predictive for females, but was not predicative for men. In other words, in regards to domain levels, it appears that Criminal Lifestyle level of need marginally predicts men's recidivism, but not women, whereas School Behavior and Employment domain's levels can predict women's recidivism, but not men's. When scores are used instead of the levels, these effects do not manifest.

Similar to the logistic regression analyses done above, **a final set of ROC analyses were conducted examining if exclusion of technical violators would improve the predictive validity of the PIT. With those individuals who were readmitted for only technical violations excluded from analyses, the overall risk score was able to predict recidivism better-than-chance for males, but not for females.** Domain scores outside of the overall score were not significant predictors. In other words, using raw scores, and excluding technical violators from the analyses, the PIT is able to predict recidivism for men. However, due to a restricted sample size, results for females are not reliable. Using risk categories rather than risk scores, the overall risk categories were not predictive of recidivism for neither males nor females. However, the domain categories for Criminal Lifestyle were able to predict recidivism for men at better-than-chance.

In sum, overall raw scores and overall risk/need levels are able to discriminate between recidivists and non-recidivists in regards to females, but not for males when

including both technical violators and new commits in the analysis. The domain risk levels (categories) for Criminal Lifestyle was marginally able to predict recidivism for men, but not women. The domain risk levels (categories) for School Behavior and Employment are able to predict recidivism for females, but not for males. When domain raw scores are used as predictors rather than the domain categories, these domain level effects are no longer significant. **When technical violators are excluded from the analyses (so including only those with new commits and those with probation and parole violations with new commits), the PIT is able to discriminate between recidivists and non-recidivists for males. For females, the results are not reliable due to a small sample size.**

Do differing offense types predict recidivism?

As a matter of curiosity, it was examined whether or not different offense types had different recidivism rates and different PIT scores at admission to prison. Table 3 below summarized this information.

Interestingly, a logistic regression analysis with recidivism as the outcome and offense category as the predictor yields significant findings for males. In this analysis, **the offense categories are significant predictors of recidivism**: property offenders and drug offenders were both statistically more likely to recidivate, compared to violent offenders. Additionally, sex offenders were marginally less likely to recidivate, compared to violent offenders. Specifically, property offenders were two and a half times more likely to recidivate, and drug offenders were almost four times more likely to recidivate, compared to violent offenders. Sex offenders were roughly a quarter the likelihood of recidivating, compared to violent offenders. Offense categories had no significant relationships to recidivism for females however, and females had no cases for sex offenders.

Time to recidivism was calculated using the release date and the recidivism date, measured in days. A linear regression analysis showed that there were no relationships between the domain scores and time to recidivism, nor was there a relationship between total score and time to recidivism, for either gender.

Table 3. PIT Domain Means by Offense Categories

	Offense Category					
	Drug	DUI	Property	Sex	Violence	Other
Recidivism Status						
Recidivists	67	9	121	2	47	9
Non-Recidivist	46	1	53	15	82	8
Age/Criminal History						

Mean Raw Score	3.5	0.5	3.5	8.0	4.7	3.3
Mean Risk/Need Level	1.5(L)	1.2(L)	1.5(L)	3.0(M)	1.8(L)	1.4(L)
School Behavior & Employment						
Mean Raw Score	4.2	5.0	4.5	4.5	4.3	3.9
Mean Risk/Need Level	2.0(M)	1.6(L)	2.1(M)	2.0(M)	2.0(M)	1.9(L)
Family & Social Support						
Mean Raw Score	2.8	2.0	2.5	2.5	2.7	3.1
Mean Risk/Need Level	1.7(L)	1.6(L)	1.6(L)	1.3(L)	1.6(L)	1.9(L)
Substance Abuse & Mental Health						
Mean Raw Score	1.9	0.0	1.6	3.0	1.9	1.3
Mean Risk/Need Level	1.7(L)	1.2(L)	1.6(L)	2.0(M)	1.7(L)	1.6(L)
Criminal Lifestyle						
Mean Raw Score	3.4	4.0	3.3	4.0	4.3	4.0
Mean Risk/Need Level	1.8(L)	1.6(L)	1.8(L)	2.0(M)	1.9(L)	1.8(L)
Total						
Mean Raw Score	15.4	10.2	15.1	20.7	17.0	14.2
Mean Risk/Need Level	2.3(M)	1.6(L)	2.3(M)	3.0(H)	2.5(M)	2.3(M)

Limitations and Recommendations

When using risk categories or risk scores, the PIT did not display the ability to differentiate between recidivists and non-recidivists in regards to males, but it was able to do so with females. There could be many reasons why these findings emerged. For example, the category cut-offs for low, medium, and high risk of recidivism might be too coarse to serve as an accurate predictor of recidivism, compared to the raw scores. Changing a scale from a range of 40 to a range of 3 reduces variance. The poor psychometric properties the scale demonstrated within these data suggest that the domains contain multiple factors that are not being accounted for within the instrument. A simple reorganization of items and domains could help improve the effectiveness of the PIT (see Appendix G for a brief example). A similar reorganization of items was implemented

within Indiana's validation study for their Community Supervision Screening Tool as well (Latessa, Lovins, & Makarios, 2013).

Another concern is the definition of recidivism. In the original validation of ORAS, re-arrest for a new crime is the operational definition of recidivism. In this study, the definition for recidivism included both individuals returned to NDOC custody for new crimes (reincarcerations) and returns to custody for technical violations of parole or probation, without new crimes (rearrests, but not considered recidivists by NDOC's definition of recidivism). As such, these analyses examine different definitions for recidivism than the original validation of the ORAS utilized. Within this validation study, the PIT's overall NRAS score was predictive for females, even when technical violators were included, but altering the inclusion criteria so individuals readmitted for only a technical violation were excluded from analyses, resulted in the PIT being predictive for males. A larger sample and more complete data would be necessary to examine if removal of technical violators from analyses improves the predictive validity for both genders. Some preliminary evidence from these analyses already indicate this to be a potential remedy.

Also, in validating the PIT component of the original ORAS, the researchers (Latessa, Lemke, Makarios, Smith, & Lowenkamp, 2010) only selected individuals that had been incarcerated for no more than 6 months and who were being released in no more than 6 months. Thus, the sample used in the original validation of the ORAS's PIT was comprised of individuals who were incarcerated for no more than a year. The sample used in this validation study has an average sentence length of 32.67 months for males and 21.00 months for females. The amount of time that had lapsed between when this sample took the PIT and were released is much longer. This increased amount of time would make it so the PIT was no longer accurate, as NRAS/ORAS is supposed to be administered more frequently (every 6 months using the RT or SRT re-entry tools) than once in roughly three years. The PIT was intended only for case programming and *likelihood of rearrest*, not likelihood of recidivating (which for NDOC, again, that is any return to an NDOC prison within 36 months, regardless of new commitment or technical violation). However, given that the NDOC only had PIT scores, and were unable to do a separate validation study using only current rearrests with a new crime (as they did in the original Ohio validation of the PIT), we were limited in this validation study.

Also, the individuals that had taken the ORAS PIT in the original validation study were actively programming, whereas the PIT for NRAS was not being used to guide programming for males, but it was for females based on evidence of case management tools attached to the NRAS sheets in the I files for females only, not males. This could be contributing to the results where the PIT is predictive for women and not men in this study. For women, the PIT was being used to guide programming at NDOC as was evident via case file reviews, and they had nearly a year shorter sentences than the male sample. Less time elapsing between PIT being administered and release for women than men, combined with it being used for programming for women but not men, could affect the findings.

Another consideration is the quality of data. The NRAS and its PIT were not implemented at the same time in all locations, and it is assumed that the training in all locations was conducted

in a systematic and standardized manner. The recording of data has also changed, in which originally, NRAS PIT tools were done on paper, and in some locations excel sheets were eventually adopted but not in all locations. Now, NRAS data can be entered directly into NDOC's NOTIS system. Changing the when, where, and how of the instrument's use and data storage could have effected scoring and usage. Changing recording formats (hard copy, excel sheets, NOTIS) did indeed contribute to locating data with differing data cleaning issues and brings into question the fidelity of the tool's use with respect to both its administration and use for case planning. Some hard copies could simply not be found; not in any files (C, I, or medical files, current or achieved files) at any locations. Some record storing locations are extremely disorganized, making it very difficult to locate the file. Sometimes entire boxes of files could not be found. Sometimes the file was not in the appropriate box. Sometimes the NRAS sheet was not in the file. Sometimes there were a multitude of files for a single individual, with different files in different locations. Locating the hard copies once they had entered storage was a difficult endeavor. No doubt, there were NRAS sheets which were not found originally, but were available "somewhere" but the location of the sheet is simply unknown (an NRAS score was indicated in the case note chronos of NOTIS so we know an NRAS assessment was actually done) or were eventually found in the Puliz storage facilities (NDOC's contractor for storing old files). In some cases, individuals had taken the PIT multiple times, and it was not able to be ascertained which PIT was done prior to recidivating or after recidivating. It was also learned that at one facility, NRAS interviews were not being conducted and the instrument was being filled out using other information in the inmate's file. This is not in keeping with the fidelity of the instrument's use. Some excel sheets had data entry errors that could not be corrected. Additionally, not all personnel using the PIT had undergone appropriate training and certification for use until later into the grant period. During the NRAS trainings, it could also be seen that individuals have differing opinions on how certain items ought to be scored for the same interview which was observed. Some NRAS instructions used in the training manual have not been changed to be applicable to Nevada's Revised Statutes, and in some instances, these issues of statute clarity could affect the way NDOC staff are scoring a particular item. Having raters which rate differently from one another results in interrater reliability issues. Issues such as these remain untested within this validation study, as interrater reliability was not assessed, which also could have affected the quality of the data. An audit tool for use with random fidelity checks should be developed that will check the interrater reliability of the instrument's use both within each facility and across facilities.

A further consideration is the populations of Nevada versus those of the states which have adopted, used, and validated components of the ORAS on their populations. Nevada has a different population, being comprised of fewer blacks and more Hispanics than in Ohio and Indiana (two states which validated the tool). Nevada also has a more transient population, with newly released individuals frequently coming from and releasing to other states, which could contribute to the difficulty of tracking recidivism accurately. Demographical and cultural differences between the Midwest and the West could change which items are more or less predictive of recidivism as an outcome. There are even cultural and demographical differences within the state of Nevada

between the North and the South, with the majority of Nevada residents living in Las Vegas and its surrounding areas.

The NRAS PIT tool showed less ability to predict recidivism outcomes for Nevada's offender population compared to the other locations. Nevertheless, with a proper validation of the SRT and RT tool planned for Year 2, its validity for the Nevada correctional population shows great potential. The overall raw scores and the overall categorical risk levels were able to predict women's recidivism outcomes at better-than-chance rates, and exclusion of technical violators from the analyses led to significant findings for males using the overall score as well. Altering which items are included does have large impacts on the predictive validity of the instrument (see brief example in Appendix G). Re-norming, re-organizing, exclusion and/or addition of items, and other similar strategies could improve this instrument's predictive validity, but more and better quality data would be needed to conduct such exploratory analyses. Altering inclusion/exclusion criteria also alters the predictive validity of the PIT. For males at least, it appears to be inappropriate to compare those with technical violations against those with new crimes; the exclusion of technical violations improved predictive validity for the males (and was the original intent of the PIT to predict for new commits only). However, there was an insufficient sample size to examine this in detail with females. Additionally, using the SRT and RT properly with respect to timing, case planning, and programming in Year 2 could lead to the same predictive validity of the tool in NDOC's male population.

Chapter 4: Training Evaluations

Overview

As part of the Second Chance Act Strategic Recidivism Reduction project, the NDOC conducted a series of trainings for personnel throughout 2017, which included trainings for P&P and community partners. Trainings included courses educating participants on the NRAS, CCP End User, EPICS and EPICS-I (Influencers). Course evaluations collected from trainees were assessed across 12 items tapping into different aspects of the training. The majority of the responses were positive for every course type (e.g., NRAS, CCP) across all areas of the course. A sample survey can be found in Appendix H.

Over 90% of trainees for NRAS, CCP, EPICS, and EPICS-I rated the courses as "good" or better at (1) effective use of teaching aids/media; (2) clearly communicating course objectives; (3) allotting an appropriate amount of time for course content; (4) developing or enhancing program-related knowledge and/or skills; (5) providing clear instructions; (6) lecturing at a comprehensible level; (7) clearly delineating course objectives; (8) demonstrating how course content was practically related to the job or field; (9) providing a mix of participation and presentation; (10) providing satisfactory answers to questions; and (11) presenting material enthusiastically. Approximately 90% of respondents also reported that taken as a whole, the course was "good" or better. EPICS End User course evaluations were less positive with a larger proportion of respondents reporting that courses were "fair" for (1) clear communication of course objectives; (2) allotment of an appropriate amount of course time; (3) development or enhancement of program-related knowledge and/or skills; (4) establishment of clear course expectations; (5) providing clear instructions; and (6) demonstration of how course content was practically related to the job/field. Moreover, one responded reported that taken as a whole, the course was "poor." Comments provided by trainees were diverse in valence and recommendations were made for (1) course duration, (2) course materials, (3) course structure, (4) course organization, and (5) program implementation.

Methodology

The following is a summary of results for course evaluation completed by personnel who participated in NRAS, CCP, EPICS, and EPICS-I trainings. Total attendees were calculated for trainings conducted through August 2017 except for NRAS which only includes an attendee count through the first half of August (see below). The latter half of August 2017 for NRAS trainings is not included. The training evaluations were administered in both paper and online formats. Those individuals who did not return course evaluations in paper format immediately following a training course were contacted via email with instructions to complete course evaluations online. Statistically speaking, there were no differences in outcome ratings between those who completed a paper evaluation and those who completed an online evaluation. Trainings were administered in southern (i.e., Las Vegas) and/or northern (i.e., Carson City or Reno) Nevada by the Nevada Department of Corrections (NDOC) and/or Parole and Probation (P&P). All trainings were completed in 2017.

Training participation was as follows:

NRAS End User: 59 attendees / NRAS Training of Trainers: 29 attendees
CCP End User: 92 attendees / CCP Training of Trainers: 13 attendees
EPICS End User: 55 attendees
EPICS – I User: 27 attendees / EPICS – I Training of Trainers: 41 attendees

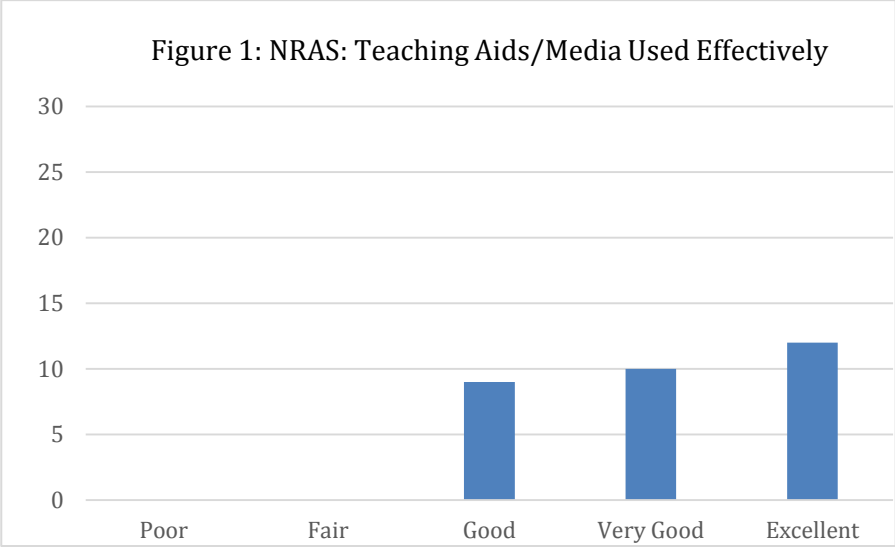
The course evaluation form included 12 close-ended items and one open-ended item. Response options for close-ended items ranged from 1 (*Poor*) to 5 (*Excellent*). The open-ended item stated, "Please tell us how this course can be improved." Please see Appendix H for a copy of the course evaluation form and for all responses to the open-ended item.

All results are illustrated in figures and tables throughout this report.

NRAS Training Evaluations

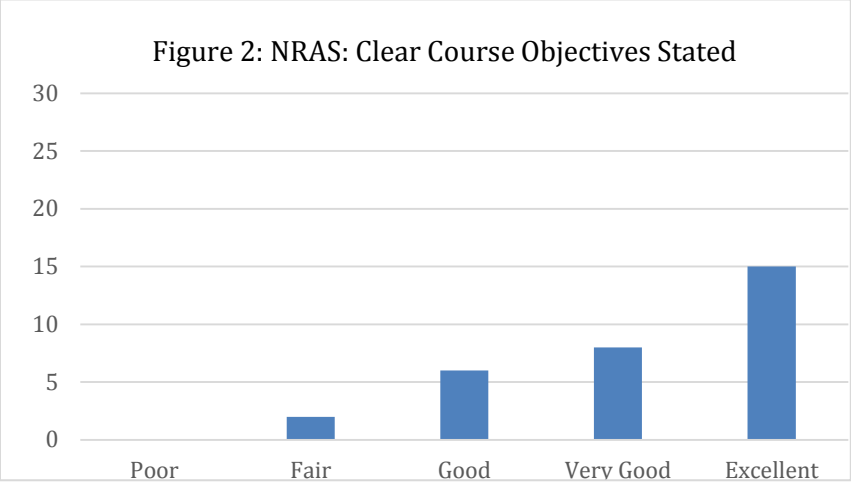
A total of 31 participants completed course evaluations for NRAS (Nevada Risk Assessment System). Fourteen participants completed the paper format and 17 completed the online format. They were asked to rate the following statements:

Effective Use of Teaching Aids/Media – Were the teaching aids and/or media effectively used effectively?



Nine participants (29%) reported that the teaching aids/media use was "good." Ten participants (32%) reported that the use as "very good" and 12 (39%) reported that teaching/media use was "excellent." No participants reported that the use of teaching aids/media was "poor" or "fair." See *Figure 1* for a summary. When asked how the course could be improved, one participant suggested that the scoring guide narrative be inserted into the PowerPoint presentation as "*right now, the instructors just read them, however I think the PowerPoint and visual of being on the screen, rather than looking at the book would improve participation*."

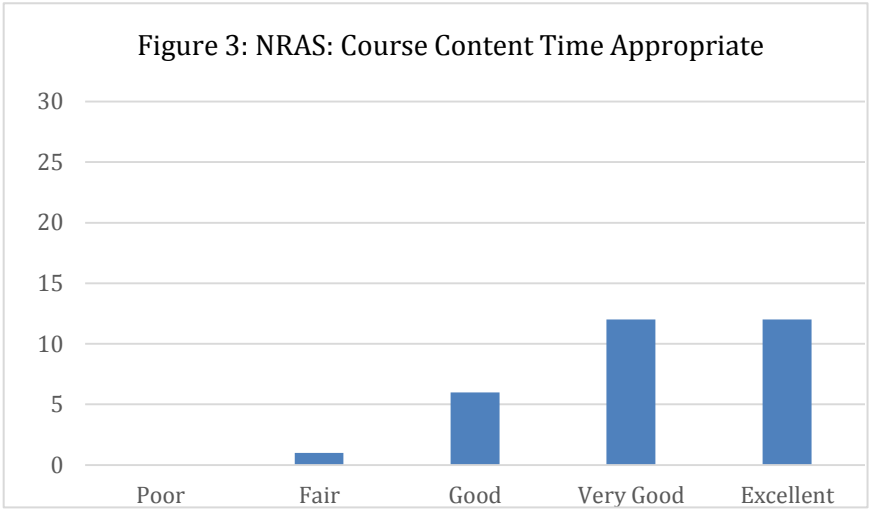
Course Objectives Clearly Stated/Reviewed



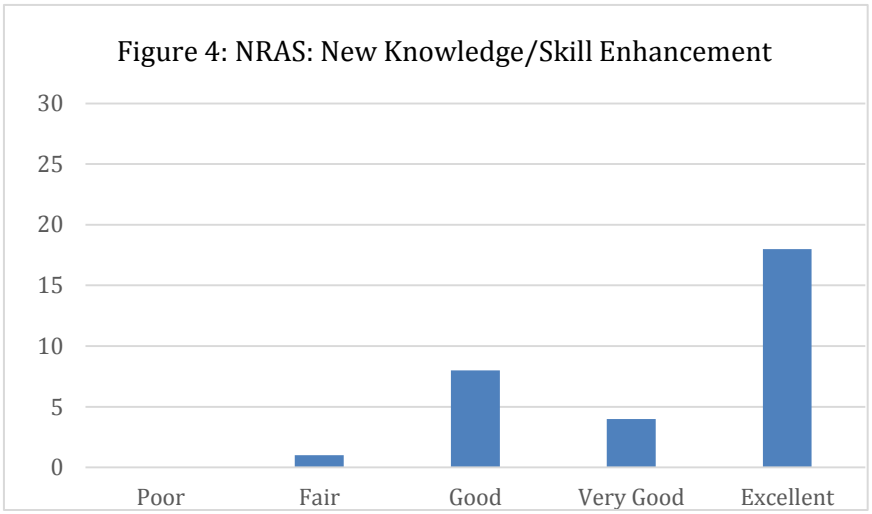
Two participants (6.5%) reported that the presentation/review of course objectives was "fair." Six respondents (19%) reported that course objective statements/reviews were "good," Eight (26%) reported that they were "very good" and 15 (48.5%) believed the review of course objectives to be "excellent." No participants reported that course objective review as "poor." (see *Figure 2).*

Course Content Time Was Appropriate

One participant (3%) reported that the time allotment for the course content was "fair." Six participants (19%) reported the time allotment to be "good," twelve (39%) reported it as "very good," and twelve reported that the time allotted was "excellent." No participants reported that the time allotted for course content was "poor." See *Figure 3* for a summary.

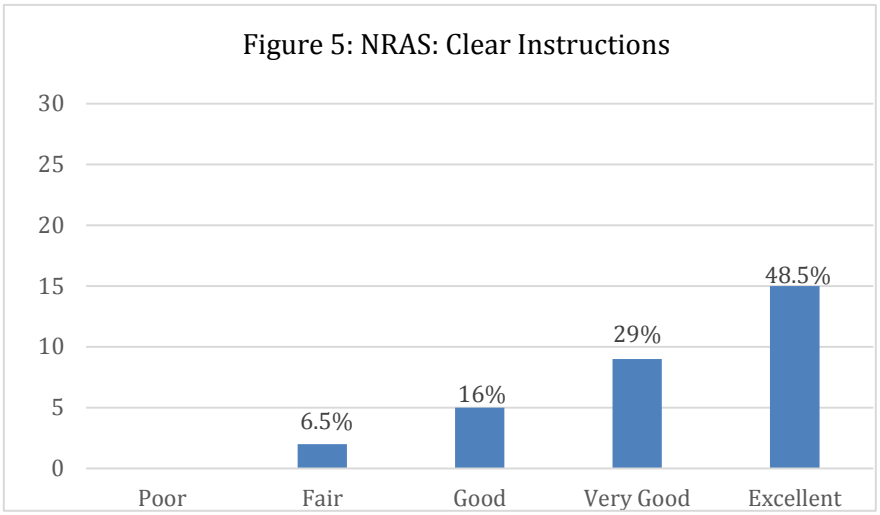


Knowledge/Skill Enhancement – The course helped me develop new knowledge/skills or added to existing knowledge/skills.



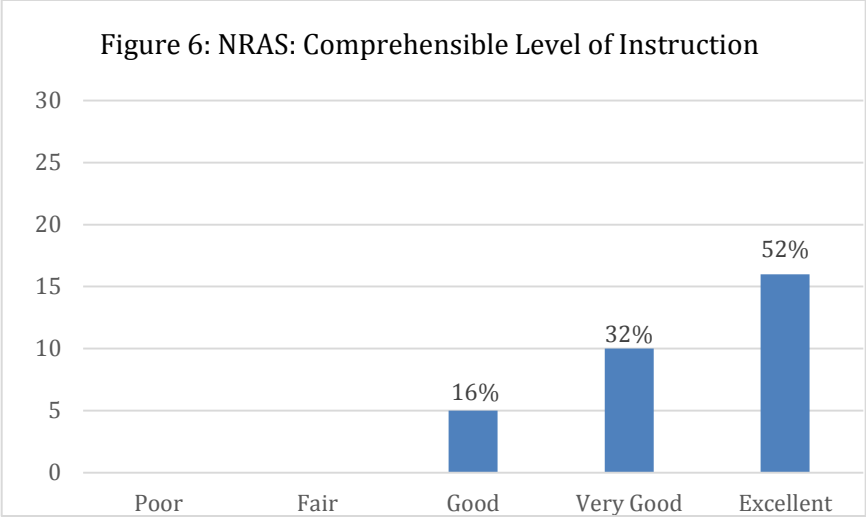
One participant (3%) reported that the extent to which he or she developed or acquired new knowledge and/or skills was "fair." Eight participants (26%) reported that new skill/knowledge acquisition was "good" and 4 (13%) reported that it was "very good." Eighteen respondents (58%) reported that that knowledge/skill acquisition was "excellent." No participants reported that knowledge or skill acquired from the course was "poor." See *Figure 4* for summary.

Clear Instructions – The instructor gave clear instructions.



Two participants (6.5%) reported that the clarity of instructions was "fair" and 5 (16%) reported the clarity of instructions as "good." Nine participants (29%) reported "very good" and 15 participants (48.5%) reported the clarity of instructions to be "excellent." No participants reported that the clarity of instructions was "poor." See *Figure 5* for summary. When asked how the course could be improved, one participant suggested that the course could benefit from improved organization such that, "*having the students skip around to multiple various sections in the handouts instead of having them in order prior to distribution was very irritating and took away from the flow of the class/material."*

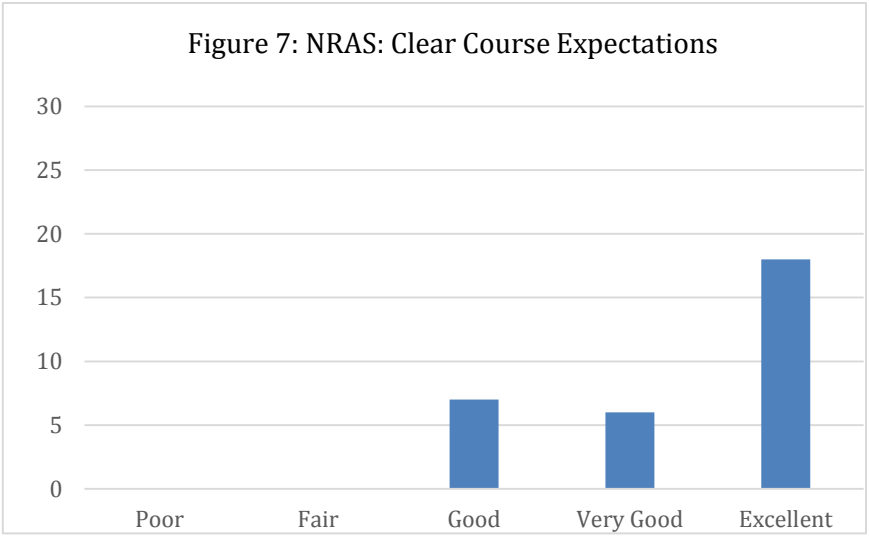
Comprehensible Level of Instruction – The instructor lectured at a level you could understand.



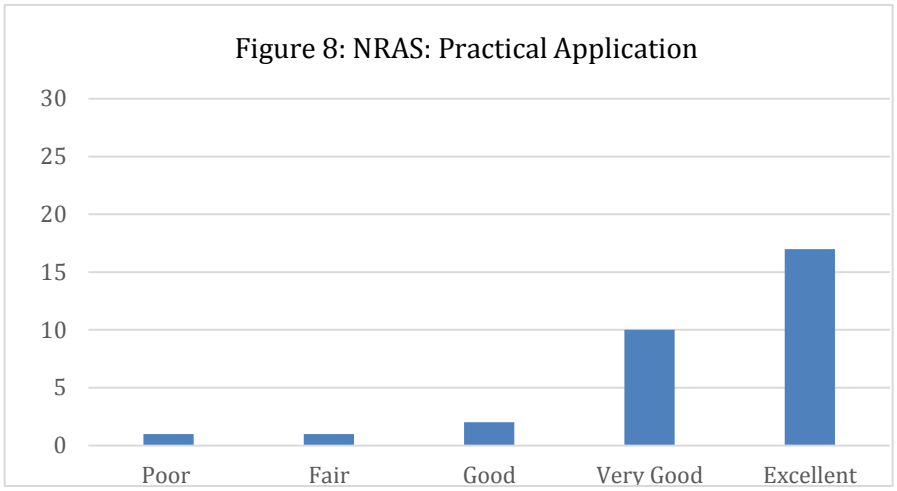
Five participants (16%) reported that the comprehensible level of instruction was "good." Ten participants (32%) reported that instruction comprehensibility was "very good" and 16 (52%) reported that it was "excellent." No participants reported that their ability to understand the lecture content was "poor" or "fair" (See *Figure 6*). In suggesting how the course could be improved, one participant commented that the "*instructors stated to score a certain area, there needed to be a conviction [but] in the example, the offender was not convicted of an offense but they had us score for it*."

Clear Course Expectations – The instructor made clear what was expected of the students.

Seven participants (23%) reported that the clarity of course expectations was "good" and 6 (19%) reported it to be "very good." Eighteen participants (58%) reported that course expectation clarity was "excellent." No participants reported that clarity of course expectations was "poor" or "fair." See *Figure 7* for a summary.

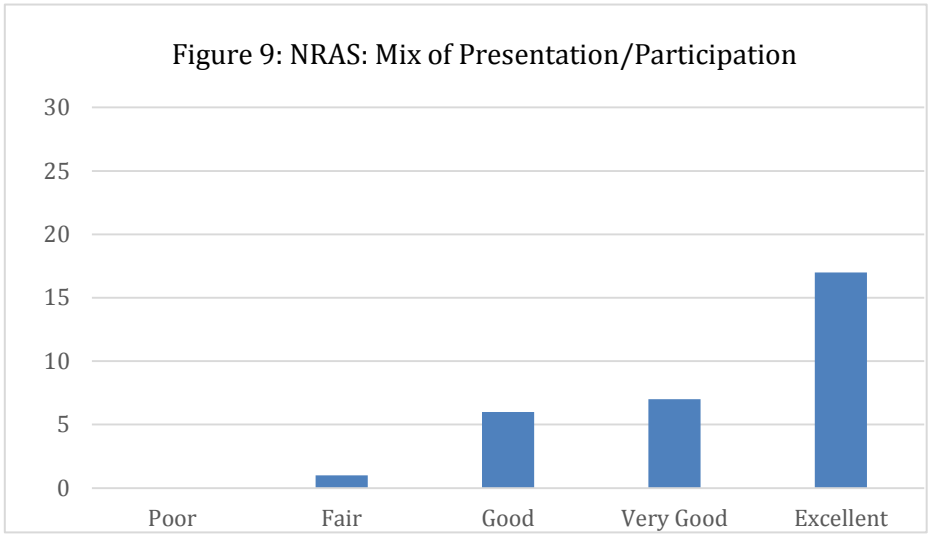


Practical Application - The instructor showed how the course is practically related to the job/field.



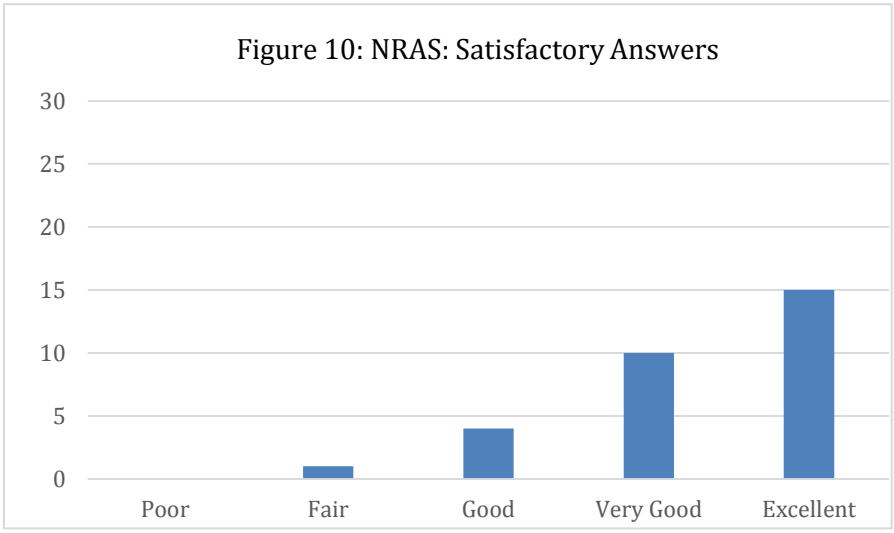
One participant (3%) reported that the demonstration of the practical application of the course was "poor" and one reported that it was "fair." Two participants (6.5%) reported that the demonstration of the course's practical application was "good," 10 (32%) reported it to be "very good," and 17 (55%) reported it as "excellent." See *Figure 8* for summary. One participant commented that "*until there is more of a functional purpose for NRAS with an outline of what needs to happen after the NRAS is completed then it will remain just as an assessment*."

Mix of Presentation/Participation – The instructor provided a good mixture of presentation and participant.



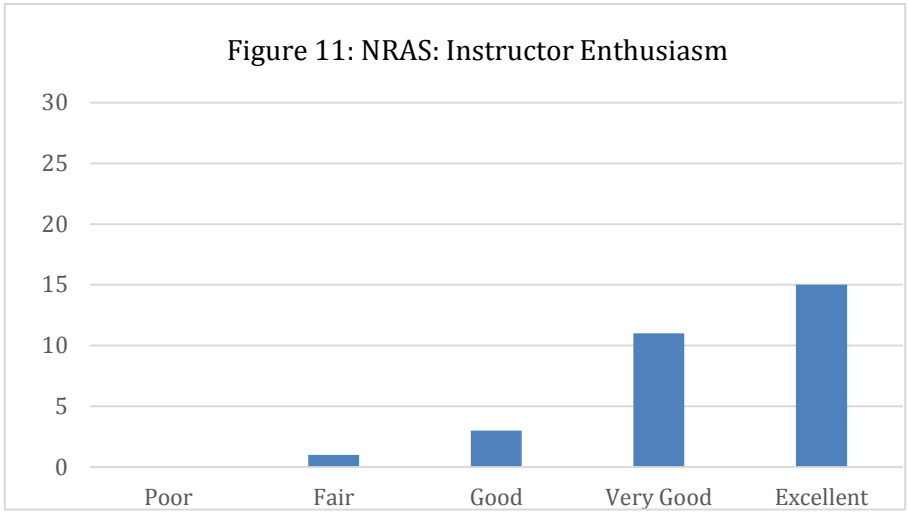
One participant (3%) reported that the mix of presentation and participation was "fair" and six (19%) reported that it was "good." Seven participants (23%) reported that the mix of presentation and participation was "very good" and 17 (55%) reported that it was "excellent." No participants reported that the mix of presentation and participation was "poor." See *Figure 9* for summary. One participant stated that perhaps "*a few more mock interviews to really get to know the process*" could improve the course.

Satisfactory Answers – The instructor satisfactorily answered questions.



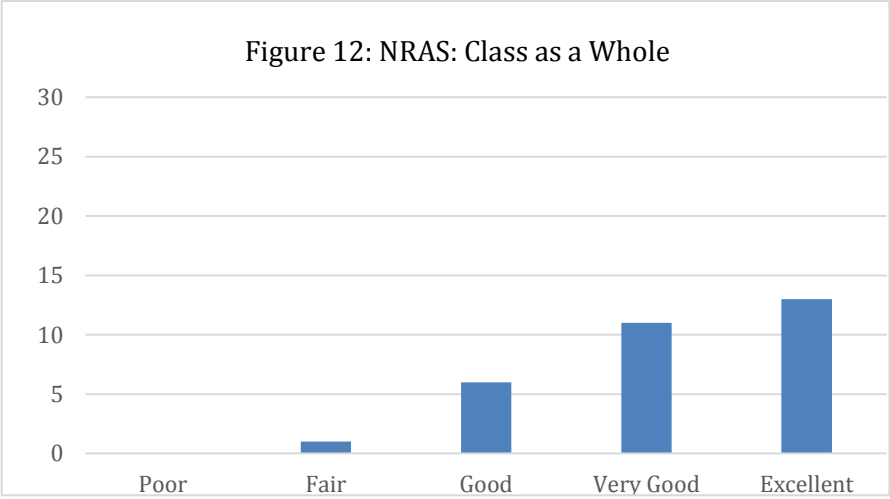
One of the 31 trainees did not respond to this item. For satisfactory answers, one participant (3%) reported "fair" and 4 (13%) reported "good." Ten participants (32%) indicated that the extent to which the instructor satisfactorily answered questions was "very good" and 15 (48%) indicated that it was "excellent." No participants indicated that the degree to which the instructor satisfactorily answered questions was "poor" (see *Figure 10*).

Instructor Enthusiasm – The instructor was enthusiastic when presenting the material.



One of the 31 trainees did not provide an answer to this item. Of the 30 that did respond, one participant (3%) reported that the instructor's enthusiasm was "fair" and 3 (10%) reported it to be "good." Eleven participants (35.5%) indicated that the instructor's enthusiasm was "very good" and 15 (49%) indicated that it was "excellent." No respondents reported the instructor's enthusiasm to be "poor." See *Figure 11* for summary.

The Class as a Whole – Taking this class as a whole (subject matter, instruction, handout materials, etc.), I would rate this course:

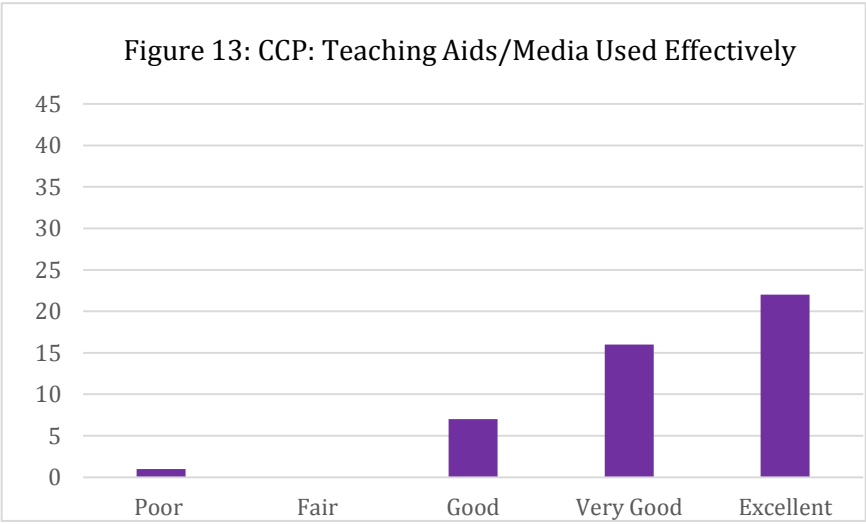


One participant (3%) rated the course overall as "fair" and 6 (19.5%) rated the course overall as "good." Eleven participants (35.5%) reported the class as a whole was "very good" and 13 (42%) indicated that the class as a whole was "excellent." No participants reported that the course overall was "poor." See *Figure 12* for summary.

CCP (Core Correctional Practices) End User Course Evaluations

A total of 46 trainees completed course evaluations for CCP End User. Thirty-four participants completed the paper format and 12 completed the online format. The courses were administered by NDOC in both Northern and Southern Nevada. Trainees were asked to rate the following statements:

Effective Use of Teaching Aids/Media – Were the teaching aids and/or media effectively used effectively?



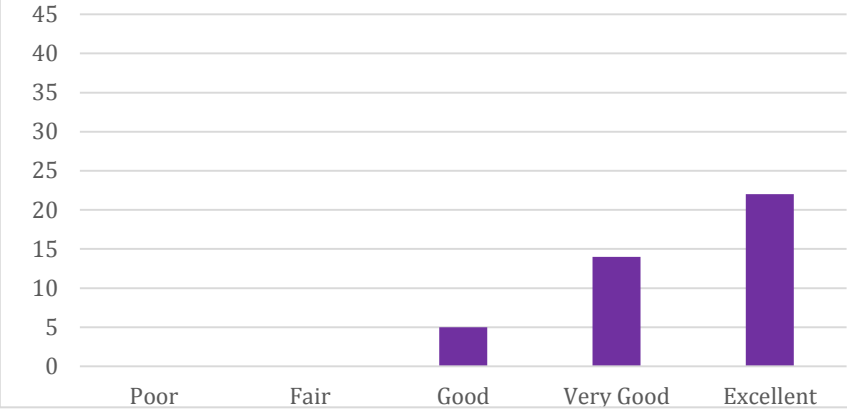
One participant (2%) indicated that the teaching aids/media use during instruction was "poor." Seven participants (15%) reported that the teaching aids/media use was "good." Sixteen participants (35%) reported the use as "very good" and 22 (48%) reported that teaching/media use was "excellent." No participants reported that the use of teaching aids/media was "fair." See *Figure 13* for a summary. In terms of feedback, one participant commented that "*page numbers in the book need correction [and the] book should be edited for grammer [sic], misnumbered questions, etc*." This participant also

suggested that the course could be improved by making the manual more "*user friendly*" and that "*there should not be two page 38*" as it makes navigation more difficult. Another participant commented that student should be informed when "*you are reading material to them that is not contained in the* powerpoint [so that] they won't waste time searching for it and will attention to what is being said."

Course Objectives Clearly Stated/Reviewed

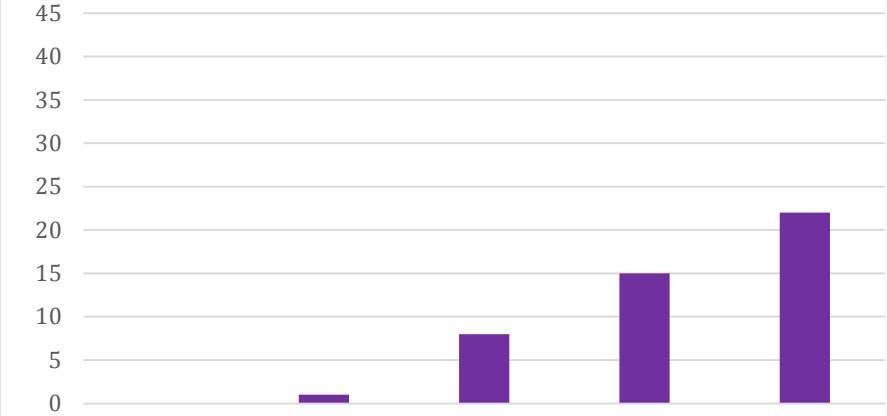
Five respondents (11%) reported that course objective statements/reviews were "good." Fourteen participants (30%) reported that they were "very good" and 22 (59%) indicated that the review of course objectives was "excellent." No participants reported that course objective review as "poor" or "fair" (see *Figure 14).*

Figure 14: CCP: Clear Course Objectives



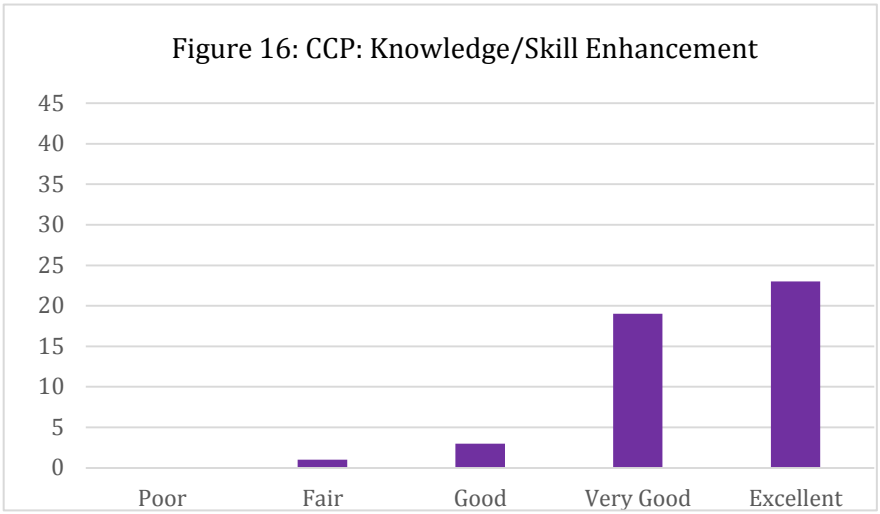
Course Content Time Was Appropriate

Figure 15: CCP: Course Content Time Appropriate



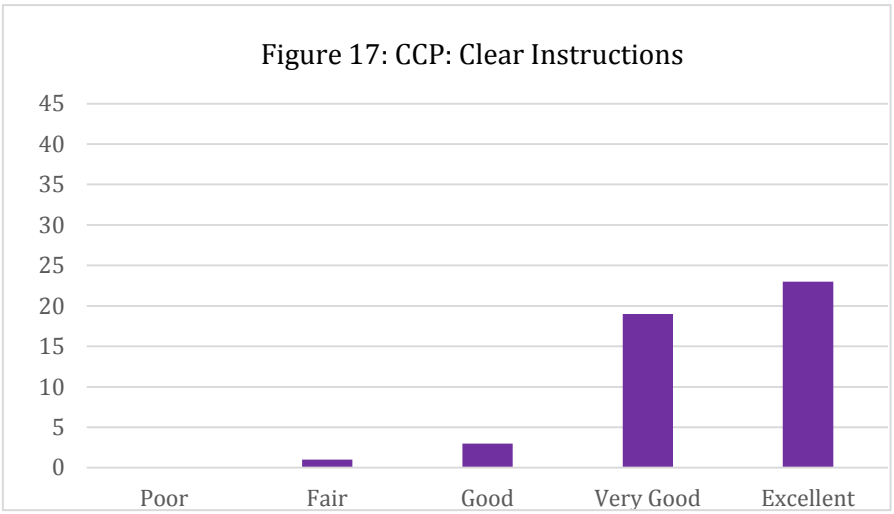
One participant (2%) reported that the time allotment for course content was "fair." Eight participants (17%) reported the time allotment to be "good," 15 (33%) reported it was "very good," and 22 (48%) participants reported that the time allotted was "excellent." No participants reported that the time allotted for course content was "poor." See *Figure 15* for a summary. For course improvement, one participant suggested "*more breaks*" as it was a lot of information "*all at once*." Another participant commented that the "*amount of content felt a little rushed in the second day because of how much we had to cover*." Similarly, a third participant also suggested that the "*course is a lot of information for two days*" and suggested that "*the course can be reduced to the point where staff/attendees take home more information they can use and remember*."

Knowledge/Skill Enhancement – The course helped me develop new knowledge/skills or added to existing knowledge/skills.



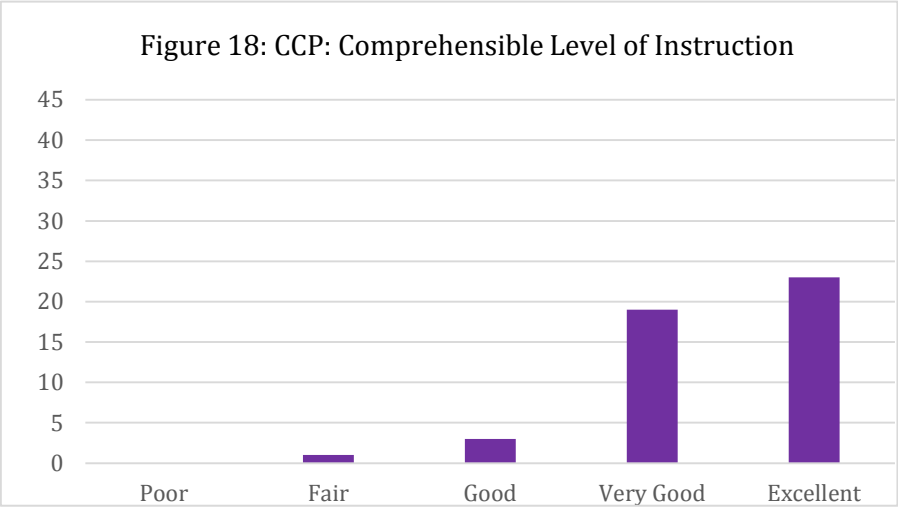
One participant (2%) reported that the extent to which he or she developed or acquired new knowledge and/or skills was "fair." Three participants (7%) reported that new skill/knowledge acquisition was "good" and 19 (41%) reported that it was "very good." Twenty-three respondents (50%) reported that that knowledge/skill acquisition was "excellent." No participants reported that knowledge or skill acquired from the course was "poor." See *Figure 16* for summary. As a suggestion for improvement, one participant stated that, "*tools were mentioned that students weren't familiar with maybe add as attachment*."

Clear Instructions – The instructor gave clear instructions.



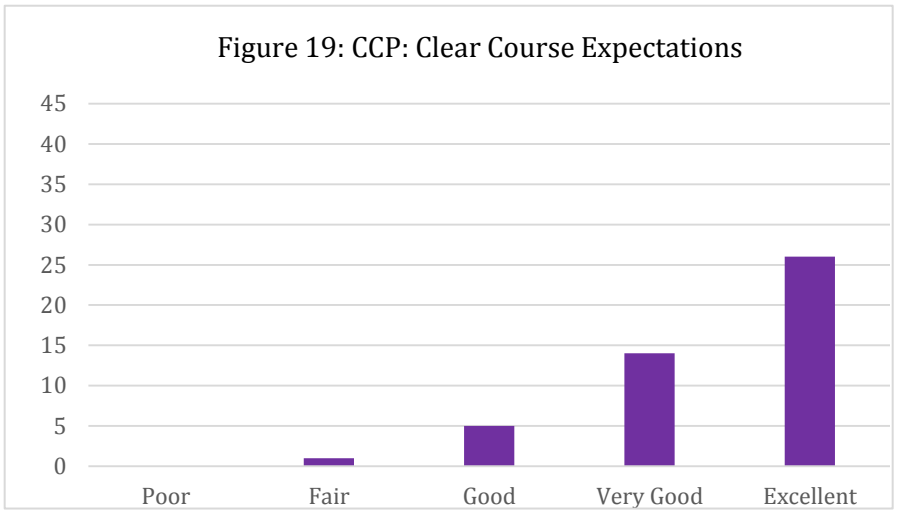
Two participants (4%) reported "fair" to clear instructions and 7 (15%) reported that the clarity of instruction was "good." Fourteen participants (30%) reported "very good" and 23 participants (50%) indicated that the clarity of instructions was "excellent." No participants reported "poor." See *Figure 17* for summary.

Comprehensible Level of Instruction – The instructor lectured at a level you could understand.



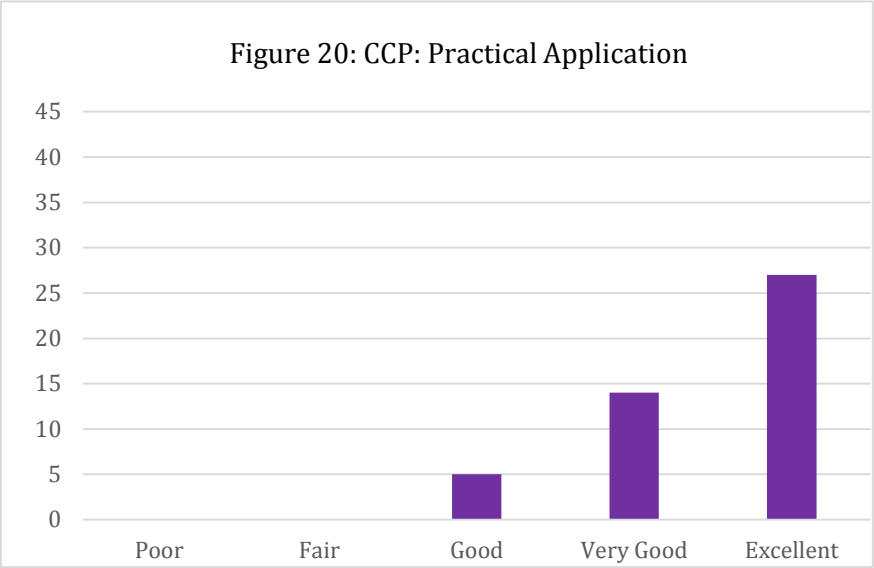
One participant (2%) indicated that comprehensibility was "fair." Four participants (9%) reported that the comprehensible level of instruction was "good." Sixteen participants (34%) reported that instruction comprehensibility was "very good" and 24 (52%) reported that it was "excellent." No participants reported that their ability to understand the lecture content was "poor" (See *Figure 18*). One participant recommended that "*perhaps the EPICS-I model be introduced before the tools and skills so that we have a high level overview of how it all fits together from the beginning*."

Clear Course Expectations – The instructor made clear what was expected of the students.



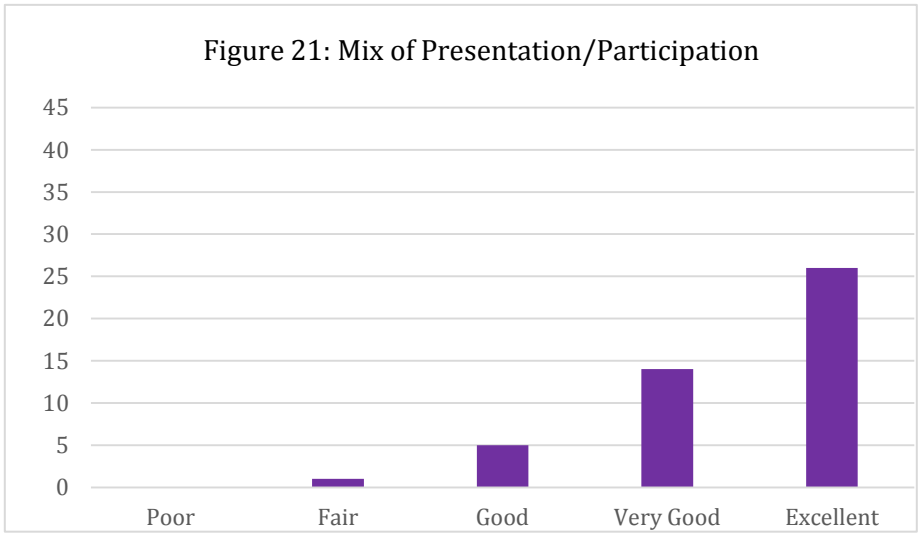
One participant (2%) indicated that the degree to which course expectations were clear was "fair." Five participants (11%) reported that the clarity of course expectations was "good" and 14 (30%) reported it to be "very good." Twenty-six participants (57%) reported that course expectation clarity was "excellent." No participants reported that clarity of course expectations was "poor." See *Figure 19* for a summary.

Practical Application - The instructor showed how the course is practically related to the job/field.



Five participants (11%) reported that the demonstration of the practical application of the course was "good." Fourteen trainees (30%) reported the demonstration of the course's practical application to be "very good" and 27 (59%) reported it as "excellent." No participants indicated that the instructor did a "poor" or "fair" job of showing how the course was practically related to the job/field. See *Figure 20* for summary. In regard to improving the course, one participant suggested that participants "*actually role-play instead of just at your table [and] relate these skills to security benefit for custody*."

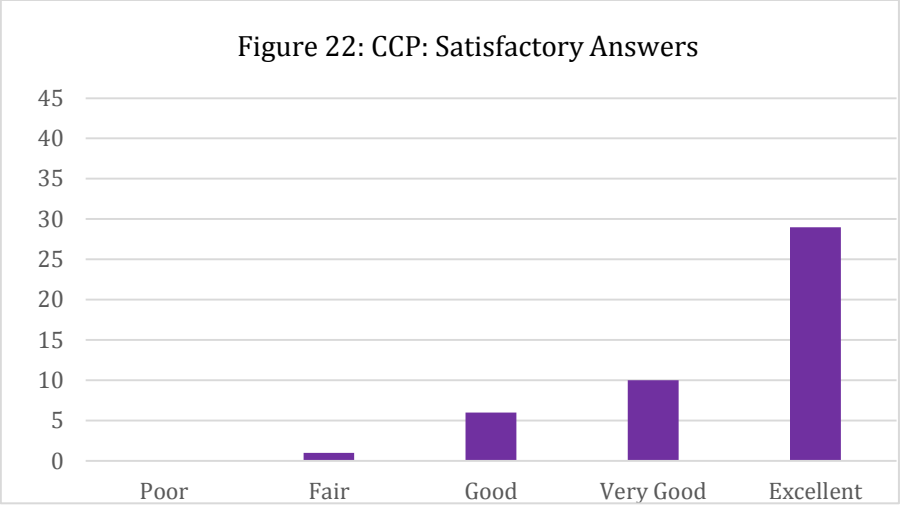
Mix of Presentation/Participation – The instructor provided a good mixture of presentation and participant.



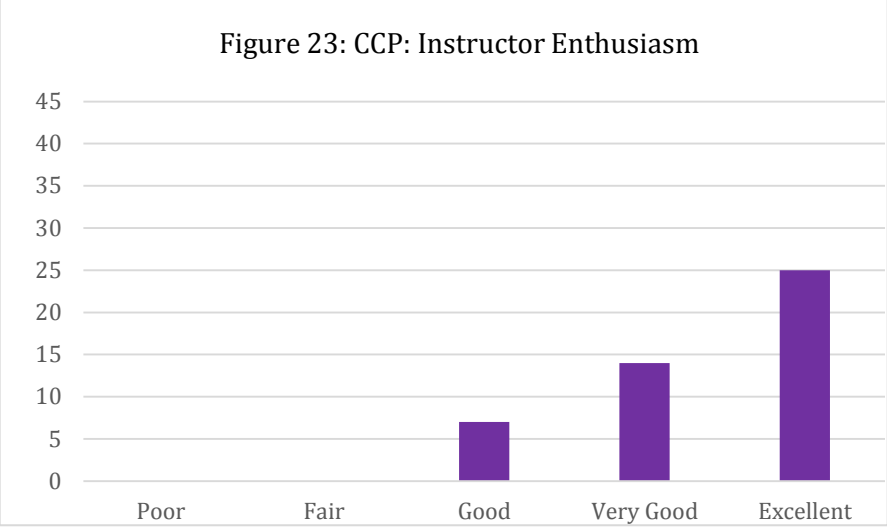
One participant (2%) reported that the mix of presentation and participation was "fair" and five (11%) reported that it was "good." Fourteen participants (30%) reported that the mix of presentation and participation was "very good" and 26 (57%) reported that it was "excellent." No participants reported that the mix of presentation and participation was "poor." See *Figure 21* for summary.

Satisfactory Answers – The instructor satisfactorily answered questions.

For satisfactory answers, one participant (2%) reported "fair" and 6 (13%) reported "good." Ten participants (22%) indicated that the extent to which the instructor satisfactorily answered questions was "very good" and 29 (63%) indicated that it was "excellent. No participants indicated that the degree to which the instructor satisfactorily answered questions was "poor" (see *Figure 22*).



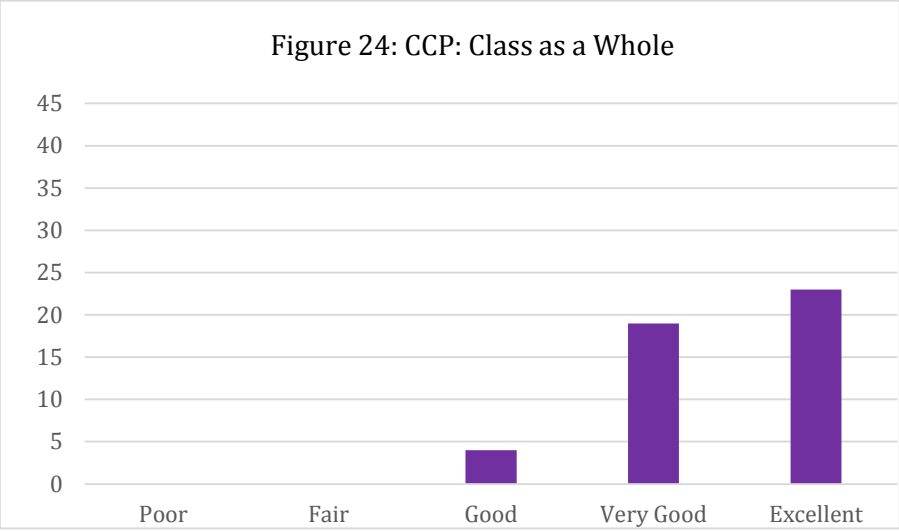
Instructor Enthusiasm – The instructor was enthusiastic when presenting the material.



Seven participants (15%) reported that the instructor's enthusiasm was "good." Fourteen participants (31%) indicated that the instructor's enthusiasm was "very good" and 25 (54%) indicated that it was "excellent." No respondents reported the instructor's enthusiasm to be "fair" or "poor." See *Figure 23* for summary.

The Class as a Whole – Taking this class as a whole (subject matter, instruction, handout materials, etc.), I would rate this course:

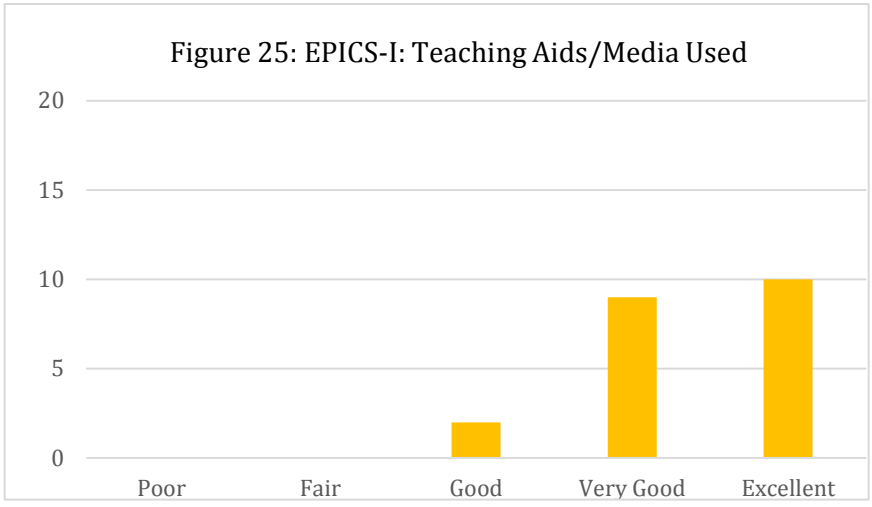
Four participants (9%) rated the course overall as "good." Nineteen participants (41%) reported the class as a whole was "very good" and 23 (50%) indicated that the class as a whole was "excellent." No participants reported that the course overall was "fair" or "poor." See *Figure 24* for summary.



EPICS - I Course Evaluations

A total of 21 trainees completed course evaluations for EPICS – I. Eleven participants completed the paper format and 10 completed the online format. The courses were administered by both NDOC and P&P in Northern and Southern Nevada. Trainees were asked to rate the following statements:

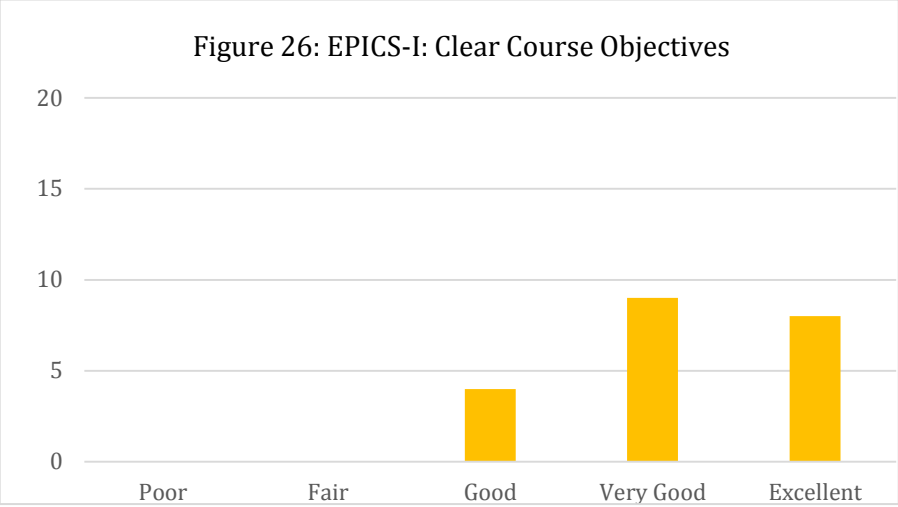
Effective Use of Teaching Aids/Media – Were the teaching aids and/or media effectively used effectively?



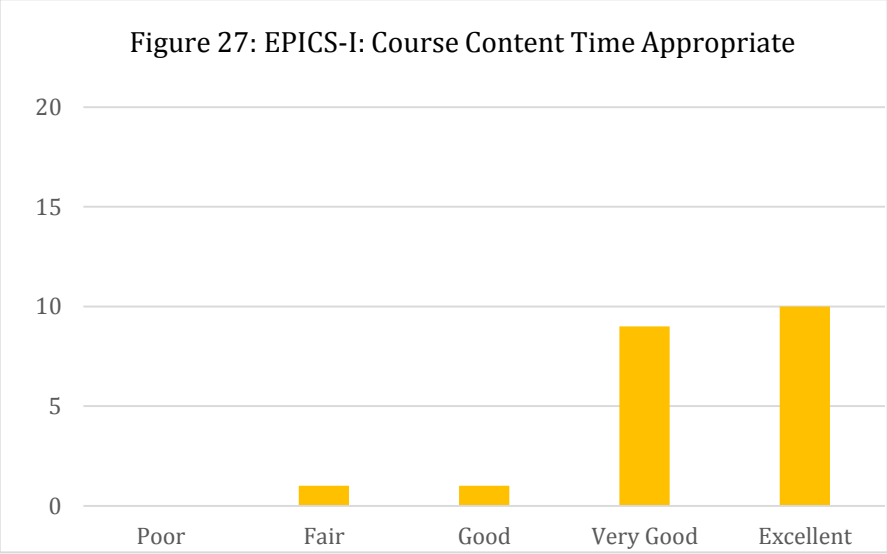
Two participants (9.5%) indicated that the teaching aids/media use during instruction was "good." Nine participants (43%) reported that the use was "very good" and 10 (47.5%) reported that teaching/media use was "excellent." No participants reported that the use of teaching aids/media was "fair" or "poor." See *Figure 25* for a summary. One participant suggested that the course could improve if instructors expanded on PowerPoint "*key points*" and include page number when directing students to a page.

Course Objectives Clearly Stated/Reviewed

Four respondents (19%) reported that course objective statements/reviews were "good," nine (43%) reported that they were "very good" and 8 (38%) indicated that the review of course objectives was "excellent." No participants reported that course objective review as "poor" or "fair" (see *Figure 26).*

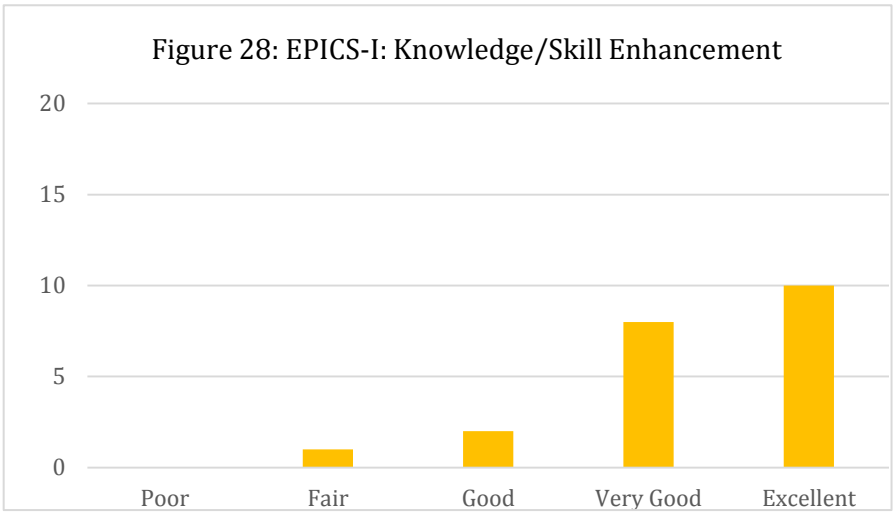


Course Content Time Appropriate



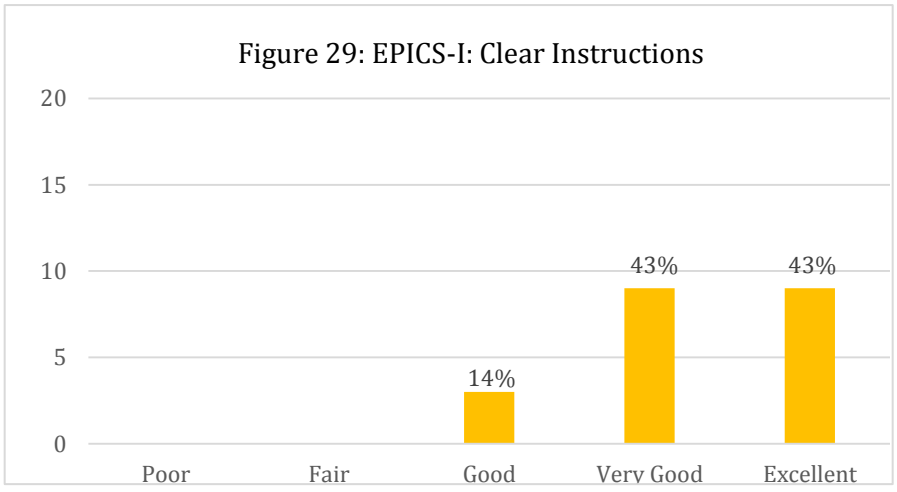
One participant (4.5%) reported that time allotment for the course content was "fair and one participant reported the time allotment was "good." Nine participants (43%) reported that it was "very good" and 10 (48%) reported that the time allotted was "excellent." No participants reported that the time allotted for course content was "poor." See *Figure 27* for a summary.

Knowledge/Skill Enhancement – The course helped me develop new knowledge/skills or added to existing knowledge/skills.



One participant (4.5%) reported that the extent to which he or she developed or acquired new knowledge and/or skills was "fair." Two participants (9.5%) reported that new skill/knowledge acquisition was "good" and 8 (38%) reported that it was "very good." Ten respondents (48%) reported that that knowledge/skill acquisition was "excellent." No participants reported that knowledge or skill acquired from the course was "poor." See *Figure 28* for summary.

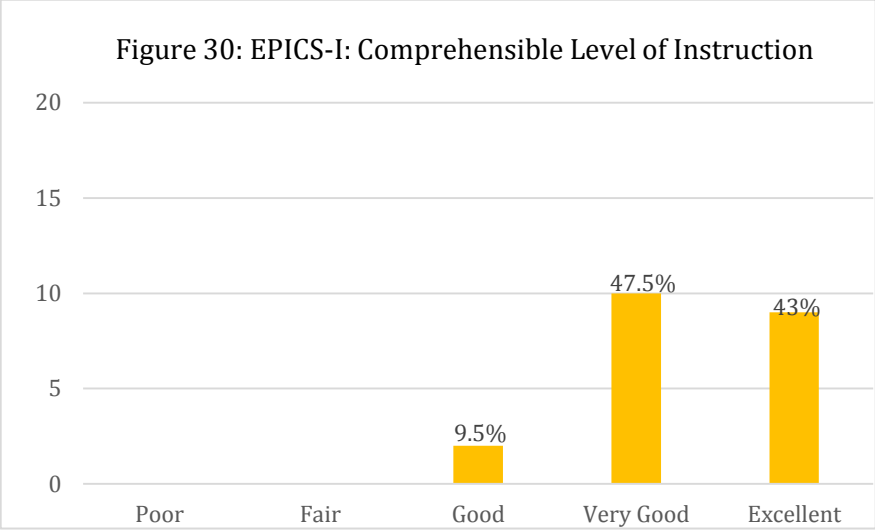
Clear Instructions – The instructor gave clear instructions.



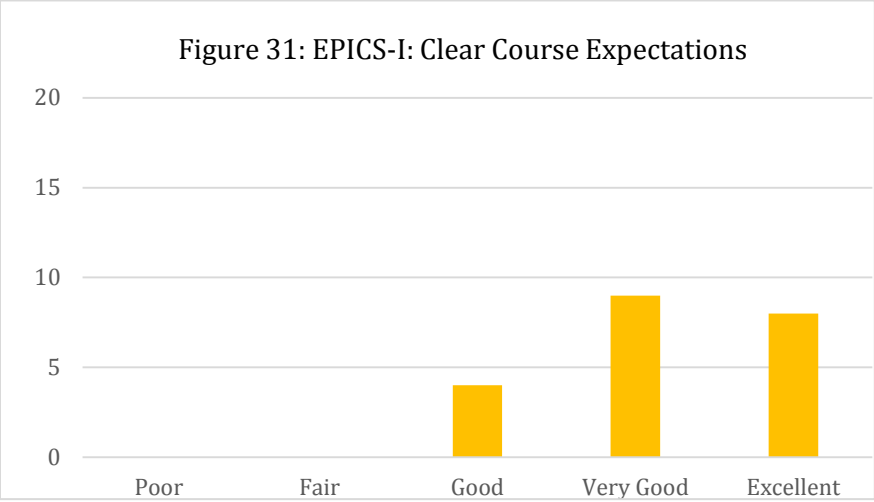
Three participants (14%) reported that the clarity of instruction was "good." Nine participants (43%) reported the clarity of instruction was "very good" and 9 participants indicated that the clarity of instructions was "excellent." No participants reported that the clarity of instructions was "fair" or "poor." See *Figure 29* for summary.

Comprehensible Level of Instruction – The instructor lectured at a level you could understand.

Two participants (9.5%) indicated that comprehensibility was "good." Ten participants (47.5%) reported that instruction comprehensibility was "very good" and 9 (43%) reported that it was "excellent." No participants reported that their ability to understand the lecture content was "fair" or "poor" (See *Figure 30*). One participant suggested that "*instructors were vague in the initial delivery of the subject*."

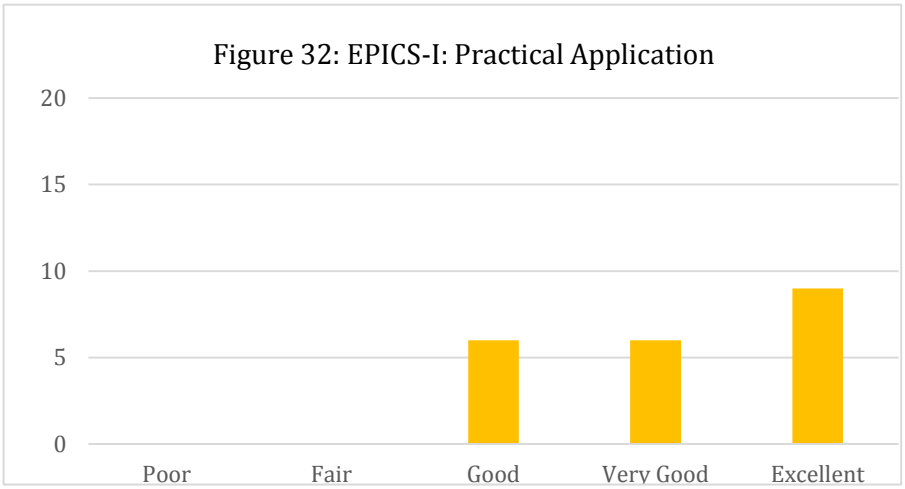


Clear Course Expectations – The instructor made clear what was expected of the students.



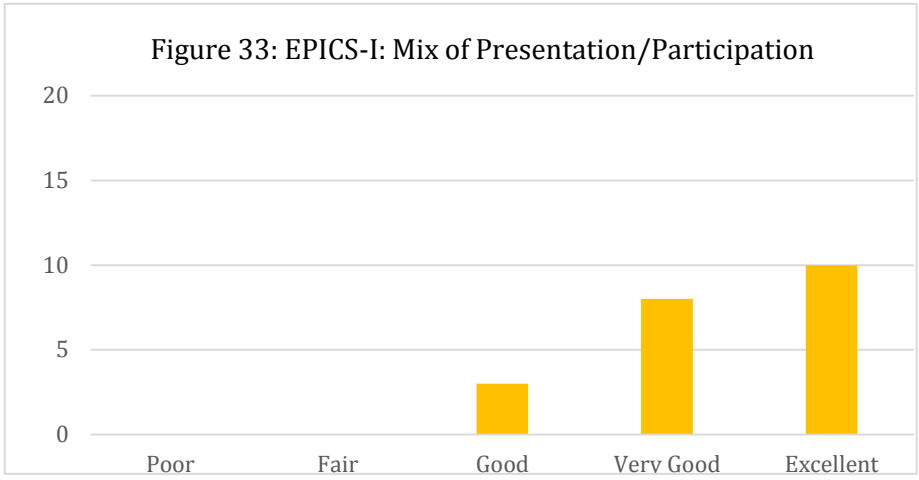
Four participants (19%) reported that the clarity of course expectations was "good" and 9 (43%) reported it to be "very good." Eight participants (38%) reported that course expectation clarity was "excellent." No participants reported that the clarity of course expectations was either "fair" or "poor." See *Figure 31* for a summary.

Practical Application - The instructor showed how the course is practically related to the job/field.



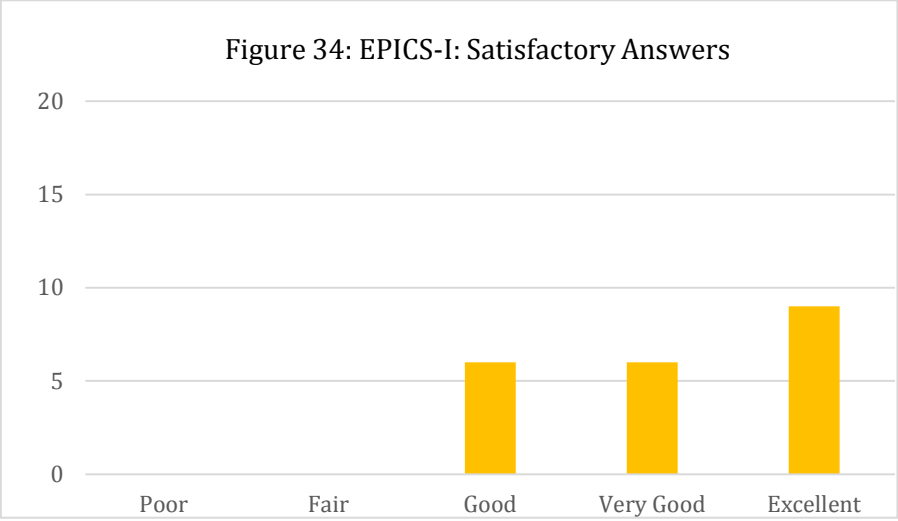
Six participants (28.5%) reported that the demonstration of the practical application of the course was "good." Six trainees reported the demonstration of the course's practical application was "very good" and 9 (43%) reported it as "excellent." No participants indicated that the instructor did a "poor" or "fair" job of showing how the course was practically related to the job/field. See *Figure 32* for summary.

Mix of Presentation/Participation – The instructor provided a good mixture of presentation and participant.



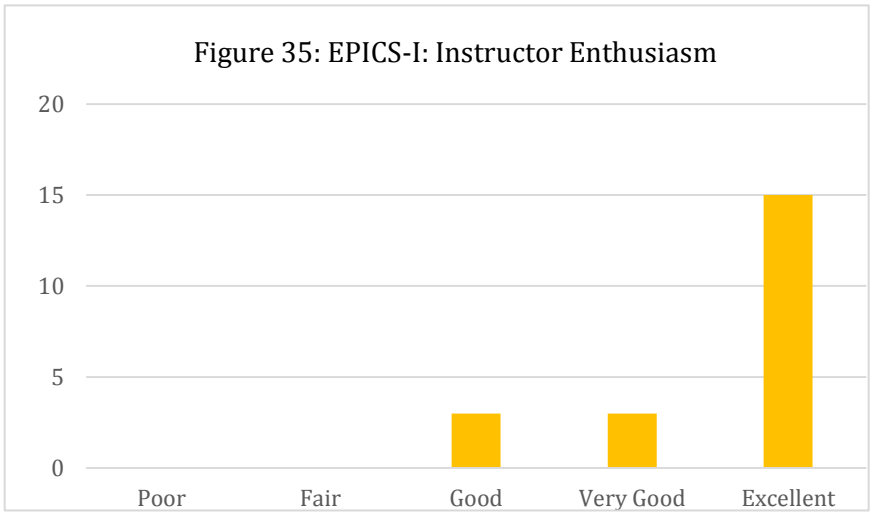
Three participants (14%) reported that the mix of presentation and participation was "good." Eight participants (38%) reported that the mix of presentation and participation was "very good" and 10 (48%) reported that it was "excellent." No participants reported that the mix of presentation and participation was "fair" or "poor." See *Figure 33* for summary. One participant remarked that "*The practice presentation was a great opportunity to gain practical experience and confidence and to get a better sense of how it all fits together*." Another participant stated that "*the person I teamed up to role play each scenario with did not understand the influencer/client dialog that was supposed to be practiced even with the coaches trying to walk him through it [and] I didn't feel like I learned anything from the role playing*."

Satisfactory Answers – The instructor satisfactorily answered questions.



For satisfactory answers, six participants (28.5%) reported "good" and 6 participants indicated that it was "very good." Nine participants (43%) indicated that the extent to which the instructor satisfactorily answered questions was "excellent." No participants indicated that the degree to which the instructor satisfactorily answered questions was "fair" or "poor" (see *Figure 34*). In regard to improving the course, one participant stated that "*Some participants asked some very good questions or made some important observations that could have been addressed better*.

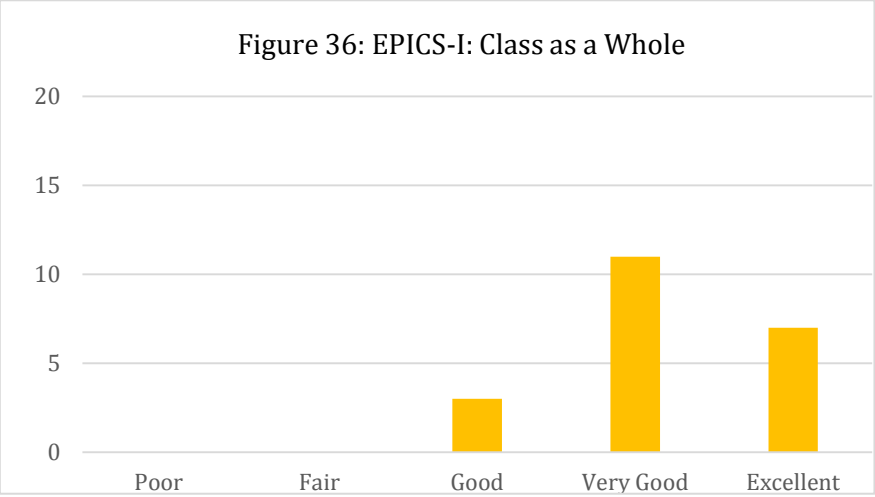
Instructor Enthusiasm – The instructor was enthusiastic when presenting the material.



Three participants (14%) reported that the instructor's enthusiasm was "good" and three participants (14%) indicated that it was "very good." Fifteen participants (72%) indicated that the instructor's enthusiasm was "excellent." No respondents reported the instructor's enthusiasm to be "fair" or "poor." See *Figure 35* for summary.

The Class as a Whole – Taking this class as a whole (subject matter, instruction, handout materials, etc.), I would rate this course:

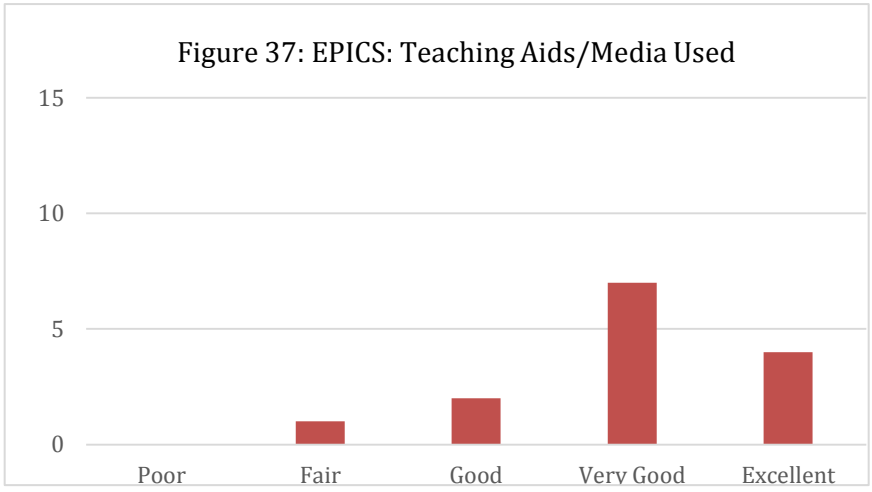
Three participants (14.5%) rated the course overall as "good." Eleven participants (52.5%) reported the class as a whole was "very good" and 7 (33%) indicated that the class as a whole was "excellent." No participants reported that the course overall was "fair" or "poor." See *Figure 36* for summary.



EPICS End User Course Evaluations

A total of 14 participants completed course evaluations for EPICS. All participants completed the online format. Trainings were administered by both P&P and NDOC. Trainees were asked to rate the following statements:

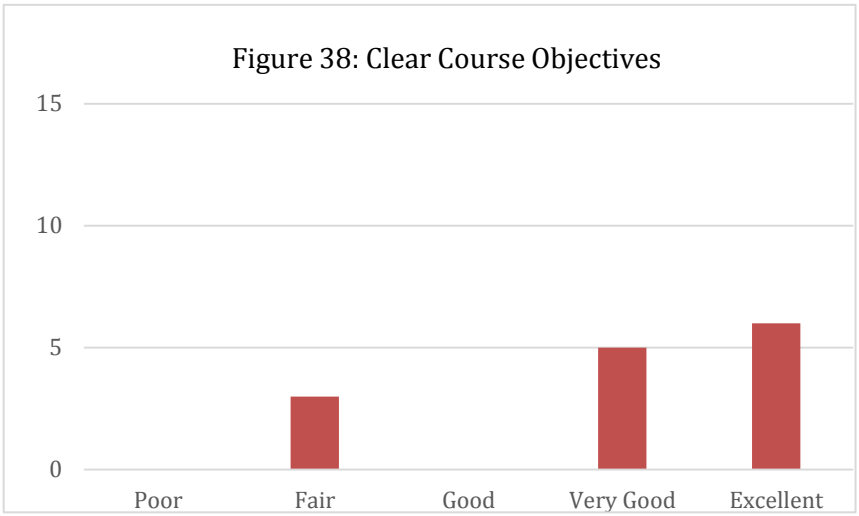
Effective Use of Teaching Aids/Media – Were the teaching aids and/or media effectively used effectively?



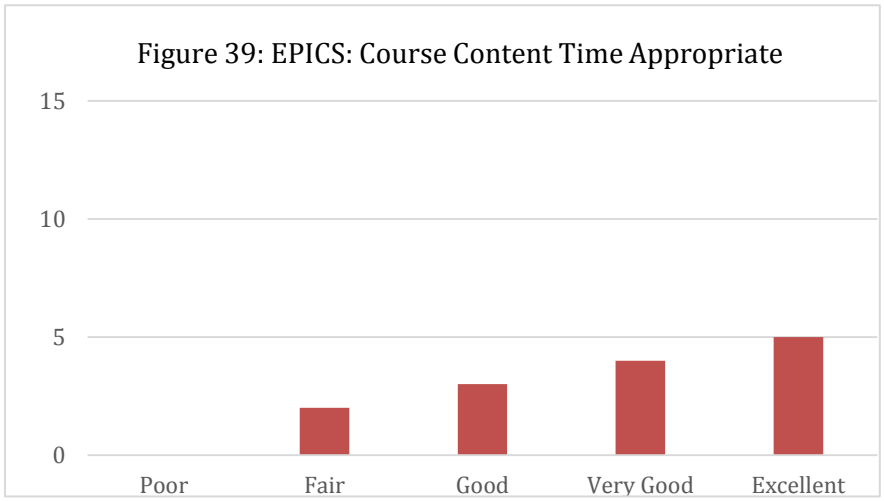
One participant (7%) indicated that the use of teach aids/media was "fair" and one reported that the teaching aids/media use was "good." Two participants (50%) reported that the use of teaching aids/media was "very good" and 4 (29%) reported that teaching/media use was "excellent." No participants reported that the use of teaching aids/media was "poor." See *Figure 37* for a summary.

Course Objectives Clearly Stated/Reviewed

Three participants (21.5%) reported that the presentation/review of course objectives was "fair." Five participants (35.5%) reported that the instructor(s) did a "very good" job of clearly stating or reviewing the course objectives and 6 (43%) indicated that the review of course objectives was "excellent." No participants reported that course objective review as "poor" or "good." (see *Figure 38).*

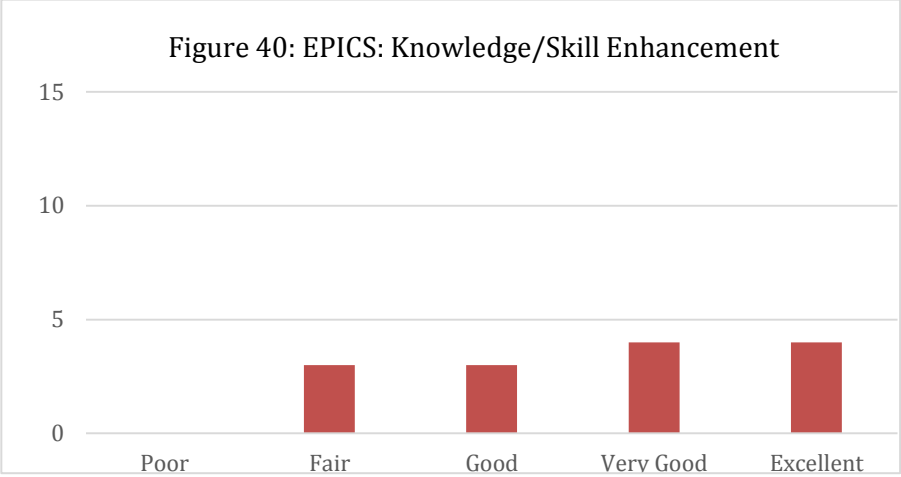


Course Content Time Appropriate



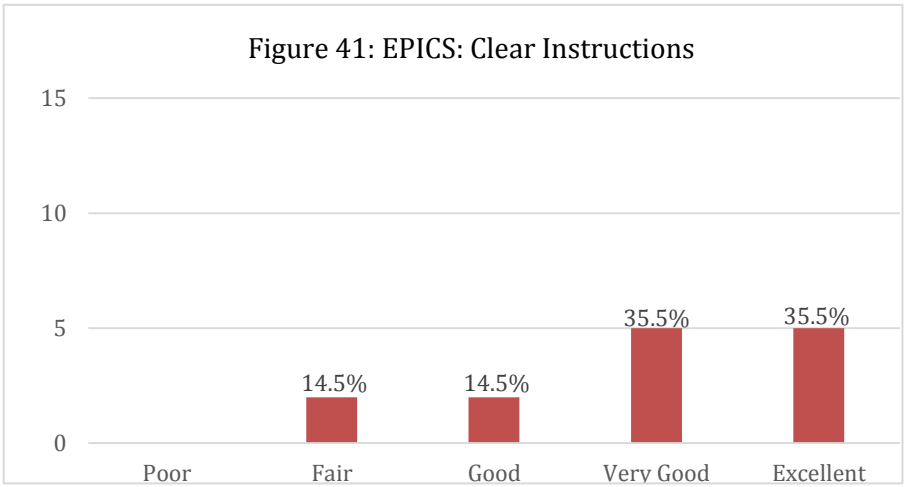
Two participants (14.5%) reported that the time allotment for the course content was "fair." Three participants (21.5%) reported the time allotted was "good," four (28.5%) reported it was "very good," and five (35.5%) indicated that the time allotted for course content was "excellent." No participants reported that the time allotted was "poor." See *Figure 39* for a summary.

Knowledge/Skill Enhancement – The course helped me develop new knowledge/skills or added to existing knowledge/skills.



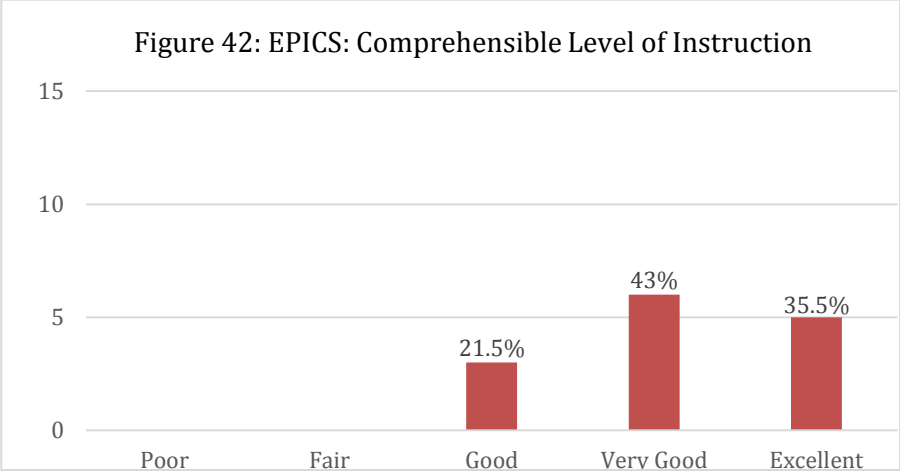
Three participants (21.5%) reported that the extent to which they developed or acquired new knowledge and/or skills was "fair." Three participants reported that new skill/knowledge acquisition was "good" and 4 (28.5%) reported that it was "very good." Four respondents also indicated that that knowledge/skill acquisition was "excellent." No participants reported that knowledge or skill acquired from the course was "poor." See *Figure 40* for summary.

Clear Instructions – The instructor gave clear instructions.



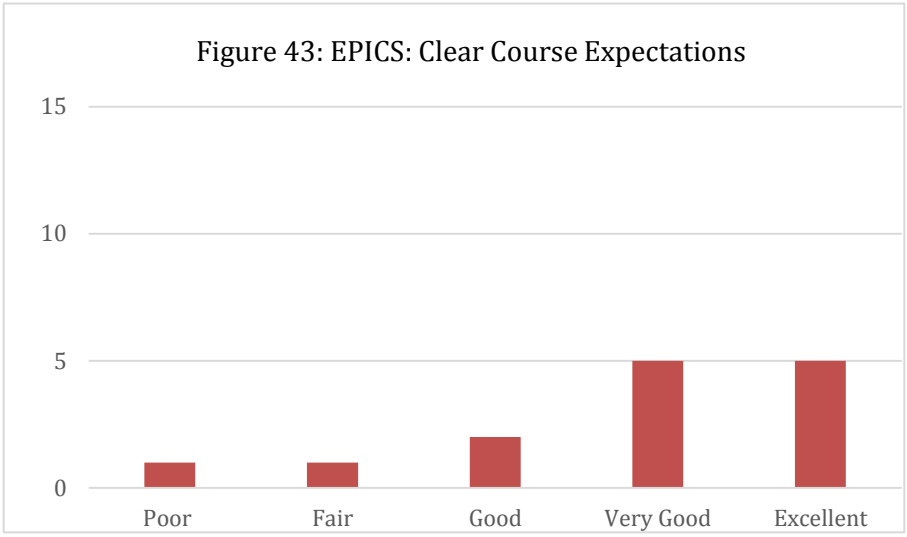
Two participants (14.5%) reported that the clarity of instructions was "fair" and 2 reported it as "good." Five participants (35.5%) reported the clarity to be "very good" and 5 participants reported it as "excellent." No participants reported that the clarity of instructions was "poor." See *Figure 41* for summary. For improving the course, one participant suggested that there be a "*small (1-2hr) introductory class first [as] no one knew what this class was for and no one understood the definitions, words and concepts before being 'thrown' into a class that we weren't prepared for."*

Comprehensible Level of Instruction – The instructor lectured at a level you could understand.



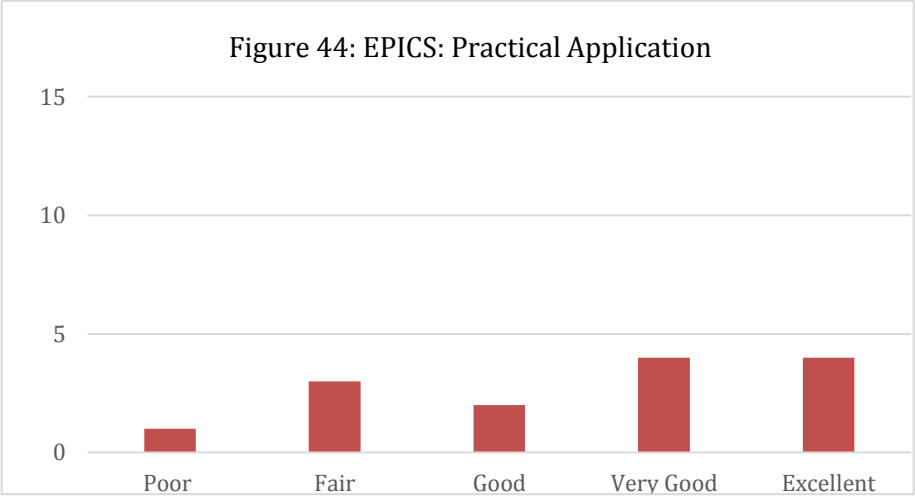
Three participants (21.5%) reported that the comprehensible level of instruction was "good." Six participants (43%) reported instruction comprehensibility as "very good" and 5 (35.5%) reported it as "excellent." No participants reported that their ability to understand the lecture content was "poor" or "fair" (See *Figure 42*).

Clear Course Expectations – The instructor made clear what was expected of the students.



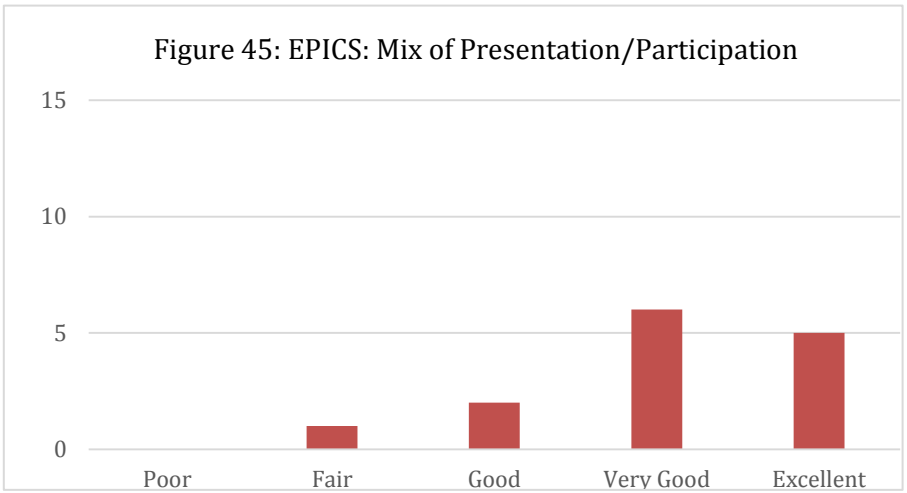
One participant (7%) indicated that the clarity of expectations was "poor" and one indicated that it was "fair." Two participants (14%) reported that the clarity of course expectations was "good" and 5 (36%) reported it to be "very good." Five participants also reported that course expectation clarity was "excellent." See *Figure 43* for a summary. One participant commented that "*requirements of the course have not been clear*" such that "*meeting dates/times have not been planned out well or made clear*."

Practical Application - The instructor showed how the course is practically related to the job/field.



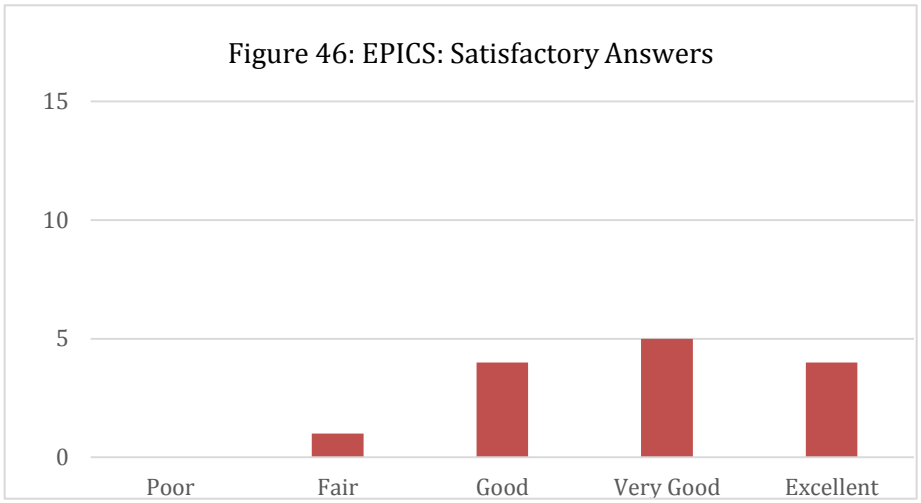
One participant (7%) reported that the demonstration of the practical application of the course was "poor" and three (21.5%) reported that it was "fair." Two participants (14.5%) reported that the demonstration of the course's practical application was "good," 4 (28.5%) reported it to be "very good," and 4 reported it as "excellent." See *Figure 44* for summary. Several participants felt that the video presentations of EPICS sessions were "*geared to juvenile intervention*" and as such, "*more adult examples would be good*" or "*the example videos of juveniles used as training for officers working with adults, should be removed and replaced with adult offenders*."

Mix of Presentation/Participation – The instructor provided a good mixture of presentation and participant.



One participant (7%) reported that the mix of presentation and participation was "fair" and two (14.5%) reported that it was "good." Six participants (43%) reported that the mix of presentation and participation was "very good" and 5 (35.5%) reported that it was "excellent." No participants reported that the mix of presentation and participation was "poor." See *Figure 45* for summary.

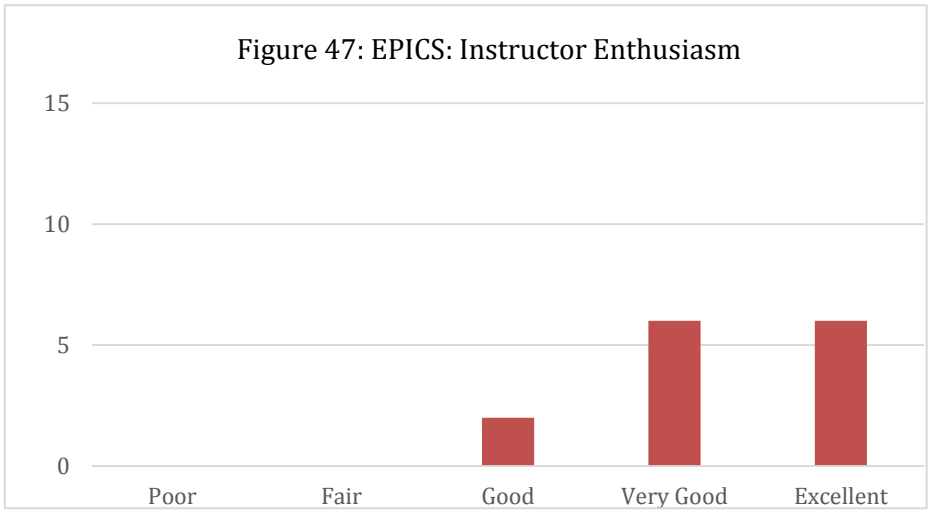
Satisfactory Answers – The instructor satisfactorily answered questions.



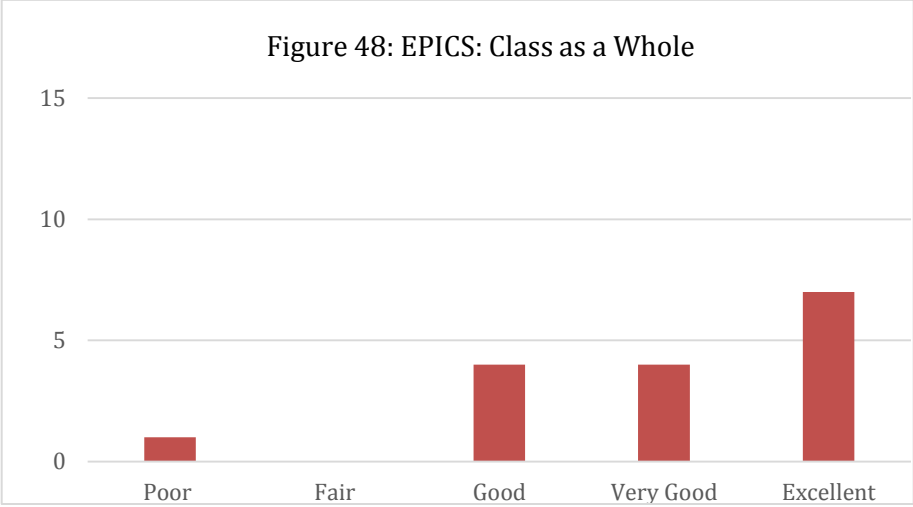
One participant (7%) reported that the degree to which the instructor satisfactorily answered questions was "fair" and 4 (28.5%) reported it as "good." Five participants (36%) indicated that the extent to which the instructor satisfactorily answered questions was "very good" and 4 (28.5%) indicated that it was "excellent." No participants indicated that the degree to which the instructor satisfactorily answered questions was "poor" (see *Figure 46*). In regards to feedback, one participant stated that "*Specific questions were asked about how to use the program on unique individuals that were not answered very well or if at all [and] when I was instructed to start using the program I was not as comfortable as I would have like [sic] to actually implement the program*."

Instructor Enthusiasm – The instructor was enthusiastic when presenting the material.

Two participants (14%) reported that the instructor's enthusiasm was "good." Six participants (43%) indicated that the instructor's enthusiasm was "very good" and 6 indicated that it was "excellent." No respondents reported the instructor's enthusiasm to be "poor" or "fair." See *Figure 47* for summary.



The Class as a Whole – Taking this class as a whole (subject matter, instruction, handout materials, etc.), I would rate this course:



One participant (7%) rated the course overall as "poor" and 4 (28.5%) rated the course overall as "good." Four participants indicated that the class as a whole was "very good" and 7 (36%) indicated that the class as a whole was "excellent." No participants reported that the course overall was "fair." See *Figure 48* for summary.

Chapter 5: Collaborative Assessment and Social Network Analysis

Overview

As part of the Nevada Second Chance Act Recidivism Team, the University of Nevada, Reno, Department of Political Science was contracted in 2016 by the Nevada Department of Corrections (NDOC)—working as a Research Partner and Evaluator—to conduct the Collaborative Performance Assessment of Partnerships as part of the Second Chance Act Implementation Grant (SCIG). Project objectives focus on creating comprehensive, sustainable, inclusive, and cross-policy initiatives; through collaboration, communication, evidence-based programs, and community support for our returning citizens.

This study was executed as part of the process evaluation of the Second Chance Act Implementation Grant to access the development of partnerships and collaboration of the NDOC with community providers, agencies, and community justice partners; as an instrument to access stakeholder involvement in the collaboration process, and to examine the formal[3] or informal[4] network relationships that developed from these efforts.

Data for this study were collected using a web based survey distributed to those involved in various aspects of the project. The first part of the collaborative assessment survey looks at the collaborative performance of the project's operations using the opinions of the project members regarding collaboration processes, including: communication, level of trust, distribution of power, leadership, use of resources, etc. The second part uses social network analysis to investigate the social and interorganizational relationships among the members of the SCIG.

Five problematic areas were identified in the assessment which might affect collaboration effectiveness among the project members in the future:

1. Project members do not feel connected to the project, both in terms of formal and informal channels of communication.
2. Open lines of communication have not been established.
3. A plan for sustaining collaborative membership and maintaining resources has not yet been developed.
4. A high level of competing interests exists among the stakeholders involved in the process of collaboration.
5. Appropriate procedural arrangements have not been made by developing the ground rules, operating protocols, decision making rules, or other rules that may facilitate collaboration.

The social network analysis of formal and informal relations among the SCIG members suggests that the structure of collaboration tends to be a democratic, efficient and mobilizing resource for collaboration. On one hand, participants in the SCIG collaborative enjoy an equal

[3] Informal communication (grapevine) is that which moves freely through all aspects of the collaborative organization.
[4] Formal (official) communication is that which passes through predefined, often hierarchical channels.

voice in making decisions. On the other hand, the SCIG network tends to be hierarchically oriented, and project activities operate in an efficient manner. The analysis of communication structures in formal and informal relations shows that the SCIG collaborative exhibits high potential in terms of the future stability and sustainability of the collaborative. The social network analysis of trust, personal knowledge, and social capital suggests the presence of strong connections among stakeholders, demonstrated by the network of trust relations. The major concerns, derived from analyzing the formal and informal networks, include poor integration of representatives from state agencies and community justice partners into the communication channels and operations of the SCIG project, and the tendency for members of the Planning Team to limit the exchange of information/advice, or engage in the project operations, to only members of the Planning Team.

Based on the results of the collaborative performance survey and through social network analysis, several recommendations are provided to improve the collaboration processes in the next phase of grant implementation.

Introduction

Successful offender reentry efforts require a high degree of collaboration across multiple levels, including the releasing institutions, supervision or parole units, and local community resources and providers who are represented by various nonprofit organizations. Moreover, recidivism is a complex problem that requires complex solutions—solutions that cannot be provided by a single government agency like the NDOC. The rehabilitation of returning citizens, and their successful reintegration into community, depends on private and nonprofit organizations. This dependency justifies the development of collaborative networks which bring together representatives of public, private and non-profit sectors to solve complex problems.

The collaborative approach is the foundation of the 2016-2021 Nevada Statewide Adult Recidivism Reduction Strategic Plan developed by the Nevada Department of Correction within the framework of the SCIG awarded to the NDOC in 2016 by the Bureau of Justice Assistance (BJA). One of the first objectives of the SCIG was the development and implement a comprehensive statewide reentry plan that utilizes cross-agency and cross-sectoral collaboration by involving public, private, non-profit, faith-based, and community partners and families in the processes of decision-making, planning and implementation of effective reentry efforts.

As part of the Nevada Second Chance Act Recidivism Team, the University of Nevada, Reno, Department of Political Science was contracted in 2016 by the Nevada Department of Corrections (NDOC)—working as a Research Partner and Evaluator—to conduct the Collaborative Performance Assessment of Partnerships. The assessment study was designed to access the development of partnerships of the NDOC with community providers, agencies, and community justice partners. Particularly, the study focuses on collaboration and interactions among the SCIG members and stakeholders during the project's first year of implementation and uncovering the formal and informal communication networks that help or hinder collaboration.

This report examines the various dimensions of collaborative performance of partnerships or networks using comprehensive guidelines for assessing collaborative performance of governance

and networks based on the Collaborative Governance Regime model (Emerson and Nabatchi, 2015). In addition, social network analysis is employed to investigate the social and interorganizational relationships among stakeholders of the SCIG with the aim of improving the resilience and sustainability of this collaborative for the coming years. Based on the results of analysis, recommendations are provided for improving the collaborative processes during 2nd year implementation of the SCIG.

Collaborative Performance Assessment Findings

The analysis of the average values of the responses of SCIG project to rate various aspects of collaboration points identify the successes and areas for improvement in the collaborative process during the first year of implementation of the SCIG project. The success of the collaboration on particular indicator was measured by the average of the responses between 3.5 and 5 on the 5 point Likert scale, whereas the areas for improvement in was measured as the average of the responses below 3.1 on the 5 point Likert scale. The summary of successes and failures can be found in Table 1 and Table 2.

The survey participants agreed that the problem of recidivism in the state of Nevada requires a comprehensive approach with engagement of many stakeholders (4.46 out of 5). The survey respondents highly rated the inclination of the SCIG project participants contribute their time, knowledge and other resources to the SCIG activities (4.04 out of 5). In addition, the diversity of resources and capacities held by the various stakeholders is used on the complimentary basis (3.73 out of 5), which is considered a good sign of effective use of resources in the collaborative project.

Table 1: Positive Aspects of Collaboration in the SCIG project

Collaborative Assessment Indicator	**Average**	**Current Assessment**
Catalysts	4.46	Good
Resource Contribution	4.04	Good
Responsibility	3.81	Above Satisfactory
Resource Accommodation	3.73	Above Satisfactory
Use of Technology	3.69	Above Satisfactory
Appreciation and Tolerance of Differences	3.69	Above Satisfactory
Commitment	3.69	Above Satisfactory
Research and Evaluation	3.61	Above Satisfactory
Internal Legitimacy	3.58	Above Satisfactory
Collaborative Motivation	3.58	Above Satisfactory
Fair Leaders	3.56	Above Satisfactory
Knowledge Generation	3.5	Above Satisfactory

Another positive aspect of collaboration identified from the responses of survey participants is the effective use of information and knowledge management within the SCIG project. Information technology was appropriately utilized for creating new and innovative solutions (3.69 out of 5). Research and Evaluation activities such as needs assessment, data collection and program

evaluation were also highly rated (3.61 out of 5) by the survey respondents as an indispensable component of knowledge creation system.

Positive social attitudes regarding other project participants is another example of healthy collaboration within the SCIG project. Diversity of project members is acknowledged and respected among the SCIG project members (3.69 out of 5). Moreover, the expert knowledge of the SCIG project member is accepted and utilized for achieving the goals and objectives of the project (3.58 out of 5 on the Likert scale).

Motivation to collaborate for the greater good is also well rated among the SCIG project members. The project members feel responsible for (3.81 out of 5) and highly committed to the goals, objectives and outcomes of the SCIG project.

Several areas for improvement of the collaborative process in the SCIG project have identified in this study and require attention of the NDOC leaders responsible for managing this collaborative project. As it is shown in Table 2, issues related to collaborative leadership and distribution of power have been raised by the participants of the survey. First, project participants do not feel that they are heard enough in the process of decision making and managing operations of the SCIG project. Second, even though, the leaders of the SCIG project are considered fair-minded and broadly respected by the stakeholders of this collaborative, they may not utilize the individual and organizational resources of the project members to the full potential (3.08 out of 5).

Table 2: Areas for Improvement of Collaboration in the SCIG project

Collaborative Assessment Indicator	Average	Current Assessment
History	3.08	Satisfactory
Leadership	3.08	Satisfactory
Distribution of Power	3.04	Satisfactory
Connectedness	2.96	Poor
Communication	2.88	Poor
Sustainability	2.88	Poor
Political Polarization	2.88	Poor
Procedural Arrangements	2.84	Poor

One systemic issue related to the environment of the SCIG project is lack of history of working cooperatively and solving problems in the area of criminal justice in the state of Nevada (3.08 out of 5). Therefore, some interim program interventions such as training courses on collaboration and conflict resolution can be recommended to compensate for this systemic factor at the process level of the project.

Five aspects of collaborations described below need attention of the State Re-entry Task Force and the NDOC staff managing the SCIG project. First, connectedness is one of the areas of improvement of collaboration the project members do not feel really connected or equally enjoy both informal and formal communication networks at all levels (2.96 out of 5). Second, surveyed project participants expressed concern about barriers in communicating with each other in the project (2.88 out of 5). Third, sustainability of the current initiate is questioned (2.88 out of 5),

since a plan for sustaining the project membership and resources is not currently developed or perhaps adequately communicated to the project members. Fourth, there is a high level of political polarization,[5] or level of competing commitments, among the stakeholders involved in the process of collaboration (2.88 out of 5 on the Likert scale). Finally, appropriate procedural arrangements have not been made by developing the ground rules, operating protocols, decision making rules or other rules to facilitate collaboration (2.84 out of 5). Namely, work groups of the SCIG project operate ONLY on the basis of the letter from David Tristan, the NDOC Deputy Director to the team leaders describing the tasks of the team leaders. At this point of the project, more prescriptive protocols for collaboration are required for second year project implementation.

The Social Network Analysis Findings

Social Network Analysis explores the pattern of social interaction between persons and involves the mapping and measuring of relationships and interactions between people and organizations. People are identified as nodes in the network, and the lines between the nodes represent the connections between people. This section of report analyzes the formal and informal relationships between the NDOC, Parole and Probation, state agencies, and community justice partners using visual and statistical analysis. Formal relations include information sharing, advice exchange, negotiations, operations and planning. Informal relations include trust, social capital (degree of friendship and kinship) and personal knowledge (years of knowing the person). **Please see Appendix I for all Figures related to the social network analysis findings.**

The visual analysis of the SCIG network describes day-to-day operations of the SCIG in Figure 1 (see Appendix I), showing the central position of the NDOC staff and one representative of Parole and Probation. This is a positive sign of collaboration since several project members from the NDOC and Parole and Probation hold central positions in the operations of the SCIG and share managing authority. The analysis of the network periphery shows that the Research Team, state agencies and community justice representatives are not well integrated into the operations of the SCIG at the end of Year 1 grant operation since they are located on the periphery of the network. In addition, members of the Planning Team (shown as diamonds) tend to have stronger working relations among each other than with non-members of the Planning Team. This is not a good sign of collaboration, since it creates a more preferential treatment of a singular respected group (Planning Team). The presence of an isolate (node 16 in Figure 1 in Appendix I) represents a staff member of the NDOC, again indicating a problem of integration for all project members into the operations of the SGIC.

The visual analysis of information exchange among the NDOC staff members, Parole and Probation staff, representatives of state agencies, and community justice partners in Figure 2 (Appendix I) shows more diversity of leaders regarding the exchange of information within the SCIG. The information exchange network is characterized by a few leaders equally representing the NDOC and Research Partners who tend to be the hub of communication in the SCIG. This is a

[5] Political polarization is often identified as ideologies defined by an individual's political party affiliation. However, within collaborative social networks—both inside and outside of government—partisan polarization often transcends ideological and differing viewpoints to address and solve problems. When political polarization remains high, collaborative performance is less effective. (Emerson and Nabatchi, 2015).

good sign of effective process of collaboration which actively involves researchers in the provision of timely information. The presence of one isolate (node 16) again points at the problem of managing the project membership during the first year of the implementation of the SCIG. The analysis of the network periphery shows that, majority of state agencies and community justice providers involved in the SCIG are poorly integrated into the information exchange at the end of Year 1 of grant implementation since they are located on the periphery of the information exchange network. The visual analysis showing the ties or connections among NDOC staff members, Parole and Probation staff, representatives of state agencies, and community justice partners suggest that members of the Planning Team have stronger connections than non-members. Similar to the operations relation network, members of the Planning Team prefer to exchange information more with other members of this team then with non-members.

The visual analysis of social relations in Figure 3 (see Appendix I) shows that a majority of relations among NDOC staff members, Parole and Probation staff, representatives of state agencies, and community justice partners tend to be more formal than informal (based on various levels of friendship). This is very typical for the initial stages of collaboration where the network players begin to know each other on the personal basis. It appears that only the Research Team has the strongest and tightest social relations within their respected group. About forty percent of the NDOC staff have strong friendship-based relations with other members of the NDOC involved in the SCIG or the Research Partners. A majority of representatives from state agencies, and all representatives of Parole and Probation and community justice appear to have developed formal relations at the end of Year 1 of grant implementation.

The statistical analysis of different social network analysis measures in Table 6-10, Appendix I confirm the results of the visual analysis, and suggests that the power of decision making is more or less distributed throughout the network. All formal and informal relationship networks, including information sharing, advice exchange, negotiations, operations, planning, trust, social capital, and personal knowledge are currently decentralized, allowing every opinion to be heard without restrictions. In addition, decentralization of all networks also suggests the effective use of available resources by providing the existing members with important resources for collaboration without any difficulties.

The decentralization of decision-making authority is also accompanied by equality in formal and informal communications among the member of the SCIG, since several communication leaders are present in all types of network relations (see Table 6 in Appendix I). This is confirmed by the low scores of betweenness centrality in all networks of formal and informal relations. The presence of various communication leaders is also a good indicator of stability and sustainability within the SCIG network. Even in the event of future unexpected loss of one or two communication leaders, the SCIG network would still function effectively in a new configuration because of existing bypassed connections within the current network.

The level of engagement in collaborative activities needs to be addressed. Currently, the number of connections among project members is quite sparse, which leads to the low density of the network (Table 7 in Appendix I). The majority of existing connections are based on previous

social or work relations. The NDOC staff on the Planning Team, representatives of Parole and Probation and Research Partners tend to have more connections than the representatives of the state agencies and community justice partners (courts and legislators). It is recommended to increase the number of connections between state representatives and community justice partners by encouraging them to attend various workgroup meetings. In addition, it is recommended to use "the snowball approach" by inviting new project members necessary for the programming activities, based on the professional connections of existing project members of the SCIG.

Despite the democratic nature of the SCIG network in making decisions based on equalitarian principles, moderate to mid-strong hierarchy is observed in all SCIG networks of both formal and informal relations (based on the high counts of transitive triads). On one hand, one can see a clear command originating from the Planning Team and hierarchal structure that efficiently manages different activities of the SCIG grant. On another hand, the SGIC is characterized by its governance structure that uses principles of democratic decision making and efficiently mobilizes the stakeholders. It is important to maintain this balance between the managerial hierarchy and democratic governance in the phase of the grant implementation by providing opportunities for voicing opinions, both formally and informally.

The SCIG network performed well in terms of the sociopsychological aspects of trust, social capital, and informal relationships. For example, the SCIG network exhibits a high level of trust among its members (the highest level of degree centrality among all relations). High levels of trust can be inferred from the high scores of reciprocity in networks depicting informal relations (trust, personal knowledge and social relations). Table 7 provides information about reciprocity in all formal and informal relations among the SCIG project members. Reciprocity serves as an indicator to the development of trust, mutual support, and exchange of resources among the network participants (Contractor, Wasserman, & Faust, 2006). Each of these network measures suggest some development of informal relationships, which are essential for the effective performance of public management networks like the SCIG network.

From an equity perspective, the SCIG network provides a truly democratic experience for its members. For example, neither male or female respondents exhibited preferential treatment of their gender group, and established social and work relations equally with male and females in the GCIG (see Table 8 in Appendix I). Previous experience with a collaborative project was, however, a dividing factor in planning activities of the SCIG. Specifically, those who had previous experience with collaborative projects were more likely to engage in planning with each rather with the SCIG members without previous collaborative experience with regard to collaborative projects (see Table 9 in Appendix I). Similarly, members of the Planning Team were more likely to exchange advice, information, and engage in the SCIG operations with other members of the Planning Team rather than with non-members (see Table 10 in Appendix I).

Recommendations

Based on the results of the collaborative performance survey, and the result of social network analysis, the following recommendations are proposed to improve the collaboration processes in the next phase of grant implementation:

1) Take a more proactive approach of engagement with community providers to ensure their active participation in the next phase of SCIG implementation by inviting them to all SCIG meetings, and an annual meeting of all SCIG members and stakeholders;
2) Apply "the snowball approach" by inviting new project members necessary for the programming activities, based on professional connections with the existing project members of the SCIG.
3) Invite the members of the SCIG working groups to participate in the meetings of other SCIG working groups as observers to facilitate coordination within the project;
4) Increase the use of informal communication networks at all levels to improve information exchanges between SCIG participants by including elements of social events into the formal meetings of the various working groups of the SCIG;
5) Develop a plan for sustaining SCIG membership and list resources that include membership guidelines and procedures related to terms of office and replacement of the SCIG members;
6) Reduce the level of competing priorites in views and opinions among the stakeholders involved in the process of collaboration by using group decision techniques such as expert groups, brainstorming and "devil's advocate" techniques;
7) Develop the ground rules, operating protocols, decision making rules, or other rules to facilitate and improve collaboration (at the discretion of the team leaders of the working groups);
8) Organize more face-to-face meetings and conduct quarterly or semi-annual meetings of the SCIG, members and stakeholders to explore the untapped connections in the existing SCIG networks

Appendix A: References

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Appendix B: Strategic Plan

NEVADA STATEWIDE ADULT RECIDIVISM REDUCTION STRATEGIC PLAN: 2016-2021

INTRODUCTION

The State of Nevada Department of Corrections (NDOC) was awarded funding by the United States Department of Justice (DOJ), Office of Justice Programs, Second Chance Act Statewide Adult Recidivism Reduction Strategic Planning Program Grant to support efforts in developing a comprehensive, data-driven strategic plan with measurable benchmarks. Nevada's planning and capacity building began with Governor Sandoval's Executive Order (E.O.) 2011-25 to establish the Statewide Re-Entry Task Force. This task force included key stakeholders and policy makers statewide whom have a direct impact on the reentry process. The E.O. developed a collaborative decision-making body with a detailed planning process and structure ensuring clear expectations from all team members. Through the Re-Entry Task Force and the Steering Committee developed from the Task Force, Nevada worked to develop a data-driven approach for recidivism reduction through goal-setting; identifying valid and reliable data; target populations; and programming initiatives. By assessing current recidivism reduction policies and providing a gap assessment on current programs, Nevada is better positioned to develop a checklist driven policy, with quality reviews, assessments, and plans for corrective action programming. These efforts combined have worked to develop the five-year strategic plan proposal that includes efforts for a comprehensive sustainability plan.

Nevada utilized the technical assistance provided by the Second Chance Grant and the National Governor's Association Center for Best Practices, to adopt best practices and philosophies into Nevada's Statewide Five Year Reentry Strategic Plan. This plan has support from the Governor, the Legislature, Executive Departments, and community organizations that have a role in re-entry. The strategic plan works to improve the process by which individuals are prepared for release; develops reentry initiatives that focus on building social relationship and improving access to community-based services and supports; raises the profile of reentry programs to focus on public safety and not solely a correction issues; and provided support mechanisms for employment, housing, as well as mental and physical health.

Nevada's strategic plan provides a road map for opportunities; education and wrap-around support to the individual reducing the chances of returning to prison. The NDOC will be the lead working with social service and justice partners to annually review and update the strategic plan. Partners will include state, local, and direct service providers from across the state to focus on resources for individuals released from prison to: *1) provide a continuum of care for individuals as they transition from prison-based treatment programs to community-based programs; 2) assist the individuals in obtaining gainful employment; 3) develop a state-wide, cross-discipline, evidence-based model to target individuals who are at the highest risk of recidivating; and 4) provide regular review of performance measures and evaluation to allow for corrective actions.*

NDOC incorporated data sets and information from intake, to post release, and will evaluate the location of offenders by region, socio-economic status, and need for services. Data sets will include ethnic, geographical, socio-economic, offenses, substance abuse history, and other key

data traits to ensure that longitudinal data is maintained and is consistent to identify which populations and sub-populations respond to specific strategies. The additional data sets include evaluating the Bureau Justice Studies (BJS) data collection results. This will ensure continued data-driven evaluations to support evidence-based practices and to make adjustments as required.

MISSION

The mission of the Nevada Statewide Adult Recidivism Reduction Strategic Plan is to provide strategic guidance to measure the benchmarks of public programming working to empower transitioning citizens to the community, through re-entry, self-sufficiency and public safety strategies.

NEVADA'S REENTRY VISION

Nevada's Reentry Vision is dedicated to reducing the rate of offenders returning to incarceration by utilizing collaborative interagency partnerships and national best practices for reentry programming. Success for an offender is defined as: *having stable housing and employment, effective treatment, positive personal relationships, family support and appropriate supervision that will enable productive and law-abiding lives*. Nevada believes it has an economic and moral imperative to support offenders recently released from custody to regain entry into the community. The returning citizen is will:

- Maintain a crime free life style;
- Obtain employment or educational/vocational opportunities in the community;
- Reconnect with the family members or children;
- Access to behavioral health and physical health services.

VALUES:

Nevada has established core values to serve as a guide to actions and decision-making. Nevada will ensure accountability to these values as we work to achieve Nevada's Vision.

VALUES	
Collaboration	Nevada will engage public, private, non-profit, faith-based and community partners, as well as the citizens in Nevada of opportunities for input on decision-making, planning, and integrate cross-agency efforts.
Effective	Nevada will make timely decisions that are cost-effective and efficient. Nevada will work to produce the best result to the public safety and greatest community benefit.
Evidence-based	Nevada will use evidence-based practices with current, accurate, valid and reliable data to guide priorities and enhance the value of actions.
Innovation	Nevada will work with research institutions, other states, and national organizations to foster creativity to meet challenges and identify opportunities for improvements.
Integrity	Nevada will exhibit the characteristics of honest and straightforward values with all citizens, state partners, agencies and national organizations. Nevada

	adheres to high standards of ethical conduct, responsiveness and quality performance. Nevada will ensure data integrity for the opportunity to replicate programs with other jurisdictions and agencies.
Respect	Nevada will respect the rule of law, and each individual, at every step of the process.
Service	Nevada works to provide comprehensive reentry programs to benefit Nevada communities. Nevada will be responsive to all inquiries, issues, or comments and ensure quality customer service responses.
Transparency	Nevada will operate with complete transparency by ensuring that communication regarding changes in policies and processes is done with regular and active community engagement.
Trustworthy	Nevada will ensure public confidence through the value system so that actions and decisions affecting public funds are open and clear.

PUBLIC BENEFITS

Nevada's Strategic Plan will provide benefits directly to the community:

- Public safety will increase as criminal incentive decreases;
- Saving the taxpayers money from Fees caused by recidivism for police, county jail, public defenders, district attorney, courts and transportation with guards to these areas;
- Reduced cost through a reduction in recidivism rates (example: average of $24,000 per year for the cost of incarceration pre inmate – 29% current recidivism rate); and
- Growing state and federal resources by increasing the tax-paying potential of the community.

GUIDING PRINCIPLES

- A structured reentry program with appropriate services is a legitimate community safety strategy;
- People can change if given the opportunity and resources;
- People must be held accountable;
- Change and innovation are positive and necessary;
- Targeting highest risk offenders will have the most impact;
- Targeting multiple criminogenic risk/need areas will lead to the best outcome;
- Case management is the heart of the work - it must be targeted and individualized;
- Reentry is a community issue- germane to local government;
- Neighborhood and victim representatives will have a voice in the Reentry process;
- Systems integration and collaboration is necessary for sustained success in connecting transitioning offenders to necessary support and services;
- Programs and practices must adhere to evidence-based-practices;
- Information systems must support the work through shared data between agencies and organizations; and
- Everybody matters and deserves the opportunity to succeed.

NEVADA DEPARTMENT OF CORRECTIONS POLICY AND PROGRAMS[1]

The NDOC currently houses approximately 13,000 persons in its 18 operating correctional institutions, camps, and centers. The NDOC, which is overseen by the Board of State Prison Commissioners, is responsible for the housing and treatment of offenders sentenced to State prison.

Population Trends - State Prison Population		
	National	**Nevada**
Total Inmates 2011	1,382,418	12,778
1-year change (2010-2011	-1.5%	0.1%
10-year change (2001-2011)	10.9%	**23.4%**
Average Annual Change (2000-2010)	1.1%	2.4%
Incarcerate Rate (per 100,000 residents)	443.7	469.8

Prisoners are classified by NDOC based on risk assessment and are assigned to an appropriate risk-defined facility. A prisoner may not be assigned by NDOC to a minimum-security facility if the prisoner is not eligible for parole or release within a specified period; has recently committed a serious infraction of NDOC rules; has not performed assigned duties in a faithful and orderly manner; has ever been convicted of a felony sexual offense; has been convicted within the last year of a felony involving the use or threat of force or violence; or has escaped or attempted to escape. NDOC requires each prisoner to spend 40 hours per week in vocational training or employment, unless the prisoner's behavior precludes participation or the prisoner is excused to attend class or for medical reasons. Offenders receive hourly wages for their work, and NDOC may deduct amounts from those wages to support the Fund for the Compensation of Victims of Crime; to provide support for the offender's family; for construction of new facilities for prison industry; to offset the cost of keeping the prisoner in prison; to pay the unpaid balance of fees and administrative assessments imposed on the offender; and other purposes.

STATE FUNDING

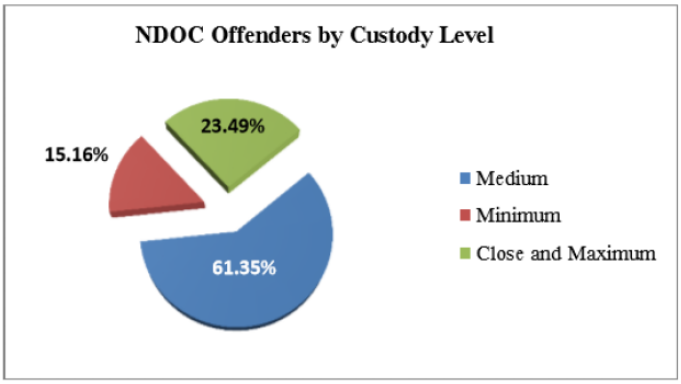
The 2015 Legislature appropriated $521.5 million from the General Fund to NDOC for the 2015-2017 Biennium, an increase of approximately $34.2 million, or seven (7) percent, over the $487.3 million approved by the 2013 Legislature. The NDOC's budget is primarily driven by the projected number of inmates to be housed. The 2015-2017 Biennium budgets, as approved by the Legislature, provide for housing an average of 12,890 inmates in Fiscal Year (FY) 2016 and 12,948 in FY 2017.

DEMOGRAPHICS

The following demographics provide information on NDOC inmates, as of December 29, 2015.

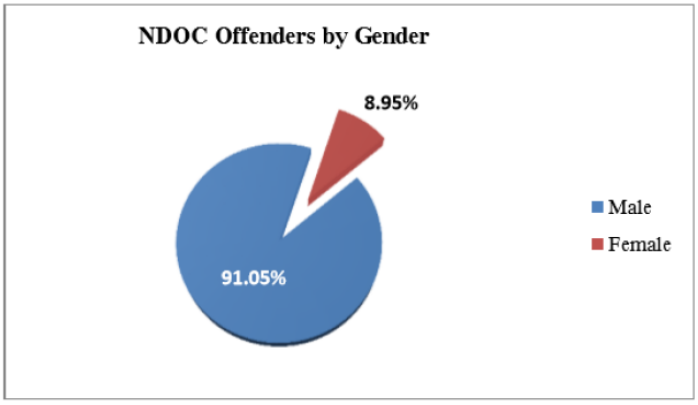
[1] https://www.leg.state.nv.us/Division/Research/Publications/PandPReport/29-C.pdf

- Offenders by Custody Level (minimum, medium, close and maximum):



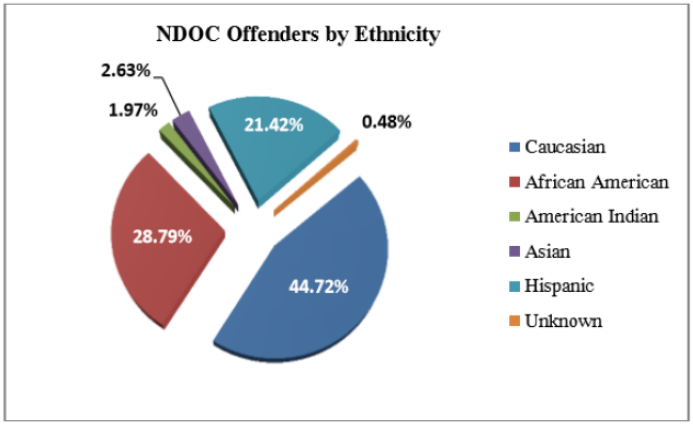
Source: NDOC, *Stat Facts*, December 29, 2015.

- Gender of Offenders:



Source: NDOC, *Stat Facts*, December 29, 2015.

- Ethnicity of Offenders:



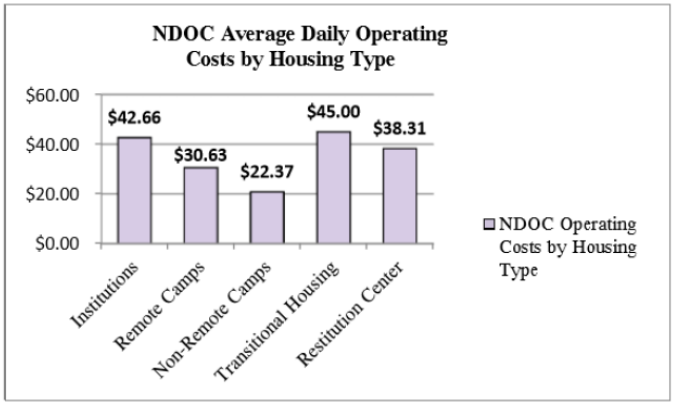
Source: NDOC, *Stat Facts*, December 29, 2015.

- Age of Offenders:

Gender	Median Age at Intake	Median Current Age
Male	32 years	37 years
Female	33 years	35 years

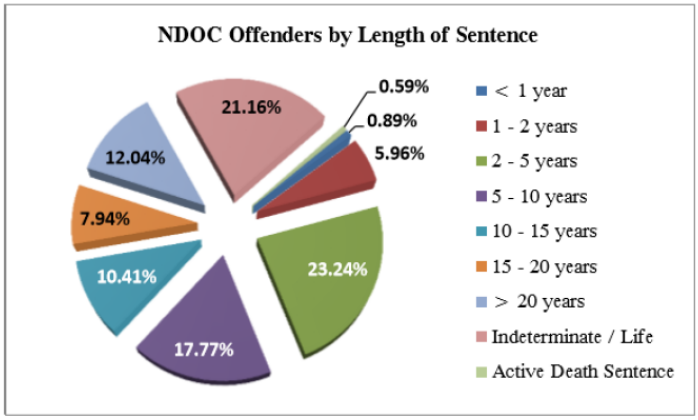
Source: NDOC, *Stat Facts*, December 29, 2015.

- Average Daily Operating Costs by Housing Type:



Source: NDOC, *Stat Facts*, December 29, 2015.

- Longest Sentence Length:



*Based on longest sentence an offender is serving.
Source: NDOC, *Stat Facts*, December 29, 2015.

RECIDIVISM RATE

The NDOC faces significant challenges in the return of adult offenders. NDOC releases approximately 5,000 offenders a year. A recent review has revealed that 83.5% of NDOC's offenders claim Nevada as their home. Of those offenders released annually, approximately 70%

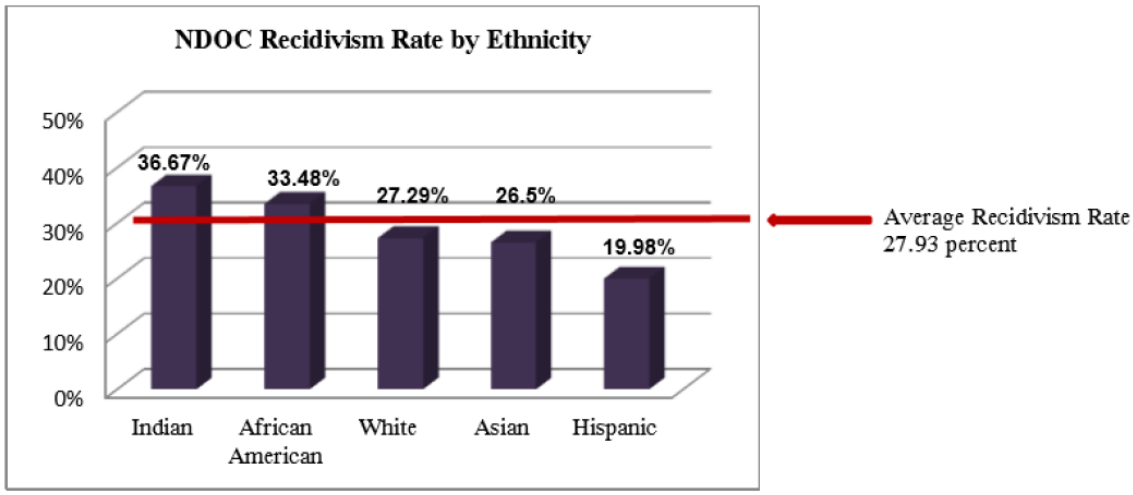
return to the Las Vegas area through parole or completion of their sentences and 30% of those released return to other parts of the state.

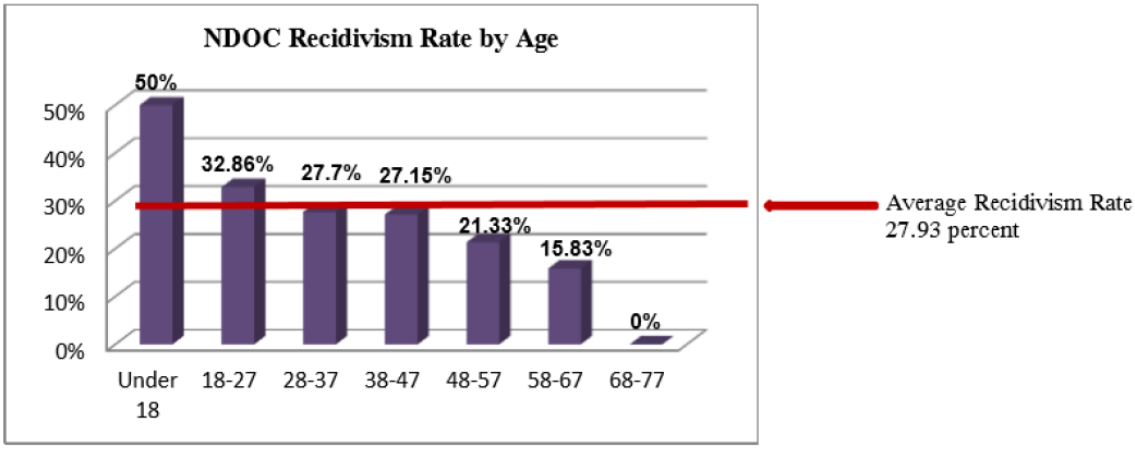
Nationally, approximately 600,000 inmates are released from state prisons each year. Of these, 67 percent will be rearrested and 52 percent will be re-incarcerated within three (3) years. The cost of prisoner reentry is difficult to estimate but given that a prison-bed costs an average of $22,650 per year and that the average time served is 19 months for technical violators and 31 months for releases convicted with new sentences, the fiscal impacts are clear.

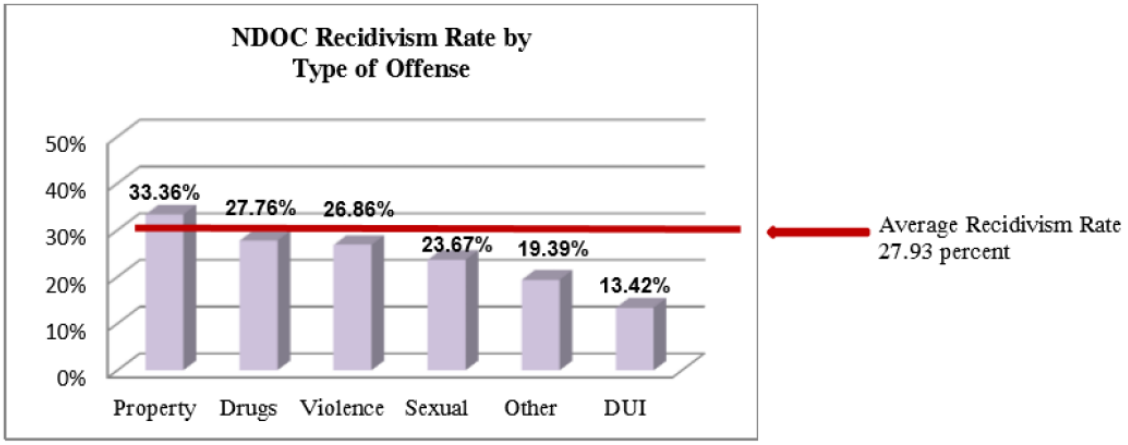
Research shows that providing services in addition to post-release supervision, such as substance abuse treatment, mental health services, job placement, vocational training, and educational programming, can lower recidivism rates and improve outcomes for returning citizens. Improved prisoner reentry strategies need to involve corrections, public safety, workforce, health, mental health, welfare, child welfare, and education systems at state and local levels. They also need to include community and faith-based organizations. Coordinating services across these agencies and in conjunction with post-release supervision requires state leadership and holistic approach that balances public safety with the needs of former inmates.

The recidivism rate is the proportion of offenders who return at least once to a correctional facility within NDOC within 36 months of parole or discharge. It is important to note that felons who re-offend in other jurisdictions are not captured in the recidivism rate. The most recently published data is included in the April 2013 NDOC report titled, Recidivism Rates for the 2009 Release Cohort. During calendar year 2009, a total of 5,692 prisoners were released from NDOC. During the following 36-month period, a total of 1,590 (28 percent) were re-admitted to NDOC. To compare this rate nationally, the most recent study by the Bureau of Justice Statistics concluded that 52 percent of offenders are re-arrested within a 36-month period. When looking at the effect of release type on recidivism, data indicate that offenders who are paroled (30 percent recidivism rate) are more likely to be re-admitted than those who are discharged (25 percent recidivism rate).

Other indicators of a higher recidivism rate include ethnicity, age, and type of offense. The following charts highlight Nevada's incarcerated population by demographic:


NDOC Recidivism Rate by Ethnicity
50%
40%
30%
20%
10%
0%
36.67%
33.48%
27.29%
26.5%
19.98%
Indian
African American
White
Asian
Hispanic
Average Recidivism Rate 27.93 percent


NDOC Recidivism Rate by Age
50%
40%
30%
20%
10%
0%
50%
32.86%
27.7%
27.15%
21.33%
15.83%
0%
Under 18
18-27
28-37
38-47
48-57
58-67
68-77
Average Recidivism Rate 27.93 percent


NDOC Recidivism Rate by Type of Offense
50%
40%
30%
20%
10%
0%
33.36%
27.76%
26.86%
23.67%
19.39%
13.42%
Property
Drugs
Violence
Sexual
Other
DUI
Average Recidivism Rate 27.93 percent

IMPORTANCE OF STRATEGIC POLICY INNOVATIONS

The Nevada Governor's Association (NGA) Center for Best Practices 2005 Issue Brief, focuses on improving prisoner reentry through strategic policy innovations. The focus of a strategic policy framework for reentry works to redirect the investment states are making from incarcerating individuals, to providing services required for successful reentry into society protecting both public safety and improving financial reforms. The idea of reentry investment is to make a stronger return on investment in terms of public safety, but also working to reduce the costs to the overall state budgets. While some funds would be redirected from incarceration to reentry programs, there is an expected return on investment to state budgets to allow executive and legislative policy makers to redirect funding for critical state needs.

> According to the National Association of State Budget Officers (NASBO), State Spending for Corrections, September 2013, "state spending for corrections has risen steadily over the last three decades, outpacing the overall growth in state budgets. State spending for corrections has risen steadily over the last three decades, outpacing the overall growth in state budgets. The state inmate population has grown as well, leading many states to direct more resources for prisons and incarceration, sometimes at the expense of other priorities. Corrections now comprises a larger share of general fund budgets than it did in prior decades, but policy makers have taken notice and are finding ways to reduce costs and improve outcomes while seeking to avoid jeopardizing public safety. For example, state policy makers have begun to invest in programs that reduce recidivism and expand alternatives to incarceration by instituting community supervision and/or drug treatment programs. These data driven tools are helping improve criminal justice polices, but state spending for corrections has yet to exhibit any meaningful slowdown and incarceration costs continue to rise. State spending for corrections reached $52.4 billion in fiscal 2012 and has been higher than 7.0 percent of overall general fund expenditures every year since fiscal 2008. This suggests that criminal justice reforms have yet to reverse the persistent growth in public safety spending, and that many states still have a potential for greater savings from policy reforms."

The churning or cycle of individuals, in and out of the prison system impacts public service systems, community, families, and children. It is estimated that over 80% have some form of substance abuse issue or mental illness. Many are confronted with a lack of resources; they may find themselves homeless and unemployed struggling with lower levels of education and being unskilled in the workforce. Understanding and addressing the challenges to improve prisoner reentry requires comprehensive services as well as intensive case management. Because of their multiple needs, many returning prisoners receive services through a number of public agencies simultaneously without appropriate coordination.

TOP TWENTY (20) IDENTIFIED REENTRY CHALLENGES IN NEVADA

1. Poor basic education and marketable skills among people who are incarcerated.
2. Insufficient opportunities for people in prison to participate in vocational or educational programs.
3. Work assignments or training provided during incarceration does not always correspond to jobs available in the community.

4. Inadequate job opportunities, especially for people with few skills, in the communities to which prisoners return.
5. Statutory and regulatory barriers, in addition to employer concerns generally, regarding the employment of people with criminal records.
6. Lack of coordination between otherwise effective workforce systems and the NDOC
7. Inconsistent philosophy, over time, of how treatment and rehabilitation fits into the mission of the NDOC for managing its inmate population.
8. The lack of a comprehensive, standardized, objective and validated intake procedure that upon admission to a correctional facility assesses the strengths, risks and needs that the individual presents.
9. The inability of the NDOC and of the Department of Health and Human Services to share identified and pertinent database information from individual databases.
10. Inconsistent communication between community mental health and substance abuse treatment providers and the NDOC institutional mental health staff.
11. Inadequate pre-release planning specifically around issues of mental health and substance abuse for all offenders particularly misdemeanants.
12. A continuum of on-going case management and aftercare support (minimal to intensive) for offenders is limited to non-existent.
13. Disconnect between the mental health and substance abuse treatment provided within the NDOC and rural/frontier communities.
14. The state grant funded behavioral health programs are required to serve "priority populations" that may exclude some individuals who are reentering the community from getting treatment services.
15. Timely access to initial community mental health and substance abuse treatment is difficult and inadequate.
16. Lack of co-occurring treatment capacity in communities.
17. Community providers vary in willingness to accept clients being released and referred from the NDOC.
18. Community providers vary in skill and in capacity to address the unique needs of offenders.
19. Shortage in the behavioral health workforce; specifically, those trained to recognize and address criminal thinking errors or to simultaneously address co-occurring disorders.
20. Lack of safe, sober, and appropriate housing capacity in Nevada.

FIVE-YEAR STRATEGIC PLAN RECOMMENDATIONS

Below is Nevada's Five-Year Strategic Plan Recommendations on Performance Goals. The Strategic Plan will create a system of best practices and administrative supports aimed at reducing the number of adult offenders who return to custody. Through the task force and partnerships, Nevada has identified ten (10) key strategies for achieving this result.

Performance Goal 1 – Organizational/Cultural Change ***Nevada will continue to create an organizational and cultural environment that supports risk reduction and reentry work with offenders. This will include federal, state, and local restrictions and limitations on laws, regulations, ordinances and funding. This will also work to provide training and public outreach at all levels for the importance of reentry programs.***		
Strategies	**Deliverable**	**Timeframe**
Develop a list of programming limitations embedded in the NDOC Administrative Regulations (A/R)	Inventory of A/R policies to determine what limitations make be embedded in the NDOC organization guidelines prohibiting or limiting reentry strategies and programs	Quarterly, until complete by 2018
Develop a priority list based on gap analysis of limitations with Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC)	Inventory of policies related to criminal histories impacting employment; licenses; certifications; the number of jobs in the economy with state-created restrictions; number of people potentially impacted; and proposed impact of relief mechanisms.	Quarterly, until complete by 2020
Evaluate federal regulations to ensure Nevada is in compliance in all areas of reentry programs and eligible for funding opportunities.	Inventory of federal regulations related to criminal histories impacting employment; licenses; certifications; the number of jobs in the economy with state-created restrictions; number of people potentially impacted; and proposed impact of relief mechanisms. Produce white paper to Director of any limitations of federal funding opportunities with discrepancies between Nevada and federal requirement, programs, or regulations.	Quarterly, until complete by 2020
Develop partnerships at the city, county, and state level to provide the much needed wrap around services including: mental health, substance abuse treatment, employment, housing, healthcare, faith-based services, parenting, anger-management courses, relationship courses and victim impact panels.	Develop and engage community partners to improve communication and engage in grant funding opportunities; programming efforts; and legislative proposals. Deliverable is an annual report of additional partners and organizations working with the re-entry program. Increase partners 20% each year annually.	Annual Report to Task Force, Starting 1Q 2017
Identify training opportunities.	Develop training program for staff to improve communications and information of the importance of reentry programs; and the	Human Resource Director to

	areas of assessment; quality assurance; data collection; skill building; and effective use of service in community. Develop training program for all NDOC employees, discussing the importance of Re-Entry programs. Schedule training and have all training completed in five years; and annually each year.	provide training plan by 2Q 2017; Training evaluation bi-annually
Develop partnerships for review and support from other departments and organizations for collaborative grant submittals; program evaluations; and program reviews.	Manage grant program with list of potential partners, engage community organizations for future teaming opportunities; work with public agencies around the state (local, regional, and state), on current funding and future opportunities	Annual funding report; and on-going grant information quarterly
Review Parole Policies to determine what modifications should be made to support the goals of recidivism-reduction efforts.	Inventory of P/P policies to determine what limitations are embedded in the Nevada Public Safety organization guidelines that restrict successful transitions to reentry programs.	Quarterly, until complete by 2018
Health and Human Services programming, policies, and funding opportunities for joint programming	Inventory of policies related to limitations or restrictions of collaborating on re-entry supportive programs, including mental and behavioral health, entitlement programs, and other DHHS programs and supportive programs.	Quarterly, until complete by 2018
Support and/or recommend proposed legislation, policies and practices that will facilitate the successful reintegration of formerly incarcerated persons.	Develop report based on all regulatory reviews to determine what Bill Draft Reports need revising; created; or deleted.	Bi-Annually

Performance Goal 2– Community Corrections

Nevada will continue the collaborative process by engaging partners across the State, and National best practice efforts, to improve the evidence-based programming; collecting appropriate valid and reliable data to direct decisions; for a collaborative and comprehensive approach to Re-Entry programming.

Strategies	Deliverable	Timeframe
Develop comprehensive partnerships at the city, county, and state level to provide the much needed wrap around services including: mental health, substance abuse treatment, employment, housing, healthcare, faith-based services, parenting, anger-management courses, relationship courses and victim impact panels	Re-Entry Coordinator to develop a statewide (county by county) resource book of organizations, community service programs, peer-to-peer, faith-based, and public agencies available to support re-entry programs from counseling, medical to employment, including contact information, funding	3Q 2017

	mechanisms, and types of support services. Ensure program supports in every county.	
Coordinate with community restorative justice programs to ensure victim concerns are addressed and considered part of the offender's re-entry	Ensure active participation and appointment to serve on Task Force and Steering Committee to include comments on all decision making process. Annual public meeting for victim services on Re-Entry, provide report to Prison Commission (By July, annually)	Appointment verification by 4Q 2016
Provide education to the community about re-entry and why it is important to Nevada; the community; and to taxpayers	Provide fact sheet on benefits of re-entry programs Survey link for comments on reentry fact sheet, review and address comments annually; Fact sheet to be accessible via the NDOC website	2Q 2018
Identify training opportunities with community partners	Training opportunities for parole and probation; health and human services; and community partners to highlight the collaborative relationships and programs required for successful reentry programs and the benefits to each program. Identify number of individuals trained by each agency at the end of each year, for the annual report	4Q Annually
Develop changes is supervision policies	Community supervision officers can administratively modify conditions of supervision in response to changes in the behavior of the individual being supervised Aftercare plans are developed with the input of community-service providers prior to discharge from supervision	4Q 2017

Performance Goal 3– Workforce Partnerships ***Expand workforce partnerships to support employment of released offenders. Increase the ability of the reentry programs to support the ability of new citizens to obtain and sustain employment, and promote and facilitate the creation of job opportunities that will benefit the community.***		
Strategies	**Deliverable**	**Timeframe**
Better educate employers about financial incentives for hiring felons such as the	Develop a fact sheet to provide to employers.	4Q 2017

Federal Bonding Program and Work Opportunity Tax Credit program.	Attend workforce industry specific meetings (at least once annually), to provide information to labor market specific leaders on financial incentives and discuss opportunities for re-entry partnerships. Report of industry specific organizational meetings; provide list of all LMI specific organizations; attend annually and provide information to Deputy Director of Programs Quarterly	
Determine which industries and employers are willing to hire people with criminal records and encourage job development and placement in those sectors.	Provide at least twenty direct employment agencies in the resource guide, and increase each year by 20%, over the next five-years. Provide a report annually of the number of hires by each organization, and the success of each individual maintaining employment, or moving to another position	4Q 2016
Use probation and parole officer or third-party intermediaries to assist employers with the supervision and management of employees.	Probation and Parole to develop policies and procedures; checklists; and opportunities to engage with employers to support reentry programs	2Q 2017 to the State Prison Board
Examine existing partners and develop metrics to determine if the reentry programming and funds are being utilized appropriately and their success rate with placement and services of released offenders	Identify current funding partners for re-entry and develop standard metrics Provide evaluation report of offenders	4Q 2018
Provide details of organizations to support offenders with job interview techniques and the development of resumes, work clothes, and necessary transportation and job employment resources	Identify at least two organizations in each rural county; and ten in Clark County to be included in the initial resource manual. Increase organizations by 10% each year annually.	4Q Annually
Re-entry program success	Increase the ability of offenders to sustain employment, with 50% of the offenders who are high risk in education/employment becoming employed within 30 days of release and remaining employed at least 6 months with the same employer.	4Q Annually
Ensure institutional educational and training programs are consistent with those offered by state Job Centers	Provide a list of programming educational and training programs; and link with job centers	2Q 2017

Identification of Apprenticeship programs within and outside of NDOC	Provide a list of programming educational and training programs; and link with job centers	2Q 2017
Organize job fairs inside and outside of appropriate institutions	Develop job fair program; and list of potential participatory organizations; develop the first job fair bi-annually	1Q 2018

Performance Goal 4– Educational and Vocational Training ***Working collaboratively to identify educational, vocational, and apprenticeship programs at intake and for re-entry programs that are in line with Nevada's labor market information (LMI) demands.***		
Strategies	**Deliverable**	**Timeframe**
Utilize effect intake tool to determine educational function level, literacy assessment; and make determination if related to learning challenges; lack of education; drug or alcohol abuse; and/or language or ethnic understandings	Identification of intake tool Document information for programming improvements Provide gap analysis of education needs	1Q 2017
Implementation of intake took, with procedures on planning program	Provide intake process with a list of potential education or training programs available while incarcerated. Provide checklist to each inmate of interest in any of the programs during initial screening. Identify percentage of inmates interested in programs; and annually provide documentation as to what programs inmates took advantage of - provide a report annually of the gaps with those who are entering prison. Re-entry staff to assign inmates to adult basic education; vocational or other programming	4Q 2017
Implement computer literacy evaluation and High School Equivalency (HSE)	Develop computer literacy classes for reentry programs Support the HSE or high school graduation prior to release. Develop program for 75% completion by all participants in Reentry program.	2Q 2018
Vocational training is difficult to arrange during incarceration due to the lack of available funding to reimburse the vendors for transportation costs of staff, equipment	Provide outtake processing of all prisoners on the level of education and work experience of vocational training completed while incarcerated; provide	4Q 2018

and material. Develop opportunities for vocational training.	recommendations for expanding vocational programming	
Add program officers or Re-entry staff to all institutions to facilitate classes in vocational training, life style changes, vocational training and educational possibilities.	Training program to be developed and scheduled	4Q 2017

Performance Goal 5– Affordable and Accessible Housing

Identify and expand affordable, safe and accessible transitional and permanent housing for returning citizens in the reentry programs.

Strategies	Deliverable	Timeframe
Work through the Housing Authorities and partners to identify housing for low-income individuals as part of the reentry program. Develop partnerships with additional organizations to engage in providing housing of offenders.	Identify all housing partners available for low-income individuals as part of the reentry program and include in the resource manual Increase number of housing options by 10% each year, for each five years	3Q 2017
Metric development of housing providers	Examine existing partners and develop metrics to determine if the reentry programming and funds are being utilized appropriately and their success rate with placement and services of released offenders	2Q 2017
Increase the use of subsidized housing.	Identify current subsidized programs, to include in the resource guide. Increase access to housing by 10% each year	4Q and annually
Work with Veterans; Salvation Army; and other non-profit organizations for the identification of supportive mechanisms for housing of transitioning citizens	Providing training to reentry participants on filling out rental applications; requirements; and budgeting.	Quarterly
Review the policies for housing to be determined prior to release, and what proposals should be examined to facilitate a streamlined process.	Develop tracking mechanism to determine the amount of time a reentry individual is in transitional housing to a permanent housing.	2Q 2017

electronically share appropriate health information		
Ensure all offenders who are high risk for substance abuse are assessed, have timely access to treatment in the facilities and in the community, so revocations due to drug use, treatment failure, positive drug tests, or absconding due to substance use	Reduce by 50% by year 3	Annually
Ensure that all offenders with mental health needs have adequate transitional planning and connection to ongoing, timely and targeted services upon return to their communities, so recidivism due to lack of treatment/medication	Reduce by 50% by year 3	Annually
Ensure transition plans are provided for all those prior to release.	100% Transition plans by year 2; Corrective Action Plan for any missed transition plans	Monthly Evaluation
Community supervision officers are trained to understand and respond effectively to the special needs of individuals with mental illnesses, substance use disorders, or co-occurring disorders	Developing training program	4Q 2017

Performance Goal 7– Increase the utilization of faith and community based programs for peer support, volunteers and community integration.		
Strategies	**Deliverable**	**Timeframe**
Identify community and faith-based programs to provide peer support and volunteers	Include community and faith based organizations in the resource manual; and expand by 10% annually	2Q 2017
Increase the number of peer support volunteers	Identify protocols, policies, procedures and limitations so that peer support volunteers can be expended in custody, while in the reentry program, and in community programming and transitioning	3Q 2017 and Quarterly
Expand community based services	Identify protocols, policies, procedures and limitations so that community programs can be expended in custody, while in the reentry program, and in community programming and transitioning	3Q 2017 and Quarterly
Work with family organizations in the community to encourage inmates to apply for classes and training while incarcerated; provide training and support	Number of family organizations working with NDOC and increased by 10% annually	2Q 2017

Performance Goal 8– Improve the State's ability to collect, analyze and disseminate criminal justice data. ***Continue the collaborative process and continue to improve the evidence-based programming; collecting appropriate valid and reliable data to direct decisions; and engage partners across the state for a comprehensive approach to Reentry programming.***		
Strategies	**Deliverable**	**Timeframe**
Develop a comprehensive system for the collection and evaluation of Nevada criminal justice data that will permit ongoing monitoring and evaluation of the risk reduction and reentry initiatives.	Develop baseline of historical trend data; Engage computer tracking system; Develop training program.	4Q 2017
Quality Control on data collection, validation and information	Identify and fill data gaps, better supervise and train those entering the data, (3) better insure the integrity, consistency and reliability of the data, and (4) develop a mechanism that aggregates criminal justice data across agency lines	4Q 2017
Evaluation standards	Objective Evaluation of goals and progress towards the integration of an effective re-entry policy; Evaluate program metrics on demographic data and provide recommendation of changes; what data and evidence based practices have achieved the desired results; or recommend changes	4Q 2017
Standardized Manual	Develop data control manual with procedures of data collection; definition of data metrics;	4Q 2017

Performance Goal 9: ***Improve system of care for mental, medical and dental health needs***		
Strategies	**Deliverable**	**Timeframe**
Develop resources for medical care including physicians, dental care, counseling, and hospitals available to assist with medical costs for ex-offenders	Comprehensive resource manual with providers	2Q 2017
Develop streamlined process for prescription drug prescriptions; and coordination of care	Re-entry staff working with grants and local volunteers in the community could assist in gaining these needed funds. Inside the prisons, re-entry staff could start the paperwork process to obtain this assistance – such as the Medicine Cabinet	2Q 2017
Ensure medical transition plans are provided prior to release	Ensure 100% medical transition plans	2Q 2017

Performance Goal 10– Promote Self Sufficiency ***Promote self-sufficiency of the inmates during incarceration to assist with adaptation to community life.***		
Strategies	**Deliverable**	**Timeframe**
P&P to work with NDOC on the identification of prior offenses	Identification of warrants or other crimes and providing offender steps to quash or resolve; prior to release Upon release 85% of returning citizens will transition to the community without warrants or outstanding offenses	3Q 2017
Obtaining State Identification	Many prisoners are released without state-issued identification or without the documentation (e.g., birth certificate, social security card) that would allow them to obtain state-issued identification. 100% offenders have some form of legal identification	4Q 2017
Examine limitations of maintaining official identification while incarcerated	Evaluate laws that revoke driver's license for other than driving under the influence of controlled substance	4Q 2017
Intensive case management both pre- and post-release to assist with overcoming the barriers to successful re-entry Provide support system	Develop and implement an individualized transition planning process for each released inmate, including a transition plan; type and level of pre- and post-release resources; coordination with local law enforcement and/or a community supervision agency; and other local service and faith or community organizations.	4Q 2017
Develop training and programs to support the successful re-entry	Develop programs related to health classes; group counseling (incarcerated and upon release); life skills; computer training; transportation; how to complete applications; and access services	4Q 2017

HISTORICAL REFERENCE

DATA	BASELINE	2021
New offenses (not under supervision)	*515 (9.77% return rate, 33.57% of all returns)*	
Parole revocation - new offense	*78 (1.48% return rate, 5.08% of all returns)*	
Parole revocation - technical	*869 (16.49%, 56.65% of all returns)*	
Probation revocation - new offense	*11 (.21%, .72% of all returns)*	
Probation revocation - technical	*56 (1.06%, 3.65% of all returns)*	
Recidivism risk levels	*Not available for the 2011 release cohort. The Nevada Risk Assessment System (NRAS), which is the risk and needs assessment NDOC currently uses, was not implemented until 2013*	
Mental health status	*Not available at this time for this specific 2011 release cohort. In NDOC's total population, as of June 30, 2015, approximately 16% were identified with either a mild, moderate, or severe mental impairment. NDOC is in the process of automating the data collection system using a standardized instrument to capture this type of information and will have a system in place by the time the grant is awarded.*	
Substance use status	*Approximately 70% of all NDOC inmates between 2012-2015 were convicted of crimes that also involved some type of substance use. Specific data are not available for the 2011 release cohort. However, NDOC is in the process of automating the data collection system to capture this type of information and will have a system in place by the time the grant is*	

	awarded. More recent data from 2013 show 77% of property offenders who returned to NDOC with a new commitment were considered to moderate to very high risk, and substance abuse was either a factor in the crime, or the individual had some history of substance abuse, or both.	
Age (define groupings)	*16-25 (21.71%), 26-35 (35.33%), 36-45 (24.84%), 46-55 (14.73%), 56-65 (3.06%), 66-75 (.33%).*	
Gender	*180 female (12% of returns, 25.10% recidivism rate); 1,354 males (88% of returns, 29.73% recidivism rate)*	
Geographic Regions	*Major metropolitan areas; top three counties; Clark County (67.31%) Washoe County (18.35%), Carson City (2.30%).*	
What is the state's short-term (2-year) recidivism reduction goal for the target population?	*The short-term goal is to reduce the recidivism rate of the target population by 15%, over a two-year period.*	
What is the state's long-term (5-year) recidivism reduction goal for the target population?	*The long-term goal is to reduce the recidivism rate of the target population by 50%, over a 5-year period.*	
What is the state's short-term (2-year) recidivism reduction goal for the statewide population?	*The statewide short-term goal is to reduce the recidivism rate of the state's NDOC population by 4%, over a two-year period.*	
What is the state's long-term (5-year) recidivism reduction goal for the statewide population?	*The statewide long-term goal is to reduce the recidivism rate of the state's NDOC population by 11%, over a five-year period.*	

Appendix C: Principles of Effective Intervention

Implementing Evidence-Based Practice in Community Corrections:

The Principles of Effective Intervention

Project Vision: To build learning organizations that reduce recidivism through systemic integration of evidence-based principles in collaboration with community and justice partners.

Introduction and Background

Until recently, community corrections has suffered from a lack of research that identified proven methods of reducing offender recidivism. Recent research efforts based on meta-analysis (the syntheses of data from many research studies) (McGuire, 2002; Sherman et al, 1998), cost-benefit analysis (Aos, 1998) and specific clinical trials (Henggeler et al, 1997; Meyers et al, 2002) have broken through this barrier and are now providing the field with indications of how to better reduce recidivism.

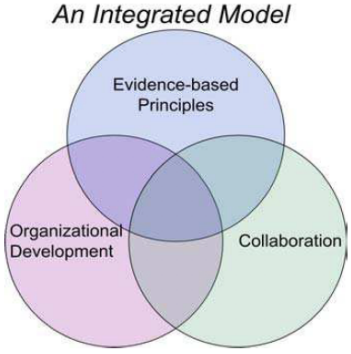
This research indicates that certain programs and intervention strategies, when applied to a variety of offender populations, reliably produce sustained reductions in recidivism. This same research literature suggests that few community supervision agencies (probation, parole, residential community corrections) in the U.S. are using these effective interventions and their related concepts/principles.

The conventional approach to supervision in this country emphasizes individual accountability from offenders and their supervising officers without consistently providing either with the skills, tools, and resources that science indicates are necessary to accomplish risk and recidivism reduction. Despite the evidence that indicates otherwise, officers continue to be trained and expected to meet minimal contact standards which stress rates of contacts and largely ignore the opportunities these contacts have for effectively reinforcing behavioral change. Officers and offenders are not so much clearly directed what to do, as what not to do.

An integrated and strategic model for evidence-based practice is necessary to adequately bridge the gap between current practice and evidence supported practice in community corrections. This model must incorporate both existing research findings and operational methods of implementation. The biggest challenge in adopting better interventions isn't identifying the interventions with the best evidence, so much as it is changing our existing systems to appropriately support the new innovations. Identifying interventions with good research support and realigning the necessary organizational infrastructure are both fundamental to evidence-based practice.

Specificity regarding the desired outcomes is essential to achieving system improvement. -Harris, 1986; O'Leary & Clear, 1997

An Integrated Model



Scientific learning is impossible without evidence.

Evidence-Based Practice (EBP)

Evidence-based practice is a significant trend throughout all human service fields that emphasize outcomes. Interventions within corrections are considered effective when they reduce offender risk and subsequent recidivism and therefore make a positive long-term contribution to public safety.

This document presents a model or framework based on a set of principles for effective offender interventions within federal, state, local, or private community corrections systems. Models provide us with tangible reference points as we face unfamiliar tasks and experiences. Some models are very abstract, for example entailing only a set of testable propositions or principles. Other models, conversely, may be quite concrete and detail oriented.

The field of community corrections is beginning to recognize its need, not only for more effective interventions, but for models that integrate seemingly disparate *best practices* (Bogue 2002; Carey 2002; Corbett et al. 1999; Gornik 2001; Lipton et al. 2000; Taxman and Byrne 2001).

As a part of their strategy for facilitating the implementation of effective interventions, the National Institute of Correction (NIC), Community Corrections Division has entered into a collaborative effort with the Crime and Justice Institute to

(Continued on pg 2)

Evidence-Based Practice (EBP) (con't.)

(Continued from pg 1)

develop a model for implementing evidence-based practice in criminal justice systems. This *Integrated Model* emphasizes the importance of focusing equally on evidence-based practices, organizational change, and collaboration to achieve successful and lasting change. The scope of the model is broad enough that it can be applied to all components of the criminal justice system (pretrial, jail, probation, parole, private/public, etc.) and across varying jurisdictions (local, county, state, etc.).

Community corrections will only develop into a "science" as it increases its commitment to measurable outcomes.

This model recognizes that simply expounding on scientific principles is not sufficient to guide the ongoing political and organizational change necessary to support implementation of evidence-based principles in a complex system. While this paper focuses on the evidence-based principles, there are two additional papers that focus on the other model components (organizational development and collaboration).

The evidence-based principles component of the integrated model highlights eight principles for effective offender interventions. The organization or system that is most successful in initiating and maintaining offender interventions and supervision practices consistent with these principles will likely realize the greatest recidivism reductions.

Clarifying Terms:

The terms *best practices*, *what works*, and *evidence-based practice* (EBP) are often used interchangeably. While these *buzz words* refer to similar notions, pointing out the subtle distinctions between them helps to clarify the distinct meaning of *evidence-based practices*.

For example, *best practices* do not necessarily imply attention to outcomes, evidence, or measurable standards. Best practices are often based on the collective experience and wisdom of the field rather scientifically tested knowledge.

What works implies linkage to general outcomes, but does not specify the kind of outcomes desired (e.g. just desserts, deterrence, organizational efficiency, rehabilitation, etc.). Specificity regarding the desired outcomes is essential to achieving system improvement (Harris 1986; O'Leary and Clear 1997).

In contrast, ***evidence-based practice*** implies that **1)** there is a definable outcome(s); **2)** it is measurable; and **3)** it is defined according to practical realities (recidivism, victim satisfaction, etc.). Thus, while these three terms are often used interchangeably, EBP is more appropriate for outcome focused human service disciplines (Ratcliffe et al, 2000; Tilley & Laycock, 2001; AMA, 1992; Springer et al, 2003; McDonald, 2003).

Any agency interested in understanding and improving outcomes, must reckon with managing the operation as a set of highly interdependent systems.

(See Appendix A.)

Two fundamentally different approaches are necessary for such an alteration in priorities.

(See Appendix B.)

The current research on offender rehabilitation and behavioral change is now sufficient to enable corrections to make meaningful inferences regarding what works in our field to reduce recidivism and improve public safety. Based upon previous compilations of research findings and recommendations (Burrell, 2000; Carey, 2002; Currie, 1998; Corbett et al, 1999; Elliott et al, 2001; McGuire, 2002; Latessa et al, 2002; Sherman et al, 1998; Taxman & Byrne, 2001), there now exists a coherent framework of guiding principles. These principles are interdependent and each is supported by existing research. *(see Appendix A)*

Evidence-Based Practice (EBP) (con't.)

The following framework of principles is listed in developmental order and they are all highly interdependent. For example, offender assessments must consider both risk to reoffend and criminogenic needs, in that order. Research indicates that resources are used more effectively when they are focused on higher-risk rather than lower-risk offenders, therefore considering offenders' risk to reoffend prior to addressing criminogenic needs allows agencies to target resources on higher-risk offenders *(see Appendix B)*.

Eight Evidence-Based Principles for Effective Interventions

1. Assess Actuarial Risk/Needs.
2. Enhance Intrinsic Motivation.
3. Target Interventions.
   a. *Risk Principle*: Prioritize supervision and treatment resources for higher risk offenders.
   b. *Need Principle*: Target interventions to criminogenic needs.
   c. *Responsivity Principle*: Be responsive to temperament, learning style, motivation, culture, and gender when assigning programs.
   d. *Dosage*: Structure 40-70% of high-risk offenders' time for 3-9 months.
   e. *Treatment*: Integrate treatment into the full sentence/sanction requirements.
4. Skill Train with Directed Practice (use Cognitive Behavioral treatment methods).
5. Increase Positive Reinforcement.
6. Engage Ongoing Support in Natural Communities.
7. Measure Relevant Processes/Practices.
8. Provide Measurement Feedback.

1) Assess Actuarial Risk/Needs.

Develop and maintain a complete system of ongoing offender risk screening / triage and needs assessments. Assessing offenders in a reliable and valid manner is a prerequisite for the effective management (i.e.: supervision and treatment) of offenders. Timely, relevant measures of offender risk and need at the individual and aggregate levels are essential for the implementation of numerous principles of best practice in corrections, (e.g., risk, need, and responsivity). Offender assessments are most reliable and valid when staff are formally trained to administer tools. Screening and assessment tools that focus on dynamic and static risk factors, profile criminogenic needs, and have been validated on similar populations are preferred. They should also be supported by sufficiently detailed and accurately written procedures.

Questions to Ask:

- *Does the assessment tool we're using measure for criminogenic risk and need?*
- *How are officers trained to conduct the assessment interview?*
- *What quality assurance is in place to ensure that assessments are conducted appropriately?*
- *How is the assessment information captured and used in the development of case plans?*

Offender assessment is as much an ongoing function as it is a formal event. Case information that is gathered informally through routine interactions and observations with offenders is just as important as formal assessment guided by instruments. Formal and informal offender assessments should reinforce one another. They should combine to enhance formal reassessments, case decisions, and working relations between practitioners and offenders throughout the jurisdiction of supervision.

(Andrews, et al, 1990; Andrews & Bonta, 1998; Gendreau, et al, 1996; Kropp, et al, 1995; Meehl, 1995; Clements, 1996)

Eight Principles for Evidence-Based Practice (EBP) in Community Corrections (con't.)

2) Enhance Intrinsic Motivation.

Staff should relate to offenders in interpersonally sensitive and constructive ways to enhance intrinsic motivation in offenders. Behavioral change is an *inside job*; for lasting change to occur, a level of intrinsic motivation is needed. Motivation to change is dynamic and the probability that change may occur is strongly influenced by interpersonal interactions, such as those with probation officers, treatment providers, and institution staff. Feelings of ambivalence that usually accompany change can be explored through motivational interviewing, a style and method of communication used to help people overcome their ambivalence regarding behavior changes. Research strongly suggests that motivational interviewing techniques, rather than persuasion tactics, effectively enhance motivation for initiating and maintaining behavior changes.

Questions to Ask:

- *Are officers and program staff trained in motivational interviewing techniques?*
- *What quality assurance is in place?*
- *Are staff held accountable for using motivational interviewing techniques in their day-to-day interactions with offenders?*

(Miller & Rollnick, 2002; Miller & Mount, 2001; Harper & Hardy, 2000; Ginsburg, et al, 2002; Ryan & Deci, 2000)

3) Target Interventions.

A. RISK PRINCIPLE: Prioritize supervision and treatment resources for higher risk offenders.

B. NEED PRINCIPLE: Target interventions to criminogenic needs.

C. RESPONSIVITY PRINCIPLE: Be responsive to temperament, learning style, motivation, gender, and culture when assigning to programs.

D. DOSAGE: Structure 40-70% of high-risk offenders' time for 3-9 months.

E. TREATMENT PRINCIPLE: Integrate treatment into the full sentence/sanction requirements.

a) Risk Principle

Prioritize primary supervision and treatment resources for offenders who are at higher risk to re-offend. Research indicates that supervision and treatment resources that are focused on lower-risk offenders tend to produce little if any net positive effect on recidivism rates. Shifting these resources to higher risk offenders promotes harm-reduction and public safety because these offenders have greater need for pro-social skills and thinking, and are more likely to be frequent offenders. Reducing the recidivism rates of these higher risk offenders reaps a much larger *bang-for-the-buck*.

Successfully addressing this population requires smaller caseloads, the application of well developed case plans, and placement of offenders into sufficiently intense cognitive-behavioral interventions that target their specific criminogenic needs.

(Gendreau, 1997; Andrews & Bonta, 1998; Harland, 1996; Sherman, et al, 1998; McGuire, 2001, 2002)

b) Criminogenic Need Principle

Address offenders' greatest criminogenic needs. Offenders have a variety of needs, some of which are directly linked to criminal behavior. These criminogenic needs are dynamic risk factors that, when addressed or changed, affect the offender's risk for recidivism. Examples of criminogenic needs are: criminal personality; antisocial attitudes, values, and beliefs; low self control; criminal peers; substance abuse; and dysfunctional family. Based on an assessment of the offender, these criminogenic needs can be prioritized so that services are focused on the greatest criminogenic needs.

(Andrews & Bonta, 1998; Lipton, et al, 2000; Elliott, 2001; Harland, 1996)

(Continued on pg 5)

Eight Principles for Evidence-Based Practice (EBP) in Community Corrections (con't.)

(Continued from pg 4)

c) Responsivity Principle

Responsivity requires that we consider individual characteristics when matching offenders to services. These characteristics include, but are not limited to: culture, gender, motivational stages, developmental stages, and learning styles. These factors influence an offender's responsiveness to different types of treatment.

The principle of responsivity also requires that offenders be provided with treatment that is proven effective with the offender population. Certain treatment strategies, such as cognitive-behavioral methodologies, have consistently produced reductions in recidivism with offenders under rigorous research conditions.

Providing appropriate responsivity to offenders involves selecting services in accordance with these factors, including:
a) Matching treatment type to offender; and
b) Matching style and methods of communication with offender's stage of change readiness.

(Guerra, 1995; Miller & Rollnick, 1991; Gordon, 1970; Williams, et al, 1995)

d) Dosage

Providing appropriate doses of services, pro-social structure, and supervision is a strategic application of resources. Higher risk offenders require significantly more initial structure and services than lower risk offenders. During the initial three to nine months post-release, 40%-70% of their free time should be clearly occupied with delineated routine and appropriate services, (e.g., outpatient treatment, employment assistance, education, etc.) Certain offender subpopulations (e.g., severely mentally ill, chronic dual diagnosed, etc.) commonly require strategic, extensive, and extended services. However, too often individuals within these subpopulations are neither explicitly identified nor provided a coordinated package of supervision/services. The evidence indicates that incomplete or uncoordinated approaches can have negative effects, often wasting resources.

(Palmer, 1995; Gendreau & Goggin, 1995; Steadman, 1995; Silverman, et al, 2000)

Questions to Ask:

- *How do we manage offenders assessed as low risk to reoffend?*
- *Does our assessment tool assess for criminogenic need?*
- *How are criminogenic risk and need information incorporated into offender case plans?*
- *How are offenders matched to treatment resources?*
- *How structured are our caseplans for offenders, especially during the three to nine month period in the community after leaving an institution?*
- *How are staff held accountable for using assessment information to develop a case plan and then subsequently using that caseplan to manage an offender?*

e) Treatment Principle

Treatment, particularly cognitive-behavioral types, should be applied as an integral part of the sentence/sanction process. Integrate treatment into sentence/sanction requirements through assertive case management (taking a proactive and strategic approach to supervision and case planning). Delivering targeted and timely treatment interventions will provide the greatest long-term benefit to the community, the victim, and the offender. This does not necessarily apply to lower risk offenders, who should be diverted from the criminal justice and corrections systems whenever possible.

(Palmer, 1995; Clear, 1981; Taxman & Byrne, 2001; Currie, 1998; Petersilia, 1997, 2002, Andrews & Bonta, 1998)

Eight Principles for Evidence-Based Practice (EBP) in Community Corrections (con't.)

4) Skill Train with Directed Practice (using cognitive-behavioral treatment methods).

Provide evidence-based programming that emphasizes cognitive-behavioral strategies and is delivered by well trained staff. To successfully deliver this treatment to offenders, staff must understand antisocial thinking, social learning, and appropriate communication techniques. Skills are not just taught to the offender, but are practiced or role-played and the resulting pro-social attitudes and behaviors are positively reinforced by staff. Correctional agencies should prioritize, plan, and budget to predominantly implement programs that have been scientifically proven to reduce recidivism.

(Mihalic, et al, 2001; Satchel, 2001; Miller & Rollnick, 2002; Lipton, et al, 2000; Lipsey, 1993; McGuire, 2001, 2002; Aos, 2002)

Questions to Ask:

- *How are social learning techniques incorporated into the programs we deliver?*
- *How do we ensure that our contracted service providers are delivering services in alignment with social learning theory?*
- *Are the programs we deliver and contract for based on scientific evidence of recidivism reduction?*

5) Increase Positive Reinforcement.

When learning new skills and making behavioral changes, human beings appear to respond better and maintain learned behaviors for longer periods of time, when approached with *carrots* rather than *sticks*. Behaviorists recommend applying a much higher ratio of positive reinforcements to negative reinforcements in order to better achieve sustained behavioral change. Research indicates that a ratio of *four positive to every one negative* reinforcement is optimal for promoting behavior changes. These rewards do not have to be applied consistently to be effective (as negative reinforcement does) but can be applied randomly.

Increasing positive reinforcement should not be done at the expense of or undermine administering swift, certain, and real responses for negative and unacceptable behavior. Offenders having problems with responsible self-regulation generally respond positively to reasonable and reliable additional structure and boundaries. Offenders may initially overreact to new demands for accountability, seek to evade detection or consequences, and fail to recognize any personal responsibility. However, with exposure to clear rules that are consistently (and swiftly) enforced with appropriate graduated consequences, offenders and people in general, will tend to comply in the direction of the most rewards and least punishments. This type of extrinsic motivation can often be useful for beginning the process of behavior change.

(Gendreau & Goggin, 1995; Meyers & Smith, 1995; Higgins & Silverman, 1999; Azrin, 1980; Bandura et al,1963; Bandura, 1996)

Questions to Ask:

- *Do we model positive reinforcement techniques in our day-to-day interactions with our co-workers?*
- *Do our staff understand and use the four-to-one theory in their interactions with offenders?*

6) Engage On-going Support in Natural Communities.

Realign and actively engage pro-social supports for offenders in their communities. Research indicates that many successful interventions with extreme populations (e.g., inner city substance abusers, homeless, dual diagnosed) actively recruit and use family members, spouses, and supportive others in the offender's immediate environment to positively reinforce desired new behaviors. This Community Reinforcement Approach (CRA) has been found effective for a variety of behaviors (e.g., unemployment, alcoholism, substance abuse, and marital conflicts). In addition, relatively recent research now indicates the efficacy of twelve step programs, religious activities, and restorative justice initiatives that are geared towards improving bonds and ties to pro-social community members.

(Azrin, & Besalel, 1980; Emrick et al, 1993; Higgins & Silverman, 1999; Meyers & Smith, 1997; Wallace, 1989; Project MATCH Research Group, 1997; Bonta et al, 2002; O'Connor & Perryclear, 2003; Ricks, 1974; Clear & Sumter; 2003; Meyers et al, 2002)

Questions to Ask:

- *Do we engage community supports for offenders as a regular part of case planning?*
- *How do we measure our community network contacts as they relate to an offender?*

Eight Principles for Evidence-Based Practice (EBP) in Community Corrections (con't.)

7) Measure Relevant Processes/Practices.

Accurate and detailed documentation of case information, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice. Agencies must routinely assess offender change in cognitive and skill development, and evaluate offender recidivism, if services are to remain effective.

In addition to routinely measuring and documenting offender change, staff performance should also be regularly assessed. Staff that are periodically evaluated for performance achieve greater fidelity to program design, service delivery principles, and outcomes. Staff whose performance is not consistently monitored, measured, and subsequently reinforced work less cohesively, more frequently at cross-purposes and provide less support to the agency mission.

Questions to Ask:

- *What data do we collect regarding offender assessment and case management?*
- *How do we measure incremental offender change while they are under supervision?*
- *What are our outcome measures and how do we track them?*
- *How do we measure staff performance? What data do we use? How is that data collected?*

(Henggeler et al, 1997; Milhalic & Irwin, 2003; Miller, 1988; Meyers et al, 1995; Azrin, 1982; Meyers, 2002; Hanson & Harris, 1998; Waltz et al, 1993; Hogue et al, 1998; Miller & Mount, 2001; Gendreau et al, 1996; Dilulio, 1993)

8) Provide Measurement Feedback.

Once a method for measuring relevant processes / practices is in place (principle seven), the information must be used to monitor process and change. Providing feedback to offenders regarding their progress builds accountability and is associated with enhanced motivation for change, lower treatment attrition, and improved outcomes (e.g., reduced drink/drug days; treatment engagement; goal achievement).

The same is true within an organization. Monitoring delivery of services and fidelity to procedures helps build accountability and maintain integrity to the agency's mission. Regular performance audits and case reviews with an eye toward improved outcomes, keep staff focused on the ultimate goal of reduced recidivism through the use of evidence-based principles.

Questions to Ask:

- *How is information regarding offender change and outcomes shared with officers? With offenders?*
- *With whom do we share information regarding outcome measures?*
- *How is staff performance data used in the performance evaluation process?*

(Miller, 1988; Project Match Research Group, 1997; Agostinelli et al, 1995; Alvero et al, 2001; Baer et al, 1992; Decker, 1983; Luderman, 1991; Miller, 1995; Zemke, 2001; Elliott, 1980)

Eight Principles for Evidence-Based Practice (EBP) in Community Corrections (con't.)

Conclusion

Aligning these evidence-based principles with the core components of an agency is a consummate challenge and will largely determine the impact the agency has on sustained reductions in recidivism. In order to accomplish this shift to an outcome orientation, practitioners must be prepared to dedicate themselves to a mission that focuses on achieving sustained reductions in recidivism. The scientific principles presented in this document are unlikely to produce a mandate for redirecting and rebuilding an agency's mission by themselves. Leadership in organizational change and collaboration for systemic change are also necessary.

The framework of principles and the developmental model they comprise can and should be operationalized at three critical levels: 1) the individual case; 2) the agency; and 3) the system. At each of these levels thorough, comprehensive, and strategic planning will be necessary in order to succeed. Identifying, prioritizing, and formulating well-timed plans for addressing such particular issues are tasks requiring system collaboration and a focus on organizational development.

A final caveat here is a caution about implementation; the devil's in the details. Though the track record for program implementation in corrections may not be especially stellar, there is helpful literature regarding implementation principles. Prior to embarking on any implementation or strategic planning project, a succinct review of this literature is recommended (Mihalic & Irwin, 2003; Ellickson et al, 1983; Durlak, 1998; Gendreau et al, 1999; Gottfredson et al, 2000; Henggeler et al, 1997; Harris & Smith, 1996).

Initial assessment followed by motivational enhancement will help staff to prepare for the significant changes ahead.
(See Appendix C.)

At an organizational level, gaining appreciation for outcome measurement begins with establishing relevant performance measurement
(See Appendix D.)

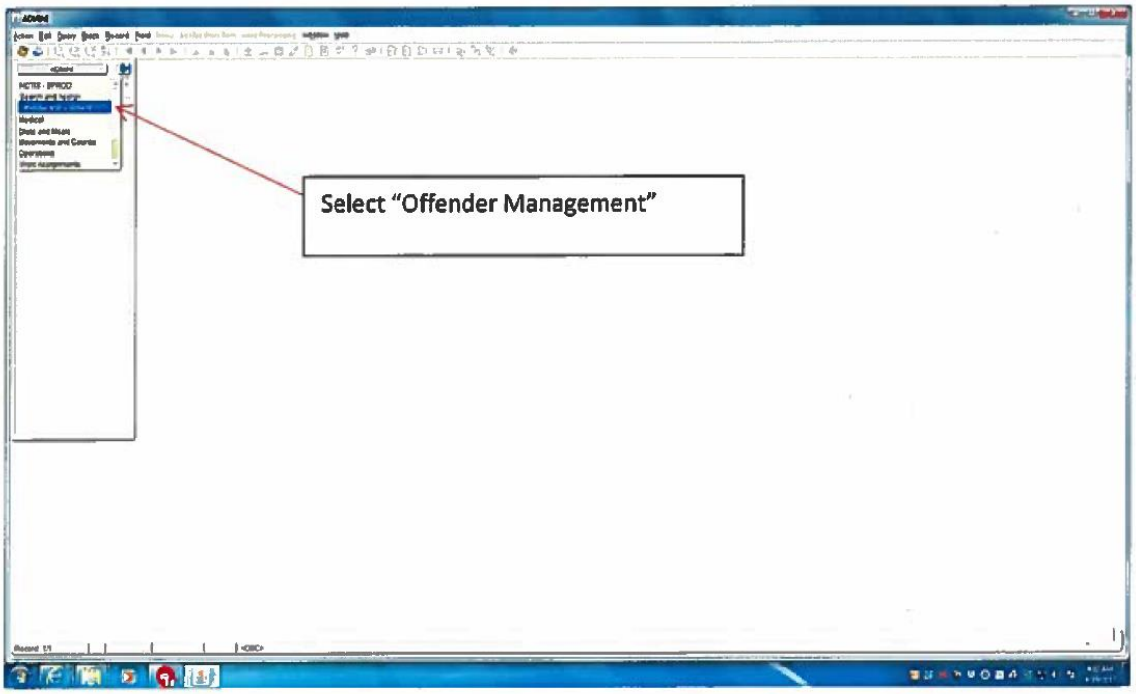
Too often programs or practices are promoted as having research support without any regard for either the quality or the research methods that were employed.
(See Appendix E.)

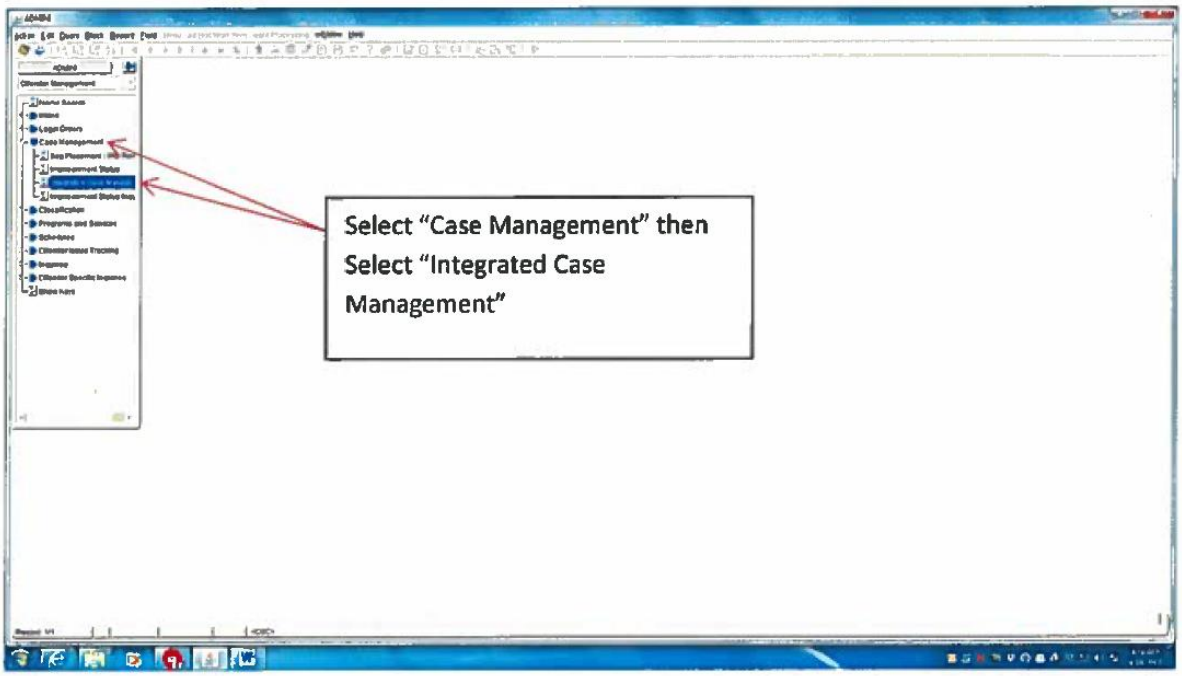
Appendix D: NRAS Protocols

Section 1: PIT Automation Manual

NOTIS PIT Automation Manual

Sign into your NOTIS Account then follow the directions below:





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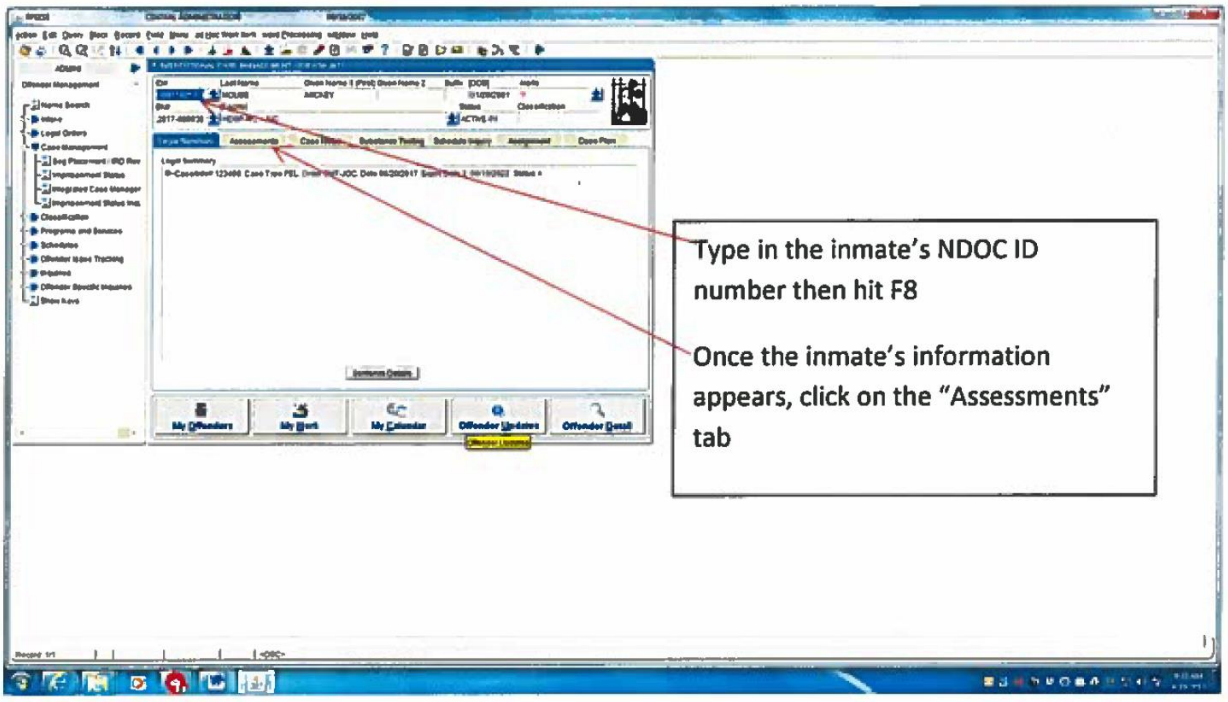
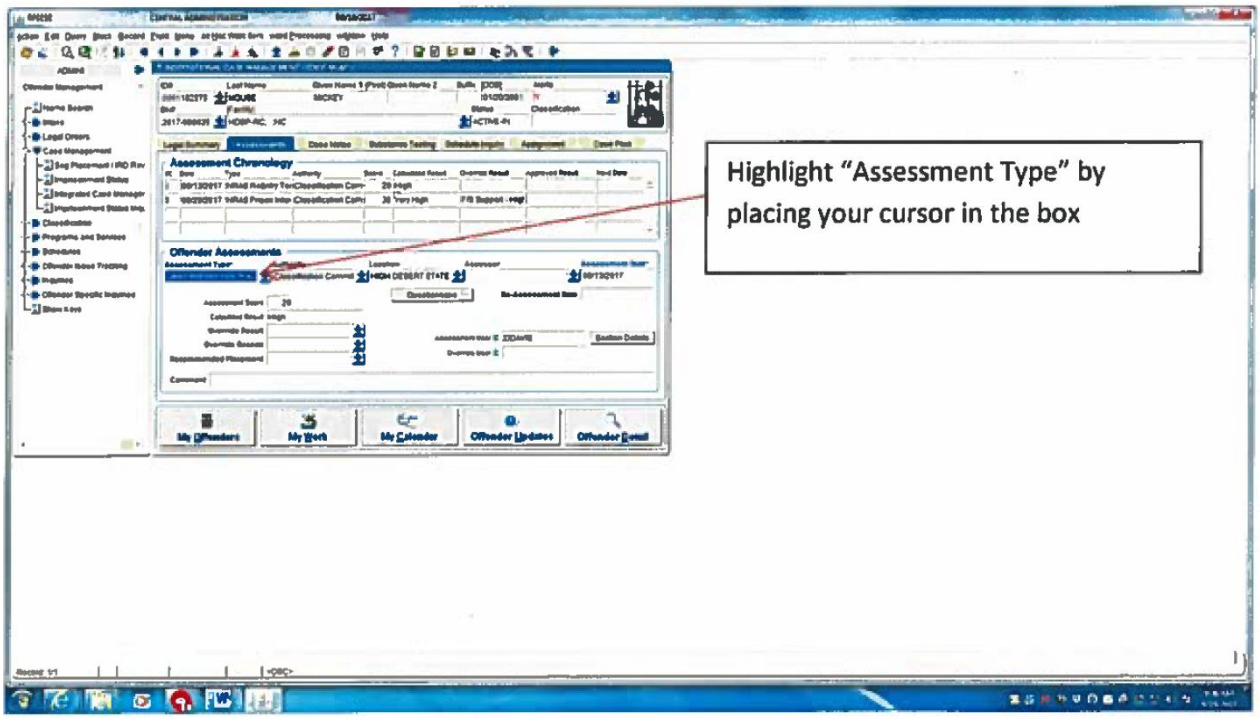
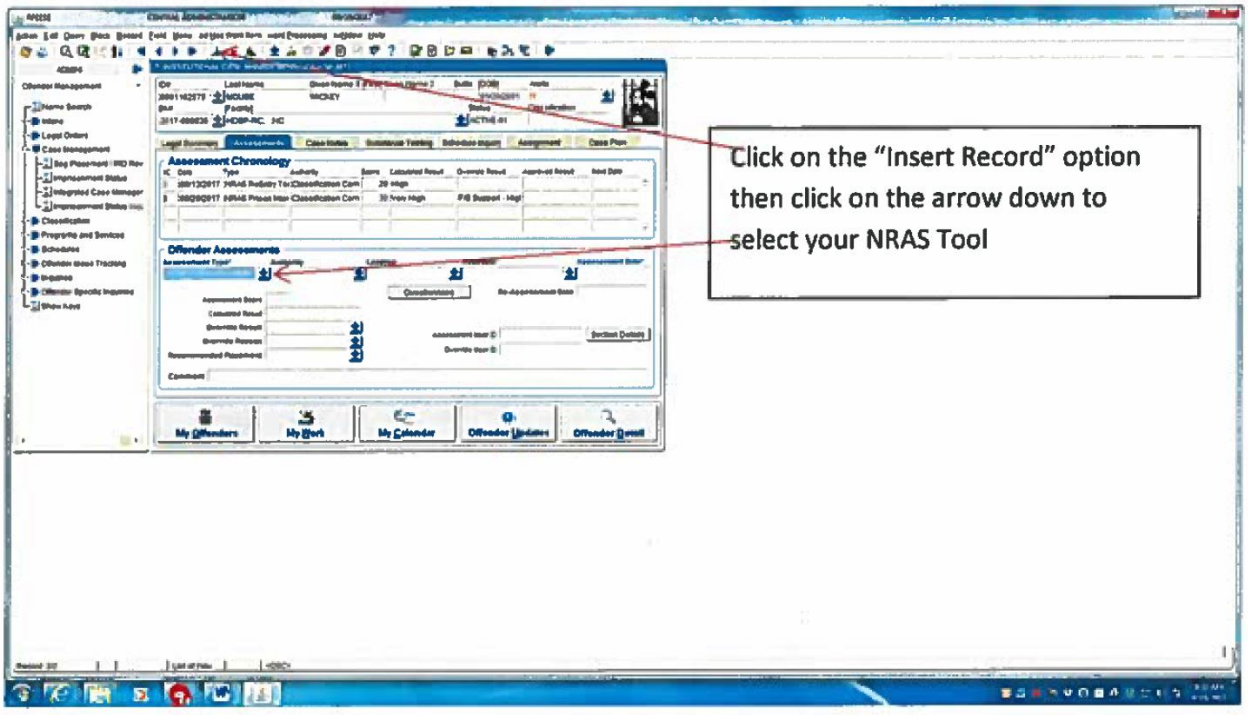
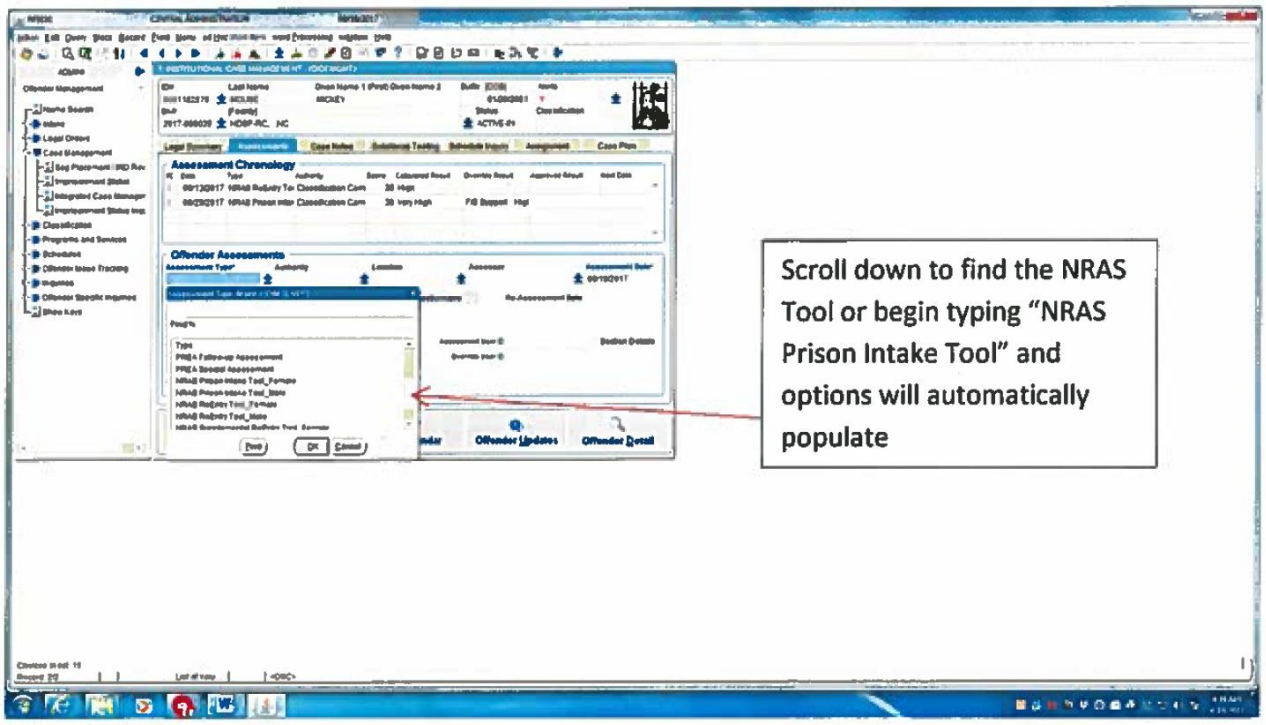
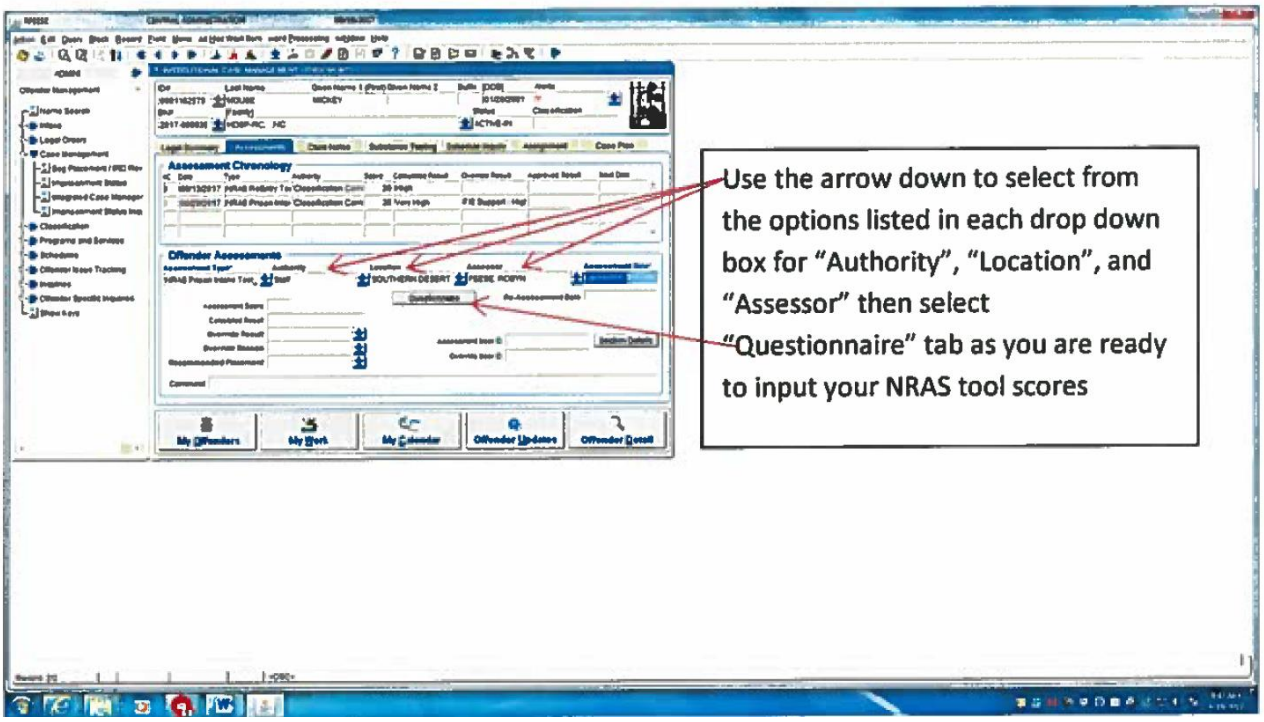
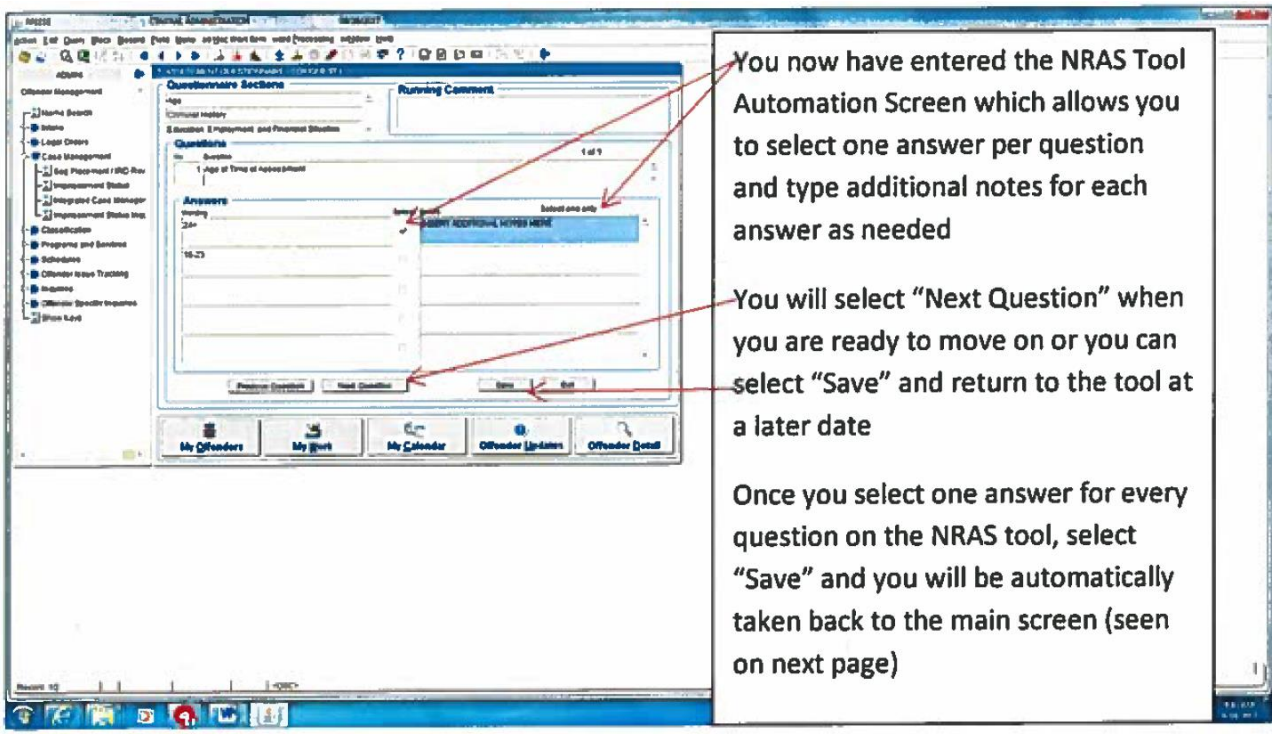


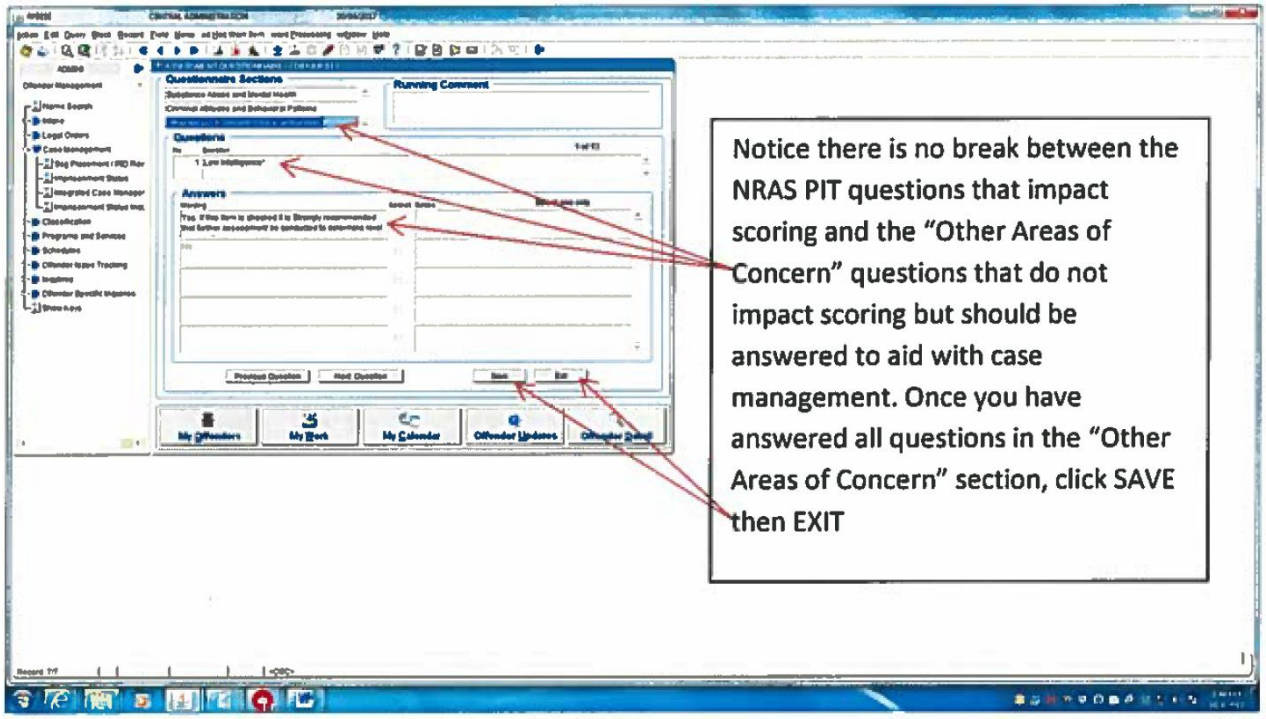

Highlight "Assessment Type" by placing your cursor in the box

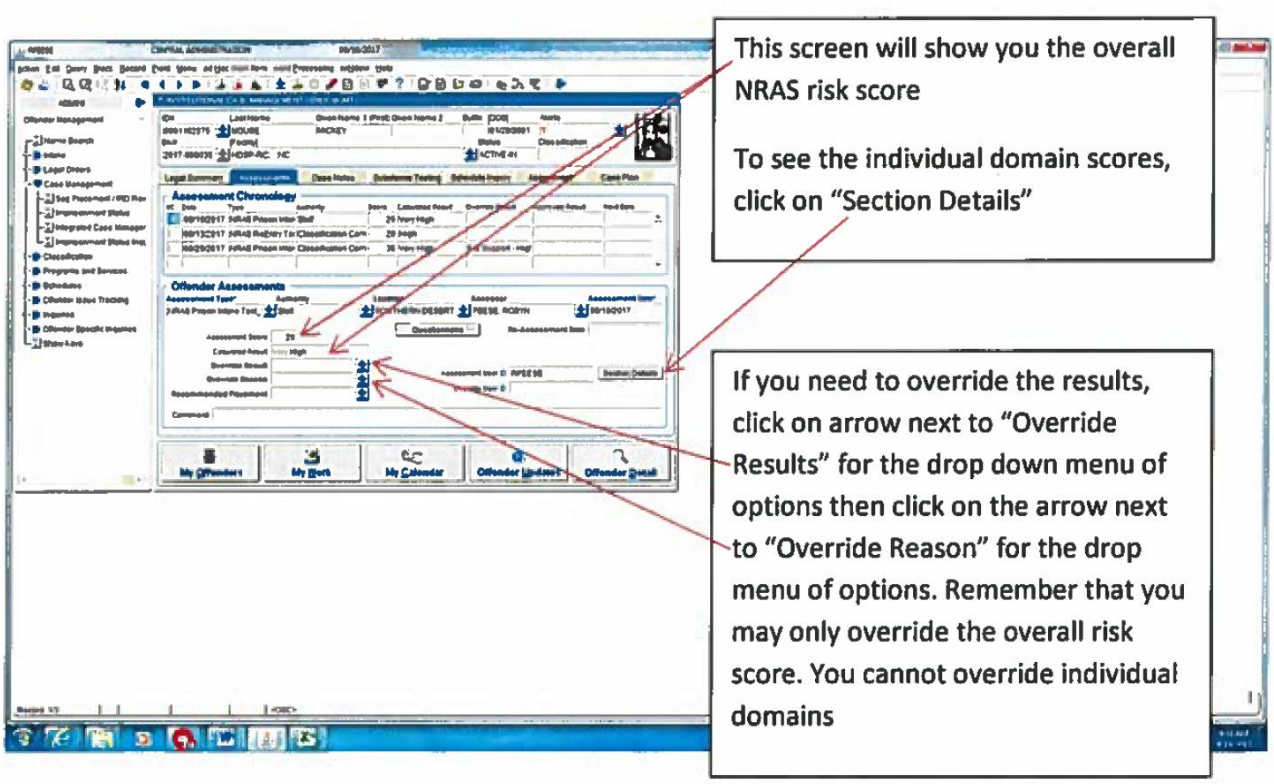

Click on the "Insert Record" option then click on the arrow down to select your NRAS Tool

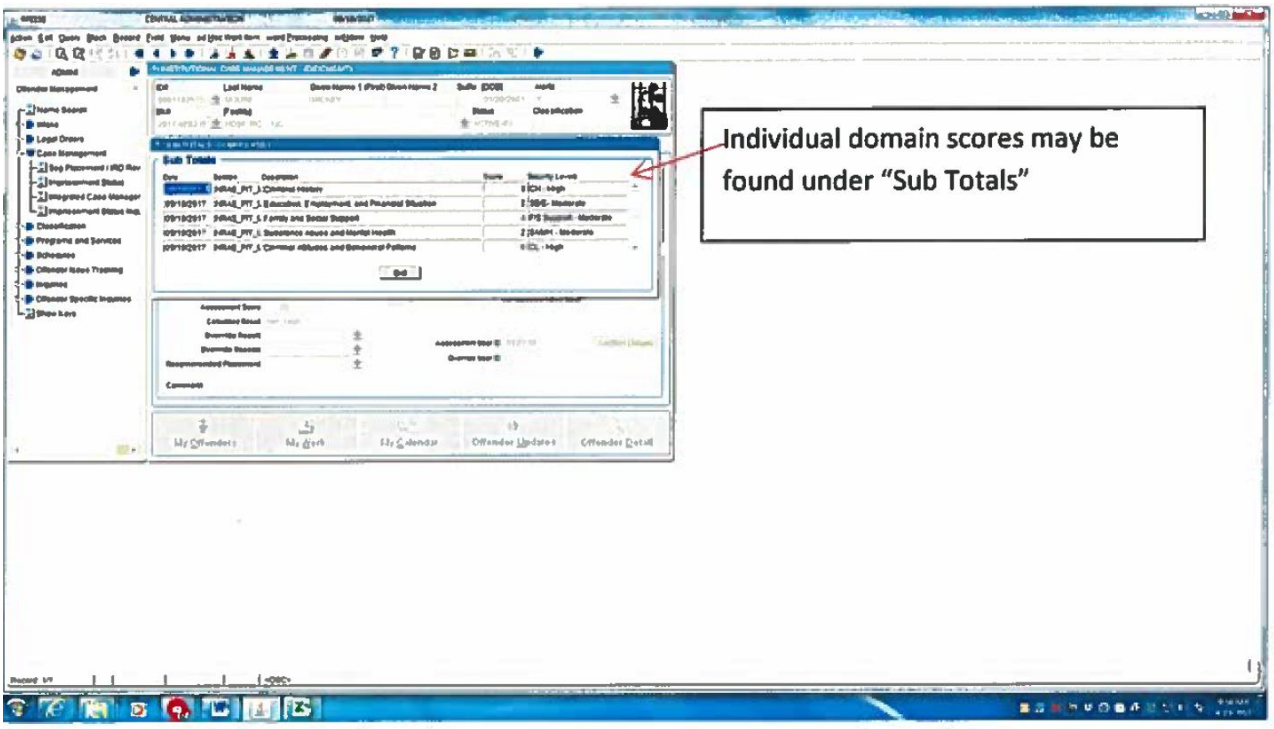

Scroll down to find the NRAS Tool or begin typing "NRAS Prison Intake Tool" and options will automatically populate


Use the arrow down to select from the options listed in each drop down box for "Authority", "Location", and "Assessor" then select "Questionnaire" tab as you are ready to input your NRAS tool scores

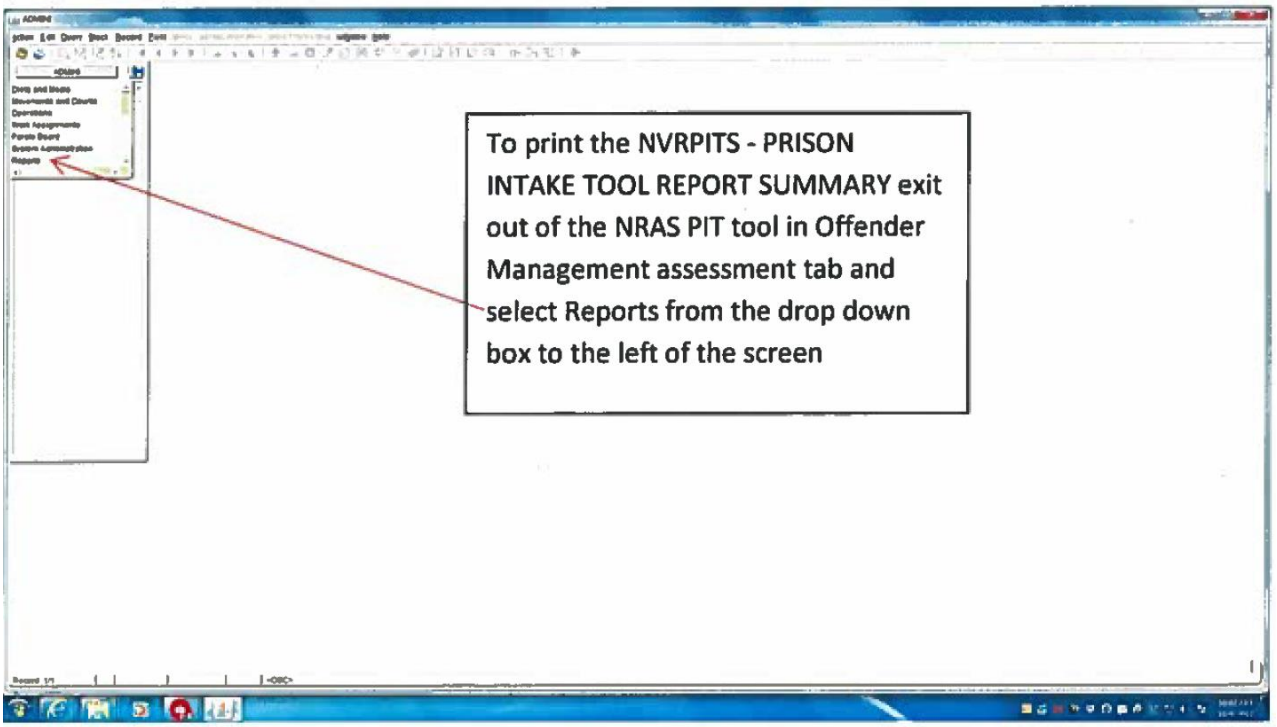

You now have entered the NRAS Tool Automation Screen which allows you to select one answer per question and type additional notes for each answer as needed
You will select "Next Question" when you are ready to move on or you can select "Save" and return to the tool at a later date
Once you select one answer for every question on the NRAS tool, select "Save" and you will be automatically taken back to the main screen (seen on next page)

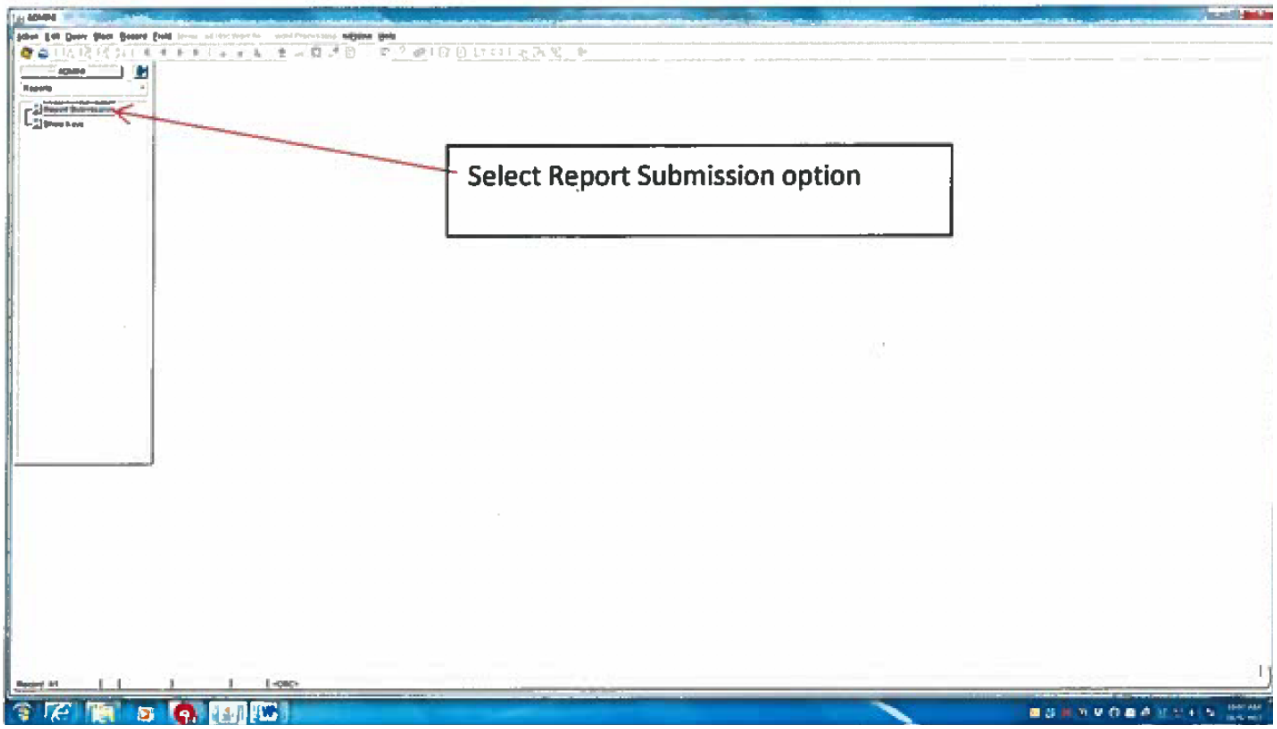

Notice there is no break between the NRAS PIT questions that impact scoring and the "Other Areas of Concern" questions that do not impact scoring but should be answered to aid with case management. Once you have answered all questions in the "Other Areas of Concern" section, click SAVE then EXIT

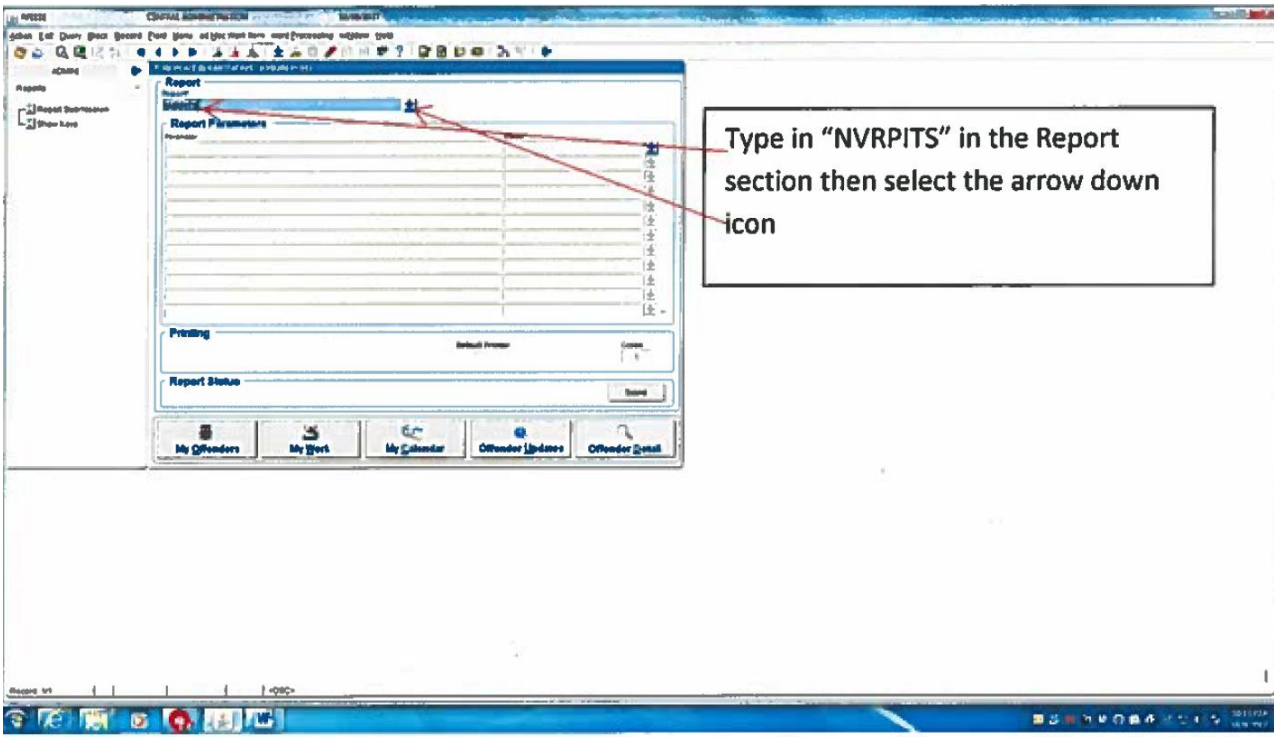

This screen will show you the overall NRAS risk score
To see the individual domain scores, click on "Section Details"
If you need to override the results, click on arrow next to "Override Results" for the drop down menu of options then click on the arrow next to "Override Reason" for the drop menu of options. Remember that you may only override the overall risk score. You cannot override individual domains

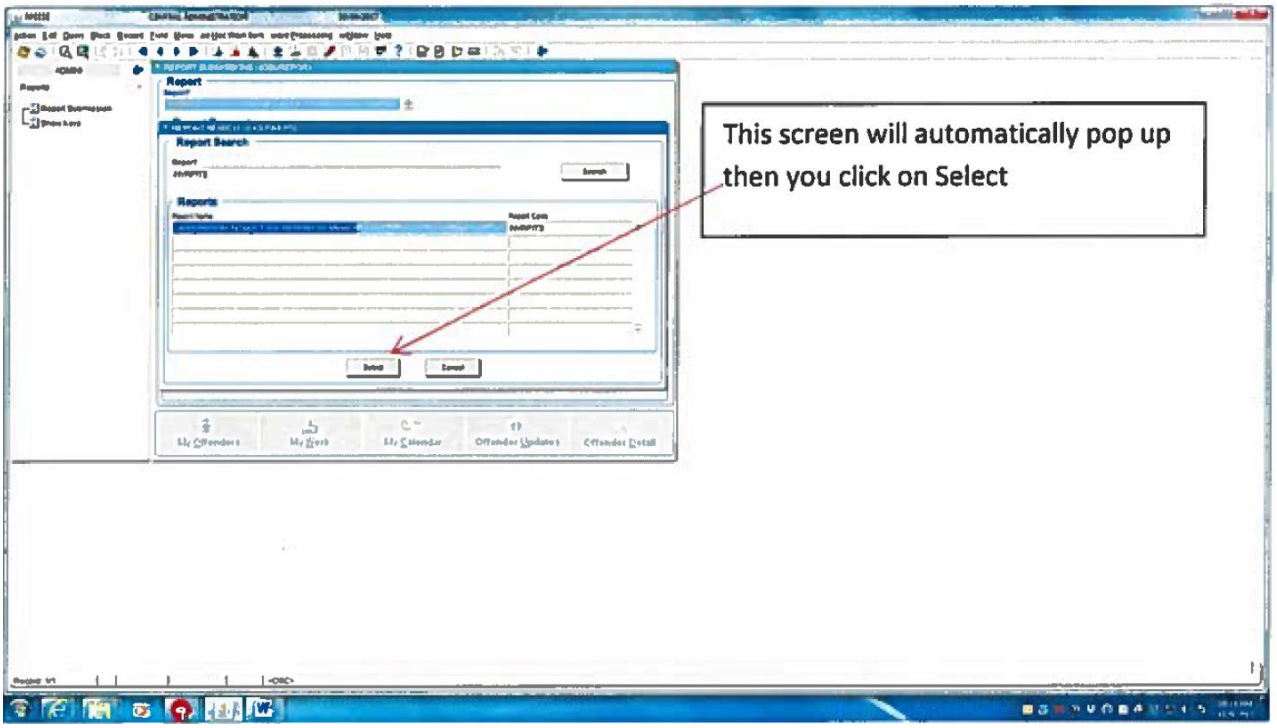

Individual domain scores may be found under "Sub Totals"

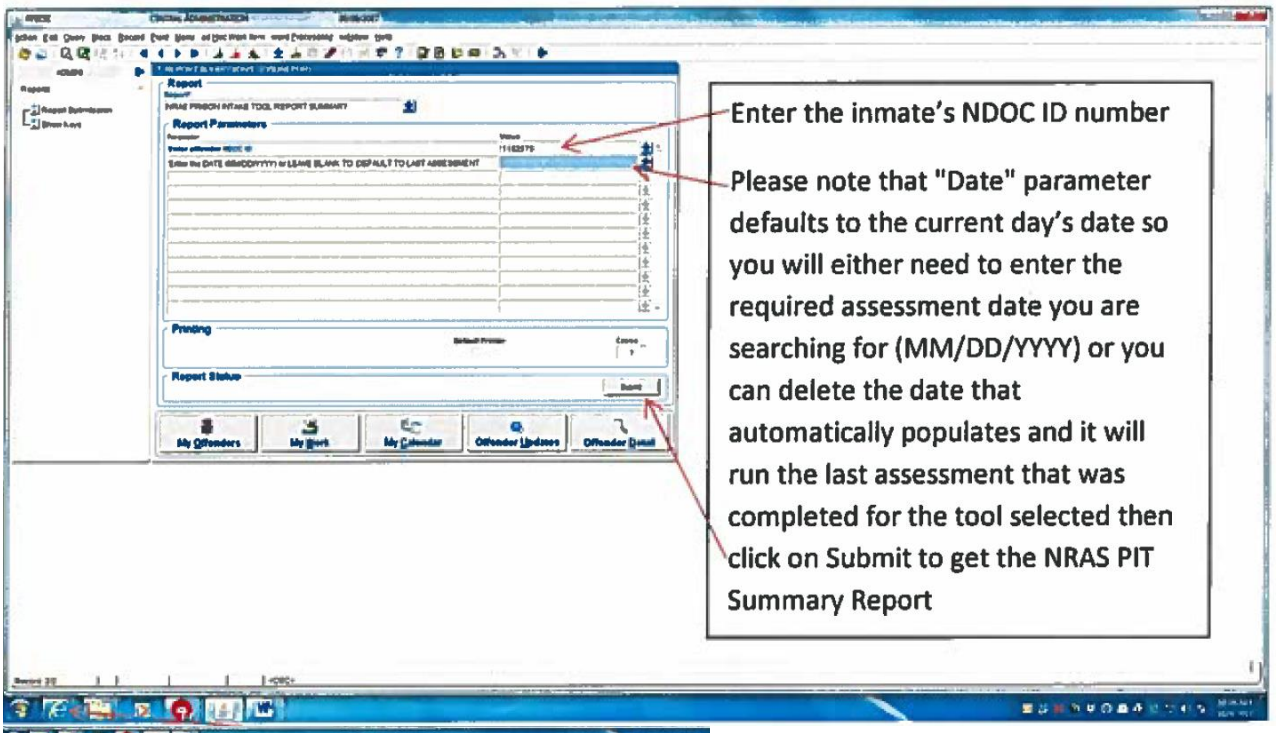
Now it is time to print the NRAS PIT Assessment:






Report
Report Parameters
Printing
Report Status
Type in "NVRPITS" in the Report section then select the arrow down icon


Report
Report Search
Reports
This screen will automatically pop up then you click on Select



Staff will still be required to input a NOTIS CHRONO that follows the policy format after completion of each NRAS Tool:

NRAS Completed on September 19, 2017
Prison Intake Tool (PIT)
Final Risk Level: 26 Very High

- Criminal History: 9 High
- Education, Employment, and Financial Situation: 5 Moderate
- Family and Social Support: 4 Moderate
- Substance Abuse and Mental Health: 2 Moderate
- Criminal Attitudes and Behavioral Patterns: 6 High

Section 2: NRAS Prison Intake Tool

State of Nevada
Department of Corrections

NEVADA RISK ASSESSMENT SYSTEM (NRAS) - PRISON INTAKE TOOL
REPORT SUMMARY

INMATE NAME: [redacted] **NDOC ID#:** [redacted] **DATE OF ASSESSMENT:** 11/15/2017

0. Age			
Item #	**Question**	**Answer**	**Score**
0.1	Age at Time of Assessment	18-23	1
Total Score:		**0. Age**	**1**

1. Criminal History			
Item #	**Question**	**Answer**	**Score**
1.1	Most Serious Arrest Under Age 18	Yes, Felony	2
1.2	Prior Commitment as a Juvenile to Department of Youth Services	Yes	1
1.3	Number of Prior Adult Felony Convictions	One or Two	1
1.4	Arrests for Violent Offense as an Adult	Yes	1
1.5	Number of Prior Commitments to Prison	None	0
1.6	Ever Received Official Misconduct while Incarcerated as an Adult	Yes	1
1.7	Ever Had Escape Attempts as an Adult	No	0
Total Score:		**1. Criminal History**	**6**

2. Education, Employment, and Financial Situation			
Item #	**Question**	**Answer**	**Score**
2.1	Ever Expelled or Suspended from School	Yes	1
2.2	Employed at the Time of Arrest	Yes	0
2.3	Employed Full-time Just Prior to Incarceration	Not Employed Or Employed Part-time	1
2.4	Attitudes toward Boss/Employer	OK to Poor Relationship	1
2.5	Longest Length of Employment Past Two Years	1 - 17 Months	1
2.6	Better Use of Time	Yes, Lots of Free Time	1
Total Score:		**2. Education, Employment, and Financial Situation**	**5**

3. Family and Social Support			
Item #	**Question**	**Answer**	**Score**
3.1	Current Marital status	Single (Married but Separated), Divorced, Widowed	1
3.2	Living Situation Prior to Incarceration	Parents, Friends, or Other	1
3.3	Stability of Residence Prior to Incarceration	Stable	0
3.4	Emotional and Personal Support Available from Family or Others	Very Strong Support	0
3.5	Level of Satisfaction with Current Level of Support from Family or Others	Satisfied to Not Satisfied	1
Total Score:		**3. Family and Social Support**	**3**

4. Substance Abuse and Mental Health			
Item #	**Question**	**Answer**	**Score**
4.1	Most Recent Period of Abstinence from Alcohol	6 Months or Longer	0
4.2	Age at First Illegal Drug Use	Under 16	1
4.3	Problems with Employment due to Drug Use	No	0
4.4	Problems with Health due to Drug Use	Yes	1
4.5	Ever Diagnosed with Mental Illness/Disorder	Yes	1
Total Score:		**4. Substance Abuse and Mental Health**	**3**

State of Nevada
Department of Corrections

NEVADA RISK ASSESSMENT SYSTEM (NRAS) - PRISON INTAKE TOOL
REPORT SUMMARY

INMATE NAME: [redacted] **NDOC ID#:** [redacted] **DATE OF ASSESSMENT:** 11/15/2017

5. Criminal Attitudes and Behavioral Patterns			
Item #	**Question**	**Answer**	**Score**
5.1	Criminal Activities	Criminal Activities	2
5.2	Gang Membership	No, Never	0
5.3	Ability to Control Anger	Poor Control	1
5.4	Uses Anger to Intimidate Others	Yes	1
5.5	Acts Impulsively	Yes	1
5.6	Feels Lack of Control Over Events	Controls Events	0
5.7	Walks Away from a Fight	Yes	0
Total Score:		**5. Criminal Attitudes and Behavioral Patterns**	5
		TOTAL ASSESSMENT SCORE:	23

RISK CATEGORIES FOR MALES:	
SCORES	RATING
0-8	LOW
9-16	MODERATE
17-24	HIGH
25-40	VERY HIGH

RISK CATEGORIES FOR FEMALES:	
SCORES	RATING
0-12	LOW
13-18	MODERATE
19-40	HIGH

PROFESSIONAL OVERRIDE?	NO
REASON FOR OVERRIDE:	
CALCULATED RESULT:	HIGH
OVERRIDE RESULT:	

DOMAIN:	RANGES:	LEVEL OF NEED:
1. Criminal History	LOW(0-3); MED(4-6); HIGH(7-10)	6 - MEDIUM
2. Education, Employment, and Financial Situation	LOW(0-3); MED(4-5); HIGH(6-7)	5 - MEDIUM
3. Family and Social Support	LOW(0-2); MED(3-4); HIGH(5-6)	3 - MEDIUM
4. Substance Abuse and Mental Health	LOW(0-1); MED(2-3); HIGH(4-5)	3 - MEDIUM
5. Criminal Attitudes and Behavioral Patterns	LOW(0-2); MED(3-5); HIGH(6-11)	5 - MEDIUM

OTHER AREAS OF CONCERN:

6.3 - Reading and Writing Limitations* - Yes, If this item is checked it is Strongly recommended that further assessment be conducted to determine level or severity.
6.4 - Mental Health Issues* - Yes, If this item is checked it is Strongly recommended that further assessment be conducted to determine level or severity.

ADDITIONAL COMMENTS:

Section 3: NDOC NRAS Policies and Procedures

Policies and Procedures

SECTION:	Policy Number:
POLICY: **Nevada Risk Assessment System (NRAS) Tools**	Page: 1 of 1
Approved by:	Date of Implementation: Reviewed Dates (R): Revised Dates (r):

PURPOSE:
To ensure that all Nevada Department of Corrections (NDOC) staff who utilize NRAS tools maintain fidelity to the administration, scoring, and interpretation of results.

POLICY:
NDOC uses various NRAS tools at different times in an inmate's incarceration to determine criminogenic risk levels and needs that require coordination of services through the Inmate's Individualized Case Plan (ICP) per AR801 Correctional Programs/Classes/Activities.

METHODS:
Certification Training (or "End-User Training")

- Training duration will be two days
- Training hosted by University of Cincinnati (UC) certified NRAS Trainer
- End-User Training will be offered twice per year for new staff in the Southern areas of the state and twice per year for new staff in the Northern areas
- Once certified, End-Users must assess a minimum of five inmates using the Interview Guide and Scoring Sheet and submit the documents to the Trainer for review and approval. Once approved, the End-User may be granted authorization to complete assessments using the Scoring Sheet only

Re-certification Training

- Training duration will be four hours maximum
- Training hosted by UC certified NRAS Trainer
- End-Users who do not pass the video scoring test will be given an opportunity to re-test with the Trainer one additional time. End-Users who do not pass the second video scoring test will be required to complete the Certification End-User Training before they can continue administering the NRAS tools.
- Re-certification is required every year for End-Users

Inter-rater Reliability

- A Trainer will observe End-Users who administer the tools on a regular basis to ensure accurate administration, scoring, and interpretation of results once per year
- Trainers will also verify End-Users are documenting scores in NOTIS in keeping with fidelity to the training process

Use of NRAS Tools

- Prison Intake Tool (PIT) is administered at intake into prison

- Re-Entry Tool (RT) or Supplemental Re-Entry Tool (SRT) is used for reassessment purposes every 12 months and as needed when an inmate has a serious offense or significant life event
    - RT = administered for inmates incarcerated 4 years or longer
    - SRT = administered for inmates incarcerated less than 4 years

Logistics of NRAS Tools

- Trainers have access to all videos and training materials via USB Flash Drive with NDOC approval per AR141 Information Technology Standards, Controls and Security; Acceptable Uses of Information Technology
- The most recent editions of relevant tools will be available in Stewart Shared drive folder titled "NRAS Assessment Tools" for all End-Users to access
- All inmates entering NDOC facilities will require an assessment including inmates who violated parole as well as Safe Keeper inmates
    - Should an NDOC staff observe, during the course of their job duties, that an inmate was not administered the PIT upon Intake into NDOC Custody, the staff member should complete the tool if within 6 months of the inmate's intake date. If it has been longer than 6 months from the inmate's intake date, the SRT should be administered
- The original scored tools will be filed in the inmate I-file. Should any program staff need regular access to the scored tool(s), copies may also be filed in medical and program files
- End-Users must add a case note in NOTIS that includes the following:
    1. Date the tool was completed
    2. Name of the tool used
    3. Final risk level of the completed tool
    4. Individual domain names as stated in the body of the tool, scores, and risk levels

    For Example:
    NRAS Completed September 12, 2016
    Reentry Tool (RT) Final Risk Level: 10 MODERATE
    - Criminal History: 4 MODERATE
    - Education, Employment, and Financial Situation: 2 MODERATE
    - Criminal Attitudes and Behavioral Patterns: 5 MODERATE

- End-Users will use the following method when correcting mistakes on the written tool:
    1. Draw one line through the written mistake
    2. Write "error" above the written mistake
    3. Include the End-User's initials and date correction was made
    4. Document the correct information
- Trainers will notify all End-Users about revisions to the tools and re-certification training dates via email within one week of receiving notification from UC
- End-Users will follow the approved "NRAS NOTIS AUTOMATION MANUAL" to ensure all NRAS tools are entered into NOTIS with fidelity

Training and Travel Authorization

- The Substance Abuse Program Director will coordinate the travel budget with the Employee Development Manager for Trainers

Appendix E: Programs Not Offered / Approved Merit Credit Core / Operational Progress

PROGRAMS NOT BEING OFFERED:

1. Healing and Empowerment Rights of Every Survivor (HEROES)
2. Health-Related Recovery
3. Houses of Healing
4. Maternal Health and Child Care
5. One World
6. Peaceful Solutions
7. Relationship Skills
8. S.M.A.R.T. Choices
9. Stress/Anxiety Management
10. The Path to Success
11. Unbearable Stress
12. Women's Health
13. Addiction Prevention Education Core Program
14. ANCHOR Program I
15. ANCHOR Program II
16. ANCHOR Program III
17. STEPPS - Sys Train for Emot & Predict & Prob Solv
18. Horticulture (UNR Coop. Ext.)
19. Job Readiness Skills - Building Your Future
20. Job Survival Skills
21. Master Gardener (UNR Coop. Ext.)
22. Photovoltaic
23. Business
24. Certified Screen Printer
25. Collision Repair
26. Commercial Drivers License
27. Floral Design (UNR Coop. Ext.)
28. Communications
29. Conflict Resolution
30. Domestic Violence
31. Family
32. Family Reunification
33. Fitness and Wellness
34. Gang Aftercare
35. Gang Awareness
36. Entrepreneurship
37. RESPECT
38. Anger & Aggression
39. Anger: Creating New Choices
40. Challenge
41. Employment Skills
42. Forward Thinking
43. Getting Motivated to Change
44. Transition Skills
45. Way Safe: Mapping Your Way to a Healthy Future
46. Matrix-Modified
47. Stepping Stones

Second Chance Grant Re-Entry and Substance Abuse Program
-RENAMED to **RISE**

Effective 01-19-2017

NEVADA DEPARTMENT OF CORRECTIONS

Approved Merit Credit Core/Optional Programs

Educational Programs—*Section 2 DOC-3077 form*	**NRS 209.446 Crime committed after 6/ 30/85 and before 1/17/97. Merit Credits**	**NRS 209.4465 on or after 7/17/97 Merit Credits**
High School Equivalency (HSE) - once per offender	30	60
High School Diploma (HSD) - once per offender	60	90
Associate's (AA or AS) Degree - first Associate's Degree	90	120
Additional Associate's Degree - per degree		90
Bachelor's (BA or BS) Degree - per degree	0	90
Master's (MA or MS) Degree - per degree	0	90

Vocational/Education Programs—*Section 3 DOC-3077 form*	**NRS 209.449**	**No date restrictions**
Advanced Computers	60	
Air Conditioning and Heating	60	
Auto Mechanics/Auto Shop	60	
Automotive Technology	60	
Business	60	
Certified Screen Printer	60	
College Certificate	60	
Collision Repair	60	
Computers	60	
Construction	60	
Culinary	60	
Entrepreneurship	60	
Green Technology	60	
Janitorial/OSHA	60	
New Paths (Cosmetology)	60	
Plant Science and Horticulture	60	
RESPECT	60	
Small Engine Repair	60	
Small Engine Repair Technology	60	
Welding	60	

Job Skills Programs–*Section 3 DOC-3077 form*	**NRS 209.446.4 & NRS 209.4465.5 Crime committed on or after 7/1/85**
Braille I	30
Braille II	30
Braille III	30
Braille IV	30
Financial Literacy	30
Forklift Operator Training	15

Job Skills Programs–*Section 3 DOC-3077 form*	**NRS 209.446.4 & NRS 209.4465.5 Crime committed on or after 7/1/85**
OSHA 10-Construction Safety and Health Outreach Course	5
Photovoltaic	15
ServSafe	30
ServSafe Manager	30

Programs in Job Skills section count towards the annual 90 merit credit limit.

NDF Programs– *Section 3 DOC-3077 form*	**NRS 209.446.4 & NRS 209.4465.5 Crime committed on or after 7/1/85**
Firefighting Basic Training S130 and S190 (NDF) **Requires completion of both segments, passing tests, getting and keeping NDF job for 6 months or until release—whichever comes first.**	30

Programs in NDF section count towards the annual 90 merit credit limit.

Core Correctional Programs—*Section 3 DOC-3077 form*	**NRS 209.446.4 & NRS 209.4465.5 Crime committed on or after 7/1/85**	**Program enrollment prior to 01/19/17**
Anger & Aggression	15	
Anger: Creating New Choices	15	
Anger Management for Substance Abuse and Mental Health Clients (SAMHSA)	15	
Challenge	30	
Clark County Parenting Program	30	
Commitment to Change Phase I	15	
Commitment to Change Phase II	15	
Commitment to Change Phase III	15	
Employment Skills	5	
Forward Thinking (Correctional Youth only)	30	
Getting It Right: Contributing to the Community	30	
Getting Motivated to Change	5	
Good Intentions, Bad Choices	30	15
Healthy Steps to Freedom	30	
InsideOut Dad	30	
Relapse Prevention (Sex Offender)	30	15
Seeking Safety I	30	
Seeking Safety II	30	
S.O.T.P Sex Offender-Phase I	30	15
S.O.T.P Sex Offender-Phase II	30	15
S.O.T.P Sex Offender-Phase III	30	15
S.O.T.P Sex Offender-Phase IV	30	15
Straight Ahead: Transition Skills for Recovery	30	
Thinking for a Change	30	
Transition Skills	15	

Core Correctional Programs—*Section 3 DOC-3077 form*	**NRS 209.446.4 & NRS 209.4465.5 Crime committed on or after 7/1/85**	**Program enrollment prior to 01/19/17**
Turning Point Phase I	30	
Victim Impact: Listen and Learn	30	
Way Safe: Mapping Your Way to a Healthy Future	5	

Programs in Core Correctional section count towards the annual 90 merit credit limit.

Optional Correctional Programs—*Section 3 DOC-3077 form*	**NRS 209.446.4 & NRS 209.4465.5 Crime committed on or after 7/1/85**
Healing and Empowerment Rights of Every Survivor (HEROES)	15
Senior Structured Living Program Jan-June	30
Adjustable merit credits 5 per full month in program	
Senior Structured Living Program July-December	30
Adjustable merit credits 5 per full month in program	
SOS Help for Emotions	15
Structured Living Basic Training ALPHA	30
Structured Living Basic Training BRAVO	30
Structured Living Basic Training CHARLIE	30
Survivors Overcoming Abuse and Rape (S.O.A.R)	15

Programs in Optional Correctional section count towards the annual 90 merit credit limit.

Substance Abuse Treatment Programs—*Section 4 DOC-3077 form*	**NRS 209.448 Sentenced on or after 10/1/91**
Matrix-Modified	15
New Light	60
Second Chance Grant Re-entry and Substance Abuse Program	60
Stepping Stones	30
Therapeutic Community Phase I	60
Therapeutic Community Phase II	60
Therapeutic Community Phase III	60
Therapeutic Community Aftercare	60

1. **For sentence credits for offender sentenced on or before June 30, 1969, see NRS 209.433.**
2. **For sentence credits for offenders sentenced after Jun 30, 1969 and before July 1, 1985 for crime committed before July 1, 1985, see NRS 209.443.**
3. **For sentence credits for offenders sentenced on or after July 1, 1985 and before July 17, 1997, see NRS 209.446.**
4. **For sentence credits for offenders sentenced on or after July 17, 1997, see NRS 209.4465.**
5. **Credits for completion of program of treatment for abuse of alcohol and drugs, see NRS 209.448.**
6. **Credits for completion of vocational education and training or other program, see NRS 209.449.**
7. **Programs can be taken more than once but inmate may only earn merit credits once per Booking Number.**

Approved by: Deputy Director Program **Date:** 2/3/17

Name/Title

NEVADA DEPARTMENT OF CORRECTIONS

Approved Merit Credit Educational/Vocational Programs

Educational Programs—*Section 2 DOC-3077 form*

	(i)Crime committed after 6/ 30/85 and before 1/17/97 Merit Credits	(ii)Crime on or after 7/17/97 Merit Credits
High School Equivalency (HSE) - once per offender	30	60
High School Diploma (HSD) - once per offender	60	90
Associate's (AA or AS) Degree - first Associate's Degree	90	120
Additional Associate's Degree - per degree		90
Bachelor's (BA or BS) Degree - per degree	0	90
Master's (MA or MS) Degree – per degree		90
CSN 306 **(both courses)**		60

Vocational/Education Programs—*Section 3 DOC-3077 form*

	(iii)
Advanced Computers	60
Air Conditioning and Heating	60
Auto Mechanics/Auto Shop	60
Automotive Technology	60
Braille I	30
Braille II	30
Braille III	30
Braille IV	30
College Vocational Certificate	60
Computers	60
Construction	60
Culinary	60
Financial Literacy	30
MC3 (Heavy Equipment Simulator)-per module	60
Janitorial/OSHA	60
New Path (cosmetology)	60
Plant Science and Horticulture	60
Small Engine Repair	60
Small Engine Repair Technology	60
Welding	60

Job Skills Programs–*Section 3 DOC-3077 form*

	(iv)Crime committed on or after 7/1/85
Forklift Operator Training	15
OSHA 10-Construction Safety and Health Outreach Course	5
ServeSafe	30
ServeSafe Manager	30

NDF Programs– *Section 3 DOC-3077 form*

	(iv)Crime committed on or after 7/1/85
Firefighting Basic Training S130 and S190 (NDF) **Requires completion of both segments, passing tests, getting and keeping NDF job for 6 months or until release—whichever comes first.**	30

A. **For sentence credits for offender sentenced on or before June 30, 1969, see NRS 209.433.**
B. **For sentence credits for offenders sentenced after Jun 30, 1969 and before July 1, 1985 for crime committed before July 1, 1985, see NRS 209.443.**
C. **For sentence credits for offenders sentenced on or after July 1, 1985 and before July 17, 1997, see NRS 209.446.**
D. **For sentence credits for offenders sentenced on or after July 17, 1997, see NRS 209.4465.**
E. **Credits for completion of vocational education and training or other program, see NRS 209.449.**
F. **Programs can be taken more than once, but inmate may only earn merit credits once per Booking Number.**
G. **Inmates receiving programming while in Out of State Custody (OSC) will be reviewed on a case-by-case basis for credit.**

Approved by: _____ Dep. Director Programs **Date:** 11-22-17
Name/Title

Footnotes:
i. **NRS 209.446**
ii. **NRS 209.4465**
iii. **NRS 209.449**
iv. **NRS 209.446.4 & 209.4465.5**

NEVADA DEPARTMENT OF CORRECTIONS

Approved Merit Credit Core/Optional Programs

Core Correctional Programs—*Section 3 DOC-3077 form*

	(i)Crime committed on or after 7/1/85 Merit Credits	Program enrollment prior to 01/19/17 Merit Credits
Mental Health Facilitates:		
1. Anger Management for Substance Abuse and Mental Health Clients (SAMHSA)	15	
2. Commitment to Change:		
• Phase I	15	
• Phase II	15	
• Phase III	15	
3. Good Intentions, Bad Choices	30	15
4. InsideOut Dad	30	
5. Juvenile MRT **(entire program)**	60	
6. Seeking Safety I	30	
7. Seeking Safety II	30	
8. **Sexual Treatment of Offenders in Prison (STOP):		
• Phase I	30	15
• Phase II	30	15
• Phase III	30	15
• Phase IV	30	15
• Relapse Prevention (Sex Offender)	30	15
9. Thinking for a Change	30	
10. Victim Impact: Listen and Learn	30	
Mental Health & Re-Entry Facilitate:		
1. Moral Reconation Therapy (MRT):		
• Phase I (Steps 1-4)	15	
• Phase II (Steps 5-8)	15	
• Phase III (Steps 9-12)	15	
• Phase IV (Steps 13-16)	15	
Re-Entry Facilitates:		
1. Getting It Right: Contributing to the Community	30	
2. Turning Point: Phase I	30	
Outside Partner:		
1. Clark County Parenting Program **(all 3 sections)**	30	
• Nurturing Parents & Families		
• Teen Positive Parenting Program		
• ABCs of Parenting		
Straight Ahead: Transition Skills for Recovery	30	

Substance Abuse Treatment Programs—*Section 4 DOC-3077 form*

	(ii)Sentence on or after 10/1/91
New Light	60
Reaching Inward to Succeed in my Environment (RISE)	60
Therapeutic Community (TRUST/PHOENIX/STARS):	
• Phase I	60
• Phase II	60
• Phase III	60
• Aftercare	60

Optional Correctional Programs—*Section 3 DOC-3077 form*

	(i)Crime committed on or after 7/1/85
Mental Health Facilitates:	
1. Senior Structured Living Program (SSLP):	
Jan-June	30
Adjustable merit credits 5 per full month in program	
July-December	30
Adjustable merit credits 5 per full month in program	
2. SOS Help for Emotions	15
Structured Living Program (SLP):	
• ALPHA (1st Phase)	30
• BRAVO (2nd Phase)	30
• CHARLIE (3rd Phase)	30
Outside Partners:	
1. Healthy Steps to Freedom	30
- University of Nevada Cooperative Extension	
2. Survivors Overcoming Abuse and Rape (SOAR)	15
- Rape Crisis Center	

A. **For sentence credits for offender sentenced on or before June 30, 1969, see NRS 209.433.**
B. **For sentence credits for offenders sentenced after Jun 30, 1969 and before July 1, 1985 for crime committed before July 1, 1985, see NRS 209.443.**
C. **For sentence credits for offenders sentenced on or after July 1, 1985 and before July 17, 1997, see NRS 209.446.**
D. **For sentence credits for offenders sentenced on or after July 17, 1997, see NRS 209.4465.**
E. **Credits for completion of program of treatment for abuse of alcohol and drugs, see NRS 209.448.**
F. **Programs can be taken more than once, but inmate may only earn merit credits once per Booking Number.**
G. **Inmates receiving programming while in Out of State Custody (OSC) will be reviewed on a case-by-case basis for credit.**

Approved by: Dep. Director Programs **Date:** 11-22-17
Name/Title

Footnotes:
i. **NRS 209.446.4 & NRS 209.4465.5**
ii. **NRS 209.448**

**** Best Practice Program**

Appendix F: Chapter 2 RISE Program Additional Information and Analyses

Section 1: RISE Continuing-Care Discharge Plan

The Second Chance Act Statewide Adult Recidivism Reduction Grant:
R.I.S.E. Substance Abuse Re-Entry Program
CONTINUING-CARE DISCHARGE PLAN

_____

Name: **Identification Number:**

Admission Date: **Termination Date:**

_____

Services Provided by Nevada Department of Corrections Substance Abuse Program:

Program Completed:	**Description of Program/ Level of Care:**
☐ Therapeutic Community Program	(9-12 month Substance Abuse Program/Residential III.3)
☐ New Light	(5-6 month Substance Abuse Program/Residential III.3)
☐ Stepping Stones	(6-12 month Substance Abuse Program/Intensive Outpatient II.1)
☐ R.I.S.E.	(5-6 month Substance Abuse Re-Entry Program/ Outpatient I)

_____

Substance Use Disorder Diagnosis:
1)
2)
3) _____

Medication Assisted Treatment (M.A.T.) through use of Vivitrol
M.A.T. Eligible YES/NO (circle one)
M.A.T. Enrolled YES/NO (circle one)
First injection of Vivitrol administered during NDOC custody YES/NO (circle one)

_____

Nevada Risk Assessment System (NRAS) Scores:
The NRAS was developed by University of Ohio as a statewide system to assess the risk and needs of inmates in order to improve consistency and facilitate communication across criminal justice agencies. The goal of NRAS is to develop assessment tools that are predictive of recidivism. In addition, effective inmate classification systems will identify dynamic risk factors (also called criminogenic needs) associated with recidivism so they can be used to target programmatic needs. Criminogenic needs are listed in the individual domain scores below and scores of moderate or high indicate a clinical need to intervene in order to reduce recidivism

Admission NRAS Tool: **Overall Risk Score:**_____

- ☐ Prison Intake Tool (PIT)
- ☐ Supplemental Re-Entry Tool (SRT)
- ☐ Re-Entry Tool (RT
- ☐ **Individual Domain Scores:**
- ☐ Criminal History: _____
- ☐ Education, Employment, and Financial Situation: _____
- ☐ Family and Social Support: _____
- ☐ Substance Abuse and Mental Health: _____
- ☐ Criminal Attitudes and Behavioral Patterns: _____

Discharge NRAS Tool: **Overall Risk Score: _____**

- ☐ Prison Intake Tool (PIT)
- ☐ Supplemental Re-Entry Tool (SRT)
- ☐ Re-Entry Tool (RT

Individual Domain Scores:

Criminal History: _____
Education, Employment, and Financial Situation: _____
Family and Social Support: _____
Substance Abuse and Mental Health: _____
Criminal Attitudes and Behavioral Patterns: _____

TCU Responsivity Scales:

The program also provides pre- and post-screenings for participants enrolled in the Substance Abuse Program in order to depict changes in criminal thinking and social functioning thought processes. The scores seen in the graph below are the average scores of a person involved in the criminal justice system which means if the participant scores higher than the norm, it would indicate an area to be addressed during treatment in order to reduce recidivism while promoting sobriety. Texas Christian University tools called CTSform and SOCform are used to gather these scores.

Criminal Thinking includes the following domains:
(a) Entitlement
(b) Justification
(c) Power Orientation
(d) Cold Heartedness
(e) Criminal Rationalization
(f) Personal Irresponsibility

Social Functioning includes:
(a) Hostility
(b) Risk Taking
(c) Social Support

Level of Care Index-3 (LOCI3)

Date of Assessment: _____ Level of Care Indicated: _____

1. Intoxication/Withdrawal Potential : _____
2. Biomedical Conditions/Complications: _____
3. Emotional/Behavioral/Cognitive: _____
4. Readiness to Change: _____
5. Relapse/Cont. Use/Problem Potential: _____
6. Recovery/Living Environment: _____

This level of care is recommended as _____transitions from a controlled environment (prison) back into society in order to maintain the pro-social attitudes, beliefs, and skills acquired during the course of this treatment episode. Due to his incarceration, his risk of intoxication/withdrawal potential is expected to be heightened. Also, any medical conditions or co-occurring conditions including criminogenic risk, need and responsivity factors would have been stabilized during his incarceration and therefor may require attention post release. (ASAM, p.355)

Summary of Progress during Treatment

Stage of Change Assessment at Admission: _____

Stage of Change Assessment at Termination: _____

_____ has completed the _____ Substance Abuse Program which focuses on recovery from addiction as well as addressing criminal thinking through skill development in the areas of cognition, emotional regulation, social skills, problem-solving skills, and success planning (formerly called relapse prevention planning). The program philosophy promotes personal responsibility, accountability, integrity, and mutual respect. Additionally, all clinical staff members are Certified or Licensed Alcohol and Drug Counselors through the State of Nevada Board of examiners for Alcohol, Drug, and Gambling Counselors.

Discharge Plan: First 30 Day Needs

Community Transition Resources Identified as a Need:	☐ Housing ☐ Employment ☐ Food, Personal Hygiene ☐ Education ☐ Medical ☐ Medication Assisted Treatment	☐ Family Services ☐ Drug/Alcohol Counseling ☐ Primary Support ☐ Mental Health ☐ Parole/Probation Office ☐ Other: _____

Specific Information related to each resource need checked in the box above:

Counselor Signature: _____ Date:_____

Section 2: Statistical results of comparisons between RISE and TC clients

Between-subjects comparisons: RISE vs. TC at intake

Criminal Thinking Scales

Scale	*M* RISE	*M* TC	*t*	*df*	*p*
Entitlement (EN)	19.84	17.12	-1.883	92	.063
Justification (JU)	22.10	18.84	-2.439	84.03	.017
Power Orientation (PO)	27.78	24.50	-1.718	92	.089
Cold Heartedness (CH)	22.99	22.55	-0.307	92	.759
Criminal Rationalization (CR)	31.78	28.54	-1.873	92	.064
Personal Irresponsibility	22.50	21.19	-0.798	92	.427

Note: RISE $N = 61$; TC $N = 33$

Treatment Needs and Motivation Scales

Scale	*M* RISE	*M* TC	*t*	*df*	*p*
Problem Recognition (PR)	38.01	39.90	1.204	92	.232
Desire for Help (DH)	41.91	43.48	1.325	92	.188
Treatment Readiness (TR)	42.53	43.71	0.999	92	.320
Pressures for Treatment (PT)	29.09	30.73	1.280	92	.204
Treatment Needs(TN)	33.93	32.73	-0.945	92	.347

Note: RISE $N = 61$; TC $N = 33$

Social Functioning Scales

Scale	*M* RISE	*M* TC	*t*	*df*	*p*
Hostility (HS)	24.66	27.84	-1.687	92	.095
Risk Taking (RT)	35.76	32.81	-1.814	92	.073
Social Support (SS)	38.01	39.12	0.741	92	.460
Social Desirability (SD)	4.60	5.78	2.127	49.31	.038

Note: RISE $N = 61$; TC $N = 33$

Psychological Functioning Scales

Scale	*M* RISE	*M* TC	*t*	*df*	*p*
Self-esteem (SE)	34.10	35.51	0.911	92	.365
Depression (DP)	23.89	25.71	-1.093	92	.277
Anxiety (AX)	27.94	25.71	-1.317	92	.191
Decision Making (DM)	35.71	36.22	0.448	92	.655
Expectancy (EX)	38.24	39.24	0.688	92	.493

Note: RISE $N = 61$; TC $N = 33$

Between-subjects comparisons: RISE vs. TC at discharge

Criminal Thinking Scales

Scale	*M* RISE	*M* TC	*t*	*df*	*p*
Entitlement (EN)	13.44	14.67	0.963	26.18	.344
Justification (JU)	14.67	16.33	1.071	28	.293
Power Orientation (PO)	19.33	16.57	-1.769	27.15	.088
Cold Heartedness (CH)	20.40	23.20	1.810	21.19	.084
Criminal Rationalization (CR)	22.11	34.33	5.043	28	<.001
Personal Irresponsibility	15.44	20.00	2.531	28	.017

Note: RISE $N = 15$; TC $N = 15$

Treatment Needs and Motivation Scales

Scale	*M* RISE	*M* TC	*t*	*df*	*p*
Problem Recognition (PR)	32.30	36.00	1.247	20.13	.227
Desire for Help (DH)	38.16	36.67	-0.582	24.25	.566
Treatment Readiness (TR)	38.33	38.75	0.229	24.80	.820
Pressures for Treatment (PT)	23.33	27.14	1.743	28	.092

Treatment Needs(TN)	30.00	31.20	0.528	22.59	.603

Note: RISE *N* = 15; TC *N* = 15

Social Functioning Scales

Scale	*M* RISE	*M* TC	*t*	*df*	*p*
Hostility (HS)	19.64	19.75	0.078	19.48	.939
Risk Taking (RT)	31.24	32.86	0.716	17.68	.483
Social Support (SS)	43.78	38.89	-2.214	28	.035
Social Desirability (SD)	5.87	6.60	1.262	28	.217

Note: RISE *N* = 15; TC *N* = 15

Psychological Functioning Scales

Scale	*M* RISE	*M* TC	*t*	*df*	*p*
Self-esteem (SE)	42.12	--	--	--	--
abDepression (DP)	15.76	--	--	--	--
Anxiety (AX)	20.13	--	--	--	--
Decision Making (DM)	41.31	--	--	--	--
Expectancy (EX)	45.68	--	--	--	--

Note: RISE *N* = 15; TC *N* = 0. No data for TC at discharge on Psychological Functioning scales, therefore no comparisons were performed.

Within-subjects comparisons: RISE at intake vs. RISE at discharge

Criminal Thinking Scales

Scale	*M* Intake	*M* Discharge	*t*	*df*	*p*
Entitlement (EN)	17.78	13.44	2.455	14	.028
Justification (JU)	19.00	14.67	3.417	14	.004
Power Orientation (PO)	24.85	19.33	2.527	14	.024
Cold Heartedness (CH)	21.87	20.40	1.114	14	.284

Criminal Rationalization (CR)	29.78	22.11	7.122	14	<.001
Personal Irresponsibility	18.78	15.44	1.954	14	.071

Note: RISE *N* = 15; TC *N* = 15

Treatment Needs and Motivation Scales

Scale	*M* Intake	*M* Discharge	*t*	*df*	*p*
Problem Recognition (PR)	41.04	32.30	2.913	14	.011
Desire for Help (DH)	44.56	38.16	3.152	14	.007
Treatment Readiness (TR)	43.92	38.33	4.580	14	<.001
Pressures for Treatment (PT)	28.48	23.33	2.428	14	.029
Treatment Needs(TN)	32.93	30.00	1.475	14	.162

Note: RISE *N* = 15; TC *N* = 15

Social Functioning Scales

Scale	*M* Intake	*M* Discharge	*t*	*df*	*p*
Hostility (HS)	25.75	19.64	3.799	14	.002
Risk Taking (RT)	38.29	31.24	2.883	14	.012
Social Support (SS)	37.19	43.78	-3.531	14	.003
Social Desirability (SD)	4.27	5.87	-3.511	14	.003

Note: RISE *N* = 15; TC *N* = 15

Psychological Functioning Scales

Scale	*M* Intake	*M* Discharge	*t*	*df*	*p*
Self-esteem (SE)	31.81	42.12	-5.651	10	<.001
Depression (DP)	25.45	15.76	4.255	10	.002
Anxiety (AX)	24.81	20.13	1.586	10	.144
Decision Making (DM)	35.96	41.31	-4.917	10	.001
Expectancy (EX)	37.50	45.68	-3.500	10	.006

Note: RISE $N = 11$; TC $N = 11$

Appendix G: Chapter 3 NRAS Additional Analyses

Section 1: Psychometrics

Complete item-level data was available for a subset of our overall sample (*n* = 297). Using these data, we performed factor analyses and reliability analyses to evaluate how well these scales measured the constructs they're intended to measure, split by gender. An initial factor analysis was conducted using all PIT items. It was expected that given the PIT has 5 domains, 5 factors should strongly emerge. This was not the case. A total of ten (10) factors emerged, indicating that there were many more factors within the PIT than the 5 domains it is supposed to have. The most dominant factor only accounted for a total of 13.257% of the total variability in the data. Furthermore, most items did not have strong loadings on any one factor, but rather, cross loaded on many factors. This indicates that the PIT is not measuring an overlapping construct, but rather, many different constructs. For females, this analysis could not be properly run due to small sample size.

To examine if any one domain was specifically problematic, factor analyses were conducted on each domain individually, split by gender. For Age/Criminal History for males, three major factors emerged. With only 7 items in the domain, this is an issue. Item 1.4 is particularly problematic, as it cross loads across multiple factors. This is problematic because it suggests these items are measuring multiple different constructs. For females, this analysis could not be run due to sample size. For School Behavior and Employment for males, two major factors emerged. Item 2.4 cross loads, whereas Item 2.1 drives its own factor while the remaining items load into one factor. This makes some sense, as Item 2.1 pertains to school while the other items pertain to employment, and the factor loadings are indicating these are separate. This same domain for females shows a similar pattern, except that Item 2.4 does load onto a single factor more clearly. Again, we still see the same 2 factors emerging as it did with males. For Family and Social Support for males, two major factors emerged. The factor loadings show Items 3.1 and 3.2 loading in one factor, Item 3.3 cross loading across both factors, and 3.4 and 3.5 load on a second factor. The last two items pertain to support, so it is not surprising that they loaded into a similar factor. This same domain for females behaves similarly. Again, the same 2 factors emerged. For Substance Abuse and Mental Health for males, one clear major factor emerged, accounting for 35.592% of the total variability in the data. This domain for females however shows 2 factors, with items 4.1 and 4.2 loading on one factor, 4.3 and 4.4 loading on another factor, while 4.5 is mostly cross loading, but could be considered loading on the same factor as 4.3 and 4.4. This would imply that this particular domain behaves differently for men and women. For Criminal Lifestyle for males, two major factors emerged. Item 5.2 loaded on its own factor, and 5.6 cross loaded, while the remaining items load into the second factor. This same domain for females finds three factors, with Items 5.1 and 5.6 loading on one factor, 5.2 and 5.7 on another factor, and the remaining loading onto a third factor. From these factor analyses, we can infer that the domains contain more factors than are being accounted for, with the exception of the Substance Abuse and Mental Health domain for males. A reworking of which items belong in which domains, the addition and/or

removal of items, and a general reorganizing of the PIT may improve the usefulness of the PIT to measure risk factors.

Reliability analyses were also conducted on the overall instrument, as well as each domain, split by gender. For males, the internal reliability of the overall instrument was acceptable, although slightly lower than what is generally recommended. The School Behavior and Employment had low reliability, but nevertheless might be marginally acceptable. Conversely, the Age/Criminal History, Family and Social Support, Substance Abuse and Mental Health, and Criminal Lifestyle domains all had reliabilities too low to be acceptable. For females, internal reliabilities for the overall score as well as the domain scores were too low to be acceptable. From these internal reliability measures, one can see that the instrument as a whole has acceptable internal reliability for males, but each contributing domain on its own has low reliability. For females, the internal reliability statistics are generally worse than those for males.

Overall, the psychometric properties of the PIT are generally poor. There is much room for improvement and modification to this tool in regards to scale construction and factor reduction, and in regards to internal reliability as well.

As an example of how reorganization can impact psychometric properties as discussed within Chapter 4 Limitations and Recommendations, a principal components analysis was run again on the PIT items. Using the factor loadings as a guide, reducing the number of items in the scale to those with strong loadings on the first factor (8 items: 1.1, 1.2, 2.2, 2.3, 2.5, 2.6, 4.3, 5.1), results in a new scale with a single factor which explains 35.593% of the variability in the data, with an acceptable internal reliability. Entering this "new scale" into an ROC model predicting recidivist or non-recidivist membership resulted in an AUC for males that was still not better than chance, but nevertheless represented an improvement over the PIT overall score as a predictor of recidivism outcome. This quick and simplistic reorganization and reanalysis changes the predictive validity of the PIT in such a way that males are approaching significant findings, whereas females moved completely away from significant findings. This alone implies that the gender differences are greater than accounted for, and also demonstrates that a simple reorganization can have drastic changes on the validity of the instrument for both genders within Nevada's offender population.

Section 2: Tables

Table 1. Logistic regression analysis with overall risk categories as predictor variable and recidivism as outcome variable (males only).

Variable	*b*	*SE*	*W*	*df*	*p*	*Exp(B)*
Overall risk[a]			2.425	3	.489	
Medium risk	0.620	0.445	1.943	1	.163	1.859
High risk	0.502	0.442	1.289	1	.256	1.652
Very high risk	0.865	0.644	1.802	1	.179	2.375
Constant	0.472	0.403	1.359	1	.244	1.600

[a] Reference category: Low risk

Table 2. Logistic regression analysis with overall risk categories as predictor variable and recidivism as outcome variable (females only).

Variable	*b*	*SE*	*W*	*df*	*p*	*Exp(B)*
Overall risk[a]			5.205	2	.074	
Medium risk	1.031	0.622	2.752	1	.097	2.805
High risk	1.814	0.877	4.282	1	.039	6.136
Constant	0.201	0.449	0.199	1	.655	1.222

[a] Reference category: Low risk

Table 3. Logistic regression analysis with domain risk categories as predictor variables and recidivism as outcome variable (males).

Variable	*b*	*SE*	*W*	*df*	*p*	*Exp(B)*
Criminal history risk[a]			1.028	2	.598	
Moderate risk	0.112	0.281	0.160	1	.689	1.119
High risk	0.370	0.365	1.028	1	.311	1.448
School/employment behavior risk[a]			1.942	2	.379	
Moderate risk	0.021	0.307	0.005	1	.946	1.021
High risk	-0.371	0.332	1.250	1	.264	0.690
Family and social support risk[a]			2.953	2	.228	
Moderate risk	-0.251	0.281	0.803	1	.370	0.778
High risk	-0.601	0.356	2.859	1	.091	0.548
Substance abuse/mental health risk[a]			1.218	2	.544	
Moderate risk	0.165	0.271	0.370	1	.543	1.179
High risk	0.488	0.460	1.124	1	.289	1.629
Criminal lifestyle risk[a]			4.657	2	.097	
Moderate risk	0.586	0.278	4.461	1	.035	1.797
High risk	0.494	0.381	1.681	1	.195	1.640
Constant	0.715	0.291	6.023	1	.014	2.045

[a] Reference category: Low risk

Table 4. Logistic regression analysis with domain risk categories as predictor variables and recidivism as outcome variable (females).

Variable	*b*	*SE*	*W*	*df*	*p*	*Exp(B)*
Criminal history risk[a]			2.201	2	.333	
Moderate risk	1.279	0.862	2.201	1	.138	3.594
High risk	-19.149	14994.314	<0.001	1	.999	<0.001

School/employment behavior risk[a]				2	.346	
Moderate risk	0.715	0.799	2.121	1	.371	2.045
High risk	1.300	0.900	0.802	1	.149	3.669
Family and social support risk[a]			2.086	2	.875	
Moderate risk	-0.306	0.716	0.268	1	.668	0.736
High risk	0.183	1.244	0.183	1	.883	1.201
Substance abuse/mental health risk[a]			0.022	2	.802	
Moderate risk	-0.076	0.687	0.441	1	.912	0.927
High risk	-0.752	1.153	0.012	1	.514	0.472
Criminal lifestyle risk[a]			0.425	2	.994	
Moderate risk	0.074	0.646	0.013	1	.909	1.076
High risk	37.199	21205.162	0.013	1	.999	1.43E17
Constant	0.187	0.693	<.001	1	.787	1.206

[a] Reference category: Low risk

Table 5. Logistic regression analysis with overall risk score as predictor variable and recidivism as outcome variable (males).

Variable	*b*	*SE*	*W*	*df*	*p*	*Exp(B)*
Overall risk score	0.030	0.021	2.050	1	.152	1.030
Constant	0.521	0.353	2.188	1	.139	1.685

Table 6. Logistic regression analysis with overall risk score as predictor variable and recidivism as outcome variable (females).

Variable	*b*	*SE*	*W*	*df*	*p*	*Exp(B)*
Overall risk score	0.129	0.060	4.650	1	.031	1.137
Constant	-0.799	0.856	0.871	1	.351	0.450

Table 7. Logistic regression analysis with domain risk scores as predictor variables and recidivism as outcome variable (males).

Variable	*b*	*SE*	*W*	*df*	*p*	*Exp(B)*
Criminal history risk[a]	0.051	0.067	0.568	1	.451	1.052
School/employment behavior risk[a]	0.105	0.086	1.511	1	.219	1.111
Family and social support risk[a]	-0.075	0.095	0.624	1	.430	0.928
Substance abuse/mental health risk[a]	-0.149	0.125	1.419	1	.234	0.862
Criminal lifestyle risk[a]	0.007	0.077	0.007	1	.933	1.007
Constant	0.973	0.457	4.528	1	.033	2.645

Table 8. Logistic regression analysis with domain risk scores as predictor variables and recidivism as outcome variable (females).

Variable	*b*	*SE*	*W*	*df*	*p*	*Exp(B)*
Criminal history risk[a]	0.151	0.260	0.336	1	.562	1.162
School/employment behavior risk[a]	0.283	0.271	1.090	1	.296	1.327
Family and social support risk[a]	-0.412	0.302	1.860	1	.173	0.663
Substance abuse/mental health risk[a]	-0.444	0.343	1.667	1	.197	0.642
Criminal lifestyle risk[a]	-0.061	0.317	0.037	1	.848	0.941
Constant	1.887	1.637	1.329	1	.249	6.596

Table 9. Logistic regression analysis with overall risk categories as predictor variable and recidivism *excluding technical violators* as outcome variable (males only).

Variable	*b*	*SE*	*W*	*df*	*p*	*Exp(B)*
Overall risk[a]			3.744	3	.291	
Medium risk	.693	.594	1.362	1	.243	2.000
High risk	.740	.589	1.579	1	.209	2.095
Very high risk	1.482	.769	3.715	1	.054	4.400
Constant	-.693	.548	1.602	1	.206	.500

[a] Reference category: Low risk

Table 10. Logistic regression analysis with overall risk categories as predictor variable and recidivism *excluding technical violators* as outcome variable (females only).

Variable	*b*	*SE*	*W*	*df*	*p*	*Exp(B)*
Overall risk[a]			2.262	2	.323	
Medium risk	-.154	1.043	.022	1	.882	.857
High risk	1.504	1.130	1.770	1	.183	4.500
Constant	-1.099	.667	2.716	1	.099	.333

[a] Reference category: Low risk

Table 11. Logistic regression analysis with domain risk categories as predictor variables and recidivism *excluding technical violators* as outcome variable (males).

Variable	*b*	*SE*	*W*	*df*	*p*	*Exp(B)*
Criminal history risk[a]			.904	2	.636	
Moderate risk	.031	.351	.008	1	.929	1.032
High risk	.399	.442	.814	1	.367	1.490
School/employment behavior risk[a]			1.324	2	.516	
Moderate risk	-.018	.393	.002	1	.963	.982
High risk	-.405	.420	.930	1	.335	.667
Family and social support risk[a]			1.510	2	.470	
Moderate risk	-.199	.351	.319	1	.572	.820
High risk	-.556	.454	1.502	1	.220	.573
Substance abuse/mental health risk[a]			3.124	2	.210	
Moderate risk	.417	.333	1.564	1	.211	1.517
High risk	.842	.536	2.470	1	.116	2.320
Criminal lifestyle risk[a]			8.272	2	.016	
Moderate risk	1.005	.359	7.853	1	.005	2.731
High risk	.888	.463	3.679	1	.055	2.431
Constant	-.681	.379	3.220	1	.073	.506

[a] Reference category: Low risk

Table 12. Logistic regression analysis with domain risk categories as predictor variables and recidivism *excluding technical violators* as outcome variable (females).

Variable	*b*	*SE*	*W*	*df*	*p*	*Exp(B)*
Criminal history risk[a]			3.721	2	.156	
Moderate risk	3.213	1.666	3.721	1	.054	24.851
High risk	-16.531	40192.970	.000	1	1.000	.000

School/employment behavior risk[a]			2.472	2	.291	
Moderate risk	1.202	1.594	.568	1	.451	3.325
High risk	2.853	1.816	2.469	1	.116	17.339
Family and social support risk[a]			2.216	2	.330	
Moderate risk	-2.639	1.773	2.216	1	.137	.071
High risk	-24.034	40192.970	.000	1	1.000	.000
Substance abuse/mental health risk[a]			.726	2	.696	
Moderate risk	-1.278	1.573	.660	1	.416	.279
High risk	-2.017	3.554	.322	1	.570	.133
Criminal lifestyle risk[a]	-.189	1.280	.022	1	.882	.828
Moderate risk	-1.028	1.037	.984	1	.321	.358
High risk			3.721	2	.156	
Constant	3.213	1.666	3.721	1	.054	24.851

[a] Reference category: Low risk

Table 13. Logistic regression analysis with overall risk score as predictor variable and recidivism *excluding technical violators* as outcome variable (males).

Variable	*b*	*SE*	*W*	*df*	*p*	*Exp(B)*
Overall risk score	.061	.026	5.637	1	.018	1.063
Constant	-.986	.452	4.758	1	.029	.373

Table 14. Logistic regression analysis with overall risk score as predictor variable and recidivism *excluding technical violators* as outcome variable (females).

Variable	*b*	*SE*	*W*	*df*	*p*	*Exp(B)*
Overall risk score	.061	.079	.592	1	.442	1.063
Constant	-1.633	1.176	1.928	1	.165	.195

Table 15. Logistic regression analysis with domain risk scores as predictor variables and recidivism *excluding technical violators* as outcome variable (males).

Variable	*b*	*SE*	*W*	*df*	*p*	*Exp(B)*
Criminal history risk	.025	.085	.090	1	.764	1.026
School/employment behavior risk	.177	.112	2.488	1	.115	1.193
Family and social support risk	-.067	.122	.296	1	.586	.936
Substance abuse/mental health risk	-.053	.153	.122	1	.727	.948
Criminal lifestyle risk	.085	.092	.854	1	.355	1.089
Constant	-.797	.588	1.838	1	.175	.451

Table 16. Logistic regression analysis with domain risk scores as predictor variables and recidivism *excluding technical violators* as outcome variable (females).

Variable	*b*	*SE*	*W*	*df*	*p*	*Exp(B)*
Criminal history risk	.556	.503	1.221	1	.269	1.744
School/employment behavior risk	.531	.514	1.066	1	.302	1.700
Family and social support risk	-1.181	.742	2.530	1	.112	.307
Substance abuse/mental health risk	.286	.789	.131	1	.717	1.331
Criminal lifestyle risk	-.097	.594	.027	1	.870	.907

Constant	-2.044	2.808	.530	1	.467	.130

Table 17. Factor analyses of all NRAS items: Total variance explained (males).

	Initial Eigenvalues			Extraction SSL			Rotation SSL		
Factor	Total	% Var	Cum %	Total	% Var	Cum %	Total	% Var	Cum %
1	4.110	13.257	13.257	4.110	13.257	13.257	2.863	9.235	9.235
2	2.830	9.130	22.387	2.830	9.130	22.387	2.323	7.494	16.729
3	2.437	7.863	30.250	2.437	7.863	30.250	2.290	7.387	24.116
4	1.943	6.269	36.519	1.943	6.269	36.519	2.207	7.119	31.234
5	1.749	5.643	42.161	1.749	5.643	42.161	1.939	6.256	37.490
6	1.702	5.490	47.651	1.702	5.490	47.651	1.801	5.811	43.302
7	1.511	4.873	52.524	1.511	4.873	52.524	1.736	5.599	48.901
8	1.144	3.689	56.213	1.144	3.689	56.213	1.555	5.016	53.916
9	1.068	3.445	59.658	1.068	3.445	59.658	1.485	4.790	58.707
10	1.042	3.362	63.020	1.042	3.362	63.020	1.337	4.313	63.020

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 18. Factor analyses of all NRAS items: Factor loadings using Varimax rotation (all cases)

	Factor				
Item	1	2	3	4	5
1.0: Age at Time of Assessment	.050	.323	-.568	.008	-.049
1.1: Most Serious Arrest Under Age 18	.074	.830	.003	-.009	.019
1.2: Prior Commitment as a Juvenile to Department of Youth Services	.076	.800	-.012	.054	.059
1.3: Number of Prior Adult Felony Convictions	.055	-.041	.887	-.007	.002
1.4: Arrests for Violent Offense as an Adult	-.053	-.053	.175	.088	.003
1.5: Number of Prior Commitments to Prison	.116	.083	.890	.043	.047
1.6: Ever Received Official Misconduct while Incarcerated as an Adult	.014	.147	.383	.036	.003
1.7: Ever Had Escape Attempts as an Adult	.059	-.018	.026	.113	.034
2.1: Ever Expelled or Suspended from School	-.010	.452	-.224	.107	.087
2.2: Employed at the Time of Arrest	.839	.092	.080	.033	.016
2.3: Employed Full-Time Just Prior to Incarceration	.841	.024	.018	-.002	.042
2.4: Attitudes toward Boss/Employer	.201	.078	.048	.124	.114
2.5: Longest Length of Employment Past Two Years	.813	.012	.034	.054	.102
2.6: Better Use of Time	.692	.029	-.010	.171	.097
3.1: Current Marital Status	.122	.048	-.012	.005	.004
3.2:Living Situation Prior to Incarceration	.048	-.001	.083	-.042	-.011
3.3: Stability of Residence Prior to Incarceration	.125	.086	.084	.278	.214
3.4: Emotional and Personal Support Available from Family or Others.054	.124	.013	.036	.036	.924
3.5: Level .373of Satisfaction with Current Level of Support from Family or Others	.094	.035	.039	-.041	.918
4.1: Most Recent Period of Abstinence from Alcohol	-.050	.054	-.064	.025	-.224
4.2: Age at First Illegal Drug Use	.098	.373	.081	.258	.070
4.3: Problems with Employment due to Drug Use	.166	-.068	.131	.499	.007
4.4: Problems with Health due to Drug Use	-.111	.060	.155	.077	-.064
4.5: Ever Diagnosed with Mental Illness/Disorder	.012	.184	-.123	.208	.022
5.1: Criminal Activities	.297	.074	.183	.579	-.045

5.2: Gang Membership	.004	.544	-.007	.034	-.163
5.3: Ability to Control Anger	-.101	.131	-.031	.625	-.083
5.4: Uses Anger to Intimidate Others	.089	-.012	.036	.195	.090
5.5: Acts Impulsively	.074	.088	-.093	.623	-.039
5.6: Feels Lack of Control Over Events	.081	-.161	-.105	.487	.202
5.7: Walks Away from a Fight	-.087	.298	.102	.531	.018

Rotation method: Varimax rotation with Kaiser Normalization.

	Factor				
Item	6	7	8	9	10
1.0: Age at Time of Assessment	-.019	.002	.160	-.039	-.019
1.1: Most Serious Arrest Under Age 18	.103	.009	.132	.088	.009
1.2: Prior Commitment as a Juvenile to Department of Youth Services	.084	-.094	.124	-.055	.069
1.3: Number of Prior Adult Felony Convictions	.090	.053	.052	.024	<.001
1.4: Arrests for Violent Offense as an Adult	.123	.761	.138	.138	.102
1.5: Number of Prior Commitments to Prison	.013	.109	.069	.003	.030
1.6: Ever Received Official Misconduct while Incarcerated as an Adult	-.205	.036	.408	.010	.389
1.7: Ever Had Escape Attempts as an Adult	-.067	.042	.066	.028	.785
2.1: Ever Expelled or Suspended from School	.003	-.037	.148	.185	.081
2.2: Employed at the Time of Arrest	-.007	-.018	-.071	.131	.007
2.3: Employed Full-Time Just Prior to Incarceration	-.028	-.059	.032	-.008	-.015
2.4: Attitudes toward Boss/Employer	-.004	.037	-.069	.683	-.057
2.5: Longest Length of Employment Past Two Years	.134	.039	-.071	.048	-.035
2.6: Better Use of Time	.123	.133	.111	-.018	.075
3.1: Current Marital Status	.760	.116	-.025	-.201	-.136
3.2:Living Situation Prior to Incarceration	.869	.039	.103	.089	.064
3.3: Stability of Residence Prior to Incarceration	.423	-.128	-.023	.423	-.180
3.4: Emotional and Personal Support Available from Family or Others	<.001	.066	-.041	.027	.004
3.5: Level of Satisfaction with Current Level of Support from Family or Others	.022	.018	.045	-.039	.026
4.1: Most Recent Period of Abstinence from Alcohol	-.146	.090	.239	.622	.125
4.2: Age at First Illegal Drug Use	-.136	.068	.376	.113	-.393
4.3: Problems with Employment due to Drug Use	.095	-.376	.335	.115	-.184
4.4: Problems with Health due to Drug Use	.098	-.113	.540	.430	.118
4.5: Ever Diagnosed with Mental Illness/Disorder	.080	.144	.660	-.011	-.017
5.1: Criminal Activities	.074	-.101	.114	.132	-.056
5.2: Gang Membership	-.189	.101	-.262	.024	-.189
5.3: Ability to Control Anger	-.199	.333	-.003	.050	.209
5.4: Uses Anger to Intimidate Others	.033	.824	-.031	-.067	-.067
5.5: Acts Impulsively	-.028	.198	.149	.177	.005
5.6: Feels Lack of Control Over Events	.133	.131	.145	-.193	.076
5.7: Walks Away from a Fight	-.041	.088	-.265	.101	.411

Rotation method: Varimax rotation with Kaiser Normalization

Note: Due to data issues, we were unable to run a full-item factor analysis for the female sample.

Table 19. Factor analyses of age/criminal history domain items: Total variance explained (males).

	Initial Eigenvalues			Extraction SSL			Rotation SSL		
Factor	Total	% Var	Cum %	Total	% Var	Cum %	Total	% Var	Cum %
1	2.299	28.741	28.741	2.299	28.741	28.741	2.093	26.162	26.162
2	1.841	23.009	51.751	1.841	23.009	51.751	1.847	23.088	49.250
3	1.099	13.740	65.491	1.099	13.740	65.491	1.299	16.241	65.491

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 20. Factor analyses of age/criminal history domain items: Factor loadings using Varimax rotation (males)

Item	1	2	3
1.0: Age at Time of Assessment	-.561	.397	-.021
1.1: Most Serious Arrest Under Age 18	-.003	.908	-.016
1.2: Prior Commitment as a Juvenile to Department of Youth Services	-.049	.904	.046
1.3: Number of Prior Adult Felony Convictions	.905	-.014	.112
1.4: Arrests for Violent Offense as an Adult	.232	-.043	.369
1.5: Number of Prior Commitments to Prison	.900	.091	.191
1.6: Ever Received Official Misconduct while Incarcerated as an Adult	.270	.178	.636
1.7: Ever Had Escape Attempts as an Adult	-.147	-.071	.841

Rotation method: Varimax rotation with Kaiser Normalization.

Note: Due to data issues, we were unable to run a factor analysis of age/criminal history domain items for the female sample.

Table 21. Factor analyses of school/employment domain items: Total variance explained (males).

	Initial Eigenvalues			Extraction SSL			Rotation SSL		
Factor	Total	% Var	Cum %	Total	% Var	Cum %	Total	% Var	Cum %
1	2.732	45.535	45.535	2.732	45.535	45.535	2.662	44.365	44.365
2	1.021	17.022	62.557	1.021	17.022	62.557	1.091	18.192	62.557

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 22. Factor analyses of school/employment domain items: Factor loadings using Varimax rotation (males)

Item	1	2
2.1: Ever Expelled or Suspended from School	-.080	.887
2.2: Employed at the Time of Arrest	.850	.111
2.3: Employed Full-Time Just Prior to Incarceration	.830	.040
2.4: Attitudes toward Boss/Employer	.231	.506
2.5: Longest Length of Employment Past Two Years	.834	.047
2.6: Better Use of Time	.704	.180

Rotation method: Varimax rotation with Kaiser Normalization.

Table 23. Factor analyses of school/employment domain items: Total variance explained (females).

	Initial Eigenvalues			Extraction SSL			Rotation SSL		
Factor	Total	% Var	Cum %	Total	% Var	Cum %	Total	% Var	Cum %
1	2.421	40.343	40.343	2.421	40.343	40.343	2.232	37.201	37.201
2	1.137	18.944	.59.287	1.137	18.944	.59.287	1.325	22.086	59.287

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 24. Factor analyses of school/employment domain items: Factor loadings using Varimax rotation (females)

Item	1	2
2.1: Ever Expelled or Suspended from School	.108	.734
2.2: Employed at the Time of Arrest	.809	.113
2.3: Employed Full-Time Just Prior to Incarceration	.679	.106
2.4: Attitudes toward Boss/Employer	.779	-.133
2.5: Longest Length of Employment Past Two Years	.705	.433
2.6: Better Use of Time	.014	.747

Rotation method: Varimax rotation with Kaiser Normalization.

Table 25. Factor analyses of family/social support domain items: Total variance explained (males).

	Initial Eigenvalues			Extraction SSL			Rotation SSL		
Factor	Total	% Var	Cum %	Total	% Var	Cum %	Total	% Var	Cum %
1	1.931	38.626	38.626	1.931	38.626	38.626	1.824	36.482	36.482
2	1.581	31.611	70.237	1.581	31.611	70.237	1.688	33.755	70.237

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 26. Factor analyses of family/social support domain items: Factor loadings using Varimax rotation (males)

Item	1	2
3.1: Current Marital Status	-.034	.804
3.2:Living Situation Prior to Incarceration	-.040	.878
3.3: Stability of Residence Prior to Incarceration	.260	.516
3.4: Emotional and Personal Support Available from Family or Others	.938	.053
3.5: Level of Satisfaction with Current Level of Support from Family or Others	.934	.043

Rotation method: Varimax rotation with Kaiser Normalization.

Table 27. Factor analyses of family/social support domain items: Total variance explained (females).

	Initial Eigenvalues			Extraction SSL			Rotation SSL		
Factor	Total	% Var	Cum %	Total	% Var	Cum %	Total	% Var	Cum %
1	2.154	43.081	43.081	2.154	43.081	43.081	1.888	37.762	37.762
2	1.583	31.660	74.741	1.583	31.660	74.741	1.849	36.979	74.741

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 28. Factor analyses of family/social support domain items: Factor loadings using Varimax rotation (females)

Item	1	2
3.1: Current Marital Status	.245	.856
3.2:Living Situation Prior to Incarceration	.134	.883
3.3: Stability of Residence Prior to Incarceration	-.234	.571
3.4: Emotional and Personal Support Available from Family or Others	.939	.107
3.5: Level of Satisfaction with Current Level of Support from Family or Others	.935	-.011

Rotation method: Varimax rotation with Kaiser Normalization.

Table 29. Factor analyses of substance abuse/mental health domain items: Total variance explained (males).

	Initial Eigenvalues			Extraction SSL		
Factor	Total	% Var	Cum %	Total	% Var	Cum %
1	1.780	35.592	35.592	1.780	35.592	35.592

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 30. Factor analyses of substance abuse/mental health domain items: Component matrix (males)

Item	1
4.1: Most Recent Period of Abstinence from Alcohol	.488
4.2: Age at First Illegal Drug Use	.610
4.3: Problems with Employment due to Drug Use	.602
4.4: Problems with Health due to Drug Use	.664
4.5: Ever Diagnosed with Mental Illness/Disorder	.605

Because there was only one factor, no rotation was performed.

Table 31. Factor analyses of substance abuse/mental health domain items: Total variance explained (females).

	Initial Eigenvalues			Extraction SSL			Rotation SSL		
Factor	Total	% Var	Cum %	Total	% Var	Cum %	Total	% Var	Cum %
1	1.869	37.371	37.371	1.869	37.371	37.371	1.766	35.313	35.313
2	1.157	23.140	60.511	1.157	23.140	60.511	1.260	25.198	60.511

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 32. Factor analyses of substance abuse/mental health domain items: Component matrix (females)

Item	1	2
4.1: Most Recent Period of Abstinence from Alcohol	.349	-.631
4.2: Age at First Illegal Drug Use	.091	.844
4.3: Problems with Employment due to Drug Use	.816	-.247
4.4: Problems with Health due to Drug Use	.814	.238
4.5: Ever Diagnosed with Mental Illness/Disorder	.554	-.180

Rotation method: Varimax rotation with Kaiser Normalization.

Table 33. Factor analyses of criminal attitudes domain items: Total variance explained (males).

	Initial Eigenvalues			Extraction SSL			Rotation SSL		
Factor	Total	% Var	Cum %	Total	% Var	Cum %	Total	% Var	Cum %
1	2.151	30.733	30.733	2.151	30.733	30.733	2.150	30.715	30.715
2	1.092	15.596	46.329	1.092	15.596	46.329	1.093	15.613	46.329

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 34. Factor analyses of criminal attitudes domain items: Factor loadings using Varimax rotation (males)

Item	1	2
5.1: Criminal Activities	.516	-.041
5.2: Gang Membership	.177	.856
5.3: Ability to Control Anger	.748	-.002
5.4: Uses Anger to Intimidate Others	.486	-.180
5.5: Acts Impulsively	.693	.004
5.6: Feels Lack of Control Over Events	.441	-.518
5.7: Walks Away from a Fight	.619	.240

Rotation method: Varimax rotation with Kaiser Normalization.

Table 35. Factor analyses of criminal attitudes domain items: Total variance explained (females).

	Initial Eigenvalues			Extraction SSL			Rotation SSL		
Factor	Total	% Var	Cum %	Total	% Var	Cum %	Total	% Var	Cum %
1	1.791	25.585	25.585	1.791	25.585	25.585	1.777	25.387	25.387
2	1.286	18.366	43.951	1.286	18.366	43.951	1.271	18.157	43.544
3	1.164	16.630	60.581	1.164	16.630	60.581	1.193	17.037	60.581

Note: Only factors with eigenvalues > 1 listed. SSL = Sum of Squared Loadings; % Var = Percentage of variance explained; Cum % = Cumulative percentage of variance explained

Table 36. Factor analyses of criminal attitudes domain items: Factor loadings using Varimax rotation (females)

Item	1	2	3
5.1: Criminal Activities	-.203	-.201	.811
5.2: Gang Membership	.025	.677	.041
5.3: Ability to Control Anger	.841	.022	-.021
5.4: Uses Anger to Intimidate Others	.752	-.420	.141
5.5: Acts Impulsively	.627	.312	-.042

5.6: Feels Lack of Control Over Events	.265	.258	.714
5.7: Walks Away from a Fight	.009	.657	-.019

Rotation method: Varimax rotation with Kaiser Normalization.

Table 37. Reliability statistics for the full NRAS scale and individual domain scales (males).

Scale	α	k
Full NRAS scale	.738	31
Age/Criminal History	.516	8
School/Employment	.705	6
Family/Social Support	.572	5
Substance Abuse/Mental Health	.536	5
Criminal Lifestyle	.514	7

Note: α = Cronbach's alpha. K = Number of items in scale.

Table 38. Reliability statistics for the full NRAS scale and individual domain scales (females).

Scale	α	k
Full NRAS scale	.571	31
Age/Criminal History	.227	8
School/Employment	.667	6
Family/Social Support	.644	5
Substance Abuse/Mental Health	.423	5
Criminal Lifestyle	.331	7

Note: α = Cronbach's alpha. K = Number of items in scale.

Table 39. Area Under the Curve (AUC) statistics for ROC analyses for the NRAS risk categories (males).

			95% Confidence Interval	
Area	*SE*	Sig.	Lower Bound	Upper Bound
.519	.035	.581	.451	.588

Table 40. Area Under the Curve (AUC) statistics for ROC analyses for the NRAS risk categories (females).

			95% Confidence Interval	
Area	*SE*	Sig.	Lower Bound	Upper Bound
.672	.074	.032	.526	.817

Table 41. Area Under the Curve (AUC) statistics for ROC analyses for the NRAS risk score (males).

			95% Confidence Interval	
Area	*SE*	Sig.	Lower Bound	Upper Bound
.541	.034	.237	.474	.608

Table 42. Area Under the Curve (AUC) statistics for ROC analyses for the NRAS risk score (females).

			95% Confidence Interval	
Area	*SE*	Sig.	Lower Bound	Upper Bound
.679	.075	.025	.533	.826

Table 43. Area Under the Curve (AUC) statistics for ROC analyses for individual NRAS domains risk categories (males).

				95% Confidence Interval	
Domain	Area	*SE*	Sig.	Lower Bound	Upper Bound
Age/Criminal History	.541	.034	.238	.473	.608
School/Employment	.472	.035	.418	.403	.541
Family/Social Support	.453	.035	.175	.385	.521
Substance Abuse/Mental Health	.540	.034	.254	.473	.607
Criminal Lifestyle	.563	.035	.070	.494	.631

Table 44. Area Under the Curve (AUC) statistics for ROC analyses for individual NRAS domains risk categories (females).

				95% Confidence Interval	
Domain	Area	*SE*	Sig.	Lower Bound	Upper Bound
Age/Criminal History	.617	.076	.144	.468	.765
School/Employment	.659	.075	.047	.512	.805
Family/Social Support	.488	.078	.878	.335	.640
Substance Abuse/Mental Health	.458	.081	.602	.299	.617
Criminal Lifestyle	.560	.076	.453	.411	.709

Table 45. Area Under the Curve (AUC) statistics for ROC analyses for individual NRAS domain risk scores (males).

				95% Confidence Interval	
Domain	Area	*SE*	Sig.	Lower Bound	Upper Bound
Age/Criminal History	.523	.042	.592	.441	.605
School/Employment	.531	.044	.464	.445	.617
Family/Social Support	.475	.043	.562	.390	.560
Substance Abuse/Mental Health	.472	.044	.517	.387	.558
Criminal Lifestyle	.509	.044	.826	.423	.595

Table 46. Area Under the Curve (AUC) statistics for ROC analyses for individual NRAS domain risk scores (females).

				95% Confidence Interval	
Domain	Area	*SE*	Sig.	Lower Bound	Upper Bound
Age/Criminal History	.547	.115	.685	.321	.773
School/Employment	.584	.097	.467	.393	.775
Family/Social Support	.348	.096	.187	.160	.535
Substance Abuse/Mental Health	.387	.113	.327	.166	.607
Criminal Lifestyle	.506	.101	.960	.309	.703

Table 47. Area Under the Curve (AUC) statistics for ROC analyses for the NRAS risk categories (males) *excluding technical violators*.

			95% Confidence Interval	
Area	*SE*	Sig.	Lower Bound	Upper Bound
.556	.041	.176	.476	.637

Table 48. Area Under the Curve (AUC) statistics for ROC analyses for the NRAS risk categories (females).

			95% Confidence Interval	
Area	*SE*	Sig.	Lower Bound	Upper Bound
.622	.128	.331	.370	.873

Table 49. Area Under the Curve (AUC) statistics for ROC analyses for the NRAS risk score (males) *excluding technical violators.*

			95% Confidence Interval	
Area	*SE*	Sig.	Lower Bound	Upper Bound
.590	.041	.030	.510	.670

Table 50. Area Under the Curve (AUC) statistics for ROC analyses for the NRAS risk score (females) *excluding technical violators.*

			95% Confidence Interval	
Area	*SE*	Sig.	Lower Bound	Upper Bound
.587	.131	.487	.329	.844

Table 51. Area Under the Curve (AUC) statistics for ROC analyses for individual NRAS domains risk categories (males) *excluding technical violators.*

				95% Confidence Interval	
Domain	Area	*SE*	Sig.	Lower Bound	Upper Bound
Age/Criminal History	.553	.041	.203	.472	.634
School/Employment	.482	.042	.660	.400	.563
Family/Social Support	.473	.042	.524	.392	.555
Substance Abuse/Mental Health	.578	.041	.063	.497	.658
Criminal Lifestyle	.603	.041	.014	.522	.683

Table 52. Area Under the Curve (AUC) statistics for ROC analyses for individual NRAS domains risk categories (females) *excluding technical violators*.

				95% Confidence Interval	
Domain	Area	*SE*	Sig.	Lower Bound	Upper Bound
Age/Criminal History	.653	.122	.222	.413	.893
School/Employment	.653	.121	.222	.416	.890
Family/Social Support	.368	.116	.291	.141	.595
Substance Abuse/Mental Health	.521	.121	.868	.283	.758
Criminal Lifestyle	.472	.125	.824	.227	.717

Table 53. Area Under the Curve (AUC) statistics for ROC analyses for individual NRAS domain risk scores (males) *excluding technical violators*.

				95% Confidence Interval	
Domain	Area	*SE*	Sig.	Lower Bound	Upper Bound
Age/Criminal History	.537	.051	.467	.437	.638
School/Employment	.574	.051	.151	.474	.674
Family/Social Support	.500	.052	.992	.399	.602
Substance Abuse/Mental Health	.528	.052	.581	.427	.630
Criminal Lifestyle	.570	.051	.173	.470	.670

Table 54. Area Under the Curve (AUC) statistics for ROC analyses for individual NRAS domain risk scores (females) *excluding technical violators*.

				95% Confidence Interval	
Domain	Area	*SE*	Sig.	Lower Bound	Upper Bound
Age/Criminal History	.656	.151	.333	.361	.952
School/Employment	.604	.161	.519	.289	.920
Family/Social Support	.260	.147	.138	.000	.548
Substance Abuse/Mental Health	.490	.163	.949	.170	.810
Criminal Lifestyle	.542	.169	.796	.211	.872

Table 55. Logistic regression analysis with offense type as predictor variable and recidivism as outcome variable (males).

Variable	*b*	*SE*	*W*	*df*	*p*	*Exp(B)*
NDOC offense category[a]			40.039	5	<.001	
Drug offense	0.869	0.280	9.643	1	.002	2.383
DUI	-1.529	1.077	2.016	1	.156	0.217
Other offense	0.801	0.538	2.222	1	.136	2.229
Property offense	1.369	0.265	26.706	1	<.001	3.932
Sex offense	-1.465	0.776	3.566	1	.059	0.231
Constant	-0.550	0.187	8.634	1	.003	0.557

[a] = Reference category: Violent offense

Table 56. Logistic regression analysis with offense type as predictor variable and recidivism as outcome variable.

Variable	*b*	*SE*	*W*	*df*	*p*	*Exp(B)*
NDOC offense category[a]			2.740	4	.602	
Drug offense	1.386	1.000	1.922	1	.166	4.000
DUI	-20.510	40192.970	<0.001	1	>.999	<.001
Other offense	-20.510	40192.970	<0.001	1	>.999	<.001
Property offense	1.540	0.932	2.731	1	.098	4.667
Constant	-0.693	0.866	0.641	1	.423	0.500

[a] = Reference category: Violent offense

Table 57. OLS regression analysis with full NRAS score as predictor variable and time to recidivism as outcome variable (males).

Variable	*b*	*SE*	*t*	*p*
NRAS score	3.315	1.982	1.673	.097
Constant	180.846	33.761	5.357	<.001

Note: Model R^2 = .019, $F(141)$ = 2.798, p = .097

Table 58. OLS regression analysis with full NRAS score as predictor variable and time to recidivism as outcome variable (females).

Variable	*b*	*SE*	*t*	*p*
NRAS score	-4.036	4.754	-0.849	.402
Constant	332.080	80.558	4.122	<.001

Note: Model R^2 = .020, $F(35)$ = 0.721, p = .402

Table 59. OLS regression analysis with domain risk scores as predictor variables and time to recidivism as outcome variable (males).

Variable	*b*	*SE*	*t*	*p*
Age/Criminal History	-3.592	6.037	-0.595	.553
School/Employment	-3.106	7.297	-0.426	.671
Family/Social Support	10.491	8.032	1.306	.194
Substance Abuse/Mental Health	6.483	10.850	0.597	.551
Criminal Lifestyle	6.076	6.512	0.933	.353
Constant	193.385	38.112	5.704	<.001

Note: Model R^2 = .034, $F(111)$ = 0.793, p = .557

Table 60. OLS regression analysis with domain risk scores as predictor variables and time to recidivism as outcome variable (females).

Variable	*b*	*SE*	*t*	*p*
Age/Criminal History	-17.659	19.829	-0.891	.385
School/Employment	26.091	25.732	1.014	.324
Family/Social Support	-24.397	16.726	-1.459	.162
Substance Abuse/Mental Health	11.801	22.248	0.530	.602
Criminal Lifestyle	-2.983	19.479	-0.153	.880
Constant	237.172	142.713	1.662	.114

Note: Model R^2 = .161, $F(18)$ = 0.689, p = .638

Appendix H: Chapter 4 Course Evaluation Additional Information

Section 1: CPC Checklist

Highlights / Goals / Training / Dates / Attendance

Correctional Program Checklist (CPC)

**Evaluation of evidence based practices by a check-list. Description of CPC was sent Feb.3rd*

NDOC Program Assessments: *Phoenix/Ridgehouse Programs* (July 19 & 20)
SDCC Program Assessments: *Commitment to Change/TRUST (October 18 & 19)*
CPC Assessment Tool - End User: Las Vegas (October 3, 4, 5 & 6) ***Attendance: 7***
Total CPC End User Sessions: 1

The Evidence Based Correctional Program Checklist (CPC) is a tool developed for assessing correctional intervention programs, and is used to ascertain how closely correctional programs meet known principles of effective intervention.

A. **Group Assessment**
   - Designed for use on a stand-alone treatment group or outpatient treatment group versus a larger treatment program.

B. **Community Supervision**
   - A program evaluation created for the use with probation and parole departments. This program measures the ability to deliver evidence-based supervision and treatment services

C. **Drug Court**
   - A program evaluation tool created for the use with drug courts and other specialty courts. The indicators are taken from the CPC as well as available meta-analyses on drug courts. It measures the ability to deliver evidence-based services.

Core Correctional Practices (CCP)

End User: *Carson City (April 5 & 6)* ***Attendance: 17***
Las Vegas (April 11 & 12) ***Attendance: 15***
Carson City (May 25 & 26) ***Attendance: 29***
Las Vegas (June 8 & 9) ***Attendance: 31***
Ely (October 9, 10, 11 & 12) ***Attendance: 55***
Las Vegas (November 6, 7, 8 & 9) ***Attendance: 57***
Total CCP End User Sessions: 8

Train the Trainer: *Carson City (May 22, 23, 24, 25 & 26)* ***Attendance: 5***
Las Vegas (June 5, 6, 7, 8 & 9) ***Attendance: 8***
Total CCP Trainer Sessions: 2

Core Correctional Practices is a training that instructs correctional workers on the core skills needed to support cognitive behavioral programming. The training is relevant to direct care, security staff, and treatment staff.

D. Focus

- Core Correctional Practices focuses in reducing recidivism and provides strong preliminary evidence regarding their effectiveness.

E. Benefits

- Officer's display: Prosocial modeling, effective reinforcement, problem solving skills and the appropriate use of authority.

Effective Practices in Community Support (EPICS)

End User: *Carson City (May 9, 10, & 11)* ***Attendance: 25***
End User: *Las Vegas (July 25, 26 & 27)* ***Attendance: 30***
Total EPICS End User Sessions: 2

The EPICS model is designed to use a combination of monitoring, referrals, and face-to-face interactions to provide the offenders with a sufficient "dosage" of treatment interventions, and make the best possible use of time to develop a collaborative working relationship. The EPICS model helps translate the risk, needs and responsibility principles into practice.

F. Effective Practices in Community Supervision

- Officers or case managers are taught to increase dosage to higher risk offenders, stay focused on criminogenic needs, especially the thought-behavior link, and to use a social learning, cognitive behavioral approach to their interactions.

G. The EPICS Model

- Is not intended to replace other programming and services, but rather is an attempt to more fully utilize staff as agents of change.

Effective Practices in Community Support for Influencers (EPICS-I)

End User/Influencer: *Carson City (June 20, 21 & 22)* ***Attendance: 12***
Las Vegas (June 27, 28 & 29) ***Attendance: 15***
Total EPICS-I End User Sessions: 2
Train the Trainer/Influencer: *Carson City (August 1, 2 & 3)* ***Attendance: 15***
Las Vegas (August 8, 9 & 10) ***Attendance: 26***

Total EPICS-I Trainer Sessions: 2

Effective Practices in Community Support for Influencers was designed as an extension of the Effective Practices in Community Supervision (EPICS) Model, an approach that teaches community supervision staff how to apply the core principles of effective intervention to community supervision. EPICS for Influencers builds on this pre-existing knowledge base and incorporates the components of EPICS for use with support members (Influencers) of those involved in the criminal or juvenile justice system. The goal of EPICS-I is to identify prosocial support in an offender's life and teach those Influencers core skills used within the EPICS model. This allows Influencers to help offenders identify risky situations and practice skills to successfully manage these challenges.

H. Influencers Are Trained

- In core skills including identifying risky situations, identifying and restructuring risky thinking, using structured skill building, teaching problem solving, building relationships, and using effective reinforcement and effective disapproval.

I. An Advantage Of This Intervention

- Designed to be delivered during everyday interactions between the Influencer and the offender. Another important benefit of this approach is that it builds on the interventions being taught in structured treatment groups and/or during contact sessions between the offender and community supervision officers.

J. Benefits

- Research shows that relapse prevention programs that trained significant others and family members in cognitive-behavioral approaches were three times as effective as programs that did not.

Moral Reconation Therapy (MRT)

Trainer/Facilitator: *Las Vegas (June 13, 14, 15 & 16)* ***Attendance: 9***
Trainer/Facilitator: *Las Vegas (June 19, 20, 21 & 22)* ***Attendance: 15***
Co-Trainer/Facilitator: *Las Vegas (September 18, 19, 20 & 21)* ***Attendance: 13***
Co-Trainer/Facilitator: *Carson City (September 25, 26, 27 & 28)* ***Attendance: 12***
Final-Trainer/Facilitator: *Las Vegas (October 10, 11, 12 & 13)* ***Attendance: 12***
Final-Trainer/Facilitator: *Carson City (October 16, 17, 18 & 19)* ***Attendance: 8***
Total MRT Trainer/Facilitator Sessions: 6

Moral Reconation Therapy is the premiere cognitive-behavioral program for substance abuse treatment and for criminal justice offenders. MRT-treated offenders show significantly lower recidivism rates for periods as long as 20 years after treatment. Studies show MRT-treated offenders have re-arrested and

re-incarceration rates 25% to 75% lower than expected. MRT programs are used in 50 states, District of Columbia, Puerto Rico, and 7 countries. Correctional Counseling has developed MRT-based programming for individuals with chronic substance abuse problems, anger management and domestic violence issues.

K. Proven Concepts

- MRT is a cognitive-behavioral counseling program that combines education, group and individual counseling, and structured exercises designed to foster moral development in treatment-resistant clients. MRT addresses beliefs and reasoning. It is a systematic, step-by-step group counseling treatment approach. for treatment-resistant clients. The program is designed to alter how clients think and make judgments about what is right and wrong.

L. Results

- MRT seeks to move clients from hedonistic (pleasure vs. pain) reasoning levels to levels where concern for social rules and others becomes important. MRT systematically focuses on seven basic treatment issues: **(1)** Confrontation of beliefs, attitudes and behaviors. **(2)** Assessment of current relationships. **(3)** Reinforcement of positive behavior and habits. **(4)** Positive identity formation. **(5)** Enhancement of self-concept. **(6)** Decrease in hedonism and development of frustration tolerance. **(7)** Development of higher stages of moral reasoning.

Nevada Risk Assessment System-(NRAS) / Ohio Risk Assessment System-(ORAS)

End User: *Carson City (April 5 & 6)* ***Attendance: 17*** *(P&P only)*
Las Vegas (April 20 & 21) ***Attendance: 21***
Carson City (May 2 & 3) ***Attendance: 21***
Las Vegas (September 27 & 28) ***Attendance: 8***
Las Vegas (October 16 & 17) ***Attendance: 4***
Refreshers: *Carson City (May 4 & 5)* ***Attendance: 13***
Total NRAS End User Sessions: 6

Train the Trainer: *Carson City (July 24, 25, 26, 27 & 28)* ***Attendance: 29***
Las Vegas (August 21, 22, 23, 24, & 25) ***Attendance: 33***
Las Vegas (November 27, 28, 29 & 30) ***Anticipated Attendance: 36***
Total NRAS Trainer Sessions: 3

ORAS/NRAS Is a dynamic risk/needs assessment system to be used with adult offenders. It offers the ability to assess individuals at various decision points across the criminal justice system. ORAS/NRAS is comprised of nine tools, and while the assessment is free to use, agencies must be trained prior to implementation.

M. Training

- The training system provides an overview of the assessment tools with techniques for administering and scoring an individual. In addition, the trainer will review how to use the scores obtained from individuals' ORAS/NRAS assessments to develop case plans for reducing risk to re-offend. A training of agency trainers is also available, allowing agencies to build internal sustainability by certifying staff to conduct ORAS/NRAS trainings.

N. Description of Tools

- Pre-trial assessment (2) Community supervision Screening (3) Community screening (4) Misdemeanor screening (5) Misdemeanor assessment (6) Prison screening (7) Prison intake (8) Reentry tool (9) Supplemental reentry

Section 2: Sample Course Evaluation Form and Instruction (Web-based)

[Introduction]

Thank you in advance for completing this survey. You have been asked to participate because our records show that you completed Nevada Risk Assessment System (NRAS) training. Your answers will be confidential and will only be presented in combination with the responses of others. All efforts will be made to ensure your confidentiality.

This survey will take no more than 5-10 minutes of your time and will provide us with valuable feedback, which will help us to improve the training and/or refresher courses. The Grant Sawyer Center for Justice Studies located at the University of Nevada, Reno will perform the analyses and assessments as outside evaluators.

Your participation is voluntary and you may choose to answer or not answer any of the questions. You are not required to complete the survey in one sitting. If you choose to complete the survey over two or more sittings, the survey system will automatically save your place when you exit the survey, and direct you back to the same page when you return to complete it. Please use the navigation buttons *in the survey* ***at the bottom of the page*** if you wish to go backward or forward, ***not*** your internet browser's navigation buttons ***at the top of the page***.

Thank you for your assistance and participation. If you have any questions about the results of this survey, you can contact us at ndocsurvey@unr.edu. If you encounter any technical difficulties while completing this survey, please call (775) 784-6272.

Nevada Risk Assessment System (NRAS) Training Satisfaction Survey

On the questions below, **PLEASE CHECK** the response that most clearly reflects your opinion regarding the NRAS training course.

	Excellent	Very Good	Good	Fair	Poor
Were teaching aids/media used effectively?	☐	☐	☐	☐	☐
Course objectives were clearly stated or reviewed	☐	☐	☐	☐	☐
Course content time was appropriate	☐	☐	☐	☐	☐
The course helped me develop new knowledge/skills or added to existing knowledge/skills.	☐	☐	☐	☐	☐
The instructor gave clear instructions.	☐	☐	☐	☐	☐
The instructor lectured at a level you could understand.	☐	☐	☐	☐	☐
The instructor made clear what was expected of the students.	☐	☐	☐	☐	☐
The instructor showed how the course is practically related to the job/field.	☐	☐	☐	☐	☐
The instructor provided a good mixture of presentation and participation.	☐	☐	☐	☐	☐
The instructor satisfactorily answered questions.	☐	☐	☐	☐	☐
The instructor was enthusiastic when presenting the material.	☐	☐	☐	☐	☐
Taking this class as a whole (subject matter, instruction, handout materials, etc.), I would rate this course:	☐	☐	☐	☐	☐

Please tell us how this course can be improved.

Section 3: Course Evaluation Form Open-Ended Responses ("Please tell us how this course can be improved")

NRAS Comments

A few more and longer breaks

As it was their first time teaching it, I felt it went well.

I HAVE NO IMPROVEMENT SUGGESTIONS

I look forward to further training in this field. Thank you

I think it was very informative and put together well. I learned A LOT more than I thought I was going to. The [trainers] are AWESOME at explaining things in a way that we were all able to understand. And they did not get frustrated when others were not understanding, which can make a big difference on such a difficult training.

I would like to understand the statistics/science behind the methodology of the NRAS. I want to know how it is known to be effective.

Improve the scoring guide as this is where we had the most questions and debate.

Maybe a few more mock interviews to really get to know the process and more class time.

Nothing - instructors were great

Nothing to add.

Put the scoring guide narratives into a powerpoint. Right now the instructors just read them, however I think the PowerPoint and visual of being on the screen, rather than looking at book would improve participation.

The class would have benefitted by being more organized. Having the students skip around to multiple various sections in the handouts instead of having them in order prior to distribution was very irritating and took away from the flow of the class/material.

The difference between a 4 and 5 rate boils down to the implementation of the program amid what is not known yet not the instruction. Some things are not figured out yet.

The instructors were awesome

There were a couple of area that I feel were subjective. The instructors stated to score a certain area there needed to be a conviction. In the example the offender was not convicted of an offense but they had us score for it.

This was a refresher course which took one day. Until there is more of a functional purpose for NRAS with an outline of what needs to happen after the NRAS is completed then it will remain just as an assessment. Also, the guidelines indicate that the assessment process should take 30 minutes to an hour to completed; however, I have yet to find this to be the case. It typically takes less than 15 minutes for each assessment.

CCP End User Comments

[Course can be improved with] Time -- time at facility will be difficult to spend this amount of effort to manage inmates.

[In relation to teaching aids]: Page numbers in the book need correction. Book should be edited for grammar, misnumbered questions, etc. [In relation to whether or not the instructor made clear about what was expected]: Instructions were not always clear. [How to improve course]: I would make the manual more "user friendly." There should not be two pages 38, make navigation difficult. Just a suggestion

[in relation to whether the course is practically related to job]: Actually role-play instead of just at your table. Relate these skills to security benefit for custody

Do not think the course needs to be improved

[trainers] were very engaging and knowledgeable. Tools were mentioned that students weren't familiar with maybe add as attachment i.e., NRAS. I had some issue with following the lesson with some instructors. Most gave great effort.

Great class! Appreciated!

Great course. Great [illegible] people making things happen for the better of our department.

Great to see the northern training team and their teaching styles. Great job, thank you. All instructors did well. Thanks for the training.

[Trainer] was awesome and should teach more classes to NDOC employees! [Trainer] has a wonderful teaching style, the material is interesting, and [trainer] adds life experience to make the training more relatable.

Many of these skills apply to our interactions with inmates and co-workers -- maybe include more examples in the teaching of both situations. Also, it would be good to offer this material to outside agencies (such as CCSD education dept) and NDOC volunteers

Maybe have class Mon/Tues

More breaks a lot of info all at once needs more explanation on how it need

Much of this material has been out for quite a while. Updated material. it is good the dept. is going in this direction.

Please be sure to let the students know when you are reading material to them that is not contained in the PowerPoint. Then they won't waste time searching for it and will pay attention to what is being said.

The amount of content felt a little rushed in the 2nd day because of how much we had to cover.

The course is a lot of information for 2 days. I think the course can be reduced to the point where staff/attendees take home more information they can use and remember.

The course is great as is we need to ensure we get this out to all staff

The instructor was exceptional and created an environment that invited participation. The only change I would like to see is less "chatter" and side-talking among participants. It made it hard to hear and/or concentrate at times. Perhaps..set up an "Agreement" at the beginning of our time together whereby participants all AGREE to conduct. e.g. "Focus" "Be respectful when others are talking" etc. This sort of "set up" provides buy-in and makes it easy to enforce conduct guidelines.

The instructors did an excellent job, since they just learned the material. While the information is good, it seems custody staff will not have ample time to implement a lot of the principals of the program.

The material was presented well.

The training was excellent?! No need to improve it.

There may be better ways of having more class participation activities. Too many people in class to evaluate if many of the participants learned most of the material.

These instructors were great

This is a new subject to Nevada. Instructors were vague in the initial delivery of the subject.

This is directly related to our daily duties.

Very detailed information that can open and expand correctional job tools, management & supervision. All instructors did an outstanding job. Was happy to see that experienced staff shared stories and were able to apply them. I feel this was very helpful and can be used positively. Great job.

EPICS-I Comments

Better control of the side-conversations between participants

EXCEPTIONAL!

Expand on PowerPoint key points. Page numbers when directed to a page

Great course! Only issue I had was the person I teamed up to role play each scenario with did not understand the influencer/client dialog that was supposed to be practiced even with the coaches trying to walk him through it. I didn't feel like I learned anything from the role playing.

Instructor to help guide trainers more when training the students.

Just us directions to the training location. Otherwise, this course was great!

Recognizing that this is a pilot project and the presentation had very recently finished their own training, it's important to add to the content of a power-point presenters in addition to reading it.

Since this is a new course, I'm sure it will improve as it advances

Some participants asked some very good questions or made some important observations that could have been addressed better

The practice presentation was a great opportunity to gain practical experience and confidence and to get a better sense of how it all fits together.

This was an excellent training. I would just suggest that perhaps the EPICS-I model be introduced before the tools and skills so that we have a high level overview of how it all fits together from the beginning.

EPICS End User Comments

have a small (1-2hr) introductory class first. no one knew what this class was for and no one understood the definitions, words and concepts before being "thrown" into a class that we weren't prepared for

I think that class overall was good, I learned a few things. Specific questions were asked about how to use the program on unique individuals that were not answered very well or if at all. And when I was instructed to start using the program I was not as comfortable as I would have like to actually implement the program.

Most of the video presentations of EPICS sessions were done with teens and were geared to juvenile intervention of thinking errors. As around 98% of our "clientele" are adults, this detracted from the credibility of the program. Those recorded EPICS sessions were our first exposure to how our sessions should be. Thus, the videos of EPICS sessions should be as authentic as possible

when trying to convince the skeptic officers to assimilate EPICS into our duties. The example videos of juveniles, used as training for officers working with adults, should be removed and replaced with adult offenders.

The requirements of the course have not been clear. Meeting dates/times have not been planned out well or made clear. Subject matter seems to be more appropriate for juvenile offenders than adults.

The video examples of EPICS sessions seemed to be mostly of not all juveniles. Obviously, when dealing with adults the conversation could be completely different. More adult examples would be good.

These instructors were knowledgeable. The class was important and very necessary for our line of work. Maybe it would be more helpful to have ORAS and EPICS taught around the same time since they go hand in hand. Once our employees received both trainings, everything started to fall into place.

Appendix I: Chapter 5 Collaborative Assessment Additional Analyses

Section 1: Methodology of the study

Data for this study were collected by web based survey distributed to all the members of the SCIG involved in the various aspects of the project. The first part of collaborative assessment survey was designed to assess the collaborative performance of the SCIG operations using the opinions of project members regarding various aspects of the collaboration process, including communication, level of trust, distribution of power, leadership, use of resources, and many others. The collaborative performance questions were presented in the form of statements, and respondents of the collaborative assessment survey were asked to rate their agreement with a statement using 5-point Likert scale ranging from 5 -Strongly Agree, 4 -Agree, 3 -Neither Agree nor Disagree, 2 -Disagree, to 1 -Strongly Disagree or 0 -Not Applicable.

The second part of the collaborative assessment survey was designed to investigate the social and interorganizational relationships among the members of the SCIG using social network analysis. The social network data were also gathered by means of an online questionnaire, where a matrix of collaborator identity and key activity in the network was determined. Each respondent was asked to pick several individuals from the full list of the SCIG project members who are in the direction or indirect contact with the respondents and to describe the types of network activities / engagement respondents are involved in. Using a 6-point Likert scale ranging from Never (0) to Daily (5), respondents indicated the frequency with which they worked with the named individuals on the following activities: providing advice, receiving advice, providing information, receiving information, providing financial resources, receiving financial resources, joint planning, and involvement in project and policy negotiations. Questions related to informal relations such as trust, history of relations with an individual, and social relations were also asked and rated using different Likert scales. Additionally, participants were asked to identify their various types of involvement into the SCIG operations as well as previous experience with any collaboration projects and length of the service at the current position. At the end of questionnaire, respondents were also asked to provide basic demographic information, and information about education. A copy of the social network survey can be found in Appendix 2.

The online survey was sent to all members of the SCIG who had participated for at least six months, held valid email addresses in July of 2017, and had the opportunity to complete the survey prior to its close date in September of 2017. The original sample included 47 members of the various project workgroups, and included representatives from the NDOC, Parole and Probations, Nevada State agencies, Research Partners from the University of Nevada, Reno and the University of Nevada, Las Vegas, community partners providing various services the project participants and community justice and policy makers (representative courts, legislature and federal government). However, 44 stakeholders who had valid email addresses and were actively involved in the grant activities made up revised sample. After the data collection, the final sample total came to 26 persons who completed the survey and answered all questions related to the social network analysis. Therefore, the response rate for the collaborative assessment survey was approximately 67 percent.

The analysis of organizational characteristics of the survey respondents in Table 3 shows that the final sample represents the staff of the NDOC, Parole and Probations, Nevada State agencies,

Research Partners from UNR and UNLV but does not include any representatives from the community providers. This is one of the major limitations of the current study, the inability to include the opinions of community providers into the analysis.

Section 2: Additional Tables

Table 3: Basic Organizational Information about Survey Respondents

Organizational characteristic	N	%	Organizational characteristic	N	%
Collaborative project experience			**Numbers of years served at the current position**		
Yes	19	67.8	1 Year or Less	8	30.77
No	9	32.2	2-3 Years	4	15.38
Organizational Affiliation			4-5 Years	4	15.38
NDOC	13	50	6-10 Years	4	15.38
Parole & Probation	2	7.69	10-50 Years	4	23.08
State Agency	3	11.54	**Average numbers of years served at the current position**		7.45
Research Partners	5	19.23	**Average numbers of collaborative projects**		8.9
Community partners and policymakers	4	14.3			

*N*ote: N- the number of respondents

Table 4 describes basic demographic information about the respondents of the collaborative assessment survey. In terms of gender distribution, women represent about 70% of the sample. About 68% of survey respondents identified themselves as Caucasian, followed by Hispanic or Latino (12%), the followed by Black or African American (8%), and concluding with one representative of Asian, Native American or Alaska Native, and Two or More Races ethnic groups. The educational background of the survey respondent is diverse as well. About 40 percent of survey respondents completed a Masters or professional degree; a quarter of survey responders have a Bachelor Degree and about 20 percent of the respondents have obtained an advanced academic degree or PhD.

The collected information was then coded and synthesized through the use of software programs UCINET, 6™, NetDraw and STATA for statistical analysis. Collaborative performance was assessed by computing the descriptive statistics of the answers of the survey respondents rating different aspects of collaboration using 5-point Likert scale (0 = Not Applicable 1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree nor Disagree, 4 = Agree, and 5 = Strongly Agree.) in STATA.

A higher average value or the mean of a collaborative performance indicator suggests success in term of collaboration whereas the lower average values of the mean suggests a need for improvement. To separate the problematic areas of the collaboration from no-real need for improvement, the average value or the mean of a collaborative performance of responses was

ranged from high to low. Please note that the original 6-point Likert scale was transformed into a 5-point Likert scale by omitting the zero values (Not Applicable responses) for the analysis in this study. The summary the descriptive statistics of the answers of the survey respondents rating different aspects of collaboration can be found in Table 5.

Table 4: Basic Demographic Information about Survey Respondents

Demographic Characteristic of the Survey Respondents	N	%	Demographic Characteristic of the Survey Respondents	N	%
Gender			**Education**		
Men	8	30.77	Completed high school/GED	1	4
Women	18	69.23	Some college, but did not finish	1	4
Race			Four-year college degree	6	24
White	17	68.00	Some graduate work	2	8
Black or African American	2	8.00	Completed Masters or prof. degree	10	40
Asian	1	4	Advanced graduate work or Ph.D.	5	20
Hispanic or Latino	3	12.00	No answer	1	4
Two or More Races	1	4	**Age**		
Native American or Alaska Native	1	4	25 or Under	1	4.76
No answer	1	4	26-35	1	4.76
			36-40	7	33.33
			41-50	8	38.1
			51 or Above	4	19.05
			No answer	5	19.23

*N*ote: N - the number of respondents

The social network data were then transformed into matrix form and synthesized through the use of software programs UCINET 6™ and NetDraw and Pajek to understand prevalent formal and informal interactions among the SCIG project members. NetDraw was used to visualize and map all twelve relations among the SCIG project members including providing advice, receiving advice, providing information, receiving information, providing financial resources, receiving financial resources, joint planning, and involvement in project and policy negotiations.

The commonly used measures of public management networks such as degree centrality, betweenness centrality, eigenvector centrality, density, reciprocity, transitivity and homophily (Wasserman & Faust, 1994) were computed using UCINET (Borgatti, Everett, & Freeman, 2002).

Table 5. Collaborative Performance Dimensions Assessment

#	Collaborative Performance Assessment Indicator	N	Mean	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
1	Communication	26	2.88	7	4	3	9	3
2	Sustainability	26	2.88	7	3	5	8	3
3	Research and Evaluation	26	3.61	1	2	6	14	3
4	Political Climate	26	3.12	5	4	4	9	4
5	Resources	26	3.27	2	8	2	9	5
6	Catalysts	26	4.46	0	0	2	10	14
7	Polices/Laws/Regulations	25	3.28	3	5	4	8	5
8	History	24	3.08	2	5	9	5	3
9	Connectedness	26	2.96	4	6	6	7	3
10	Leadership	26	3.08	5	4	5	8	4
11	Political Support	26	3.31	2	3	9	9	3
12	Political Polarization	26	2.88	2	8	8	7	1
13	Distribution of Power	25	3.04	5	3	6	8	3
14	Uncertainty	26	3.46	0	3	12	7	4
15	Interdependence	26	3.12	4	6	3	9	4
16	Initiating Leadership-1 (Respect)	25	3.32	2	4	8	6	5
17	Initiating Leadership-2 (Fair)	25	3.56	3	2	5	8	7
18	Procedural Arrangements	25	2.84	2	9	8	3	3
19	Knowledge Generation	26	3.5	2	3	6	10	5
20	Knowledge Sharing	26	3.12	2	8	6	5	5
21	Use of Technology	26	3.69	0	2	9	10	5
22	Resource Contribution	26	4.04	0	0	3	19	4
23	Resource Accommodation	26	3.73	1	2	5	13	5
24	Trust	26	3.35	3	4	5	9	5
25	Appreciation and Tolerance of Differences	26	3.69	1	1	9	9	6
26	Internal Legitimacy	26	3.58	2	3	4	12	5
27	Commitment	26	3.69	1	3	5	11	6
28	Responsibility	26	3.81	1	3	3	12	7
29	Collaborative Motivation	26	3.58	1	5	3	12	5

Note: N- total number of responses for **a survey item**

Degree centrality is measured by the number of ties held by one particular node (Wasserman & Faust, 1994). Since the SCIG social network data are associated with a directed network, degree centrality is measured by the outdegree and indegree centrality. Degree centrality at the individual level usually measures the social capital of the network player (Monge and Contractor, 2003) whereas degree centrality at the network level measures the distribution of power in the network by assessing ability of each member to voice their opinion and be heard during the meetings of the collaborative (Laumann, Knoke, & Kim, 1985; Laumann & Pappi, 1976).

Betweenness centrality measures the degree to which a network actor is directly connected to those nodes in the network that happen not to be connected directly to each other (Wasserman & Faust, 1994). Betweenness in the interorganizational networks assesses the presence of liaisons who connect individuals, groups and organizations not connected previously to the network (Prell, 2012). The presence of one network actor with high betweenness centrality suggests the control of information flow (Prell, 2012) and potential problems with sustainability of such network (Kolpakov, 2012).

Eigenvector centrality is built on the concept of degree centrality by measuring degree centrality of other network actors connected to a specific network actor. Simply speaking, it measures the popularity of a network actor. The higher score of overall eigenvector centrality, the more influential network members are present in a particular network. The detailed information on computed centrality measures of all formal and informal relations in the SCIG network can be found in Table 6.

Table 6: SCIG Network: Centrality Measures

Relation	Outdegree Centrality	Indegree Centrality	Betweenness	Eigenvector centrality
Advice providing	33.73%	17.92%	23.16%	45.01%
Advice receiving	24.83%	24.83%	33.31%	37.75%
Finance providing	21.48%	2.76%	1.79%	-
Finance receiving	19.60%	5.04%	3.17%	-
Information providing	30.88%	26.72%	29.23%	38.71%
Information receiving	24.83%	33.15%	40.25%	38.16%
Negotiations	22.53%	16.70%	23.98%	62.81%
Operations	33.28%	25.79%	33.19%	36.36%
Planning	30.94%	26.78%	32.85%	34.69%
Personal knowledge	14.75%	16.42%	37.25%	33.65%
Social relations	16.80%	20.96%	33.99%	36.33%
Trust	35.39%	38.72%	33.33%	26.97%

Notes: - no statistical parameter was not computed

The density of a network measures the number of existing ties between the network actors compared to the number of maximally possible ties among these network actors (Wasserman & Faust, 1994). Network density traditionally measures cohesion of the network (Prell, 2012) as well as degree of involvement of the network actor. Lower network density also indicates the higher

level of network effectiveness (Provan and Sebastian, 1998) especially for public management network.

Reciprocity or mutuality relates to the number of symmetric ties among the network actors and can be found by dividing the number of symmetric ties by the number of potentially symmetric ties (Wasserman & Pattison, 1996). Symmetric ties take place when two network actors have ties with each other. Reciprocity serves as an indicator to the development of trust, mutual support, and exchange of resources among the network participants (Contractor, Wasserman, & Faust, 2006)

Transitivity is measured by a transitivity index that can be found by dividing the number of transitive triads by the number of potentially transitive triads (Wasserman & Faust, 1994). Transitive triads occur when a network actor **A** has a connection or tie to a network actor **B**, a network actor **B** extends a tie to a network actor **C** and network actor **A** is in turn connected to a network actor **C**. The high count of transitive triads point at the presence of clearly hierarchy with a clear chain of command (Contractor, Wasserman, & Faust, 2006). The detailed information on computed cohesion measures of all formal and informal relations in the SCIG network can be found in Table 7.

Table 7: SCIG Network: Cohesion Measures

Relation	Density (value)	Density (proportion)	Reciprocity	Transitivity
Advice providing	0.530	18.46%	41.18%	47.43%
Advice receiving	0.520	18.15%	43.90%	44.71%
Finance providing	0.054	1.85%	0.00%	0.00%
Finance receiving	0.046	1.85%	0.01%	9.52%
Information providing	0.640	21.85%	47.92%	51.45%
Information receiving	0.606	20.92%	47.60%	50.00%
Negotiations	0.277	9.23%	42.86%	31.65%
Operations	0.64	22.00%	0.43 %	56.34%
Planning	0.67	23.54%	45.71%	55.20%
Personal knowledge	0.531	26.46%	44.54%	55.99%
Social relations	0.32	26.15%	42.86%	56.21%
Trust	1.06	26.31%	43.70%	56.37%

Homophily is defined as "the degree to which pairs of individuals who interact are similar in identity or organizational group affiliations" (Ibarra, 1993, p. 61). Homophily is best measured by the **E-I** index. It is calculated by dividing the difference of the number of ties external to the groups and the number of ties that are internal to the group by the total number of ties. The possible values of the **E-I** index ranges from 1 to -1. The values between 0 and -1 indicates the presence of homophily, whereas values between 0.1 and 1 point at the absence of homophily in the network. The presence of homophily based on the individual characteristic such as gender, race, age or presence of some experience hurt the collaborative processes in the public management networks since members of the same social group prefer working or communicating with their respected group. This prevents effective utilization of the resources and inhibits innovation. In addition, homophily reduces sustainability of the network overtime Newman and Dale (2007).

Table 8 SCIG Network: Network: Gender Homophily

Relation	Gender E-I Index	Male E-I Index	Female E-I Index	Gender Homophily Index
Advice providing	-0.153	0.5	-0.41	-0.2286
Advice receiving	-0.195	0.467	-0.445	-0.2515
Finance providing	-0.667	1	-0.818	-0.6571
Finance receiving	-0.455	1	-0.684	-0.4667
Information providing	-0.188	0.529	-0.447	-0.2349
Information receiving	-0.183	0.652	-0.457	-0.2132
Negotiations	-0.286	0.579	-0.538	-0.4
Operations	-0.16	0.615	-0.432	-0.2212
Planning	-0.124	0.533	-0.387	-0.3043
Personal knowledge	-0.176	0.556	-0.44	-0.1884
Social relations	-0.176	0.556	-0.44	-0.161
Trust	-0.176	0.556	-0.44	-0.2238

The present assessment study only looks at the homophily of the Second Chance Grant project members based on gender, previous experience with collaboration and membership in the Planning Team. The results of homophily of the formal and informal relations based on gender, previous experience with collaboration and membership in the Planning Team are presented in Table 8, 9 and 10. It can be concluded that gender of survey participants does not any effect of the formation of both formal and relations meaning both male and female project participants equally work and communicate with each other. Previous collaboration experience, on the contrary, has a moderate, but statistically signification effect on planning relation in the SCIG collaborative meaning that project members with previous collaborative experience prefer planning the SCIG activities more with each other rather with those members lack this experience.

Table 9: SCIG: Collaborative Experience Homophily

Relation	Collaborative Experience E-I index	Collaborative Experience E-I index	No Collaborative Experience Index	Collaborative Experience Homophily Index
Advice providing	-0.271	-0.527	0.59	-0.2343
Advice receiving	-0.293	-0.521	0.349	-0.2281
Finance providing	-0.333	-0.6	1	-0.2571
Finance receiving	**-0.818****	**-0.905****	**1****	**-0.8****
Information providing	-0.25	-0.5	0.5	-0.2058
Information receiving	-0.204	-0.46	0.51	-0.1929
Negotiations	-0.143	-0.379	0.385	-0.0556
Operations	-0.3	-0.536	0.429	-0.2452
Planning	**-0.314****	**-0.556****	**0.5****	**-0.2677****
Personal knowledge	-0.227	-0.471	0.438	-0.1768
Social relations	-0.227	-0.471	0.438	-0.1902

Notes: *p<.10, *p<0.05, ***p<0.01 (two-tailed test)

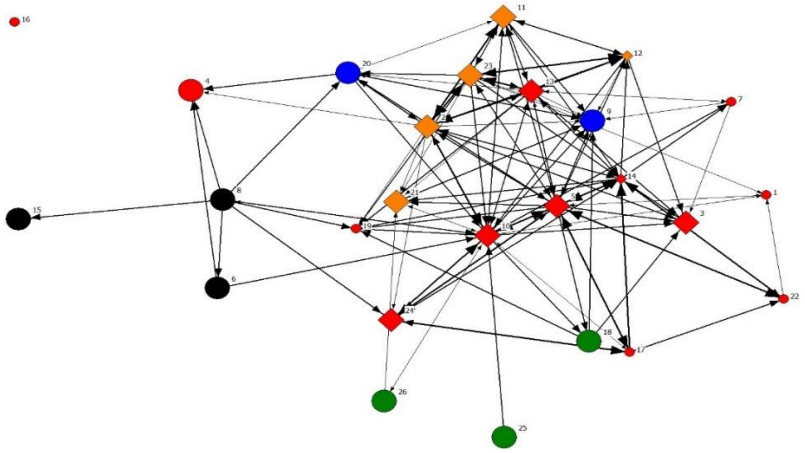
Table 10: SCIG: Planning Team (PT) Membership Homophily

Relation	Planning Team E-I Index	PT Member E-I Index	Non-member of PT E-I Index	Planning Team Homophily Index
Advice Providing	**-0.153****	**-0.357****	**0.241****	**-0.3543****
Advice receiving	**-0.195****	**-0.383****	**0.158****	**-0.3567****
Finance providing	0.167	-0.176	1	0.2
Finance receiving	-0.273	-0.556	1	-0.2667
Information providing	**-0.146****	**-0.333****	**0.188****	**-0.3269****
Information receiving	**-0.161****	**-0.345****	**0.164****	**-0.3147****
Negotiation	**-0.286****	**-0.508****	**0.304****	**-0.322****
Operations	**-0.14****	**-0.344****	**0.246****	**-0.019****
Planning	-0.105	-0.314	0.288	-0.3043
Personal knowledge	-0.092	-0.27	0.2	-0.229
Social relations	-0.092	-0.27	0.2	-0.2488
Trust	-0.092	-0.27	0.2	-0.1599

Notes: *p<.10, *p<0.05, ***p<0.01 (two-tailed test)

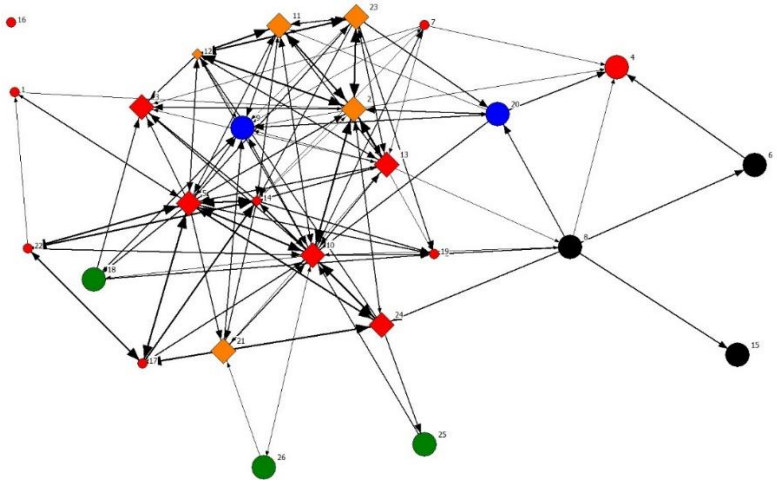
Section 3: Social Network Analyses Figures

Figure 1: SCIG Operations Network



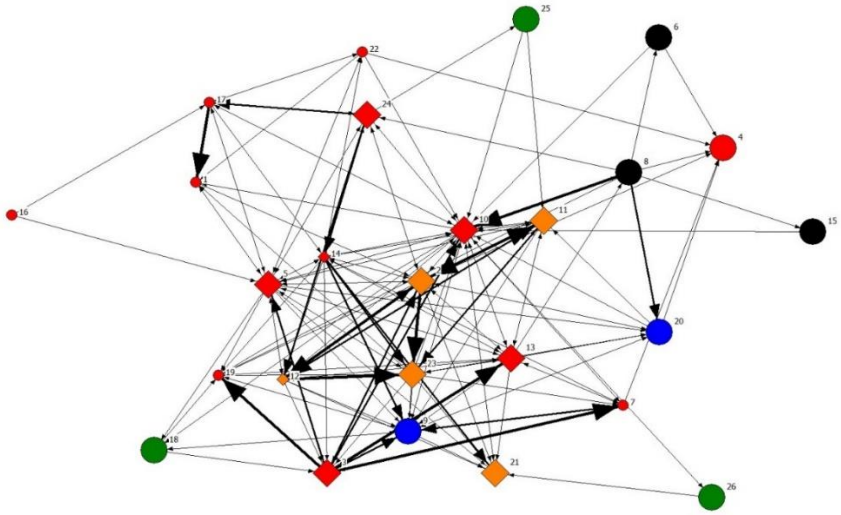
Notes: Planning Team: member – diamond; nonmember – circle. Organizational affiliation: NDOC – red; Parole and Probation – blue; Research Partners – orange; Nevada state agencies – black; Community justice partners – green; Size of the node: Larger nodes - experience with collaborative projects. Strength of relation: thickness of the linkage.

Figure 2: SCIG Information Exchange Network (providing information to others)



Notes: Planning Team: member – diamond; nonmember – circle. Organizational affiliation: NDOC – red; Parole and Probation – blue; Research Partners – orange; Nevada state agencies – black; Community justice partners – green; Size of the node: Larger nodes - experience with collaborative projects. Strength of relation: thickness of the link

Figure 3: SCIG Social Relations Network



Notes: Planning Team: member – diamond; nonmember – circle. Organizational affiliation: NDOC – red; Parole and Probation – blue; Research Partners – orange; Nevada state agencies – black; Community justice partners – green; Size of the node: Larger nodes - experience with collaborative projects. Strength of relation: thickness of the link

Section 4: Grant Collaborative Performance Assessment Survey

STRATEGIC RECIDIVISM REDUCTION (SRR) GRANT
COLLABORATIVE PERFORMANCE ASSESSMENT SURVEY

Implied Consent Form

Implied consent statements will be included in each tool for the evaluation. This statement will read as follows:

Thank you for completing this survey. You have been asked to participate because of your involvement in the Strategic Recidivism Reduction grant. This tool will help us to better understand how people and organizations are working together to reduce recidivism and increase the safety of our communities. Your answers will be confidential and will only be presented in combination with the responses of others. All efforts will be made to ensure your confidentiality, however, your participation within this project is public and others within the network may recognize your point of view.

This survey will take no more than 20-30 minutes of your time and will provide us with valuable feedback, which will help us to improve collaboration among the stakeholders of SRR grant. The Department of Political Science (DPS) and Grant Sawyer Center for Justice Studies (GSCJS) located at the University of Nevada, Reno will perform the collaborative performance assessment as outside evaluators of this grant. Your participation is voluntary and you may choose to answer or not answer any of the questions. You are not required to complete the survey in one sitting. If you choose to complete the survey over two or more sittings, the survey system will automatically save your place when you exit the survey, and direct you back to the same page when you return to complete it.

Thank you for your assistance and participation. If you have any questions about the results of this survey, you can contact Dr. Aleksey Kolpakov at akolpakov@unr.edu or Dr. Veronica Dahir at veronicad@unr.edu. If you have any questions about your rights as a participant in research, you may contact Nancy Moody, Director of the Research Integrity Office, University of Nevada, Reno at (775) 327-2367. If you encounter any technical difficulties while completing this survey, please contact Mr. Brian Lee at blee2@med.unr.edu.

By signing below, you are agreeing that:

- You have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered.
- You have been informed of potential risks and they have been explained to your satisfaction.
- You understand University of Nevada, Reno has no funds set aside for any injuries you might receive as a result of participating in this study.
- You are 18 years of age or older.
- Your participation in this research is completely voluntary.
- You may leave the study at any time. If you decide to stop participating in the study, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled.

Please check whether or not you consent:

___Yes, I consent
____No, I do NOT consent

STRATEGIC RECIDIVISM REDUCTION GRANT
COLLABORATIVE PERFORMANCE ASSESSMENT SURVEY

PART 1: PROFESSIONAL AND COLLABORATIVE EXPERIENCE

1. How long have you been at your current job?
_____ Years _____ Months

2. Have you been involved in the development of collaborative projects like SRR grant project?
_____ Yes _____ No

3. If you responded "Yes" to the previous question, please indicate the number of collaborative projects in which you have been engaged during your professional career?
_____

4. What is your role/involvement with SRR collaborative? (Indicate all that apply).

- ☐ Reentry Planning and Tracking Work Group
- ☐ Offender Programming Work Group
- ☐ Re-entry Network & Employment Development Work Group
- ☐ Family Involvement in Re-Entry Work Group
- ☐ Offender Supervision Work Group
- ☐ Community Justice Partnerships and Policy-Making Work Group
- ☐ Quality Assurance
- ☐ Policy Analysis
- ☐ Policy or Regulation
- ☐ Program Evaluation
- ☐ Offender Recruitment
- ☐ Providing Technical Support/Training
- ☐ Correctional Case Management
- ☐ Evidence-Based Program Support (Re-Entry Employment, Life or Personal Skills Training)
- ☐ Housing Services
- ☐ Family Services
- ☐ Victim Services
- ☐ Mental Health Counseling or Services (in Prison)
- ☐ Mental Health Counseling or Services (Community provider)
- ☐ Community Programming
- ☐ Residential Substance Abuse Treatment or Education
- ☐ EPICS-I Services (Community supervision)
- ☐ Graduated Sanctions
- ☐ Other (please specify):

PART 2: ASSESSING CURRENT SRR PROJECT COLLABORATION

Circle *ONE* of the following responses for each of the items below.
5 = Strongly Agree, 4 = Agree, 3 = Neither Agree nor Disagree, 2 = Disagree, and 1 = Strongly Disagree
0= Not Applicable (NA)

5. Communication - the SRR grant collaboration has open lines of communication.
5 4 3 2 1 0=NA

6. Sustainability - the SRR grant collaboration has a plan for sustaining membership and resources. This involves membership guidelines relating to terms of office and replacement of members.
5 4 3 2 1 0=NA

7. Research and Evaluation - the SRR collaboration has obtained information to establish its goals and will continue to collect data to measure goal achievement. *(Please select one)*

5 4 3 2 1 0=NA

8. Political Climate - - the history and environment surrounding power and decision-making in the SRR grant is positive.

5 4 3 2 1 0=NA

9. Resources - the SRR collaborative has access to needed resources including knowledgeable people, information, finances and facilities.

5 4 3 2 1 0=NA

10. Catalysts - the SRR collaborative was started because of existing problem(s) or the reason(s) for collaboration to exist required a comprehensive approach.

5 4 3 2 1 0=NA

11. Policies/Laws/Regulations - the SRR collaborative has changed policies, laws, and/or regulations that allow the collaboration to function effectively.

5 4 3 2 1 0=NA

12. History - the SRR collaborative has a history of working cooperatively and solving problems.

5 4 3 2 1 0=NA

13. Connectedness - members of the SRR collaborative are connected and have established informal and formal communication networks at all levels.

5 4 3 2 1 0=NA

14. Leadership - the leadership of the SRR collaborative facilitates and supports team building, and capitalizes upon individual, group and organizational strengths.

5 4 3 2 1 0=NA

15. Political Support– decision makers provide considerable support to the SRR efforts and initiatives.

5 4 3 2 1 0=NA

16. Political Polarization–there is a low level of political polarization among the SRR collaborative stakeholders.

5 4 3 2 1 0=NA

17. Distribution of power– the SRR stakeholders believe they have a voice in the process of this project.

5 4 3 2 1 0=NA

18. Uncertainty – there is an existing or expressed need to reduce, diffuse, and share risk among the SRR collaborative stakeholders.

5 4 3 2 1 0=NA

19. Interdependence - there is a "work together" attitude that encourages cooperation among SRR collaborative stakeholders.

5 4 3 2 1 0=NA

20. Initiating Leadership 1- the SRR collaborative leaders are broadly respected by stakeholders.

5 4 3 2 1 0=NA

21. Initiating Leadership 2 - the SRR leaders are fair-minded.

5 4 3 2 1 0=NA

22. Procedural Arrangements - ground rules, operating protocols, decision making rules or other rules facilitate collaboration of the SRR grant.

5 4 3 2 1 0=NA

22. Knowledge Generation – relevant knowledge is being generated and developed as a result of the SRR collaborative project activities.

5 4 3 2 1 0=NA

23. Knowledge sharing - high-quality information is being presented, made accessible, and understandable by participants of the SRR collaborative.

5 4 3 2 1 0=NA

24. Use of technology - technology is being used to aid in knowledge generation and management of the SRR collaborative

5 4 3 2 1 0=NA

25. Resource Contribution – SRR stakeholders participate and contribute their time, knowledge and resources to the SRR project.

5 4 3 2 1 0=NA

26. Resource Accommodation- every SRR grant stakeholder tries to accommodate the diversity of resources and capacities of others in the SRR collaborative.

5 4 3 2 1 0=NA

27. Trust – SRR stakeholders believe that members of the SRR project are trustworthy.

5 4 3 2 1 0=NA

28. Appreciation and Tolerance of Differences – the SRR collaborative stakeholders identify and respect differences among themselves.

5 4 3 2 1 0=NA

29. Internal Legitimacy - the SRR collaborative stakeholders deem the SRR participants to be knowledgeable in the expert areas.

5 4 3 2 1 0=NA

30. Commitment - the SRR collaborative stakeholders are committed to the SRR collaborative, its goals and objectives.

5 4 3 2 1 0=NA

31. Responsibility - the SRR collaborative stakeholders feel responsible for outcomes.

5 4 3 2 1 0=NA

32. Collaborative Motivation - the SRR collaborative stakeholders are motivated to achieve outcomes together.

5 4 3 2 1 0=NA

PART 4: ASSESSING CURRENT COLLABORATIVE RELATIONS

33. Please list the people with whom you are directly or indirectly involved as part of working on the implementation of SRR Project from the list below.
Then, respond to the statements listed below and enter them into the corresponding numbers on the next page using the list of SRR project members you selected in the previous step (Note: the rating scale for Number 34-35 is different from Numbers 36-45, which have the same rating scale).
(In the web-based survey, these items will appear in a grid next to the response categories, for the ease of participants who will be completing the survey)

34: **This person** is:
1=just my colleague 2= acquaintance 3= friend 4= distant relative 5=close relative

35: I have **known this person** for:
l=Less than one year 2=1-2 years 3=2-3 years 4=3-5 years 5=More than 5 years

36: I **trust this person: (reverse scale)**
l=strongly disagree 2=disagree 3= neither agree nor disagree 4=agree 5= strongly agree

37: I **provide information** to this person on SRR-related topics.
0=never l=yearly 2=quarterly 3=monthly 4=weekly 5=daily

38: I turn to this person to **receive information** on SRR-related topics.
0=never l=yearly 2=quarterly 3=monthly 4=weekly 5=daily

39: I **provide financial resources** to this person for SRR-related activities.
0=never l=yearly 2=quarterly 3=monthly 4=weekly 5=daily

40: I turn to this person to **receive financial resources** for SRR-related activities.
0=never l=yearly 2=quarterly 3=monthly 4=weekly 5=daily

41: I participate in **SRR-related planning sessions** with this person.
0=never l=yearly 2=quarterly 3=monthly 4=weekly 5=daily

42: I **provide advice** to this person for SRR-related activities.
0=never l=yearly 2=quarterly 3=monthly 4=weekly 5=daily
43: I turn to this person to **receive advice** for SRR-related activities.
0=never l=yearly 2=quarterly 3=monthly 4=weekly 5=daily
44: I participate in **SRR-related project activities** with this person.
0=never l=yearly 2=quarterly 3=monthly 4=weekly 5=daily
45: I **negotiate changes in operations** with this person.
0=never l=yearly 2=quarterly 3=monthly 4=weekly 5=daily

Name	**Agency**	Social relation	Years known	Trust	Provide info	Receive info	Provide finances	Receive finances	Joint planning	Provide advice	Receive advice	Service delivery	Negotiation
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.													
16.													
…….													
Last participant													

Note: Participants will be given opportunity to select other networks partners they forgot to mention

PART 5: INFORMATION ABOUT RESPONDENT

Please answer the following demographic questions: (Respondents can opt out not to answer these questions

46. What is your gender? Male _____ Female _____ *(Please select)* Other _____ *(Please describe)*

47. What is your race/ethnicity? *(Please select)*

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. ____

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. ____

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa. ____

Native Hawaiian or Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. ____

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. ____

Native American or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. ____

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races. ____

48. What is your age? _____

49. What is the highest level of education you have completed? *(Please **select one)***

____Some high school, but did not finish
____ Completed high school/GED
____ Some college, but did not finish
____ Two-year college degree /A.A/A.S.
____ Four-year college degree /B.A./B.S.
____ Some graduate work
____ Completed Masters or professional degree
____ Advanced graduate work or Ph.D.
____ Prefer not to answer