

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC 2.0)

Northeast Ohio Community Alternative Program
411 Pine Avenue SE, Warren, OH 44483
1955 Blasé Nemeth Road, Painesville Township, OH 44077

By

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INTRODUCTION

Research has consistently shown that programs that adhere to the principles of effective intervention, namely the risk, need, and responsivity (RNR) principles, are more likely to impact criminal offending. Stemming from these principles, research also suggests that cognitive-behavioral and social learning models of treatment for offenders are associated with considerable reductions in recidivism (see Andrews & Bonta, 2010 and Smith, Gendreau, & Swartz, 2009, for a review). The objective of the CPC assessment is to conduct a detailed review of the program's practices and to compare them to best practices within the correctional treatment literature. Recently, there has been an increased effort in formalizing quality assurance practices in the field of corrections. As a result, legislatures and policy makers have requested that interventions be consistent with the research literature on evidenced-based practices. Within this context, Northeast Ohio Community Alternative Program (referred to from here on out at NEOCAP) was assessed using the Evidenced-Based Correctional Program Checklist (CPC 2.0). The objective of the CPC assessment is to conduct a detailed review of the program's practices and to compare them to best practices within the correctional treatment literature. Program strengths, areas for improvement, and specific recommendation to enhance the effectiveness of the services delivered by the program are offered.

CPC BACKGROUND AND PROCESSES

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

The CPC 2.0 is divided into two basic areas: content and capacity. The capacity area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: Program Leadership and Development, Staff Characteristics, and Quality Assurance. The content area includes the Offender Assessment and Treatment Characteristics domains and focuses on the extent to which the program meets certain principles of effective intervention, namely RNR. Across these five

domains, there are 73 indicators on the CPC, worth up to 79 total points. Each domain, each area, and the overall score are tallied and rated as either Very High Adherence to EBP (65% to 100%), High Adherence to EBP (55% to 64%), Moderate Adherence to EBP (46% to 54%), or Low Adherence to EBP (45% or less). It should be noted that all five domains are not given equal weight, and some items may be considered not applicable in the evaluation process.

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

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

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

Despite these limitations, there are several advantages to this process. First, it is applicable to a wide range of programs. Second, all the indicators included on the CPC have been found to be correlated with reductions in recidivism through rigorous research. Third, the process provides a measure of program integrity and quality as it provides insight into the black box (i.e., the operations) of a program, something that an outcome study alone does not provide. Fourth, the results can be obtained relatively quickly. Fifth, it provides the program both with an idea of current practices that are consistent with the research on effective interventions, as well as those practices that need improvement. Sixth, it provides useful recommendations for program improvement. Furthermore, it

allows for comparisons with other programs that have been assessed using the same criteria. Finally, since program integrity and quality can change over time; it allows a program to reassess its progress in adhering to evidence-based practices.

As mentioned above, the CPC represents an ideal program. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall, 7% of the programs assessed have been classified as having Very High Adherence to EBP, 17% as having High Adherence to EBP, 31% as having Moderate Adherence to EBP, and 45% as having Low Adherence to EBP. Research conducted by UCCI indicates that programs that score in the Very High and High Adherence categories look like programs that are able to reduce recidivism.

SUMMARY OF THE NORTHEAST OHIO COMMUNITY ALTERNATIVE PROGRAM (NEOCAP) AND SITE VISIT PROCESS

NEOCAP is a public Community Based Correctional Facility (CBCF) serving adult men and women in Trumbull, Portage, Lake, Geauga, and Ashtabula counties, Ohio. The organization has been in operation since October 1997. The male site, located at 411 Pine Avenue SE, Warren, Ohio 44483 opened in 1997. The agency opened a second site, 1955 Blasé Nemeth Road, Painesville Township, Ohio 44077 for their female residents in 2016. The site visit was conducted at both locations. Programs provided by NEOCAP include substance abuse, employment, anger management, education (GED) and cognitive groups. The male site has the capacity to hold 125 residents and the female site has the capacity to hold 60 residents. NEOCAP is a regional minimum-security residential Community Based Correctional Facility (CBCF) which serves as a sentencing option for adult male and female felony offenders from the Common Pleas Courts of Trumbull, Portage, Lake, Geauga, and Ashtabula counties. CBCF's were developed by state legislation to provide comprehensive residential treatment for offenders on felony probation, up to a maximum of six (6) months. CBCF's are a unique partnership between the Ohio Department of Rehabilitation and Corrections (ODRC) and the local Common Pleas Court Judges. NEOCAP is administered by a Facility Governing Board whose members are appointed by the Judicial Advisory Board and County Commissioners. The agency provides services to moderate and high-risk adult males and females who are under parole, diversion, and probation supervisions. On the day of our visit there were approximately 125 males and 52 females. The Program Director at the male facility is Kristina Henik and the Program Director at the female facility is Jennifer Melvin. At the time of the assessment the agency had a total of 71 full time staff members with 22 staff members providing direct service delivery and 2 part-time staff members.

The assessment process consisted of a series of structured interviews with staff members and program participants during a two day on-site visit to NEOCAP (both sites) on November 14th, 2018 and November 15, 2018. Additionally, data was gathered via the examination of twenty representative files (open and closed) as well as other relevant program materials (e.g. Manuals, assessments, curricula, resident handbooks, etc.). Finally, two treatment groups were observed: Thinking for a Change and Orientation. Data from various sources were then combined to generate

a consensus CPC score and specific recommendations, which are described below. This is the second CPC assessment of this program.

Program Leadership and Development

Strengths: Male site

Clinical Director, Ms. Kristina Henik, was identified as the Program Director for purposes of this report. She has held this position for the past six years, previously working as an assistant Program Director. She is directly involved in the training of new staff upon hiring and participates in ongoing training and supervision of staff, meeting with treatment staff twice per week.

Program Director Kristina Henik has a Bachelor of Science degree from Youngstown State University. She has also received certification as a Chemical Dependency Counselor (LCDC III). Thus, Ms. Henik is both qualified and experienced in working with adult felony offenders. In terms of Ms. Henik's involvement with the program, she does participate in the process of hiring new NEOCAP staff by conducting the initial interview. In the event the individual warrants a second interview, Ms. Henik, Deputy Director Kim Massary, and Executive Director Jake Jones conduct the interview together. When hiring she considers the applicant's integrity and seeks candidates who are treatment oriented and motivated.

Any time a new program component is instituted, a formal pilot period of at least 30 days should be conducted to sort out the content and logistics and identify any necessary modifications to be made. Subsequent revisions are often difficult to make once a program has been formally instituted. The pilot period should conclude with a thorough review of the changes, including client surveys, staff input, and evaluations. Following this review, the decision should then be made about whether to implement the new program components with the appropriate revisions. The agency demonstrated they routinely conduct pilots appropriately.

NEOCAP appears to be valued and respected by the criminal justice community. NEOCAP supports five surrounding counties and generally maintains a utilization rate of 100%. The program is also working with local probation departments to promote positive relationships. In terms of program value by the community-at-large, NEOCAP has not had any complaints from residents.

Funding for NEOCAP is currently adequate to operate the program as designed. The program has not had recent increases in funding from the ODRC, and with rising operational costs, they are still able to operate the program; however, there have been no major cuts in funding over the last two years. Furthermore, the program is stable in terms of longevity and funding as the program has been in operation since 1997.

Ms. Henik demonstrated her involvement in supervising and training staff which is a strength for the program. Ms. Henik also routinely conducts programming and thus is directly involved in providing direct supervision to direct service delivery.

Recommendations:

- As modifications to the program are considered, a comprehensive literature search should be conducted to identify relevant research concerning effective treatment approaches. This literature search should include major criminological and psychological journals, as well as key texts. Collectively, these sources will provide information about assessment and programming that can be applied to groups and services delivered by the program. It is important that the core program and all its components be based on a coherent theoretical model with empirical evidence demonstrating its effectiveness in reducing recidivism among offender populations (i.e., cognitive behavioral and social learning therapies). Finally, it is important that all staff are exposed to, and can demonstrate a thorough understanding of the literature. Many programs accomplish this by subscribing to professional journals and spending time at staff meetings reviewing the pertinent literature on effective correctional practices. The program states that they review literature periodically at staff meetings. Please continue with this practice.

Strengths: Female Site

Facility Director, Ms. Jennifer Melvin, was identified as the Program Director for purposes of this report. She has held this position for the past two years, previously working as Administrator for the Trumbull County Day Reporting program. She is directly involved in the training of new staff upon hiring and participates in ongoing training and supervision of staff, meeting with treatment staff twice per week.

Program Director Jennifer Melvin has a Bachelor of Arts degree in Justice Studies, and a Master of Science degree in Criminal Justice. She has also received certification as a Chemical Dependency Counselor (LCDC III). Thus, Ms. Melvin is both qualified and experienced in working with adult felony offenders. In terms of Ms. Melvin's involvement with the program, she does participate in the initial interview. In the event the individual warrants a second interview, Ms. Melvin, Deputy Director Kim Massary, and Executive Director Jake Jones conduct the interview together.

The NEOCAP appears to be valued and respected by the criminal justice community. The NEOCAP supports five surrounding counties and generally maintains a utilization rate of 100%. The program is also working with local probation departments to promote positive relationships. In terms of program value by the community-at-large, while NEOCAP has not had any complaints from residents.

Funding for NEOCAP is currently adequate to operate the program as designed. The program has not had recent increases in funding from the ODRC, and with rising operational costs, they are still able to operate the program; however, there have been no major cuts in funding over the last two years.

Areas that Need Improvement:

Ms. Melvin plays an active role in selecting program staff, as well as training staff. She facilitates groups and hires but relies on other staff to conduct supervision. As a program that has employed approximately 24 staff, training is conducted as 120-day orientation. Ms. Melvin is currently facilitating groups due to the lack of staff. It is not unusual for Ms. Melvin to conduct groups, but not as consistently as current practice would indicate. Once, the agency is able to identify and hire qualified individuals to facilitate treatment, Ms. Melvin will be able to return to her Administrative role. Ms. Melvin routinely attends all treatment team and house meetings.

Staff Characteristics

This section of the CPC concerns the qualifications, experience, stability, training, supervision and involvement of the program staff. Staff considered in this section includes all full-time and part-time staff that conducts groups or provides direct service/treatment to adults as well as security/milieu staff. Excluded from this group is support staff, as well as the program director, which was evaluated in the previous section.

Strengths:

The staff members fulfill the CPC criteria for education level with more than 70% of treatment staff possessing an associate degree or higher. Treatment staff are also selected based upon skills and values consistent with the rehabilitative ideal, and the majority of staff clearly demonstrated a professional orientation supportive of rehabilitation.

The staff members fulfill the CPC criteria for experience in that 75% or more of the professional staff have worked in treatment programs for at least two years. In fact, most of the treatment staff have extensive experience providing treatment well beyond two years.

Staff members have the opportunity to provide input into the structure of the program, and appear to be genuinely supportive of the agency's mission and goals. The Treatment Team and programming staff participate in weekly staff meetings to discuss intakes, case reviews, problems, and appear to support the treatment goals of the program. Security staff have daily shift briefings where information is exchanged, and they are afforded the opportunity to provide feedback. Also, the program has documentation of ethical guidelines for staff which are signed by each new employee during orientation.

Treatment staff are given an annual performance evaluation, and the evaluation does contain indicators relevant to using cognitive-behavioral techniques and rates them on their service

delivery skills as required. Staff have appropriate clinical oversight, and feedback is given relative to such.

Areas that Need Improvement:

Although the program also has implemented a comprehensive training program for new staff that begins by learning operations, moves into job shadowing, and includes formal training on all curricula in use effective use of reinforcement, effective use of disapproval, and administration of the ORAS, the CPC requires a minimum of 40 hours of ongoing training per year in areas related to service delivery. The agency is currently only providing 24 hours of ongoing training per year.

Rating: HIGHLY EFFECTIVE

Recommendations:

- All staff who provide direct services to offenders should receive at least 40 hours of ongoing training per year concerning evidence-based practices and service delivery. Appropriate topics include effective interventions, training in assessment instruments, anger management, dual-diagnosis, substance abuse, cognitive-behavioral interventions, and core correctional practices (anti-criminal modeling and reinforcement, effective reinforcement, effective disapproval, skill building, effective use of authority, cognitive restructuring, and relationship building). The agency should implement a formal training program to ensure that staff attend 40 hours each year of relevant training.

Resident Assessment

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

Strengths:

The North East Ohio Community Alternative Program residential program admits males and females as a sentencing option through a central placement source as referred by the Common Pleas Courts of Trumbull, Portage, Lake, Geauga, and Ashtabula Counties. Offenders are placed in gender specific locations. The male facility located in Warren, Ohio, and the female facility is in Painesville Township, Ohio. The facilities are managed as one agency from the Warren location, and considered Community Based Correctional Facilities (CBCFs). All referrals are reviewed by the agency for admission based on information provided by the courts.

The agency has an appropriate written admission and exclusionary policy criteria in place that has been disseminated to agency staff. As a CBCF, the agency admits offenders based on admission criteria established by Ohio Administrative Rule 5120:1-14-09, General Operating Standards for Community Based Correctional Facilities. The rule was developed to ensure agencies were targeting offenders with appropriate risk levels of moderate and above. In summary, the rule establishes that offenders admitted to a CBCF meet one or more of the following criteria. The offender was assessed by the Ohio Risk Assessment System (Measures risk of recidivism) as high risk, convicted of a felony level of one two, conviction of a felony level three with a moderate or above risk level. Convicted of a felony level four or five and they have violated a condition of supervision and/or been revoked from supervision within the past five years. The rule allows for a ten percent deviation cap to the established parameters. The following offenders are subject to admittance, and do not count against the deviation cap. Offenders who are receiving non-residential services or who are on Judicial Release Supervision. Finally, offenders whose risk level is moderate and above who are part of a targeted population: These include but may not be limited to offenders convicted of domestic violence, sexually oriented offenses, failure to pay child support, or alcohol and other drug related offenses where there is a diagnosis of opioid dependence or substance-related addictive disorder within the last twelve months, and/or the conviction or probation violation involve the use of possession of opiates, alcohol or other drugs. The agency consistently adheres to the established rule for admissions. Those offenders who do not meet the requirements of the rule are generally excluded. Additionally, the agency may exclude offenders with a long or serious history of violence/assaultive behavior, needs or disabilities beyond the scope of resources available to the facility, offenders who are not amenable to treatment and those who's violation behavior does not warrant residential treatment. The number of offenders admitted who do not meet the criteria was 2% for Fiscal Year 2018 (July 1, 2017 to June 30, 2018 which is well below the established percentage of ten percent. Adherence to the process was supported by staff and offender interviews.

Prior research indicates that validated risk, general and specific need, and responsivity assessments are essential to the development of effective intervention programs. In order to assess offenders, NEOCAP consistently administers validated objective risk, need, and responsivity assessment In specific, the agency minimally assesses offenders via the Ohio Risk Assessment System (ORAS), Substance Abuse Subtle Screening Inventory (SASSI), Adult Self-Assessment Questionnaire (ADSAQ), Adult Substance Use Survey-Revised (ASUS-R), Beck Depression Inventory, Test of Adult Basic Education (TABE), and the How I Think Questionnaire (HIT).

The ORAS is generally administered during the Pre-Sentence Investigation process prior to admission, while the other assessments are completed during the first seven days of residency. If follow up assessments are required, they are done so at the designated schedule for that assessment. They will however serve an offender with a sex offense if he/she needs treatment for general criminogenic needs. The tools utilized are validated and have been to show accurate assessment results. Overall, the program has a sufficient cache of tools for assessing offenders.

Areas in Need of Improvement and Recommendations:

The program administers the How I Think Questionnaire (HIT) upon admission, and towards the end programming. The questionnaire measures four categories of self-serving cognitive distortions (thinking errors)-Self Centered, Blaming Others, Minimizing/Mislabeling and Assuming the Worst. Based on file review and staff interviews the program is generally using the data from the questionnaire to gauge the delivery of cognitive behavioral therapy programming. It can be used individually or to enhance programming. Staff indicated that they would like to further enhance the use of the data to assist them with making individual case planning decisions and consistently supporting determinations for program completion.

Recommendation:

*Assessors support the programs goal of further using the data from the HIT to its full potential regarding decisions about case planning and program completion. It is recommended that the program convene and make a determination of how they would like to further use the data, and create policies and procedures dictating the expectations so that staff may apply them to their daily practices.

Treatment Characteristics

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

Strengths:

In order to reduce the likelihood that residents will recidivate, those characteristics associated with recidivism (criminogenic needs) must be targeted. NEOCAP offers services that target criminogenic needs in numerous areas, including employment, education, criminal thinking, criminal behavior, substance abuse, peers, decision making, emotional regulation, problem solving, anger management, prosocial leisure/recreation activities, and social skills. As such, the program is spending at least 50% of its time targeting criminogenic need areas. It is important for the majority of a program's treatment targets to be criminogenic. But equally important is the "density" (i.e.: the amount of time spent targeting criminogenic versus non-criminogenic needs) of targets be considered. As indicated previously, NEOCAP targets many criminogenic need areas, and the ratio of criminogenic needs targeted to non-criminogenic needs targeted is at least 4:1. The program does not offer any programming currently which would be categorized as targeting a non-criminogenic need.

All case plans contained clear objectives and goals for the high and moderate need areas indicated by the ORAS assessment. These objectives and goals adhered to the SMART principle in that they were Specific, Measurable, Attainable, Reasonable and Timely. Staff ensured the needs identified from the ORAS and any secondary needs assessments were used to develop individualized goals and objectives for each resident. There was evidence that the case plans were being developed in conjunction with the offender and are routinely updated. The case plans consistently addressed two or three major criminogenic needs of the resident.

The most effective programs are based on behavioral, cognitive-behavioral and social learning theories and models. It was found that NEOCAP follows an evidenced-based model-Cognitive Behavioral approach throughout their programming. NEOCAP is employing Thinking for a Change for their male residents and Moving On for their female residents which complies with this model. Additionally, they currently facilitate the Cognitive Behavioral Interventions for Substance Abuse developed by the University of Cincinnati. This intervention relies on a cognitive behavioral approach to teach participants strategies for avoiding substance abuse. The program places heavy emphasis on skill building activities to assist with cognitive, social, emotional, and coping skill development. Modeling and role playing were found to be used consistently in NEOCAP's programming.

The length of time over which services are delivered is an important aspect of correctional programs. On average, residents in the NEOCAP facilities routinely remain in the program for approximately four to six months, which falls into the three to nine-month window of time shown to be most effective in reducing recidivism.

Residents have the ability to leave NEOCAP for a variety of reasons such as employment, community service, passes, and medical/mental health appointments. In order to participate in outside activities, residents must agree to provide verification of their whereabouts to the facility. Upon return to the facility, residents are searched and may be required to submit to substance abuse testing.

NEOCAP was found to have a detailed program manual which specifics all major aspects of the program. The manual contained information to include but not limited to their program description, philosophy, admission criteria, assessment, scheduling, case planning, phase advancement, behavior management, completion criteria, as well as discharge planning. The program manual is available to all staff via their online server. There was also evidence that the manual is consistently followed by staff. This is verified by conducting staff and group observations and by conducting resident interviews.

NEOCAP was found to meet the CPC requirement for the amount of time residents spend in structured tasks during a typical week. It appears that residents are regularly involved in at least 35 or more hours of structured activities each week throughout their stay in the program. Residents are required to be engaged in programming groups, structured homework time, and chores from 9:00 a.m. until 5:00 p.m. Monday through Friday. This was verified by the CPC assessment team by observations, staff and resident interviews, as well as review of the programs weekly programming schedules.

Overall, research indicates that residents who are moderate risk to reoffend need approximately 100-150 hours of evidence-based services to reduce their risk of recidivating and high-risk residents need over 200 hours of services to reduce their risk of recidivating. Very high-risk or high-risk residents with multiple high need areas may need 300 hours of evidence-based services. Only groups targeting criminogenic need areas using an evidence-based approach can count towards the dosage hours.

A program should vary the dosage and duration of service according to a resident's risk level. Residents who are at higher risk for recidivism by definition have more criminogenic needs. These residents should be required to attend additional services, dictated by their needs identified on the ORAS. Thus, residents identified overall as high risk for recidivism should have longer and more intense services than those identified as moderate risk. NEOCAP was found to provide more intensive services to higher-risk residents. This was accomplished through longer periods of stays, additional group sessions such as advanced practices, longer group times for high risk groups, and additional groups offered only for high risk residents.

Results of responsivity assessments should also be used to match residents to clinicians in the program. For example, residents with mental health issues should be matched with clinicians who have credentials to work with residents with mental illness. Similarly, residents with high anxiety should not be matched with clinicians who tend to be more confrontational. NEOCAP was found to be doing a good job in this area. High risk groups/offender are assigned to more veteran/experienced programming staff. Additionally, residents found to have a low IQ are appropriately matched to specific programming staff and are assigned a "buddy" from the treatment staff to assist them. Lastly, residents with mental health issues were found to be matched with clinicians who have credentials to work with residents with mental illness.

NEOCAP residents have formal mechanisms to provide program input, including resident surveys, grievance forms and requests to meet with staff. The data is collected and analyzed at staff meetings to make improvements to the program structure. Changes to the program have been recently enacted by staff based on the gathering and analysis of resident feedback. For example, fans were recently added to programming rooms as a result of resident feedback. Additionally, NEOCAP recently bought all staff NEOCAP tumblers to use for drinking beverages while at work. This was implemented after they received feedback from residents that it bothered them to see staff with drinks from Starbucks, McDonalds, etc. It is recommended that they consider implementing a suggestion box in the common areas as another means to collect resident input. This would allow for collecting feedback while residents are still in the program.

The use of reinforcers and punishers can be an effective way to encourage pro-social behavior and/or extinguish anti-social behavior. For optimal effectiveness, the program was found to use a wide range of appropriate reinforcers to encourage/promote pro-social behavior. Some examples of reinforcers the program utilizes are verbal praise, extra recreation time, additional time to watch television, as well as additional phone calls. The reinforcers should be administered individually encouraging the pro-social behavior of individual offenders. The use of these reinforcers should be systematically built into the program and should outweigh the use of punishers by a 4 to 1 ratio.

The program has adopted the use of punishers to extinguish anti-social/undesirable behavior. The punishers, administered through progressive discipline, include extra chore hours, extra homework assignments, reflection room, loss of privileges, program extension, delayed phase advancement, and program termination. The punishers are appropriate for the program participants.

NEOCAP was found to have clear criteria specifying how residents complete programming. Research would indicate that positive outcomes are often associated with programs that clearly outline and distribute the behavioral tendencies expected upon completion of the program. NEOCAP has a phase system which is based on points acquired by the resident. Prior to any phase movement or program completion of any resident the case is staff at the weekly treatment team meeting. The criteria for program completion did include written indicators such as attendance records, participation records, behavioral assessment updates, phase advancement criteria, and progress reports for the treatment plans.

In effective correctional programs, offenders are consistently taught to observe and anticipate problem situations through modeling and demonstrations by staff. Offenders are also expected to practice new pro-social behaviors in increasingly difficult situations or in more difficult role-playing scenarios. Examples include having offenders in higher levels practice and model behavior for lower level offenders or requiring offender to practice the skill outside the group and report back to the group at the next meeting. Through several group observations, it was determined that group facilitators effectively use skill modeling during the course of delivering the core curricula. However, it was determined by the CPC team that offenders do not regularly have an opportunity to practice skills in more difficult scenarios.

The staff at NEOCAP are ensuring that treatment groups are conducted by professional staff from beginning to end, therefore, not allowing clients to run groups.

Staff's ability to effectively teach new skills to offenders is partially dependent on group size. Consequently, the average group size should typically fall within the maximum range of one facilitator for every 8-10 offenders so that the group structure is conducive to learning. Observation of group and staff interviews suggested that groups are regularly within the recommended range of 8-10 offenders with a single facilitator.

The program provides a formal discharge plan that is developed upon termination from the program. As a result, clients are aware of what they completed while in the program as well as any notes on areas that need continued work.

Treatment Characteristics Areas in Need of Improvement and Recommendations:

Effective correctional programs perform service delivery using the risk, need and responsivity levels of the resident. For example, effective programs are structured so that lower-risk residents have limited exposure to their higher-risk counterparts. Research has shown that mixing low-risk residents with moderate or higher-risk residents can increase the risk of recidivism for low-risk residents. Low-risk residents may be negatively influenced by the behavior of higher risk residents, thereby increasing their risk of recidivism. NEOCAP is currently not separating residents in their Moving On group at the female site by their level of risk as determined by the ORAS.

Recommendation: Since NEOCAP consistently uses risk assessments in other aspects of treatment, program staff should use the results of the ORAS (or another similar risk assessment) to place residents in separate groups according to their level of risk for all treatment groups.

Resident needs and responsivity factors like personality characteristics or learning styles should be used to systematically match the residents to the type of service for which he is most likely to respond. NEOCAP currently does not consistently consider individual resident needs or responsivity factors when matching residents to treatment groups specifically at the female site. It was determined during the CPC assessment that all female residents are mandated to attend the Moving On group regardless of their individual need for completion of that particular group.

Recommendation: NEOCAP typically does a really good job in assigning offenders to groups or services that best match their needs and their style of learning as well as other responsivity factors. The agency may want to change their current practice of mandating all female residents to complete the Moving On group regardless of need.

Additionally, staff should be assigned to programming and services based on their skills, experience, education and/or training. Currently, the high staff turn-over rate experienced by NEOCAP specifically at the female site has made it difficult to effectively match staff in this way. Recently, assignment of staff to service delivery has been based primarily on availability.

Recommendation: As new staff are hired, the program should consider and provide preference to the factors of skill level, experience, education and training when assigning staff to the services and interventions they are expected to provide.

With regards to reinforcers and punishers, NEOCAP can increase its adherence to the evidence by improving the use and process of administering positive and negative consequences. Residents are well informed of the rewards system and understand a great deal about what is earned through positive behavior. Effective approvals are given when behavior is deserved and points are earned daily for good “prosocial” behavior. Residents receive social praise consistently for their observable behavior tangible items include: weekly choice of incentive, phase level advancement, access to daily increase in internal and external privileges (i.e.-community service opportunities, additional work out time, more TV time and more options during leisure time, business or approved leave passes). The program has a wide variety of rewards available to encourage positive behavior and change. However, the administration of reinforcers needs to be improved. Rewards have the most meaning when they are received as close in time to the target behavior as possible and when the target behavior is directly linked with the reward. While some staff adhere to these guidelines, not all staff are following them currently. Further, the research is also clear that rewards need to outweigh sanctions (i.e., punishers) by a ratio of 4:1. The procedure used to positively reinforce individual offenders should be improved, as staff does not consistently provide rewards for pro-social behavior nor do they deliver those rewards in a timely manner. Likewise, the procedure used to extinguish undesirable behavior should also be improved to ensure consistency and timeliness in the application of the punishers. Interview responses from both staff and offenders indicate that staff do not routinely and consistently assess whether the punishers used produce negative emotional reactions or response substitution that may be counterproductive to learning.

Additionally, punishers have been administered in an inconsistent pattern from the staff. This inconsistency can be detrimental to the establishment of impactful rewards and punishers. Finally, NEOCAP should develop policy concerning negative effects that may occur of the use of punishment. Policy and training should alert staff to emotional reactions such as aggression towards punishment or future use of punishment, as well as response substitution. CPC recommendations in this area are designed to help programs fully utilize a cognitive-behavioral model.

Recommendation: The current behavior management system should be modified in the following manners:

- o Reinforcers should be monitored to ensure they are consistently applied, administered as close in time to the desired behavior as possible, and that staff link the reward to the desired behavior. All staff, regardless of their role should administer rewards appropriately.
- o The program should continue to strive to achieve a 4:1 ration of reinforcers to punishers.
- o For consequences to achieve maximum effectiveness, they should be administered in the following manner: 1) escape from the consequence should be impossible; 2) applied at only in intensity required to stop the desired behavior; 3) the consequence should be administered at the earliest point in the deviant response; 4) it should be administered immediately and after every occurrence of the deviant response; 5) alternative prosocial behaviors should be provided and practiced after punishment is administered; and

6) there should be variation in the consequences use (when applicable) in which NEOCAP appears to be doing consistently in group.

- o Staff should understand that punishment may result in certain undesirable outcomes beyond emotional reactions (these are discussed above) and be trained to monitor and respond to these responses.

- o All staff should be trained in the behavior management system and be monitored to ensure that they are using the system consistently and accurately. This training should include the core correctional practices of Effective Reinforcement, Effective Disapproval, and Effective Use of Authority,

- o Clinical staff need to increase their use of punishment as well as increase their use of reinforcement.

NEOCAP did not meet the requirement for successful completion rate. The successful program completion rate should range between 65% and 85% which would indicate that clients do not indiscriminately complete or get terminated from the program. Data presented between July 1, 2017 and June 30, 2018 indicated that 550 residents completed the program with 492 completing the program successfully which gives them a completion rate of 89.4%.

Recommendation: The program is encouraged to review their program completion criteria as previously indicated so that this criterion may be defined, communicated, and put in to daily operations.

Although NEOCAP program staff were found to appropriately model and utilize skill training they could improve upon their graduated practices wherein residents should practice new prosocial thinking and behaviors in increasingly difficult situations. For example, residents may be required to practice the skill outside of the group and report back to the group at the next meeting, or programs may consider having separate advanced practice groups.

Recommendation: The program is encouraged to have residents practice new prosocial thinking and behaviors in increasingly difficult situations or more difficult role-playing scenarios. NEOCAP may want to incorporate additional advanced practice groups. This advanced practice should include feedback to ensure that the resident can effectively utilize the skill in real-life situations. These treatment strategies should be a routine part of treatment groups throughout the entire program.

Successful treatment programs are ones that work with the support people in the resident's life to assist in the transition to a pro-social lifestyle. The program has periodic activities for offenders and their family members and regular visitation hours for offenders to reconnect with family members. However, the program does not provide any structured training/services to family members to teach them how to effectively assist the offender upon release.

Recommendation: Family Programming is strongly encouraged. These family members should be formally trained to provide support to the residents serviced by NEOCAP. Family members should learn and be equipped with the same tools, skills, and techniques as the residents (e.g., communication skills, parenting skills, and how to identify risky situations and triggers) so that they can understand the language of the curricula and support resident progress.

Quality aftercare upon completion of the program is vital to the effective reduction in recidivism. Some offenders are referred to aftercare services at a local treatment facility based upon continued need.

Enforcement of these aftercare services is largely dependent upon the enforcement of the probation department. There is not a formal aftercare period with mandatory supervision or meetings for offenders after completion of the program.

Recommendation: The program is encouraged to develop an aftercare program that includes formal service that will help the resident to maintain prosocial changes.

Quality Assurance

This CPC domain centers on the quality assurance and evaluation processes used to monitor how well the program is functioning. Specifically, this section examines the type of feedback, assessments, and evaluations used to monitor the program.

Strengths:

The agency has an internal quality assurance mechanism for monitoring quality of documentation, quality of services, and client feedback. For example, the Continuous Quality Improvement (CQI) Administrator conducts group observation. If a group facilitator is in the position a year or more than the CQI Administrator completes group observations twice per quarter on the group facilitator. If the group facilitator is in the position a year or less than the CQI Administrator completes group observations three times per quarter. The agency documents group observations utilizing a form which is reviewed with the facilitator to provide written feedback. The form is signed by the facilitator and the observer and a copy is provided to the facilitator. Unfortunately, at the time of the review, the agency had just filled the vacancy created in this position since August 2018. The person who previously held the position went on Family Medical Leave and did not return to the position. The noted process for group observations had not been followed consistently since the position became vacant.

The agency surveys residents for feedback prior to the resident successfully completing the program. The compliance manager compiles the data weekly from the survey into a excel spreadsheet. The information from the survey is used to review the incentive menu, treatment staff, resident supervisor staff, treatment groups that helped, skills that were helpful, food quality, food portions, and what was not helpful.

Currently, NEOCAP is tracking the recidivism of the residents who participate in the program. Rearrests, reconviction, or re-incarceration information for past residents should be captured for 6 or more months after release from NEOCAP which is a great practice.

Areas that Need Improvement:

In the past, NEOCAP has not received a formal evaluation within the past five (5) years. A formal evaluation should be performed by an external reviewer and a detailed report should be published. The published report should be obtained, reviewed, and disseminated to the staff at NEOCAP.

Recommendation: NEOCAP should hire an external reviewer to evaluate the effectiveness of the program. This review should include various measures to evaluate the skill acquisition from the residents and resident recidivism outcomes. Furthermore, the evaluation should be conducted by a qualified researcher who can outline the literature, methodologies, results, and implications from the evaluation.

Consistent with the preceding point, the evaluation should employ a comparison group to assess the extent to which the NEOCAP's effectiveness in carrying out evidence-based objectives and reducing recidivism next to the comparison group.

Recommendation: When conducting a formal evaluation from an external reviewer, NEOCAP should ensure that the evaluator selects an appropriate comparison group to assess the extent to which the effects experienced by the residents, referred to NEOCAP, are positive/negative when compared to a similar group of individuals.

Similarly, effective programs are subjected to routine research and evaluation by someone trained in this area. The focus of the research should relate to examining available program data, analyzing this data, and providing this information to NEOCAP regularly. This will ensure that NEOCAP can make data driven decisions.

Recommendation: NEOCAP should consider hiring an evaluator to regularly assess the available data. Alternatively, NEOCAP could partner with a local college or university for research purposes to limit the cost. While conversations could center on having a faculty member responsible for this task, part of the conversation should relate to the possibility of using undergraduate or graduate interns to assist with data collection activities (at no cost to NEOCAP) so that fiscal remuneration is limited to payment for analysis and reporting. Another option is to determine whether there is a possible research project that would meet the requirements for a student's master's thesis or dissertation (in order to provide another no-cost/low-cost option for evaluation).

NEOCAP does not conduct or seek out Quality Assurance on the external agencies used as referrals to their resident base.

Recommendation: NEOCAP should make attempts to seek out any Quality Assurance conducted on their external referral agencies to ensure those agencies are checking and improving upon the fidelity of the programs they offer while maintaining adherence to evidenced based practices.

Conclusion

The program received an overall score of 74.6% on the CPC. This falls into the Very High Adherence to EBP category. The overall capacity area scored designed to measure whether the program has the capability to deliver evidence-based interventions and services for participants was 76.4%, which falls into the Very High Adherences to EBP category. Within the area of capacity, the program leadership and development

domain score was 100% (Very High Adherence to EBP), and the staff characteristics score was 90.9% (Very High Adherence to EBP), and the quality assurance score was 22.2% (Low Adherence to EBP). The overall content area score, which focuses on the substantive domains of assessment and treatment, was 73.7%, which falls into the Very High Adherence to EBP category. The assessment domain score was 100% (Very High Adherence to EBP) and the treatment characteristics domain score was 65.7% (Very High Adherence to EBP).

Recommendations have been made in each of the five CPC domains and should assist NEOCAP in making necessary changes to increase program effectiveness. Overall, NEOCAP's strengths were in the areas of Program Leadership & Development, Staff Characteristics, Treatment Characteristics, and Offender Assessment. Having capable, well-trained and dedicated staff should enable them to make refinements in program delivery that will improve adherence to evidence-based practices and result in reduced recidivism. Quality Assurance is a need area that NEOCAP should address by considering more long term, structural changes in current practices.

Some recommendations can be addressed easily or within a few months: The program may also consider incorporating additional interventions designed to help offenders apply the skills learned in the core programming, such as advanced practice (using structured skill building).

Programs that find the CPC assessment process most useful are those that prioritize need areas and develop action plans to systematically address such needs. NEOCAP may desire to use this strategy to increase quality assurance mechanisms, by ensuring that all staff responsible for conducting interventions is qualified and appropriately trained. Additional training, coaching and supervision should be provided where necessary to ensure that treatment being delivered is of high quality. Group observation should be increased, followed by structured feedback highlighting the strengths of the facilitator as well as areas needing improvement.

Previously, programs have been successful at improving service delivery by formulating committees charged with developing strategies for delivering evidence-based programming. Evaluators note that the staff at NEOCAP are open and willing to take steps toward increasing the use of evidence-based practices within the program. This positive attitude will only help the program implement the necessary changes to bring it further into alignment with effective correctional programming.

References and Endnotes

Andrews, Don and James Bonta (2010). Rehabilitating Criminal Justice Policy and Practice. *Psychology, Public Policy, and Law*, 16 (1).

Smith, Paula, Paul Gendreau and Kristin Swartz (2009). Validating the Principles of Effective Intervention: A Systematic Review of the Contributions of Meta-Analysis in the Field of Corrections. *Victims and Offenders*, 4

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

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

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

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

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

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

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

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

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

v Programs we have assessed include: male and female programs; adult and juvenile programs; prison-based, jail-based, community-based, and school-based programs; residential and outpatient programs; programs that serve prisoners, parolees, probationers, and diversion cases; programs that are based in specialized settings such as boot camps, work release programs, case management programs, day

reporting centers, group homes, halfway houses, therapeutic communities, intensive supervision units, and community-based correctional facilities; and specialized