

UCCI:CPC

CPC 2.1 Assessment Description



The Evidence-Based Correctional Program Checklist (CPC) is a tool developed by the University of Cincinnati Corrections Institute (UCCI)ⁱ for assessing correctional intervention programs.ⁱⁱ The CPC is designed to evaluate the extent to which correctional intervention programs adhere to evidence-based practices (EBP) including the principles of effective interventions. Data from four studiesⁱⁱⁱ conducted by UCCI on both adult and youth programs were used to develop and validate the CPC indicators. These studies produced strong correlations between outcome (i.e., recidivism) and individual items, domains, areas, and overall score. Two additional studies^{iv} have confirmed that CPC scores are correlated with recidivism and a large body of research exists that supports the indicators on the CPC.^v

To continue to align with updates in the field of offender rehabilitation, the CPC has been revised twice. A substantial revision was released in 2015 (CPC 2.0) and in 2019, minor revisions were made (CPC 2.1). Throughout this document, all references to the CPC are a direct reference to the revised CPC 2.1 version of the assessment tool.

The CPC is divided into two basic areas: capacity and content. Capacity measures whether a correctional program has the capability to deliver evidence-based interventions and services for justice involved participants. 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. This area focuses on the extent to which the program meets certain elements of the principles of effective interventions. The CPC is comprised of a total of 73 indicators, worth up to 79 possible 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 not all of the five domains are 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 and clinical supervisor), direct service delivery staff, and key program staff; interviews with program participants; observation of direct services; and review of relevant program materials (e.g., participant files, program policies and procedures, treatment curricula, handbooks, etc.). Once the information is gathered and reviewed, assessors score the tool. When the program has met a CPC indicator, it is considered an area of strength for the program. When the program has not met an indicator, it is viewed as an area in need of improvement. For each area in need of improvement, the assessors craft a practical recommendation to help the program develop a plan to better align with current research.

All of the assessment results are compiled into a report where program scores are also compared to the average scores across all programs that have been assessed with the CPC. The report is first issued

in draft form and feedback from the program is sought. Once feedback from the program is received and considered, a final report is submitted. Unless otherwise discussed, the scores and report are the property of the program/agency requesting the CPC and UCCI will not disseminate the results without prior program approval. The scores from each program assessed are added to our CPC database, which we use to update scoring norms.

There are several limitations to the CPC that should be noted. First, the instrument is based upon an “ideal” program; that is, 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 are an issue. Although steps are taken to ensure that the information gathered is reliable and accurate, given the nature of the process, decisions about the information and data gathered are invariably made by the assessors. Third, the process is time-specific. The program may have plans for future changes or modifications; however, only those activities and processes in place at the time of the review are considered for scoring. Fourth, the process does not take into account all of the “systems” issues that can affect the integrity of the program. Finally, the process does not address the reasons 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 this process. First, it is applicable to a wide range of programs.^{vi} Second, all of the CPC indicators 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; usually the site visit process takes a day or two and the report process described above is completed within three months of the assessment date. Fifth, it identifies the strengths and areas for improvement for a program as well as specific recommendations that will bring the program closer in adherence to EBP. 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 also allows a program to reassess its adherence to EBP.

Finally, different versions of the CPC have been created for use in different types of correctional contexts, allowing for increased specification for commonly seen types of programs.^{vii} The CPC-Group Assessment (CPC-GA) is geared toward stand-alone groups (e.g., Thinking for a Change®, Aggression Replacement Training®, outpatient substance abuse, etc.). The CPC-Drug Court (CPC-DC) is used to assess therapeutic courts, as well as the corresponding agencies providing treatment services for the court. The CPC-Community Supervision Agency (CPC-CSA) is used to assess probation and parole departments and corresponding agencies providing treatment services for the department. Finally, UCCI is in the process of developing the CPC-Vocation/Education Program (CPC-VEP) that will be used to assess correctional education programs. UCCI can conduct CPC assessments as well as train governmental agencies to conduct CPC assessments. Training in any of the variations requires an end user certification in the CPC.

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ⁱ In the past, UCCI has been referred to as the University of Cincinnati (UC), 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 Drs. 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:

1. Lowenkamp, C. T., & Latessa, E. J. (2002). Evaluation of Ohio's community-based correctional facilities and halfway house programs: Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
2. Lowenkamp, C. T., & Latessa, E. J. (2005a). Evaluation of Ohio's CCA funded programs. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
3. Lowenkamp, C. T., & Latessa, E. J. (2005b). Evaluation of Ohio's RECLAIM funded programs, community corrections facilities, and DYS facilities. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
4. Latessa, E., Lovins, L. B., & Smith, P. (2010). Follow-up evaluation of Ohio's community-based correctional facility and halfway house programs—Outcome study. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, School of Criminal Justice.

^{iv} Makarios, M., Lovins, L. B., Myer, A. J., & Latessa, E. (2019). Treatment Integrity and Recidivism among Sex Offenders: The Relationship between CPC Scores and Program Effectiveness. *Corrections*, 4(2), 112-125; and Ostermann, M., & Hyatt, J. M. (2018). When frontloading backfires: Exploring the impact of outsourcing correctional interventions on mechanisms of social control. *Law & Social Inquiry*, 43(4), 1308-1339.

^v Upon request, UCCI can provide the CPC 2.1 Item Reference List which outlines the UCCI and independent research that supports the indicators on the CPC.

^{vi} Programs assessed include: male and female programs; adult and youth programs; prison-based, jail-based, community-based, and school-based programs; residential and outpatient programs; programs that served prisoners, parolees, probationers, and diversion cases; programs in specialized settings such as boot camps, work release programs, case management programs, day reporting centers, group homes, half-way houses, and community-based correctional facilities; and specialized offender/youth settings/populations such as therapeutic communities, intensive supervision units, and individuals who have sexual offending, substance use, drunk driving, and domestic violence behaviors.

^{vii} While the CPC-GA has been validated, the CPC-DC and CPC-CSA have not been validated. The CPC-DC and CPC-CSA combine elements from the CPC and CPC-GA and include findings from rigorous research and meta-analyses in corresponding topic areas. Training in any of the variations requires an end user certification in the CPC.