



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
4126 TECHNOLOGY WAY, SUITE 300
CARSON CITY, NV 89706
Telephone (775) 684-4400 • Fax (775) 684-4455
dcfs.nv.gov

Combined CPC Results for Summit View Youth Center, Spring Mountain Youth Camp, and China Spring Youth Camp

CPC BACKGROUND AND PROCESSES

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 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, client 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 of the 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 take into account 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 a number of advantages to this process. First, it is applicable to a wide range of programs.^v Second, all of 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 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 Adherence categories look like programs that are able to reduce recidivism.

Completed CPC's

Summit View Youth Center (SVYC): June 28, 2018

Spring Mountain Youth Camp (SMYC): September 20, 2018

China Spring Youth Camp (CSYC): October 3 & 4, 2018

Common CPC Strengths (by domain)

Program Leadership and Development

1. Research has shown programs with program directors who have a degree in a helping profession and experience working in correctional treatment demonstrate improved outcomes. The individuals identified as the program director during the assessment are all qualified and experienced, having the right combination of professional training and experience in the juvenile justice system.
2. Each program felt that they had significant support from juvenile justice community stakeholders (judges/court, probation/parole, etc.).
3. Each program felt that they had significant community support outside of the juvenile justice system.

Staff Characteristics

1. Staff at each facility feel that they have the ability to provide input into their respective programs either as a whole, or with specific components. Research across disciplines has shown that when staff are able to provide feedback into the program, they have greater investment and commitment, and less burnout.
2. Each facility has established ethical guidelines that staff are expected to abide by and include boundaries and interactions with youth.

Offender Assessment

1. Each program admits appropriate youth, as determined by their facility.

Treatment Characteristics

1. Each facility is targeting more than 50% of their efforts on criminogenic need areas (antisocial thinking/attitudes/values, antisocial peers, emotional regulation skills, substance abuse, anger management, constructive use of leisure time, etc.). This is important because in order to reduce the likelihood that youth will recidivate, characteristics associated with criminogenic needs must be targeted.
2. There is consistent use of some evidence-based interventions in each program including T4C, ART, Forward Thinking, FBT, social skills, etc. This demonstrates that the programs are using cognitive behavioral interventions in some of their core groups and services.
3. Youth at each facility are in their respective programs an average of 3-9 months. This falls within the range of time identified in the correctional treatment literature which indicates that the programs have the structure in place to deliver treatment in a time frame that is effective and allows the youth to move forward.
4. Youth spend at least 40% of their time per week (i.e., 35 hours per week) in structured tasks.

Quality Assurance

1. No similar strengths.

Common CPC Needs (by domain)

Program Leadership and Development

A program director is defined as the individual currently responsible for the overall management of the program or the delivery of treatment/interventions within the program. Research on program effectiveness has shown that involved program directors are more effective than those who are not hands-on. As such, the CPC requires that program directors be involved in hiring, training, and supervising for all staff who provide services to youth.

1. Program Directors should have a clear role in providing some training to all new staff delivering services/interventions.
2. Program Directors should have a clear role in providing some supervision to all staff delivering services.

It is important that programs are based on effective correctional treatment literature and that all staff members have a thorough understanding of this research.

3. Program Directors should conduct regular reviews of literature and ensure that an effective program model is implemented consistently throughout all components of the facility.
4. All staff should receive research articles regularly and a portion of each staff/unit meeting should be used to ensure that this information is reviewed and discussed for relevance at each program.

Research indicates that effective programs observe a formal pilot period prior to implementing modifications, as subsequent revisions are often difficult to make once a change has been formally instituted.

5. When bringing new program components in, facilities should use a pilot period.

Staff Characteristics

Regular staff meetings are an important component for a successful program as they promote better communication between staff and leadership, allow for the dissemination of important material and provide an opportunity to discussion of progress of youth in the program. Equally important is the regular and formal clinical supervision with all staff.

1. Each program should establish regular formal staff meetings.
2. Regular meetings/supervision (formal) with the program director should be established for all staff.
3. Formal clinical supervision by a licensed clinical supervision should be conducted for all direct service delivery staff.

All staff should be assessed at least annually on service delivery skills (communication skills, modeling of new behaviors, assessment skills and interpretation of results, behavioral reinforces, etc.).

4. Each program has established an annual review for all staff. While these include skills relative to positions, they do not encompass service delivery skills consistent across staff.

The CPC requires at least 40 hours of annual training for all direct service delivery staff with the majority of that related to delivering effective services and targeting criminogenic needs. Although staff are required to complete annual training, the majority of the topics covered are position related, state specific (HIPPA), etc.

5. Ongoing training should require a minimum of 40 hours of annual training with the majority of topics related to delivery of effective services (effective interventions, assessment instruments, case management techniques, cognitive behavioral interventions, etc.).

Offender Assessment

The extent to which participants 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 responsivity of youth, and then provide services and interventions accordingly. The Offender Assessment domain examines three areas regarding assessment: (1) selection of youth, (2) the assessment of risk, need, and personal characteristics, and (3) the manner in which these characteristics are assessed.

1. Each program should ensure the use of a validated risk and needs assessment tool, including training, quality assurance, for each youth. Additionally, each program should make sure that a copy of the tool is placed in each youth's file.
2. Each program should use a specific validated assessment instrument that targets specific populations (substance abuse, domestic violence, JSO, etc.) prior to a youth's placement in treatment.
3. CPC standards indicated that programs should ensure that 70% of participants in programming should be moderate to high risk. Without the use of a validated risk and needs assessment, programs cannot be certain that they are meeting this standard.

Treatment Characteristics

The Treatment Characteristics domain of the CPC examines whether the facility 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 offenders in new prosocial thinking and skills, and the provision and quality of aftercare services. Other important elements of effective intervention include matching the youth's risk, needs, and personal characteristics with appropriate programs, intensity, and staff. Finally, the use of relapse prevention strategies designed to assist the youth in anticipating and coping with problem situations is considered.

1. Each youth should have a case plan that is: individualized, updated regularly with detail (not enough to say "progress made" or "in progress), includes targets and objectives that are informed by a validated risk and needs assessment, and should be reviewed with each youth and their family.

Research has shown that when staff do not maintain adherence to manuals it can affect the integrity, treatment, quality of treatment, and can lead to a focus on non-criminogenic needs.

2. Treatment groups should be implemented as designed (fidelity to EBP's) in the curricula being used.

Effective correctional programs inform service delivery using the risk, need, and responsivity levels of the youth. For example, effective programs are structured so that lower-risk youth have limited exposure to their higher-risk counterparts. Research has shown that mixing low risk youth with moderate or high-risk youth can increase their risk of recidivism. Low risk youth may be negatively influenced by the behavior of high-risk youth, thereby increasing their risk of recidivism.

3. Facilities were not consistently doing or receiving validated risk assessments so may be inadvertently placing low risk youth in services with moderate to high risk youth.

Research has demonstrated youth who are at higher risk for recidivism have more criminogenic needs and these youth should be required to attend additional services, informed by the needs identified on the risk and need

assessment tools. Types of services that can count towards dosage include interventions targeting a criminogenic need area using an evidence-based approach.

- Facilities should vary the dosage of treatment (hours and duration of services) based on the youth’s risk level.

Offender needs and responsivity factors like personality characteristics or learning styles should be used to systematically match the youth to the most suitable type of service and staff.

- Facilities don’t have a consistent measure of needs for youth (MAYSI, WRAT, etc.).

Quality Assurance

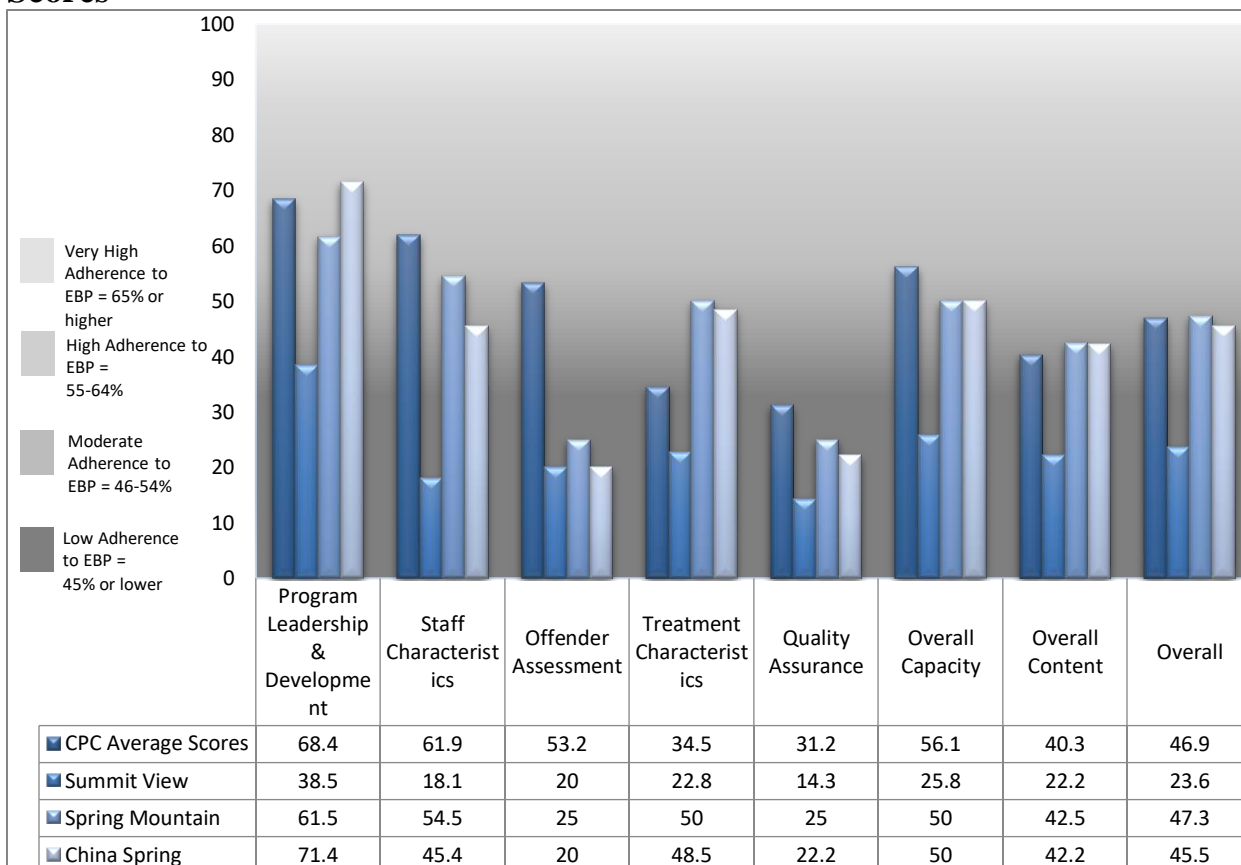
This CPC domain examines the quality assurance and evaluation processes that are used to monitor how well the program is functioning. Specifically, this section examines how the staff ensure the program is meeting its goals.

- Facilities are not tracking their own recidivism.

Formal observations of services (both groups and individually) with feedback should be provided to all of the staff who offer services in the facility. Making this a routine practice can help to ensure that high quality services are being delivered and can also help to enhance the feedback provided to staff on an annual basis, as well as provide topics for clinical supervision meetings and ongoing training.

- Clinical supervisors should be allotted time to observe clinical and facility staff delivering services in both individual and group formats.

Scores



Next Steps

1. Provide sites with CPC Facility Improvement Plan template approved at today's meeting for use.
2. Complete CPC assessments for remaining facilities (see schedule below).

Caliente Youth Center (CYC):

Dates of assessment: April 17-19

Draft report due to CYC: May 10th

Feedback due from CYC: May 27th

Finalized Report due: June 14th

Nevada Youth Training Center (NYTC):

Dates of assessment: May 6-8

Draft report due to NYTC: May 24th

Feedback from NYTC due: June 10th

Finalized report due: June 24th

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 offender/delinquent populations such as sex offenders, substance abusers, drunk drivers, and domestic violence offenders.