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## The Evolution of Correctional Program Assessment in the Age of Evidence-Based Practices

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### ABSTRACT



As *evidence-based practices* becomes an increasingly popular term, it is crucial that correctional programs are assessed to ensure that research is being translated and implemented with fidelity. Too often the corrections field is quick to treat different interventions as a panacea, without truly understanding how the program does or does not meet the literature on effective practices. Data is provided based on decades of assessment using the Correctional Program Assessment Inventory and the Evidence-Based Correctional Program Checklist. Findings suggest program adherence to effective practices has shown some improvement, but still has a way to go, particularly in the area of treatment characteristics and quality assurance.

### KEYWORDS

Correctional program evaluation; evidence-based practices; principles of effective intervention; Risk Need Responsivity

In 2015 the Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation released a joint brief on the increasing trend of state legislatures enacting laws requiring the use of evidence-based programs and practices. The Pew–MacArthur partnership led to the review of more than 100 state laws put in place between 2004 and 2014, many of which were geared toward criminal justice programs. The brief outlines how policy makers and legislatures have been under increasing pressure to get the “biggest bang for their buck,” when it comes to the efficacy and accountability of tax funded programming (Pew Charitable Trust, 2015). In 2011, as many states were adopting evidence-based policies and practices (Mears, Cochran, Greenman, Bhati, & Greenwald, 2011; Welsh, Rocque, & Greenwood, 2014) the federal government launched the website [crimesolutions.gov](http://crimesolutions.gov). The website was created as a resource for agencies and policy makers to ensure that they had access to examples of what works in the criminal justice system, including correctional programs that have been implemented in a variety of correctional settings and varying correctional populations.

The website, initially launched with “150 justice-related programs” (Department of Justice, 2011) and now includes more than 1,000 programs, containing 69 corrections and reentry programs and 22 corrections practices. The website provides practitioners and policy makers with a rating of each program: effective, promising, or no effects to inform decision makers on what the evidence has indicated about a particular program. The website has been especially helpful to practitioners because most federal grants related to the criminal justice system now require proven methods in reducing recidivism for

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funding. Having funding tied to use of evidence-based or promising practices does limit correctional quackery and the temptation to run programs based on the “way we’ve always done it.” Programs can no longer overlook the research on what works in reducing recidivism (Casey, Warren, & Elek, 2011; Latessa, Cullen, & Gendreau, 2002; Petersilia, 2004; Quay, 1977).

Understanding what makes a program effective and implementing those components are key to ensuring that the quality of correctional interventions keeps improving, leading to improved offender lives, reduced recidivism, and increased public safety. The key elements to a program, or the elements that drive recidivism reduction, are known as the “black box” of correctional programs (Latessa, 2004). By understanding the “black box,” researchers are better able to provide a blueprint for effective interventions.

Understanding key program components has the added benefit of being able to support program implementation in other locations. For example, though some program models or offender rehabilitation strategies are developed with the best of intentions the field has a history of treating interventions as a panacea prior to fully understanding the components that lead to their effectiveness (Duriez, Cullen, & Manchak, 2014; Finckenauer, 1982). We have seen this in the past when interventions have gained great popularity and been touted as a cure for all that ails offenders. Whether it be boot camps, juvenile drug courts, Scared Straight, or more recently, Honest Opportunity Probation with Enforcement (HOPE), these programs have had significant investment and been expanded to multiple locations all over the country only to find that, overall, they had little to no effect on recidivism or, worse, resulted in offenders recidivating at a higher rate than no treatment comparison groups (Duriez et al., 2014; Lattimore et al., 2016; Lipsey & Wilson, 1998; MacKenzie, 2006; MacKenzie, Wilson, & Kider, 2001; Petersilia, 2004; Petrosino, Turpin-Petrosino, & Buehler, 2003; Sullivan, Blair, Latessa, & Sullivan, 2014). Programs have not always undergone such strict scrutiny to ensure that they are effective at reducing recidivism. In fact, program evaluation has evolved significantly over the years to assist the field with program development and implementation.

## The early years of program evaluation

Early program evaluations took one of two forms. First, the basic program audit. A program audit, normally performed by a governing or state agency, determined whether a program met the minimum specific requirements for continued funding (Latessa & Holsinger, 1998). The second type of evaluation was based on a quantitative examination or outcome measures (e.g., rearrest, reincarceration, new conviction, relapse, etc.). These limited methods of program evaluation had far-reaching consequences. One such consequence was the well-known Martinson (1974) survey of 231 correctional program evaluations whereby Martinson declared that, save for a few isolated programs, offender treatment programs were not effective at reducing recidivism (Cullen, 2013; Martinson, 1974; Smith, Gendreau, & Swartz, 2009).

Martinson’s (1974) pronouncement had far-reaching consequences, with the left and right embracing the view that treatment does not work, and rehabilitation is ineffective (Cullen, 2013; Cullen & Gilbert, 2013; Phelps, 2011; Smith et al., 2009). Valuable lessons were learned from Martinson’s critique of correctional treatment. Researchers became painfully aware of what happens when restricting program evaluation to an

outcome measure, usually operationalized as a type of recidivism. Additionally, by reducing evaluations to a single outcome measure, researchers and practitioners are left without understanding what inside the “black box” seems to be driving a recidivism reduction (Latessa & Holsinger, 1998; Lowenkamp, Makarios, Latessa, Lemke, & Smith, 2010). In 1977, Quay noted that a program should not be evaluated solely on the basis of design and outcome measures, but must also include some measures of program integrity. *Program integrity*, or program fidelity, refers generally to a program that is created, implemented, and conducted according to a theory and design, whatever that may be (Andrews & Dowden, 2005; Nesovic, 2003; Quay, 1977; Yeaton & Sechrest, 1981).

### Quay’s essential program components

Quay (1977) outlined components in four domains that should be present for a correctional program to successfully reduce recidivism among program participants. First, he discusses treatment characteristics and empirical bases. Elements in these areas should capture and measure the treatment being provided, evaluate how a treatment is conceptualized based on the theory used during the design stage, evaluate whether the treatment is based in sound theory and prior research, and evaluate if the treatment was piloted in a smaller setting before being released to the whole group.

The second domain, service delivery, should include indicators to assess whether the program is achieving what it is meant to. This area would assess treatment-related elements such as the duration and intensity of the services. Quay (1977) emphasizes that the third domain, personnel, is especially important because the success rate for treatment techniques are dependent upon those that are delivering the services. Concepts such as the degree of expertise of program personnel, the amount of training provided to staff, and the thoroughness of staff supervision were deemed by Quay to be vital to program performance.

The fourth and final domain, responsivity, should at minimum evaluate how staff are matched with treatment services they provide as well as clients on their caseload and/or treatment group. The work of Quay (1977) outlined here led to a movement in correctional treatment to understand the “black box” of treatment and outline strategies for effective practices.

### The “what works” movement

The “what works” movement has been growing over the last 25 years, much to the satisfaction of those that never lost faith in the efficacy of correctional treatment post-Martinson (Cullen, 2013; Taxman, 2012). The movement was a call by researchers, mainly outside the field of corrections and outside the United States, to not give up on correctional treatment and to let science guide decision making (Cullen & Gendreau, 2001). Chief among the researchers advocating for continued correctional treatment were a group of Canadian psychologists who developed a set of guidelines for researchers and practitioners, known as the “principles of effective interventions” (Cullen, 2013; Latessa & Holsinger, 1998). In numerous studies and across different correctional settings, programs that adhere to these guidelines have been shown to produce meaningful reductions in

recidivism (Andrews & Dowden, 2005; Andrews et al., 1990; Dowden & Andrews, 1999; Landenberger & Lipsey, 2005; Latessa et al., 2002; Lipsey, 2009; Lipsey & Cullen, 2007; Petersilia, 2004; Taxman, 2012; Welsh et al., 2014).

### ***The principles of effective intervention***

The principles of effective intervention, as outlined by Gendreau (1996), include eight principles of effective interventions: (1) assess actuarial risk/needs, (2) enhance intrinsic motivation, (3) target intervention, (4) skill train with directed practice, (5) increase positive reinforcement, (6) engage ongoing support in natural communities, (7) measure relevant processes/practices, and (8) provide measurement feedback. Many of these principles are reflective of, or build on what Quay (1977) advocated for almost 40 years previously.<sup>1</sup>

Rested within Gendreau's (1996) broader guidelines are three specific principles that have been shown to be effective at reducing recidivism if they are followed by correctional treatment programs. These are known as risk, needs, and responsivity principles, or the Risk Need Responsivity (RNR) model. First, the risk principle asserts the need for offenders to be assessed using a validated risk assessment (Andrews & Bonta, 2010; Smith et al., 2009), so that programs can target those at a higher risk to recidivate (Lowenkamp & Latessa, 2005a; Smith et al., 2009). Just as it is imperative to ensure programs are providing offenders who are higher risk with an adequate dosage of treatment, it is equally important to safeguard against overdosing offenders who are low risk with interventions. By placing offenders who are low risk in more intensive services, a program increases the likelihood of association with offenders who are higher risk and may also disrupt the positive and protective factors (e.g., employment, family, school, etc.) in the life of an offender who is low risk (Andrews & Bonta, 2006; Latessa, Brusman-Lovins, & Smith, 2010; Lovins, Lowenkamp, & Latessa, 2009; Lowenkamp & Latessa, 2005a; Sperber, Latessa, & Makarios, 2013a).

It is important to offer a qualifier for the assertion above regarding the concept of "dosage." The research into dosage is still in its infancy. Preliminary research has shown support for the risk, in that offenders who are higher risk were found to require a considerably higher dosage of treatment, and providing too much to offenders who are lower risk results in increased failure rates. The early research suggests that 0 to 99 hours of treatment targeting criminogenic needs is sufficient and associated with reduced recidivism among offenders who are low risk; 100 to 199 hours for offenders who are moderate risk; 200+ hours for those offenders assessed as a high risk to recidivate; and finally, 300+ hours may be needed for offenders that have been assessed to be at a high risk to recidivate and have multiple need areas to address in treatment (Bourgon & Armstrong, 2005). Research is ongoing to fine tune these guidelines around the appropriate level of service (see Carter & Sankovitz, 2014; Lipsey, Landenberger, & Wilson, 2007; Sperber, Latessa, & Makarios, 2013b). In a recent study of the impact of prison programming on postrelease recidivism, there is preliminary evidence to show that it is not just the amount, or the type, but the combination of services that can also play a role in reducing recidivism among offenders (Latessa, Lugo, Pompo, Sullivan, & Wooldredge, 2015). Hence, the discussion of dosage should not be thought of as simply the number of hours of treatment an offender receives, but also what's being targeted, the model being used, and the quality of the interventions, discussed in further detail below.

Second, the need principle requires the targeting of dynamic risk factors, or criminogenic needs of offenders. These criminogenic needs, most effectively identified through a risk/needs assessment, include antisocial attitudes, values, and beliefs; antisocial peer associations; antisocial personality patterns; history of antisocial behavior; family and marital factors; low levels of educational, vocational, or personal achievement; lack of involvement in prosocial leisure activities; and substance abuse (Andrews & Bonta, 2010; Latessa & Reitler, 2015). These criminogenic needs are those most strongly correlated with recidivism, thereby the needs that should be targeted by correctional programs to decrease likelihood of reoffending. The need principle also emphasizes that needs should be reassessed during and after treatment to monitor behavioral changes and/or to make adjustments to treatment targets (Andrews & Bonta, 2010; Smith et al., 2009).

The third and final principle, the responsivity principle, can be broken down into two components. The first, general responsivity, asserts that cognitive, behavioral, and social learning theories have shown to be the most effective at achieving behavioral change and therefore should be the model that drives correctional interventions (Andrews & Bonta, 2010; Gendreau, Cullen, & Bonta, 1994; Landenberger & Lipsey, 2005; Lipsey & Wilson, 1993; Nesovic, 2003; Smith et al., 2009). The second component, specific responsivity, recommends that offenders are matched with appropriate staff and interventions based on their individual traits or barriers. For example, an offender who is highly anxious may not perform well with staff that have a confrontational demeanor and/or may not do well in a group environment (Andrews & Bonta, 2010; Smith et al., 2009). The RNR model is widely supported in recidivism reduction research (e.g., Andrews & Bonta, 2010; Andrews, Bonta, & Hoge, 1990; Cullen, 2013; Dowden & Andrews, 1999; Latessa & Lovins, 2010; Lipsey, 1989; Lowenkamp & Latessa, 2005a, 2005b; Lowenkamp, Latessa, & Holsinger, 2006; Polaschek, 2012) and has created the foundation and shaped the evolution of program evaluation over the last 20 years.

In a meta-analysis testing the elements of program integrity among 273 treatment programs, Andrews and Dowden (2005) identified a number of important program integrity indicators from previous research: a program's model is based off a theory of criminal behavior; program staff are selected for their skills as well as their support for offender change; program staff are given proper training in the program model as well as the interventions employed by the program; program staff are provided clinical supervision; the program provides training material and manuals for each intervention; a process is in place in which staff are assessed on the quality and fidelity of their service delivery; the program is set up to provide an appropriate amount of dosage to offenders; an assessment of the length of time a program has been in operation; and finally whether the program has employed the services of an evaluator to assist with design, delivery, or supervision. Many of these indicators are congruent with what Quay (1977) advocated for and what Canadian researchers have popularized through the effective practices in correctional intervention and the RNR principles.

### **The evolution of evaluation**

The use of meta-analytic reviews that took place in the 1980s and 1990s played a monumental role in the development of knowledge regarding what does and does not work in corrections. This type of literature review could take into account methodological

issues that studies faced, any potential moderating variables that could have affected the outcome, and control for them (Nesovic, 2003). The resulting statistic, the effect size, allows for direct comparison of different studies, and therefore different types of correctional treatments (Nesovic, 2003). Gendreau and Andrews (1989), capitalizing on the increased use of meta-analytic reviews introduced the Correctional Program Evaluation Inventory (CPEI) in 1990, renamed the Correctional Program Assessment Inventory (CPAI) in 1996, answering the call of earlier researchers like Quay (1977) for a more comprehensive measurement of program fidelity (Nesovic, 2003).

The CPAI was the first attempt to create an empirically sound psychometric instrument that would include a sample of indicators, or items, that assess the effectiveness of correctional programs (Blair, Sullivan, Lux, Thielo, & Gormsen, 2014; Latessa & Holsinger, 1998; Nesovic, 2003; Sullivan et al., 2014). A defining feature of the CPAI is that it was never meant to be a static tool. Rather, it was meant to be fluid, allowing for updates and modifications to reflect the current knowledge and best practices in correctional treatment (Nesovic, 2003). As the CPAI developed over the years, a number of different subcomponents were added and/or refined. Nonetheless, key sections of the tool have remained stable, including organizational culture, program implementation/maintenance, management staff/characteristics, client risk/need practices, program characteristics, interagency communication, and evaluation (Andrews, 2006; Nesovic, 2003). Each section of the CPAI has a different number of items (in the CPAI-2000 this range was between six and 22 items), all designed to operationalize the concepts introduced by Quay (1977) and the principles of effective intervention defined above. In the CPAI, the number of items was representative of the section's weight on the overall score, with each item scoring a 1 or 0. The overall program score produced a percentage that would place the program into one of four categories: very satisfactory (70% to 100%), satisfactory (60% to 69%), needs improvement (50% to 59%), or unsatisfactory (less than 50%). This allows programs to determine their level of adherence to effective practices relative to other correctional programs; moreover, the CPAI provides the program with thorough report of how the program is and is not meeting the evidence of what works in reducing recidivism (Matthews, Hubbard, & Latessa, 2001).

The CPAI ran into a number of unexpected obstacles when first being used particularly that programs failed to adhere to many practices on the CPAI that had been found to be important for correctional programs (Nesovic, 2003). In time, correctional programs were meeting more of the indicators, possibly a sign of the emphasis of research-informed programming. As the years went on and the "what works" research continued to develop, the CPAI grew in the number of items assessed, starting with a total of 66 items and currently having more than 130 indicators on the assessment (Gendreau & Andrews, 1989, 2001).

In the late 1990s researchers at the University of Cincinnati (UC) saw an opportunity to test the items on the CPAI with different populations of offenders in the State of Ohio. Initially, a study of 28 juvenile justice programs showed that 11 of the programs met less than 50% of the items on the CPAI, and only three programs met 70% of the items on the tool (Latessa, Jones, Fulton, Stichman, & Moon, 1999; Nesovic, 2003). In a second study using the CPAI, nine secured and nonsecured residential juvenile offender programs were evaluated. Researchers found that the greater the program score the lower the recidivism rate of residents. Although these results were encouraging the small sample size ( $N = 9$ )

and the short follow-up period (3 and 6 months) did warrant further investigation into the use of the tool before its widespread adoption (Latessa, Holsinger, et al., 1999; Nesovic, 2003; Sullivan et al., 2014).

To further test these results, Holsinger (1999), using the same nine facilities, tested the link between overall CPAI score and a number of different recidivism measures (e.g., any new court contact, new adjudication, return to a facility, etc.). Using logistic regression to predict recidivism measures, Holsinger found significant negative relationships with nearly all of the outcome measures. Specifically, Holsinger found that programs with the lowest CPAI scores had the highest recidivism rates, despite how recidivism was measured.

Recognizing the potential of the CPAI to help identify effective programs, researchers from UC saw an opportunity to complete a number of large-scale studies looking at program indicators and the validity of evaluation tools in identifying programs that meet effective practices and reduce recidivism. To accomplish this researchers used a modified version of the CPAI.<sup>2</sup> The first of these opportunities came in 2002 when the Ohio Department of Rehabilitation and Corrections contracted with UCCI to study the state's half-way houses (HWH) and Community-Based Correctional Facilities (CBCF). This opportunity allowed researchers to assess the correctional programming at 15 CBCFs and 37 HWHs, serving more than 7,000 offenders. Data on nearly 6,000 additional offenders who had not resided in a CBCF or HWH was used as a comparison sample. Researchers found that recidivism was reduced among offenders who were higher risk but increased among offenders who were low risk exposed to the more intensive services offered at HWHs and CBCFs. Additionally, those offenders that completed the programs at their respective residential placement had more favorable outcomes than those that did not. This highlights the importance of adherence to RNR, as well as considering termination status when measuring a program's effectiveness (Lowenkamp & Latessa, 2002).

The second UC study parsed out data from the project described above, which used a survey tool that contained many of the CPAI items to assess program quality. The sample included all offenders that spent at least 30 days in a jail or a prison diversion program funded through Ohio's Community Corrections Act during fiscal year 1999. In total, there were more than 6,000 offenders included in the treatment sample. The final sample of programs, 91 in total, represented a myriad of different types of programs: day reporting, domestic violence, intensive supervision probation, work release, substance abuse treatment, and residential placement. The domains included on this new survey were significantly related to program effectiveness. For example, programs that scored 60% or higher on the survey were associated with a predicted reduction in recidivism of 24% (Lowenkamp & Latessa, 2005a).

The third and final UC study evaluated the efficacy of select measures from the CPAI as well as additional programmatic measures researchers wished to test. This study evaluated the Ohio Reasoned and Equitable Community and Local Alternative to the Incarceration of Minors (RECLAIM) initiative. The sample comprised youth terminated in fiscal year 2002 from RECLAIM funded programs, Community Correctional Facilities, Department of Youth Services (DYS) institutions, or youth discharged from parole/aftercare. In total, more than 14,000 youth and 72 programs were included in the analyses. There were two important findings related to program evaluation from this study. First, the average risk level of youth and the score of the program on the modified evaluation tool were



significant predictors of the recidivism rate of a program. Second, when the average risk level of youth is controlled, the program score is still a significant predictor of the recidivism rate of the program (Lowenkamp & Latessa, 2005b).

In combination, the item-level analyses that were completed across the different studies converged to confirm the predictive capability of a number of items included in the CPAI, as well as a number of new items. Additionally, the studies showed that a number of items included in the CPAI were not highly predictive of recidivism (e.g., a previous evaluation appearing in a peer-reviewed journal, the utilization of an advisory board, and programmatic changes in the last 2 years; Lowenkamp, 2004). These studies led to the development of a new tool to evaluate program integrity, the next generation of program evaluation tools, called the Evidence-Based Correctional Program Checklist (CPC).

### ***The Evidence-Based Correctional Program Checklist***

The CPC was created in 2005 after the conclusion of the three state-wide outcome studies describe above, by researchers at the University of Cincinnati Corrections Institute (UCCI). The development of the tool included retaining items from the CPAI that were correlated with reductions in recidivism. Further, items that did not appear on the CPAI but were found to be correlated with program success were included in the CPC, whereas items not correlated with recidivism were excluded from the new instrument. For example, an item found on the original CPAI assessed whether a program had an advisory board. The studies completed by UC, however, did not find a correlation between the existence of a program advisory board and reductions in recidivism. Finally, select items found to be strongly correlated with recidivism, such as targeting offenders who were higher risk, were weighted so as to emphasize the importance of these program elements (Lowenkamp & Latessa, 2002, 2005a, 2005b).

The CPCs comprises five domains (compared to the CPAI's six domains) and splits the domains into two basic areas. The first area, capacity, measures the degree to which a program has the ability to offer evidence-based interventions. The domains in this area are program leadership and development, staff characteristics, and quality assurance. The second area of the CPC, content, assesses the extent to which a program adheres to the RNR principles, and consists of an offender assessment and a treatment characteristics domain.

The original CPC had 77 indicators, or items, worth a total of 83 points. Updated in 2015, the number of indicators was reduced to 73, worth a total of 79 points. The change in items was based on patterned items being combined, as well as two new items being added to the instrument. Although most items on the CPC are scored 1 or 0, the weighted items are scored as 2 or 3. Finally, much like the CPAI, a program's score places the program in one of four categories<sup>3</sup>; very high adherence to evidence-based practices (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). The change in scoring categories is one of the most notable changes from the CPAI to the CPC. Based on the work completed to date using the CPAI and the CPC, it is evident that only a small number of programs meet the requirements to be categorized as a top scoring category. However, programs can make small number of program practice changes in the different domains to improve their scoring, especially in the offender assessment and treatment characteristics domains where there are weighted items.

The utility of using a program evaluation tool like the CPAI, or the more concise CPC, is that it provides a program with a detailed report of the program's status in respect to adhering to EBPs and the report serves as a blueprint for program improvement. The report documents for a program the areas where it is and is not adhering to EBP. Further, the report provides an explanation of the areas that need improvement as well as program specific recommendations that they are low cost and realistic.

### *The CPC, what works, and recidivism*

The development and use of the CPAI and CPC has been described. In 2010, researchers from UC set out to further examine program characteristics associated with reductions in recidivism. Researchers developed program-level data collection instruments which used items from the CPC, the CPAI-2000 as well as additional, theoretically relevant items to evaluate the association between the presence of those items in a program and reduced recidivism among program participants. Researchers used data from 64 CBCFs and HWH, with more than 12,000 people included in the analysis.

To determine program effectiveness, the average recidivism rate for the treatment (program participants) and matched comparison groups was examined. The result was an effect size that could be used to compare programs that had identified program characteristics and those that did not. Finally, correlations were used to examine the strength of the relationship between the presence of characteristics and program effect size, or the reduction in recidivism.

Researchers found that a large number of items were significantly correlated with reductions in recidivism.<sup>4</sup> Under the area of program leadership and development, for example, having a qualified program director, stable funding, and completing a literature review was associated with positive outcomes. The cumulative effect of meeting multiple items in this area resulted in an overall correlation of .41, evidencing a modest relationship with recidivism (Latessa et al., 2010). The same process was used to identify effective program characteristics on the remaining areas of the CPC (i.e., staff characteristics, offender assessment, treatment characteristics, and quality assurance). Although this 2010 study found a weaker relationship between the overall CPC score and outcomes than the prior UC studies, the researchers hypothesize that the reduction in the strength of the correlation between items in the CPC and recidivism can be attributed at least in part to the reduction in the variation of the data due to programs' ability to adapt to the evaluation tool (Latessa et al., 2010).

Further evidence of the effectiveness of program evaluations came from a forthcoming study of a parole board in a highly populated jurisdiction on the East Coast. Using the CPC, researchers evaluated programs providing services to recent parolees living in semi-custodial residential treatment centers. There were 2,615 offenders that received residential placement between 2009 and 2011. The parolees that were placed in this type of residential treatment center were overall at a higher risk to recidivate according to the Level of Service inventory – Revised (LSI-R) (Andrews & Bonta, 1995). Overall, researchers found that after an 18-month follow-up period those offenders that were in programs that scored highest on the CPC had lower rates of rearrest and reconviction. Although the parolees who received services through residential placement had lower rates of recidivism across the board when compared to the control group participants, who were returned

directly to the community, programs assessed to be more adherent to EBPs using the CPC, saw even higher reductions in recidivism (Ostermann & Hyatt, 2017).

### *The CPC in action and further support for program evaluation*

Since 2005, when the CPC was developed, the general CPC tool has been adapted to assess specific types of programs that have their own subset of research within the broader context of correctional treatment programs. These adaptations include assessments for Community Supervision Agencies (CPC-CSA), general correctional treatment groups (CPC-GA), and Drug Court programs (CPC-DC). There were several motivating factors that led to different versions of the tool being created. First, there has been an increase in the popularity of different types of correctional programs. For example, there has been a significant increase in the use of drug courts across the country over the last 10 years (Blair et al., 2014). Second, as offenders are diverted from jails and prisons and placed on community supervision in greater numbers, the role of probation and parole officers and the services provided by their offices has expanded (Petersilia, 2004). Development of specialty tools allowed assessors to evaluate the nuances of the specific areas. For example, the group assessment incorporates a more detailed evaluation of core correctional practices, the drug court evaluation incorporates the role of the judge and community providers in the program, and the community supervision tool includes items that assess officer brokerage responsibilities and response to violations. Hence, based on studies conducted by UCCI and other researchers, it is clear that some correctional interventions have important features that may not be captured in the original CPC (Blair et al., 2014).

Within the last 10 years, UCCI has trained governmental staff in agencies across the country and internationally, resulting in nearly 40 agencies being trained in the CPC (or its variations). UCCI in conjunction with these trained agencies have assessed more than 700 treatment programs, community supervision agencies, treatment groups, and drug courts.

The CPC has been used in 32 states; many of them started using the tool because policy makers and legislatures were requiring that correctional programs be based on the evidence of what works in reducing recidivism. For example, in 2005, Oregon's legislature passed Senate Bill 267, stipulating that 25% of state funding by the end of the year be allocated to programs that could show they were evidence-based (O'Connor, Sawyer, & Duncan, 2008). This percentage was to increase to 50% by 2007 and 75% by 2009. To ensure that programs were meeting this requirement, the Oregon Department of Corrections requested a number of staff members be trained in the CPC, and 47 programs across the state were assessed using the CPC to establish a baseline of CPC scores for future benchmarking. Six of the lowest performing programs were reassessed after 2 years, allowing time for the program to implement changes based on the results of the first CPC (O'Connor et al., 2008).<sup>5</sup>

Initially the state found that their correctional programs were scoring above the national average in overall score and in three of five domains (leadership and development, staff characteristics, and treatment characteristics). The six programs that were reassessed scored above average in overall score and across all five domains, once program adjustments were made (O'Connor et al., 2008). The way in which Oregon utilized the CPC, as a mechanism to help programs improve, is exactly how it was intended to be used, and how many other agencies and programs are using the evaluation tool across the

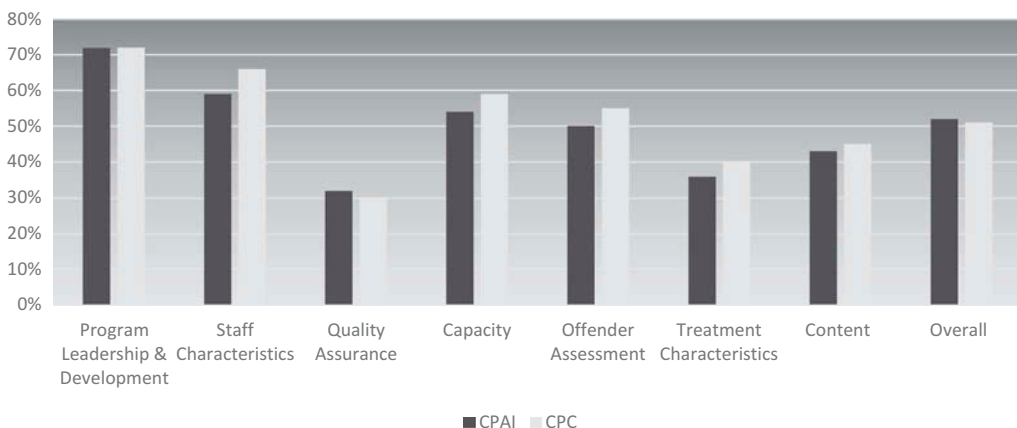
country (e.g., Kansas, Minnesota, Maryland, Oklahoma, North Dakota, Ohio, Texas, West Virginia, and Wisconsin), and now in Singapore as well.

## Twenty years of program evaluation

One of the benefits of using an assessment tool like the CPAI or CPC is that different components of a program can be evaluated and quantified as either meeting EBPs or not. This allows programs to not only have a clear sense of where they can make improvements, but also gives researchers the ability to track trends and progress in the field of correctional programming. Given the scope of the assessment that we have conducted to date, using the CPAI and the CPC, we can estimate averages for the different domains, areas, and overall scores for programs assessed. [Figure 1](#) presents a comparison of the averages of 631 programs assessed using the CPAI between 1995 and 2005 to the 499 programs assessed using the CPC between 2005 and 2016. This presentation of the averages over the course of the last two decades indicates that, overall, there have been some very positive changes in corrections.

In the program leadership and development domain (the program implementation domain of the CPAI),<sup>6</sup> we have seen the average hold steady at approximately 72%. The program leadership and development domain consistently receives the highest scores. It is encouraging that over the last 20 years, program leadership and development practices have been consistent with the research on effective practices. The two most common indicators that programs fail to meet in this domain is (1) whether there is evidence that a comprehensive literature review was conducted during program development and at regular intervals to keep up with the research on effective correctional practices, and (2) whether the new initiatives have a structured pilot period in order to make adjustments before widespread application.

The staff characteristics domain has shown an average increase of nearly 7% from 59.3% to 66%, pushing the mean of staff characteristics for all programs into the very high adherence to EBP category. The indicators within this domain that have proven to be challenging are around the training and clinical supervision that staff receive. Research



**Figure 1.** A comparison of national average scores: Correctional Program Assessment Inventory versus Correctional Program Checklist.

shows that staff are critical to improved outcomes (Barnoski, 2002, 2004; Makarios, Lovins, Latessa, & Smith, 2016). When an EBP is implemented with fidelity, in turn reducing the rate of recidivism of participants, the idea that correctional programs can be a tool to improve public safety is promoted (Duwe & Clark, 2015).

The average for the offender assessment category (client pre-service assessment on the CPAI), improved by 4% from 50% to 54.4%. When looking at the assessments that have been completed over the last 20 years, many programs fail to institute standardized instruments to assess the risk, need, and responsivity needs of offenders. Most often, programs do not assess for specific responsivity factors of their clientele, despite its importance in guiding correctional programming (Andrews & Bonta, 2010; Sperber et al., 2013a).

The treatment characteristics domain (program characteristics in the CPAI) is the largest and most heavily weighted domain. This domain examines a range of programmatic practices, such as the model used, the needs targeted, how the program responds to participant behaviors, and the use of social learning and behavioral mechanisms to change behavior. The CPAI national average was 36.2% indicating that the vast majority of programs assessed were not meeting the guidelines prescribed by research. Although the average has increased in the last 10 years (40.1%), the results using the CPC are not much better. Consistent application of need and responsivity principles is clearly a challenge for correctional programs.

Finally, the quality assurance domain (evaluation domain in the CPAI) was consistently the weakest of the five domains. This domain had an average score of 31.9% under the CPAI and dropped to just 30% in the last 10 years with the use of the CPC. Quality assurance involves following up on strategies that have been implemented to ensure continued fidelity to the program model; programs have historically struggled with ensuring that adequate quality checks are in place in programs.

Tracking the progress of the field is important to ensure that programs are moving toward adhering to what works in reducing recidivism. An additional benefit of using program evaluation tools like the CPC and CPAI is the ability to assess the degree to which different correctional settings are meeting the programmatic needs of offenders. In Table 1, the national average of the different domains and areas of the CPC are displayed, alongside the averages of three different types of correctional treatment settings: HWH, institutions, and outpatient treatment programs. Although the average score varies for each type of correctional setting, some trends are apparent. The highest scoring domain

**Table 1.** The average Correctional Program Checklist scores of the half-way houses, institutions, and outpatient treatment centers.

	Average Score	Halfway House (n = 24)	Institutional (n = 97)	Outpatient (n = 136)	Most Common Scoring Category
Program leadership & development	71.7	69.1	69.7	76.4	Very high adherence to EBP
Staff characteristics	66.1	59.1	60.7	73.3	Very high adherence to EBP
Quality assurance	30.1	22.2	35.9	23.7	Low adherence to EBP
Capacity	58.9	53.6	57.6	61.9	High adherence to EBP
Offender assessment	54.7	43.0	62.4	47.6	Moderate adherence to EBP
Treatment characteristics	40.5	31.0	40.3	45.6	Low adherence to EBP
Content	44.8	35.6	47.3	46.2	Low adherence to EBP
Overall	50.5	42.8	51.4	52.4	Moderate adherence to EBP

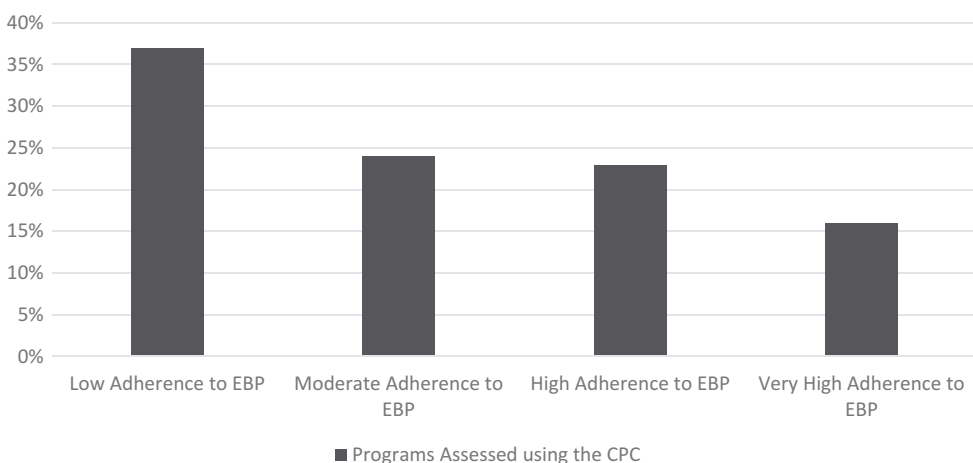
EBP = evidence-based practice.

for each program type is program leadership/development and staff characteristics, whereas the lowest average domain is quality assurance. This result is consistent with the overall CPC results. Some differences between program types were also noted. Institutional programs score higher in quality assurance and offender assessment, than either HWH or outpatient programs. The average score in staff characteristics was approximately 13 percentage points higher for outpatient programs relative to institutional or residential options. HWH programs consistently scored lower than either institutional or outpatient programs, particularly in the program content area.

Figure 2 presents the distribution of programs assessed under each scoring category. Unfortunately, most of the programs assessed fall under the “low adherence” category of the CPC (36%). Although this suggests that there is clearly work to be done in enhancing program adherence to EBPs, nearly 40% of programs did fall in the high or very high adherence to EBP category. Given that the CPC and CPAI rate a program against what an ideal correctional program would look like, classification in the upper two categories represents programs that are clearly knowledgeable and conscientious about implementing effective correctional programming. Moreover, research suggests that programs classified into these scoring categories have a greater impact on recidivism reduction.

### Limitations and conclusions

With most states adopting policies requiring EBP, the need for program evaluation and program integrity is crucial to ensuring that programs are not operating from a foundation of false promises. EBPs dictate that research on effective correctional strategies drive programmatic decisions. Instruments like the CPAI and CPC assist programs in measuring the degree to which they are adhering to effective practices. It is in the best interest of our field that we are offering high-quality programs to secure adequate funding and to help offenders successfully reenter society (Duwe & Clark, 2015).



**Figure 2.** Distribution of programs among the four scoring categories of the Correctional Program Checklist (CPC).

When reviewing the results of the last 20 years of program evaluation it is important to keep in mind that the differences that while the CPAI and CPC are very similar, changes in the trends of program scores across time may in part be attributable to differences in the tools. This is important because the CPAI is used for all of the earlier studies, and the CPC for the more recent.

Although some of the data presented suggests there is much work to be done, we do not want to paint a bleak picture of where we are. There are many agencies that are getting it right. For example, in Pennsylvania there is a collaborative effort among agencies within the state to measure the impact that programs who serve juvenile justice involved clients are having on recidivism (EPISCenter, n.d.). Likewise, Ohio's Department of Youth Services and Department of Rehabilitation and Corrections (adult system) have invested significant resources into redesigning their community based programs to better conform to EBP and incentivizing use of effective interventions in the community. As correctional agencies continue to strive toward offering EBP, it is important that funding sources and correctional programs explore the black box of correctional treatment. This means no longer relying solely on the results of a traditional audit, which historically provides little information about program practices designed to change offender behavior, but rather that they use a comprehensive assessment of how programs are meeting the research on what works in reducing recidivism.

## Notes

1. For additional information regarding the principles of effective intervention, see National Institute of Corrections (n.d.).
2. The staff and program director interviews were not detailed enough and/or complete enough to include all indicators from the CPAI in the analysis.
3. These were also updated in 2015. Formerly, the categories were highly effective, effective, needs improvement, and ineffective.
4. In the Latessa, Brusman-Lovins, and Smith (2010) study examining the relationship between items on the CPC and reductions in recidivism, items that were not found to be positively correlated with recidivism were removed from the analysis.
5. The remaining 41 programs were not reassessed by the state prior to the publication of this article.
6. It should be noted that the indicators that make up the different domains of the CPC and CPAI do not match item for item.

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