# Utah State Courts

# THE EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST

[PROGRAM NAME] ASSESSMENT
[ORGANIZATION NAME]
[CITY], UTAH

Second Evaluation

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# CPC Evaluation

## INTRODUCTION[1]

The Utah Juvenile Court in conjunction with the Utah Criminal Justice Center conducted an evaluation of the [Program Name] program using the Correctional Program Checklist (CPC). The assessment team conducted interviews with program staff and participants, observed therapy groups, and reviewed program curricula, files, and documents. The objective of this assessment is to conduct a detailed review of programming and services offered at [Program Name] and to compare these practices with the research on best practices in correctional interventions. The following report will provide a summary of the program, procedures used to assess the program, and CPC findings with recommendations to increase the effectiveness of the services delivered at [Program Name].

This is the second CPC evaluation of this program. The program responded to the assessment results by making several changes that include: the program director's direct involvement with program participants, utilizing risk assessments, creating and implementing policies and procedures for reinforcers, program exclusionary criteria, and completion criteria. These changes have increased the degree to which the program uses evidence practices, resulting in an increase in the CPC score for [Program Name].

## SUMMARY OF THE PROGRAM

### Program Description

[Program Name] is a community based treatment program located in [city], Utah. The program is part of [Organization Name] and began operation in 1997. The program serves male and female youth placed on state supervision probation by the Utah Juvenile Court. The program ideally serves sixteen youth at any given time. At the time of the assessment, it was serving above capacity with 18-20 youth. The program director has been in his position since June 2009. Prior to becoming the program director, he worked with the program as a therapist for 10 years.

In addition to the program director, [Program Name] employs one full time therapist and one ¾ time therapist. There are also two therapists from the juvenile drug court program, run by a [Organization Name], who co-facilitate treatment groups. The drug court program director oversees and administers training on the treatment curriculum for the [Program Name] staff. Program services include Aggression Replacement Training (ART), Moral Reconation Therapy (MRT), a parent group, and home based family therapy. The program budget is through the juvenile court and, when applicable, Medicaid.

# PROCEDURES[2]

## The Correctional Program Checklist

The evidence based Correctional Program Checklist (CPC) is a tool developed to assess delinquency and correctional intervention programs.[3] It is used to ascertain how closely correctional programs meet known principles of effective intervention. Studies conducted by the University of Cincinnati on both adult and juvenile programs were used to develop and validate the indicators used by the CPC[4]. These studies found strong correlations with outcome items on overall scores, domain areas, and individual items (Holsinger, 1999; Lowenkamp and Latessa, 2003; Lowenkamp, 2003; Lowenkamp and Latessa, 2005a; Lowenkamp and Latessa, 2005b), and were used in formulating the CPC.

The CPC 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. This area covers the following three domains: Leadership and Development, Staff, and Quality Assurance. The content area focuses on the domains of Offender Assessment and Treatment Characteristics. This area includes an assessment of the extent to which the program meets the principles of risk, need, responsivity, and treatment. There are a total of seventy-seven indicators worth 83 total points. Each area, and all domains, are scored and rated as highly effective if the score is between 61 and 100 percent, effective if the score is between 51 and 60 percent, needs improvement if the score is between 40 and 50 percent, or ineffective if the score is 39 percent or below.

The scores in all five domains are totaled and the same scale is used for the overall assessment score. It should be noted that not all of the five domains are given equal weight and that some items may be considered not applicable, in which case they are excluded from the scoring.

There are several limitations to the CPC. First, as with any research process, objectivity and reliability are an issue. Although steps are taken to ensure that the information collected is reliable and accurate, given the nature of the process, judgments about the data gathered are invariably made by the assessor. Second, the process is time specific. That is, the assessment is based on how the program is functioning at the time the assessment is conducted. Changes or modifications may be planned for the future or may be under consideration; however, only those activities and processes that are present at the time of the review are used in the scoring. Third, the process does not take into account all system issues that can affect program integrity. The process does not address the reasons that a problem exists within a program or why certain practices do or do not take place. Rather, the process is designed to determine the overall integrity of the program.

Despite these limitations, there are a number of advantages to CPC evaluations. First, the criteria are based on empirically derived principles of effective programs. Second, all of the indicators included in the CPC have been found to be correlated with reductions in recidivism. Third, the process provides a measure of program integrity and quality; it provides insight into the "black box" of a program, something an outcome study alone does not provide. Fourth, the results can be obtained relatively quickly. Fifth, it identifies both the strengths and weaknesses of a program; it provides the program with an idea of what it is doing that is consistent with the research on effective interventions, as well as those areas that need improvement. Sixth, it provides some recommendations for program improvement. Finally, it allows for benchmarking. Comparisons with other programs that have been assessed using the same criteria are provided. Since program integrity and quality can change over time, it allows a program to reassess its progress.

## Norm Information

Researchers at the University of Cincinnati have assessed over 400 programs nationwide and have developed a large database on correctional intervention programs[5]. Approximately seven percent of the programs assessed have been classified as very effective, 18 percent effective, 33 percent needs improvement, and 42 percent not effective.[6]

## Assessment Process

This CPC evaluation took place at [Program Name] on April 20, 2009. The assessment process consisted of a series of structured interviews with program staff, participants, and parents. Service delivery was also observed for ART, MRT, and home based family therapy. Additionally, data was gathered through the examination of both electronic and paper case files and treatment files as well as other relevant program materials including treatment manuals, assessment instruments, ethical guidelines, staff evaluations, and previous program evaluations. Data from the various sources were used to calculate a CPC score and provide the recommendations below.

## FINDINGS

### Program Leadership and Development                    Rating: Highly Effective

The first CPC domain examines the program director's qualifications and previous experience as well as his/her current involvement with the staff and program participants. This section evaluates whether the literature was consulted as part of the initiation of programming and whether new program components are piloted. Furthermore, this section of the CPC assesses the degree of support received by the program from both the at-large and criminal justice communities. Finally, this domain considers the stability of the program, including the adequacy of funding to provide rehabilitative services.

### Strengths

The first sub-component of this section examines the qualifications and involvement of the program director, which is defined as the person responsible for overseeing the daily operations of the program. The program director is well qualified with over 10 years experience working with juvenile offenders at [Program Name]. He is licensed as a LCSW and certified in both the ART and MRT programs. He has a B.S. and M.S. degree in social work.

The program director is directly involved with staff selection, training, and supervision. He coordinates ART and MRT training, co-facilitates family therapy training, and assesses skill implementation for new staff. He provides individual clinical supervision to each therapist weekly and observes and provides feedback on an ART or MRT group once a week. In addition to this involvement with program staff, the program director also provides some direct service delivery on a regular basis by carrying at least one state supervision youth regularly on his case load.

The second sub-component of this section covers three factors related to program development covering the initial design of the program, pilot testing of the program or any program modifications, and perceived support by the criminal justice and local community. Effective interventions are designed to be consistent with the literature on effective correctional treatment. The core service components of this program, Aggression Replacement Training (ART) and Moral Reconation Therapy (MRT), are well-researched programs that have been shown to be effective correctional treatments for juvenile offenders. The program director and staff are familiar with the literature on effective interventions.

The program works very closely with the juvenile court and probation. Every youth is screened for appropriateness with probation staff prior entering the program. While a youth is in the program, the program staff meets weekly with the juvenile's probation officer to review the youth's progress. The program director also attends multi-agency staffing. [Program Name] appears to be supported by both the criminal justice and the at-large community. The program is 12 years old.

### Areas that Need Improvement

In addition to the ART and MRT curricula, the program provides individual therapy, family therapy, and parenting class. The family therapy contents were created through a literature review of varying evidence based family therapies such as MST, FFT, and Adolescent Portable Therapy but this modified approach has not been tested for effectiveness.

The curriculum used for the parenting class is an amalgamation of several different parenting skills approaches. This service has several strengths. It is based on a cognitive behavioral model. The program director has created a detailed manual that covers therapist and participant activities on a session-by-session basis. These strengths notwithstanding, the parenting class has not been empirically tested and therefore it is unclear as to whether it is effective.

Program components and modifications were not piloted before full implementation. The program director and staff report pilot testing did not occur when the program was first initiated and has not occurred when program modifications have been made.

[Program Name] had a reduction in budget this past year, which required the termination of the education specialist for the program. The program places male and female youth into the same group.

## Recommendations

1. When a new program component is developed, a pilot period of at least one month should be conducted with a formal start and end date. The pilot period should conclude with a thorough review of the new program component. Modifications should be made accordingly before final implementation.

2. Additional funding should be sought so that the program can function as designed. This will allow the program to hire an educational specialist and to ensure continuation of family therapy.

3. It is recommended that treatment groups be single-sex rather than co-ed (see Andrews and Bonta, 2006).

## Staff Characteristics                                           Rating: Highly Effective

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 internal and external providers who provide direct services or treatment to the participants. Excluded from this group are security staff and clerical/support staff, as well as the program director who was evaluated in the previous section.

## Strengths

All staff members are well qualified with the educational requirements needed for their current positions. The majority of staff members have experience working with

treatment programs. This experience is looked for during the hiring process. Staff members are also hired based on their skills and abilities related to effective service delivery. Specifically, staff members are chosen based on their ability to work with juveniles, increase motivation for change, and openness to EBP models and supervision. The program also hires only staff who have a master's degree in social work or a related field.

Staff members attends weekly staff meetings with probation officers and therapists and also a youth services meeting held with those drug court staff who co-facilitate [Program Name] groups. In addition to staff meetings, therapists meet individually with the program director for an hour each week for clinical supervision. The program director also observes ART groups twice a month and assesses adherence using a behaviorally based checklist. The program director provides feedback immediately after the group to the therapist on their service delivery.

New staff members are trained by [Organization Name] in areas related to community mental health including: agency policy and procedures, intake interviews, documentation, and ethical guidelines. In addition to the training provided by the parent agency, staff members receive training on the ART and MRT program models. This training consists of didactic training on ART for two days and MRT for five days. Both trainings are provided by certified trainers in each approach. New staff observe an entire sequence for each group, then co-facilitate with an experienced staff member, before acting as a lead facilitator. Staff also report well over 40 hours of ongoing training. These trainings include half day refresher training in ART twice a year and 30 minute family therapy trainings every other week. In the past year, the staff has attended conferences on sexual offending, drugs and alcohol, and trauma behavioral therapy.

The staff expresses strong support for the program model. They also report strong support from the program director and feel the program has a collaborative environment. The program staff can give input on the program and provide examples that include changing the way skills sheets are signed off and adding worksheets to family therapy. The program staff is aware of and trained on ethical guidelines specific to the agency. The staff reports they are required to read and sign the ethical guidelines each year.

## Areas that Need Improvement

[Organization Name] requires a semiannual performance evaluation that assesses productivity, efficiency, quality, teamwork, attendance, ongoing training, education and professional commitment. Although this evaluation is based largely on performance rather than service delivery, the staff is assessed on service delivery in the three areas of the ART curriculum (Moral Reasoning Training, Anger Control Training, and Skill Streaming). However, the staff is not assessed on skill delivery for MRT, family therapy, and the parenting class.

## Recommendations

1. Staff should be assessed not only on their delivery of ART, but also MRT, parent classes, and family therapy. Feedback should be given in a formalized manner.

## Offender Assessment                                             Rating: Highly Effective

The extent to which offenders are appropriate for the services provided is critical to program success. Proven assessment methods can be used to measure factors related to offender and program fit. Effective programs assess the risk, need, and responsivity of offenders. Services should then be tailored to the individual based upon results from these assessments. The Offender Assessment domain examines three areas: selection of offenders, assessment of risk, need, and responsivity factors, and methods of assessment.

## Strengths

Youth on state supervision are referred to [Program Name] by the juvenile court. The staff reports these youth typically have problems with antisocial attitudes, assaultive behavior, gang involvement, or substance abuse. They also see youth with family conflict and oppositional defiant behaviors. The program director staffs cases with the juvenile court and makes recommendations regarding appropriateness. The program targets youth who score moderate to high risk on the risk assessment and show significant risk in two or more dynamic risk domains. The program staff reports that the majority of the youth in the program are appropriate, and case file review confirmed this assessment.

The probation department completes a Protection and Risk Assessment (PRA) for all youth. The PRA is a validated instrument that assesses risk and need. [Program Name] receives a summary of the PRA for every youth in the program. This summary provides the scores for each domain assessed by the PRA. These results are used in determining admittance into the program. Moderate to high risk youth are admitted into the program as indicated by interviews with the program staff, probation officers, and a review of case files.

The program uses results from the PRA and a structured clinical interview to structure treatment. The clinical interview that covers the domains of family, social, medical, education, work mental health, mental status, substance abuse, and legal problems. Some aspects of responsivity are also considered, such as providing interpreters or therapists who speak the primary language of the family, using academic records to assess reading level for participation in the MRT group, and assessing mental health issues with the Youth Outcome Questionnaire (YOQ); both the parent and youth versions are administered.

[Program Name] has written exclusionary criteria that are followed by both program staff and probation officers. A youth is excluded from the program if he or she is at low risk for further offending as defined by the risk assessment or has an IQ consistent with mild mental retardation or lower because some of the curricula used by the program require a base level of reading and writing comprehension.

## Areas that Need Improvement

Although the program does assess risk and need using a structured risk assessment, only the program director receives a summary that contains an overall risk level score. An overall summary score of need is not provided on this summary. Staff indicated they receive a summary showing the score for each domain on the PRA but do not receive an overall risk or need level score. In addition, the staff have not been formally trained on the instrument, which reduces the likelihood that this information will be used appropriately during treatment.

As mentioned above, the program does consider some aspects of responsivity. However, responsivity factors are not consistently assessed on every youth in the program. IQ and reading level is assessed only when the youth has a psychological report from Observation and Assessment.  This is problematic as several staff pointed out that the MRT groups are very difficult for youth who do not have adequate intelligence or reading skills. Feedback from program participants and parents indicate that motivation should also be considered.

## Recommendations

1. All program staff should receive summary scores for both risk and need. The staff should also receive formal and ongoing training on the PRA so that they are able to accurately interpret the results.  This will ensure the assessment will be utilized correctly in creating a treatment plan and goals.

2. Responsivity factors should be assessed on every youth. If IQ and reading level are critical in MRT, then any youth referred to MRT should be assessed before entering group. Additional factors that could affect the juvenile's response to treatment should be measured. These factors could include motivation or anxiety in groups. Several assessment tools have been developed for this purpose including the MAYSI-2, Jesness Inventory, Texas Christian University's Institute of Behavioral Research's Desire for Help, Treatment Readiness, or External Pressures scales. Since the program targets families, a validated assessment tool should be used to assess the needs of each family.  Examples include Wisconsin Delinquency Family Assessment, Bloom Scales of Family Functioning, Parenting Stress Index, Dyadic Adjustment Inventory, FACES, and the Family Environment Scale.

[Program Name] focuses on criminogenic targets such as replacing antisocial behaviors with prosocial alternatives, improving family monitoring and supervision, increasing school attendance, and decreasing alcohol and drug abuse. The ART and MRT curriculums are cognitive behavioral based approaches. Manuals are developed for both interventions and are followed by the staff. The parent group also has a manual, which is followed by the staff.

The program lasts four months which is an effective period of time for interventions of this type. Offenders are closely monitored outside of program participation by the program staff and the probation officers. Both the probation officers and program staff report frequent communications concerning offender's locations and compliance with supervision conditions. As a condition of probation, youth must either work or go to school. Program staff monitors this attendance by visiting the school or checking attendance via the internet. The program provides structured activities during summer months for youth who are not in school.

The staff reports using appropriate positive and negative reinforcements. Some examples of the rewards used by the program to increase participation and compliance include treats, "deep thinker" awards, peer praise by clapping in the MRT groups, and a graduation party. Some examples of consequences used during groups include redirection, prompts, and turning a youth's chair away from the group. If a youth is not responsive to these interventions, the youth is removed from the group temporarily to process their behavior. Youth who are significantly late or miss a group may receive a $25 fine.

Offenders are taught to plan and rehearse prosocial responses to problem situations. These skills are consistently modeled and participants practice alternative pro-social responses through role-playing in almost every group. Practice outside of group session is required. These homework assignments must be signed off by the offender's parent or probation officer and are reviewed during the next group session.

The program has completion criteria that include 90% or better attendance in ART and MRT groups, completion of eight ART skills and eight homework assignments (hassle logs), completing step seven in MRT, 90 days without a positive drug screen, and no new charges. The successful completion rate is 75% as indicated by staff responses and documented by participant files.

Groups are monitored by staff at all times and the appropriate number of facilitators is present for the given number of offenders.

Parents are trained in behaviorally-based parenting practices during family therapy and parenting classes. The classes focus on effective consequencing practices, use of reinforcers, behavioral contracts, and self-care.

## Areas that Need Improvement

The results of the risk and need assessment is not used to match the type of group or vary the intensity of treatment to an individual youth. Youth are assigned to groups or therapists that are open at the time youth enter the program. Every youth receives the same quantity and intensity of the program regardless of risk or need levels.

The program does not tailor treatment to individual factors that may influence offender responsiveness. Staff and offenders are not matched based on responsivity factors.

Based upon information provided by staff, observed in groups, and reported by program participants, the use of punishers and consequences is equal to or greater than the use of rewards given to participants. The staff also does not report monitoring for negative effects in circumstances where a punisher increases an undesirable behavior.

A means for offenders and their families to provide input into the structure of the program while receiving services does not exist.

Although homework is given to apply new skills in real life situations, opportunities are not given to juveniles to practice behaviors in increasingly difficult situations. Although some staff report role-playing in family therapy, this is not consistently done with every youth and was not observed.

While a discharge summary is given to the juvenile court, this summary does not include recommendations for further treatment. The discharge summary simply states what the youth has done and gives recommendation to the court as to whether the youth successfully completed. Aftercare is also not available.

## Recommendations

1. Higher risk youth should receive greater intensity interventions such as additional role-playing and practice with ART skills or more family therapy sessions.

2. The program should assess responsivity and match youth to appropriate treatment groups and therapists. If participation in MRT is a requirement, then perhaps substance abuse should be assessed with a validated instrument and reading comprehension should be assessed on every youth. Another way, in which the treatment may be individualized, is to use the ART skills assessments to better understand the specific skills that each youth lacks prior to starting treatment, as suggested in the manual for this intervention.

3. The program should seek to increase the ratio of positive to negative reinforcement that is given. During groups the youth would benefit from increased praise from group leaders when pro-social behaviors are displayed.

4. Staff should be trained to monitor for negative or unintended effects when consequences are delivered.

5. Program participants should have opportunities for input into the program. This can be done by implementing a suggestion box or through participant surveys during the program.

6. When role-playing new skills, facilitators should provide positive feedback, followed by constructive corrections. Offenders should be given additional opportunities to practice and receive feedback on new behaviors in increasingly difficult situations. This could be done in family therapy, as homework, or even in the following group.

7. An individualized discharge plan should be created for every offender. This plan should be in written form and kept in the case file.

## Quality Assurance                                    Rating: Ineffective

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 measure program quality.

### Strengths

The staff is monitored for adherence to the ART approach. Satisfaction surveys are given to current participants once a year; and the program is in the process of developing a satisfaction survey and feedback form for each session or group.

### Areas that Need Improvement

Although a satisfaction survey is given each year, since the program generally lasts four months, each offender and family is not given opportunity to express their level of satisfaction with the program.

The staff report assessing offender progress informally.  In addition, the YOQ parent and self report are used to measure monthly individual progress with mental health difficulties. However, individual offender progress in other areas does not appear to be measured in a structured and consistent manner on every youth. A program evaluation, including an examination of recidivism rates, has not been conducted. Recidivism is not tracked on an ongoing basis.

## Recommendations

1. Satisfaction surveys should be administered at the end of the program to offenders and parents.

2. Offender progress should be measured in a structured and consistent manner for every youth.

3. A program evaluation should be conducted, which includes a control group and a treatment group.

4. A system for routinely gathering recidivism data should be established.

## OVERALL PROGRAM RATING

The overall score for the [Program Name] is 63 percent, which places it in the *Highly Effective* category. The overall capacity score, which is designed to measure whether the program has the capability to deliver evidence based interventions and services for offenders, is 62 percent which falls into the *Highly Effective* category. [Program Name] scored a 63 percent on overall content, which measures the extent to which the program meets the principles of risk, need, responsivity, and treatment. This score places the program in the *Highly Effective* category on overall content.

## Correctional Program Checklist Cross-year Scores
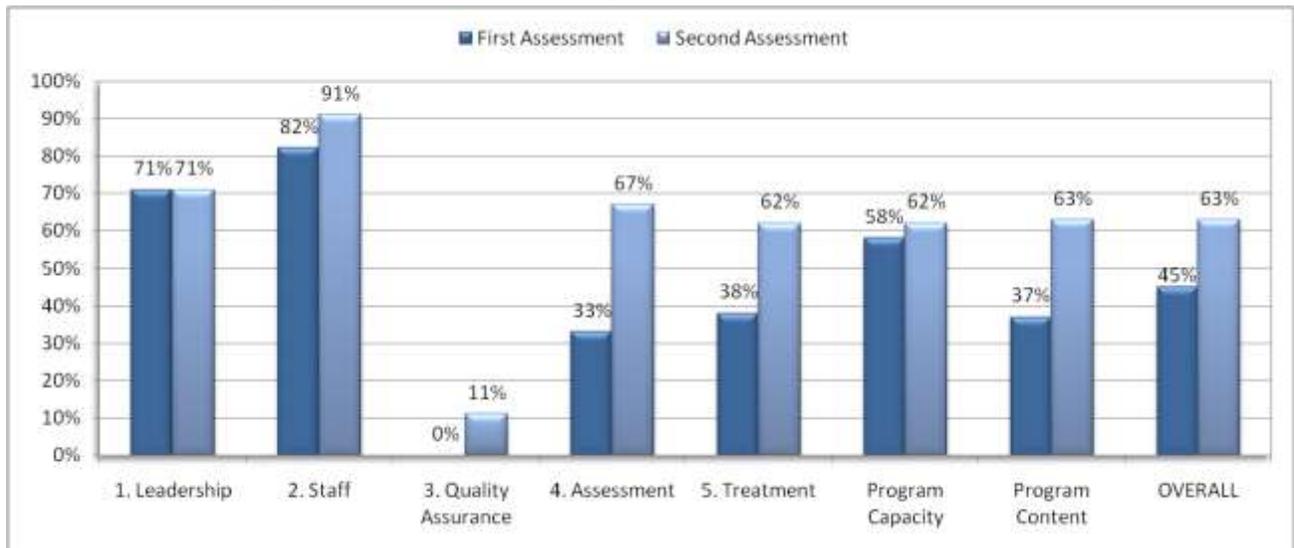


## [Program Name] CPC Scores Compared to Mean Scores[7]
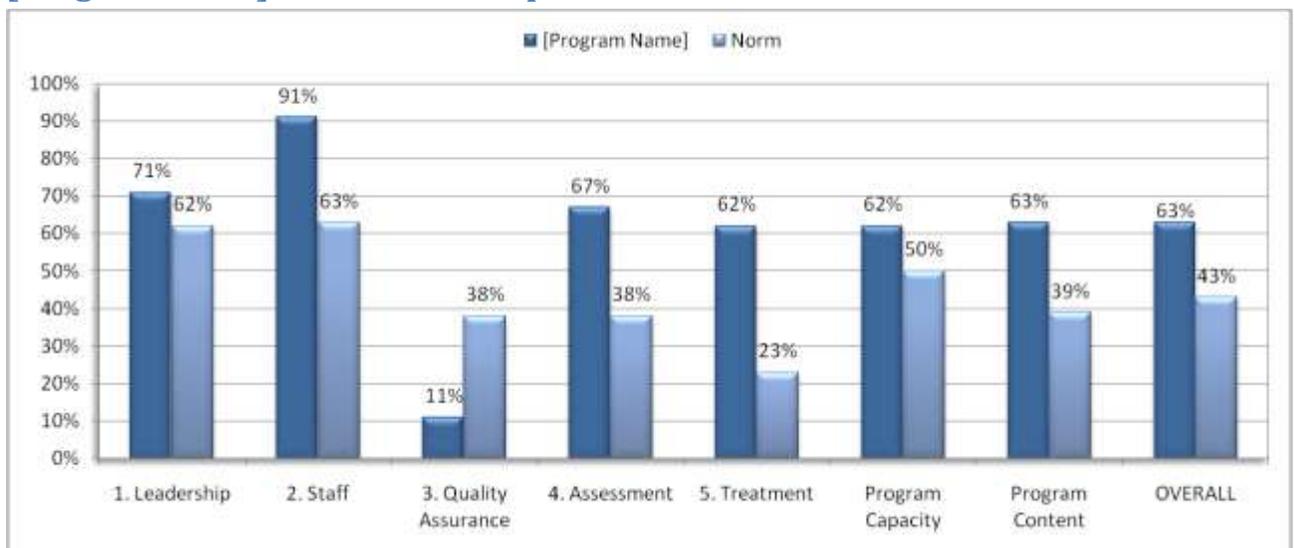
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## ENDNOTES

[1] This report is based on a standardized report format provided by Dr. Deborah Shaffer (2007) and includes direct quotes from the original manuscript. It is used with the author's permission.

[2] This section was provided by Dr. Deborah Shaffer (2007) and is used with the author's permission.

[3] The CPC is modeled after the Correctional Program Assessment Inventory developed by Gendreau and Andrews; however, the CPC includes a number of items not contained in the CPAI. In addition, items that were not found to be positively correlated with recidivism were deleted.

[4] These studies involved over 40,000 offenders, both adult and juvenile, and over 400 correctional programs, ranging from institutional to community based. These studies are available on the University of Cincinnati website (www.uc.edu/criminaljustice). A large part of this research involved the identification of program characteristics that were correlated with outcome.

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

[6] The previous categories used were "very satisfactory," "satisfactory," "needs improvement," and "unsatisfactory."

[7] The average scores are based on 474 results across a wide range of programs.