





**DATA ENTRY ON THIS PAGE ONLY**

Key	Indicates activity is complete	
	Indicates activity is on schedule, no risk factor	
	Indicates activity is at risk	
	Indicates activity is behind schedule and critical	

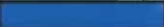


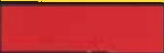
ID	Task	Task Lead	Start Date	End Date	Actual End Date	% Complete	Project Status	Meeting Comments/ Notes & Progress Updates	Updates from Core Team (As of XXX Date)
<b>Goal #1 - Establish Standard Procedures for Measuring Outcomes</b>									
<b>Strategy #1: Identify Outcomes measures</b>						100%			
Establish outcomes measures for statewide system improvement measures									
1.1.1	measures	JIOC	5/2017	6/30/2018		100%			
<b>Go</b>									
<b>#1: Annual LCB Compliance Report 2018</b>						100%			
2.1.1	Create a template	JIOC	12/15/2017	1/31/2018	1/30/2018	100%			
2.1.2	Establish ownership of this report	JIOC	12/15/2017	12/15/2017	12/15/2017	100%			
2.1.3	Submit completed report	JIOC	12/15/2017	1/31/2018	1/30/2018	100%			
2.1.4	Submit final report to Governor's office	JIOC	12/15/2017	1/31/2018	1/30/2018	100%			
<b>Strategy #2: Annual Report to the Governor 2018</b>									
2.2.1	Create a template	JIOC	12/15/2017	7/1/2018		100%			
2.2.2	Establish ownership of this report	JIOC	12/15/2017	7/1/2018		100%			
2.2.3	Submit completed report	JIOC	12/15/2017	7/1/2018		100%			
2.2.4	Submit final report to LCB	JIOC	12/15/2017	7/1/2018		100%			
<b>Strategy #3: Annual Report to the Governor 2019</b>									
2.3.1	Create a template	JIOC	12/1/2018	1/31/2019		100%			
2.3.2	Establish ownership of this report	JIOC	12/1/2018	1/31/2019		100%			
2.3.3	Submit completed report	JIOC	12/1/2018	1/31/2019		0%			
2.3.4	Submit final report to Governor's office	JIOC	12/1/2018	1/31/2019		0%			
<b>Strategy #4: Annual Report to the Governor 2019</b>						50%			
2.4.1	Create a template	JIOC	12/1/2018	7/1/2019		100%			
2.4.2	Establish ownership of this report	JIOC	12/1/2018	7/1/2019		100%			
2.4.3	Submit completed report	JIOC	12/1/2018	7/1/2019		0%			
		JIOC	12/1/2018	7/1/2019		0%			
<b>Quality Assurance Review</b>									
3.1.1	JIOC must select QA Tool	Kelly Wooldridge	12/5/2017	6/30/2018		100%			
3.1.2	JIOC to receive training on use of tool	JIOC	4/5/2018	7/1/2018		100%		CPC Instrument Training completed week of June 25th	Contract Executed
3.1.3	Determine who will be responsible for conducting review	DCFS	2/7/2018	7/1/2018		100%		8 Individuals trained and are going through the certification process.	
<b>Quality Assurance Review Process</b>						25%			
3.2.1	Determine timeline of each facility review	DCFS		7/1/2019		25%			
3.2.2	Develop procedures for use of QA Review Tool	DCFS		7/1/2019		25%			
3.2.3	Develop procedures for Quality Improvement Plan	DCFS		7/1/2019		25%			
3.2.4	Develop procedures for JIOC to review QA Reviews from facilities	DCFS		7/1/2019		25%			

Goals							
<b>Strategy #1:</b>					17%		
4.1.1	Identify appropriate placement for this/policy or regulation	JJOC		7/1/2018	25%		Oversight to remain with funding source
4.1.2	Draft language for policy or regulation	JJOC		7/1/2018	25%		
4.1.3	review and approval by JJOC	JJOC		7/1/2018	0%		
					30%		
4.2.1	Review for appropriate language	JJOC		7/1/2018	25%		
4.2.2	Review for appropriate crimes	JJOC		7/1/2018	25%		
4.2.3	Review for reporting requirements	JJOC		7/1/2018	25%		
4.2.4	Add language for reporting requirements	JJOC		7/1/2018	25%		
4.2.5	Draft updated version for review by JJOC	JJOC		7/1/2018	25%		
	Determine process for adopting new regulation	JJOC		7/1/2018	52%		
<b>Strategy #3: Review and Revise NAC 62H</b>					25%		
4.3.1	Review for appropriate language	JJOC		7/1/2018	25%		
4.3.2	Review for appropriate crimes	JJOC		7/1/2018	25%		
4.3.3	Review for reporting requirements	JJOC		7/1/2018	25%		
4.3.4	Add language for reporting requirements	JJOC		7/1/2018	25%		
4.3.5	Draft updated version for review by JJOC	JJOC		7/1/2018	25%		
4.3.6	Determine process for adopting new regulation	JJOC		7/1/2018	25%		
<b>Goal #5 - Development of By-Laws and Participation Requirements</b>					100%		
5.1	Develop By-Laws for JJOC	Joey, Kelly, Katie	1/12/2018	2/28/2018	100%		JJOC Approved 4/13/18
5.2	Determine participation requirements	JJOC		6/30/2018	100%		
5.3	Review By-Laws	JJOC		6/30/2018	100%		
5.4	Approve By-Laws	JJOC		6/30/2018	100%		
<b>Goal #6: Policy Development (Cross Reference DCFS Tab)</b>							
<b>Strategy #1: Violations of Parole and Revocation</b>					0%		
6.1.1	JJOC Review of Policy	JJOC			0%		
6.1.2	JJOC Review of SOP	JJOC			0%		
of Youth Committed to DCFS/ Admission Determination Procedure					0%		
6.2.1	JJOC Review of Policy	JJOC			0%		
6.2.2	JJOC Review of SOP	JJOC			0%		
<b>Strategy #3: Family Engagement Plan</b>					0%		
6.3.1	JJOC Review of Policy	JJOC			0%		
6.3.2	JJOC Review of SOP	JJOC			0%		
<b>Strategy # 4: Court Findings Prior to</b> 6.4.1					0%		
6.4.1	JJOC Review of Policy	JJOC			0%		
6.4.2	JJOC Review of SOP	JJOC			0%		
6.5.1	JJOC Review of Policy	JJOC			0%		
6.5.2	JJOC Review of SOP	JJOC			0%		
<b>Strategy #6: Out of State (OOS) Placement of Children</b>					0%		
6.6.1	JJOC Review of Policy	JJOC			0%		
6.6.2	JJOC Review of SOP	JJOC			0%		
<b>Strategy #7: Release of Information/ Information</b>					0%		
6.7.1	JJOC Review of Policy	JJOC			0%		
6.7.2	JJOC Review of SOP	JJOC			0%		
<b>Strategy #8: System Information Requirements (Data Collection Activities)</b>					0%		

6.8.1	JJOC Review of Policy	JJOC	0%	
6.8.2	JJOC Review of SOP	JJOC	0%	
6.9.1	JJOC Review of Policy	JJOC	0%	
6.9.2	JJOC Review of SOP	JJOC	0%	

Strategic Plan Subcommittee

DATA ENTRY ON THIS PAGE ONLY

Key	Indicates activity is complete	
	Indicates activity is on schedule, no risk factor	
	Indicates activity is at risk	
	Indicates activity is behind schedule and critical	

ID	Task	Task Lead	Start Date	End Date	Actual End Date	% Complete	Project Status	Meeting Comments/ Notes & Progress Updates	Updates from Core Team (As of XXX Date)
<b>Goal #1 - Evidence Based Practices</b>									
<b>Strategy #1: Vendor Procurement for Resource Center</b>									
						100%			
1.1.1	Develop RFP to select a vendor for EBP Resource Center	DCFS	9/28/2017	11/16/2017	11/16/2017	100%		Selection Made	3 vendor applications received Evaluation committee of 4; selection made
1.1.2	Evaluation and selection of Vendor	State Purchasing	11/16/2017	11/16/2017	11/16/2017	100%		Selection Made	
1.1.3	Contract development	State Purchasing	11/16/2017	12/15/2017		100%			
1.1.4	BOE Review of Contract	State Purchasing	11/16/2017	2/13/2017		100%			
1.1.5	Establish Invoice Process	Brian Dahlberg	1/12/2018	2/13/2018		100%			
<b>Strategy</b>						50%			
1.2.1	Vendor to identify appropriate EBP's for state-wide utilization	Vendor	1/12/2017	ongoing		50%		Survey sent out 4/30/18; Meeting with center on June 4th	
1.2.2	Determine uniform standards that EBP must follow	Sub committee	1/12/2017	7/1/2018		100%		See Matr	
1.2.3	Staffing requirements	Vendor	1/12/2017	ongoing		25%		Dependent on EBP's and ongoing funding	
1.2.4	Quality Assurance Protocols	Vendor	1/12/2017	ongoing		25%			
<b>Strategy #3: Develop Policies and Procedures for Utilization of EBP's</b>						27%			
1.3.1	Identify what entity owns the Policy and Procedures	Vendor		ongoing		50%			
1.3.2	Identify where policy and procedures will be available	Vendor		ongoing		50%			
1.3.3	Determine timeline for policy and procedure development	JJOC		ongoing		10%			
1.3.4	Determine appropriate review process and approval of policy and procedures	JJOC		ongoing		25%			
1.3.5	Date of policy and procedure implementation	JJOC				0%			
<b>Goal #2: Training Program to Enhance EBP's</b>									
<b>Strategy</b>						5%			
2.1.1	Training Plan approved by subcommittee	Vendor		ongoing		10%			
2.1.2	Training Plan approved by JJOC	JJOC				0%			
<b>Strategy #2: Implementation of T</b>						50%			
2.2.1	Identify who needs training	Vendor & JJOC		7/1/2018		100%			
2.2.2	Develop timeline for training	Vendor & JJOC		ongoing		25%		Dependent on EBP's and ongoing funding	
2.2.3	Identification of ongoing training needs	Vendor & JJOC		ongoing		25%			
<b>Goal 3: Reporting Requirements for EBP's</b>									
<b>Strategy #1:</b>									





Strategic Plan Subcommittee

3.1.1	Determine who has oversight and responsibility for report development	Sub Committee	7/1/2018	100%	JJOC, Resource Center will be finalized after approval of performance measures/Strategic Plan
3.1.2	Develop Policy specific to reporting requirements	Sub Committee		25%	
3.1.3	Develop Procedure for frequency of reporting	Sub Committee		25%	
				13%	
3.2.1	Develop Policies for Quality Improvement Plan for reporting	Vendor and Sub Committee		25%	
3.2.2	Develop Procedures for Quality Improvement plan for reporting including Corrective Action Plan	Vendor and Sub Committee		25%	
3.2.3	Select a QA Tool for review	Vendor		0%	
3.2.4	Training on QA Tool selected	Vendor		0%	
<b>Goal #4: Development and Revisions to 5 Year Strategic Plan</b>					
<b>Strategy #1: Authority and Revisions</b>				94%	
4.1.1	Determine who has oversight and responsibility for development and revisions to Strategic Plan	JJOC	7/1/2018	100%	DCFS website  will be finalized after approval of performance measures/Strategic Plan
4.1.2	Determine where will strategic plan be published	JJOC	7/1/2018	100%	
4.1.3	Develop Template for 5 yr. Strategic Plan	DCFS	7/1/2018	100%	
4.1.4	Develop Template for Annual Report to the 5 yr. Strategic Plan	DCFS	7/1/2018	75%	
				100%	
4.2.1	Develop specific goals for 5 year plan with measurable benchmarks	Sub Committee	7/1/2018	100%	Half day sessions scheduled for 4/19/18 and 5/17/18
4.2.2	Document individual subcommittees, their functions and goals	Sub Committee	7/1/2018	100%	
4.2.3	Develop timeline of implementation with benchmarks	Sub Committee	7/1/2018	100%	
4.2.4	Document reporting requirements	Sub Committee	7/1/2018	100%	
4.2.5	Address Family Engagement Plan	Sub Committee	7/1/2018	100%	
4.2.6	Address Court Findings Prior to Commitment	Sub Committee	7/1/2018	100%	
4.2.7	Address Individual Case Plan	Sub Committee	7/1/2018	100%	
4.2.8	Address Placement of Child	Sub Committee	7/1/2018	100%	

Strategic Plan Subcommittee

4.2.9	Address Out of State (OOS) Placement of Child	Sub Committee	7/1/2018	100%	
4.2.10	Address Release of Information/Information Sharing Address System Information Requirements (Data Collection Activities)	Sub Committee	7/1/2018	100%	
4.2.11	Sub Committee	Sub Committee	7/1/2018	100%	
<b>Strategy #3: Information to be included in Annual Report to Stra</b>				<b>100%</b>	
4.3.1	Document individual subcommittee outcomes Document completion dates of	Sub Committee	ongoing	100%	Outlined in Strategic Plan
4.3.2	tasks	Sub Committee	ongoing	100%	
4.3.3	Document next steps	Sub Committee	ongoing	100%	
<b>Strategy #4: Review Process of Strategic Plan</b>				<b>100%</b>	
4.4.1	Review by Subcommittee	Sub Committee	7/1/2018	100%	5/31/2018
4.4.2	Review by JJOC	JJOC	7/1/2018	100%	6/8/2018

DATA ENTRY ON THIS PAGE ONLY

Key	Indicates activity is complete	
	Indicates activity is on schedule, no risk factor	
	Indicates activity is at risk	
	Indicates activity is behind schedule and critical	

ID	Task	Entity	Start	End	Due	Progress	Notes
<b>Go:</b>						100%	
<b>Strategy</b>						100%	
1.1.1	Review available risk assessments	Sub Committee	11/30/2017	12/6/2017	12/15/2015	100%	Committee voted to select the VLS as the Risk and Needs Assessment tool on 12/06/2017. Pending JJOC use of the VLS.
	Select agreed upon risk assessment tool		11/30/2017	12/6/2017	12/15/2015	100%	
	Identify who needs training	Vendor and JJOC		7/1/2018		100%	
	Develop timeline for training	JJOC		7/1/2019		50%	
	What entity will own training for					83%	
1.2.3	Train the Trainer	JJOC		7/1/2018		100%	DCFS
<b>Strategy</b>						83%	
1.3.1	Identify what entity owns the Policy	Sub Committee		7/1/2018		100%	DCFS
1.3.2	Identify where policy will be available	Sub Committee		7/1/2018		100%	DCFS Website
1.3.3	Determine timeline for policy development	Sub Committee		7/1/2018		100%	
1.3.4	Determine appropriate review process and approval of	JJOC		7/1/2018		100%	DCFS/JJOC Approval
1.3.5	Determine frequency of Risk Assessment	Vendor		7/1/2019		25%	
1.3.6	Date of policy implementation	DCFS		7/1/2019		75%	
<b>Strategy #4: Develop Quality Improvement Process for Risk Assessment Tool</b>						40%	
1.4.1	Determine who has oversight of Quality Improvement actions	JJOC		7/1/2018		100%	JJOC
1.4.2	Develop Quality Improvement guidelines including acceptable standards	Vendor Vendor & Sub		7/1/2019		25%	
1.4.3	Develop Quality Improve Process	Committee		7/1/2019		25%	
1.4.4		DCFS Contractor		7/1/2019		25%	
1.4.5				7/1/2019		23%	
<b>Go:</b>						100%	
2.1.1	Review available risk assessments	Sub Committee	11/30/2017	12/6/2017	12/15/2015	100%	Committee voted to select the MAYSI II as the statewide Mental Health Screening tool on 12/06/2017. Pending JJOC Approval
2.1.2	Select agreed upon risk assessment tool	Sub Committee	11/30/2017	12/6/2017		100%	
2.2.1	Identify who needs training	Vendor and JJOC		7/1/2018		100%	
2.2.2	Develop timeline for training	JJOC		7/1/2019		25%	
2.2.3	What entity will own training for					75%	
2.2.3	Train the Trainer	JJOC		7/1/2018		100%	DCFS/JJOC
<b>Strategy #3: Develop State-Wide Policy for Mental Health Screen</b>						71%	
2.3.1	Identify what entity owns the Policy	Sub Committee		7/1/2018		100%	DCFS/JJOC
2.3.2	Identify where policy will be available	Sub Committee		7/1/2018		100%	DCFS Website
2.3.3	Determine timeline for policy development	Sub Committee		7/1/2019		25%	


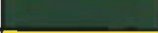


Risk Assessment Mental Health Screen Subcommittee

2.3.4	Determine appropriate review process and approval of policy Determine frequency of Mental Health Screen	JIOC	7/1/2018	100%	OCFS/JIOC
2.3.5	Health Screen	Vendor	7/1/2019	25%	
2.3.6	Date of policy implementation	DCFS	7/1/2019	75%	
				40%	
2.4.1	Determine who has oversight of Quality Improvement actions Develop Quality Improvement guidelines including acceptable standards	JIOC	7/1/2018	100%	OCFS/JIOC
2.4.2	Develop Quality Improvement Process	Vendor & Sub Committee	7/1/2019	25%	
2.4.3	Conduct Quality Reviews	DCFS Contractor	7/1/2019	25%	
2.4.4		DCFS and Sub Committee	7/1/2019	25%	
2.4.5	Determine QA reporting back to JIOC	Committee	7/1/2019	25%	
<b>Goal #3: Caseload PRO Inclusion</b>				69%	
<p>MHS provided the tool and coding to CLP. Waiting for upload from CLP after BOE approval in May. Programming of YLS into CLP in progress.</p>					
3.1	Include the Selected Risk Assessment Tool into Caseload Pro	JIOC/Counties/DCFS	7/1/2018	50%	
3.2	Include the Selected Mental Health Screening Tool into Caseload Pro	JIOC/Counties/DCFS	7/1/2018	100%	
3.3	Determine cost of inclusion and who will fund this	JIOC/Counties/DCFS	7/1/2018	100%	
3.4	Identify reporting requirements for both tools from Caseload PRO	JIOC/Counties/DCFS	12/1/2018	25%	



SAG

DATA ENTRY ON THIS PAGE ONLY

Key	Indicates activity is complete	
	Indicates activity is on schedule, no risk factor	
	Indicates activity is at risk	
	Indicates activity is behind schedule and critical	

Develop Performance Measures for Recidivism		Task Lead	Start Date	End Date	Actual End Date	% Complete	Project Status	Meeting Comments/ Notes & Progress Updates	Updates from Core Team (As of XXX Date)
<b>Goal #1 - Recidivism</b>						100%			
<b>Strategy #1: Recommend JJOC Adoption</b>						100%			
1.1.1	Review Past definitions by Supreme Court Commission	Sub Committee				100%		Reviewed by JJOC	Further discussion needed based on JJOC meeting.
1.1.2	Determine if revision is needed, if yes, revise definition	Sub Committee		3/31/2018		100%		Revised 3/1/18 by Data Subcommittee	
1.1.3	Sub Committee Selection or Recommendation to JJOC	Sub Committee				100%		Will present at 3/9/18 JJOC Meeting.	
1.1.4	JJOC adoption of definition	JJOC and DCFS				100%		JJOC approval on 3/9/18.	
1.1.5	Inclusion of Definition in Regulation	JJOC and DCFS		7/1/2018		100%		Decided not to include at 5/31 meeting since in Strategic Plan	
<b>Strategy #2: Develop Measures for Recidivism</b>						95%			
1.2.1	Review cible data to determine measures	Sub Committee		7/1/2018		100%			
1.2.2	Research what other states are utilizing	Sub Committee		7/1/2018		100%			
1.2.3	Develop reporting mechanism	Sub Committee		7/1/2018		100%		CLP when up and running; as outlined by 62H	
1.2.4	Determine frequency of reporting	Sub Committee		7/1/2018		100%		Annual	
1.2.5	Determine who has oversight of data	JJOC		7/1/2018		100%		JJOC	
1.2.6	Develop consistent dashboard for reporting purposes	JJOC/Counties/DCFS/ Caseload Pro		ongoing		50%		Ongoing work with CLP	
1.2.7	Measurement point: Re-arrested	Sub Committee	2/7/2018	7/1/2018		100%			
1.2.8	Measurement point: Re-adjudicated	Sub Committee	2/7/2018	7/1/2018		100%			
1.2.9	Measurement point: Re-committed	Sub Committee	2/7/2018	7/1/2018		100%			
1.2.10	Measurement point: In violation of Supervision	Sub Committee	2/7/2018	7/1/2018		100%			
1.2.11	Measurement point: Convicted by an Adult Court	Sub Committee	2/7/2018	7/1/2018		100%			
<b>Strategy #3: Develop</b>						90%			
1.3.1	Identify what entity drafts the Policy and who has oversight	Sub Committee or JJOC		7/1/2018		100%		DCFS will draft the policy; JJOC will have oversight	
1.3.2	Identify where policy will be available	Sub Committee or JJOC		7/1/2018		100%		DCFS Website	
1.3.3	Determine timeline for policy development	Sub Committee or JJOC		7/1/2018		100%		Will begin work ASAP	
1.3.4	Determine appropriate review process and approval of policy	JJOC		7/1/2018		100%		Will go to June JJOC for approval	
1.3.5	Date of policy implementation	DCFS		7/1/2018		50%		7/1/2018	
<b>Strategy #2: Creation of a Set of Performance Measures</b>						100%			
2.1.1	Determine requirement information for state-wide data	Sub Committee		7/1/2018		100%			

2.1.2	Develop required performance measures	Sub Committee	7/1/2018
2.1.3	Determine who has oversight to requirements	JJOC	7/1/2018
2.1.4	Determine if performance measures need to be adopted into regulation	JJOC	7/1/2018
2.1.5	Measurement point: By Facility (group home, RTC, youth camp, state corrections)		7/1/2018
2.1.6	Measurement point: By Service Provider		7/1/2018
2.1.7	Measurement point: By the Parole/Probation Services		7/1/2018
2.1.8	Measurement point: By County		7/1/2018

Family Engagement, Room

2.2.1	Define specific measurements	Sub Committee	7/1/2018
2.2.2	Develop Policy for Performance Measures	Sub Committee	7/1/2019
2.2.3	Determine who has oversight and is responsible for Policy revisions in the future	Sub Committee	7/1/2018

by juvenile courts



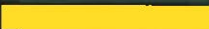

**Goal #3: Quality Process**

**Strategy #1: Develop Quality Improvement Process:**

			22%	
3.1.1	Determine timeline to validate data	JJOC/Sub Committee and DCFS Contractor	7/1/2019	25%
3.1.2	Determine what entity will be responsible for data validation	JJOC/Sub Committee and DCFS Contractor	7/1/2019	25%
3.1.3	Determine frequency validation	JJOC/Sub Committee and DCFS Contractor	7/1/2019	25%
3.1.4	Develop corrected action plan process	JJOC/Sub Committee and DCFS Contractor	7/1/2019	25%
3.1.5	Document Quality Improvement Process	JJOC/Sub Committee and DCFS Contractor	7/1/2019	10%

Youth Subcommittee

DATA ENTRY ON THIS PAGE ONLY

Key	Indicates activity is complete	
	Indicates activity is on schedule, no risk factor	
	Indicates activity is at risk	
	Indicates activity is behind schedule and critical	

ID	Task	Task Lead	Start Date	End Date	Actual End Date	% Complete	Project Status	Meeting Comments/ Notes & Progress Updates	Updates from Core Team (As of XXX Date)
<b>Goal #1 - Development of Youth Group</b>									
<b>Strategy #1: Selection of Members</b>									
	Determine mandated positions from					100%			
1.1.1	AB472	Governor's Office				100%			
1.1.2	Governor appoints members	Governor's Office				100%			
1.1.3	Ensure youth member positions are always filled	JJOC and Governor's Office				100%			
<b>#2: Process for Continued Participation. Develop strategy to incentivize youth</b>									
1.2.1	participation	Sub Committee				10%		Ice Breaker Meeting	No meeting held in March. Will updated after 4/11/18 meeting.
1.2.2	Determine budgetary needs if a stipend is offered	JJOC				10%		Potential gas cards	
<b>Goal #2 - Communication of Youth Voice</b>									
<b>Strategy #1: Determine Areas to Address from Youth Perspective</b>									
2.1.1	Select sites to visit	Sub Committee				20%			
2.1.2	Schedule site visits					50%		Reviewed locations	
2.1.3	Develop youth focused areas for focus	Sub Committee				50%		Murphy Bernadini site visit	Next site visit TBD
2.1.4	Determine potential intercepts	Sub Committee				0%			
		Sub Committee				0%			
						0%			
2.2.1	Develop format to provide feedback to JJOC	Sub Committee				0%			
2.2.2	Determine if there are other avenues and/or platforms to provide education and communication	Sub Committee				0%			

DATA ENTRY ON THIS PAGE ONLY

Key	Indicates activity is complete	
	Indicates activity is on schedule, no risk factor	
	Indicates activity is at risk	
	Indicates activity is behind schedule and critical	

ID	Task	Task Lead	Start Date	End Date	Actual End Date	% Complete	Project Status	Meeting Comments/Notes & Progress Updates	Updates from Core Team (As of XXX Date)
<b>Goal #1 - Compliance with the Juvenile Delinquency Prevention Act [JJDP]</b>									
<b>Strategy #1: Maintain Compliance With The Act</b>									
Establish State authority to do this - By Executive Order - there have been at least									
1.1.1	4 EO's since the 1980's	Governor		12/17/2017		100%			
<b>Goal #2 - Title II Formula Grant</b>									
<b>Strategy #1: Grant Solicitation and Grant Application</b>									
2.1.1	OJJDP Sends Grant Solicitation Programs Office Staff prepare grant application and all supporting documentation	OJJDP - Feds	Annual		ongoing		Annual January - March		
2.1.2		Chief	Annual		ongoing		January - May		
2.1.3	SAG Planning Committee Reviews	Chief and SAG	Annual		ongoing		April - May		
2.1.4	SAG Planning Committee Approves SAG and Programs Office Staff verify all 28 compliance areas met	Chief and SAG	Annual		ongoing		April - May		
2.1.5		Chief and SAG	Annual		ongoing		April - May		
2.1.6	JIOC Approves	JIOC	Annual		ongoing		April - May		
2.1.7	DCFS Administrator signs	Administrator	Annual		ongoing		April - May		
2.1.8	Programs Office Staff submits application OJJDP notifies State of award - money is initially frozen	Chief	Annual		ongoing		May September -		
2.1.9	Programs Office Staff clarifies and submits additional information	OJJDP - Feds	Annual		ongoing		October		
2.1.10		Chief	Annual		ongoing		October - December		
2.1.11	OJJDP unfreezes funds Programs Office Staff completes bi-annual grant reports and performance measure matrices	OJJDP - Feds	Annual		ongoing		October - December		
2.1.12		Chief	Annual		ongoing		March and September		
<b>Strategy #2: State Advisory Group</b>									
2.2.1	Executive Order outlines State's authority Governor Appoints members - must meet	Governor	Annual		ongoing				
2.2.2	OJJDP standards	Governor	Annual		ongoing		As Needed		
2.2.3	Meets quarterly at a minimum	SAG and Chief	Annual		ongoing				
<b>Grant Process - RFP and Sub Grants</b>									
2.3.1	Programs Office Staff submits application	Chief	Annual		ongoing		May		
2.3.2	Programs Office Staff prepares RFP Programs Office Staff receive applications for grant funding	Chief	Annual		ongoing		May		
2.3.3		Chief	Annual		ongoing		June		

2.3.4	Programs Office Staff sets up grant committee meeting	Support Staff	Annual		ongoing	June	
2.3.5	Programs Office Staff prepares and send applications received to SAG	Support Staff	Annual		ongoing	June	
2.3.6	SAG meets to fund sub grantees	Chief, SAF, Support Staff	Annual		ongoing	June	
2.3.7	SAG prepares a grant slate	SAG and Chief	Annual		ongoing	June	
2.3.8	SAG Submits grant slate to JJOC for approval	JJOC	Annual		ongoing	July	
2.3.9	Programs Office Staff sends grant award letters based on approved grant slate	Chief	Annual		ongoing	July	
2.3.10	Programs Office Staff prepares and sends quarterly reports to sub grantees	Chief	Annual		ongoing	July	
2.3.11	Programs Office Staff monitors sub grantees throughout the year	Chief	Annual		ongoing	Ongoing	
2.3.12	Programs Office Staff gathers data on performance measures from sub grantees annually	Chief	Annual		ongoing	Ongoing	
2.3.13	QA activities may be conducted annually on any sub grantee	Chief	Annual		ongoing	As needed	
2.3.14	SAG monitors performance through DCFS updates	Chief	Annual			Quarterly Meetings	
<b>Strategy #4: Annual Report to the Governor</b>							
	Programs Office Staff creates draft, usually in April	Chief	Annual	Started	ongoing	April - June	SAG to review at June 14th meeting
2.4.1	SAG Planning Committee Reviews	SAG and Chief	Annual		ongoing	April - June	
2.4.2	SAG Planning Committee Approves	SAG and Chief	Annual		ongoing	April - June	
2.4.3	Revisions Made	Chief	Annual		ongoing	April - June	
2.4.4	JJOC Approves	JJOC	Annual		ongoing	April - June	
2.4.5	Final version created and sent to the Governor's office	Chief	Annual			April - June	
2.4.6	<b>Strategy #5: Annual DMC Report</b>						
	Programs Office Staff prepares annual template	Chief	Annual	3/27/2018	ongoing	November	
2.5.1	Programs Office Staff sends template to counties	Chief	Annual	3/27/2018	ongoing	December	
2.5.2	Counties provide data	Counties	Annual	3/27/2018	ongoing	January	
2.5.3	Programs Office Staff compiles data	Chief	Annual	3/27/2018	ongoing	January - March	
2.5.4	Programs Office Staff writes annual report	Chief	Annual	3/27/2018	ongoing	February - March	
2.5.5	Programs Office Staff update RRI Federal Platform	Chief	Annual	3/27/2018	ongoing	February - March	
2.5.6	SAG Reviews Report	SAG and Chief	Annual	3/27/2018	ongoing	February - March	
2.5.7	Report submitted as part of Annual Federal Compliance Report	Chief	Annual	3/27/2018	ongoing	March - April	
2.5.8	<b>Strategy #6: Annual Report to the Governor</b>						
	Programs Office Staff gathers data from juvenile detention facilities and adult jails	Support Staff	Annual	3/27/2018	ongoing	Ongoing	
2.6.1							

2.6.2	Programs Office Staff updates Compliance Manual and Compliance Plan	Chief	Annual	3/27/2018 ongoing	July- November	
2.6.3	Programs Office Staff updates annual self report survey's	Chief	Annual	3/27/2018 ongoing	July- November	
2.6.4	Programs Office Staff verifies compliance universe (adult and juvenile facilities/courts)	Chief and Support Staff	Annual	3/27/2018 ongoing	July- November	
2.6.5	SAG reviews review Compliance Manual/Plan/Survey documents	SAG and Chief	Annual	3/27/2018 ongoing	October	
2.6.6	Programs Office Staff sends out annual survey's to roughly 310 Nevada facilities	Support Staff	Annual	3/27/2018 ongoing	November- November-	
2.6.7	Survey Data Collection	Support Staff	Annual	3/27/2018 ongoing	February	
2.6.8	Programs Office Staff + Contractor visit roughly 35% of the 310 facilities annually	Chief, Contractor, Support Staff	Annual	3/27/2018 ongoing	November - February	
2.6.9	Programs Office staff pulls report from annual collection of data from adult jails and juvenile detention facilities	Chief	Annual	3/27/2018 ongoing	November- February	
2.6.10	SAG receives updates on compliance progress at meetings	SAG and Chief	Annual	3/27/2018 ongoing	Ongoing	
2.6.11	SAG Reviews Report - May or may not provide updates	SAG and Chief	Annual	3/27/2018 ongoing	Ongoing	
2.6.12	Report submitted as part of Annual Federal Compliance Report	Chief	Annual	3/27/2018 ongoing	Ongoing	
<b>Strategy #7: Policy Development</b>						
2.7.1	Grant Reporting Policy	Chief				0%
2.7.2	SAG Approval	SAG and Chief				0%
2.7.3	Grant Monitoring Policy	Chief				0%
2.7.4	SAG Approval	SAG and Chief				100%

Grant Monitoring Draft reviewed and approved by SAG - will go through DCFS process

Note: Compliance Report Includes - goes with strategy #6.

- 1) Completed spreadsheet provided by the Feds outlining percentages of identified violations
- 2) Comprehensive Compliance Universe document - includes the number of survey's sent/received and the facilities visited in person. There must be a 3 year history of facilities visited in person.
- 3) Completed DMC Report + Several Reports download from the federal RRI platform
- 4) State's DMC plan for reduction of DMC
- 5) Compliance Manual - State Policy outlining entire state compliance system
- 6) Compliance Plan - Specific details about staff responsibilities
- 7) Copies of Survey's used
- 8) Specific Report for Jail Removal including a list of violations
- 9) Specific Report for DSO including a list of violations. This also includes the use of valid court orders.
- 10) Specific report on Sight/Sound Separation violations
- 11) List of Nevada Defintions for the JJ System

- 12) Copy of Executive order or state authority to monitor facilities
- 12) Copy of statute or authority on specific training requirements for staff who perform direct services on youth in secure facilities - especially if a facility houses both adults and juveniles.
- 13) Statute or authority for the use of a valid court order
- 14) Certification document signed by the DCFS administrator

Note: Formula Grant Application and Attachments - goes with strategy #2.



- 1) Grant Abstract - no more than 400 words
- 2) Grant Application - max 40 pages
- 3) Executive Order identifying the existence of a State Advisory Group - must be between 12 - 33 members and meet specific requirements
- 4) Appendix A - Performance Measures by Program Area
- 5) Appendix B - State's identified formula grant programs out of the 32 available programs
- 6) Appendix C - Waiver for pass through for sub grants - not needed for NV
- 7) Appendix D - State Advisory Group Roster with email addresses, appointment dates, city of residence, and area of need the person fills on the SAG
- 8) Appendix E - Rural Removal Exception for adult jails that are in rural areas
- 9) Appendix F - Formula Grant Budget and Narrative
- 10) Appendix G - Verification that the state submitted the required compliance report (above) by the due date.
- 11) Appendix H - RRI Federal Platform Analysis and Tracking Sheet
- 12) Appendix I - A list of the 28 program assurances - state must identify document and page number where each assurance is addressed.
- 13) Appendix J - Contact information for state staff associated with the JJDP/Formula Grant from administrator to fiscal staff
- 14) Appendix K - Training Certification - must be signed by DCFS Administrator
- 15) Appendix L - Compliance Report Certification - must be signed by DCFS Administrator
- 16) Appendix M - Compliance Plan - System in Place - must be signed by DCFS Administrator
- 17) Nevada State Advisory Group Recommendations Documents
- 18) Financial Capability Document

Note: Annual Governor's Report - goes with strategy #4.

- 1) Narrative
- 2) Appendix A - State Advisory Group Roster
- 3) Appendix B - State Advisory Group Analysis
- 4) Appendix C - Grant Allocations to Nevada - JJ Grants
- 5) Appendix D - Formula Sub Grantees + Performance Data/Measures
- 6) Appendix E - Community Corrections Partnership Block Grant Allocations + Performance Data
- 7) Appendix F - State and County Statistical Crime Data
- 8) Appendix G - SB 107 Room Confinement Data

DCFS Implementation Plan

DATA ENTRY ON THIS PAGE ONLY

Key	Indicates activity is complete	
	Indicates activity is on schedule, no risk factor	
	Indicates activity is at risk	
	Indicates activity is behind schedule and critical	

ID	Task	Task Lead	Start Date	End Date	Actual End Date	% Complete	Project Status	Meeting Comments/ Notes & Progress Updates	Updates from Core Team (As of XXX Date)
<b>Goal #1 - Develop Implementation Team</b>									
Stu						100%			
1.1.1	Membership		7/1/2017	10/1/2017	10/1/2017	100%		Team Selected	
<b>Strategy #2: Implementation Team Work</b>						100%			
1.2.1	Create Sub Committees	Deputy	7/1/2017	10/1/2017	10/1/2017	100%		Committee Selected	
1.2.2	Assign projects/tasks to sub committee	Committee Chair	1/16/2018	1/22/2018	1/22/2018	100%		Subcommittees: Parole and Facilities	
1.2.3	Schedule ongoing meetings for implementation team	CIT	1/16/2018	1/22/2018	1/22/2018	100%		Schedule weekly	
<b>Goal #2: Agency Communication Plan</b>									
<b>Strategy #1: Determine Messaging</b>						56%			
2.1.1	What will be communicated	CIT	1/16/2018	4/9/2018	4/9/2018	100%		Implementation Guide and PP.	
2.1.2	Send implementation guides/powerpoint on implementation changes	Sharon Anderson	1/16/2018	ongoing		25%		CIT members received.	
2.1.3	Convene a meeting with line staff in facilities, parole and programs office to share information on DCFS new policies in changes	Sharon Anderson	1/16/2018	ongoing		50%		DCFS Roadshow, ongoing.	
2.1.4	Establish a method for follow up and ongoing communication	Sharon Anderson/John Munoz	1/16/2018	ongoing		50%		DCFS Roadshow, ongoing.	
<b>Strategy #2: Determine Sender and platform</b>						100			
2.2.1	Who will be the primary messenger	CIT/ Sharon Anderson	1/16/2018	4/10/2018		100%		DCFS Staff	



DCFS Implementation Plan

2.2.2	Messenger to deliver in person, 'road show'	CIT/ Sharon Anderson	7/1/2018	ongoing	100%	DCFS Staff
<b>Strategy #3: DCFS Internal Communication Plan</b>					<b>87</b>	
2.3.1	Communication with Superintendents, Chief of Parole and Chief of Programs Office	Sharon Anderson	1/16/2018	7/1/2018	100%	via email with follow up meetings with minutes - communication, ongoing
2.3.2	Communication with line staff in facilities, parole and programs office	Sharon Anderson	1/16/2018	7/1/2018	100%	ongoing
2.3.3	Communication with DCFS Deputies on changes	John Munoz	1/16/2018	7/1/2018	10%	ongoing
2.3.4	Include progress updates on required changes	Sharon Anderson	1/16/2018	7/1/2018	100%	ongoing
2.3.5	Outline specific steps/changes that each group is responsible for making.	Sharon Anderson/John Munoz	1/16/2018	7/1/2018	100%	ongoing
2.3.6	Determine training timeline	Sharon Anderson/CIT	1/16/2018	4/10/2018	100%	Parole will complete by 4/30/18; Facilities will complete by 5/31/18; NYTC completed 3/30/18.
2.3.7	Determine which staff is from DCFS will be responsible for information distribution	Sharon Anderson/CIT	1/16/2018	4/10/2018	100%	Parole and Facilities Trainers; NYTC is complete.
<b>Goal #3 - Adoption and Implementation of New Regulations</b>						
<b>Strategy #1: State Compliance for EBP Standards and QA Process (Stat</b>					<b>63%</b>	
3.1.1	Identify appropriate placement for this/policy or regulation	Administrator and Programs Office	12/15/2017	3/27/2018	75%	Not withholding funds from state, implementing QA process
3.1.2	Review currnt regulations to idenfity appropriate placement.	Leslie Bittleson	12/15/2017	3/27/2018	75%	
3.1.3	Gather and review policies or regs used by other states	Leslie Bittleson	12/15/2017	3/27/2018	75%	Draft is being reviewed and edited internally
3.1.4	Contact other state subject matter experts for addiiontonal information and adoption	Leslie Bittleson	12/15/2017	3/27/2018	75%	

DCFS Implementation Plan

3.1.5	Draft language for policy or regulation	Leslie Bittleston/ John Lum	12/15/2017 12/15/2017	3/27/2018	75%	Information added to NRS 62H.200
3.1.6	Approval of JJOC	JJOC			0%	
<b>Strategy #2: Ability to withhd funding for non-compliance of EB Standards</b>					<b>63%</b>	
3.2.1	Identify appropriate placement for this/policy or regulation Review currnt regulations to idenitfy appropriate placement.	Administrator and Programs Office	12/15/2017	4/10/2018	75%	NRS 62 H will include language/ recommendation
3.2.2		Leslie Bittleston	12/15/2017	4/10/2018	75%	
3.2.3	Gather and review policies or regs used by other states Contact other state subject matter experts for addiiontional information	Leslie Bittleston	12/15/2017	4/10/2018	75%	
3.2.4	and adoption	Leslie Bittleston	12/15/2017	4/10/2018	75%	need JJOC definition of "non-compliance" Draft is being reviewed and edited internally
3.2.5	Draft language for policy or regulation	Leslie Bittleston/ John Lum	12/15/2017	4/11/2018	75%	
3.2.6	Approval of JJOC	JJOC	12/15/2017		0%	
<b>Strategy #3: Review and Revise NRS 62H (DCFS Policy)</b>					<b>45%</b>	
3.3.1	Review for appropriate language	Leslie Bittleston/John Munoz/ John Lum/ DAG Leslie	1/16/2018	4/6/2018	75%	NRS 62H-025 is in draft and review with John and John. Leslie is the primary.
3.3.2	Review for appropriate crimes	Bittleston/John Munoz/ John Lum/ DAG Leslie	1/16/2018	4/6/2018	75%	
3.3.3	Review for reporting requirements	Bittleston/John Munoz/ John Lum/ DAG Leslie	1/16/2018	4/6/2018	75%	
3.3.4	Add language for reporting requirements	Bittleston/John Munoz/ John Lum/DAG Leslie	1/16/2018	4/6/2018	75%	
3.3.5	Draft updated version for review by JJOC	Bittleston/John Munoz/ John Lum/ DAG	1/16/2018	7/1/2018	75%	

DCFS Implementation Plan

3.3.6	Determine process for adopting new regulation	Leslie Bittleston/John Munoz/ John Lum/ DAG	1/16/2018	7/1/2018	75%	
3.3.7	Policy Development	Leslie Bittleston	1/16/2018	4/10/2018	0%	Will be combined with NAC62H
3.3.8	Policy Review	Leslie Bittleston	1/16/2018	7/1/2018	0%	
3.3.9	Policy Approval	CIT	1/16/2018	7/1/2018	0%	
3.3.10		JJOC	1/16/2018		0%	
<b>Strategy #4: Review and Revise NAC 62H (Policy DCFS)</b>					<b>38%</b>	
3.4.1	Review for appropriate language	Leslie Bittleston/John Munoz/ John Lum/ DAG	1/16/2018	4/6/2018	75%	
3.4.2	Review for appropriate crimes	Leslie Bittleston/John Munoz/ John Lum/ DAG	1/16/2018	4/6/2018	75%	
3.4.3	Review for reporting requirements	Leslie Bittleston/John Munoz/ John Lum/ DAG	1/16/2018	4/6/2018	75%	Need data and performance measures - to be approved at June JJOC
3.4.4	Add language for reporting requirements	Leslie Bittleston/John Munoz/ John Lum/ DAG	1/16/2018	4/6/2018	75%	
3.4.5	Draft updated version for review by JJOC	Leslie Bittleston/John Munoz/ John Lum/ DAG	1/16/2018	4/6/2018	75%	
3.4.6	Determine process for adopting new regulation	Leslie Bittleston/John Munoz/ John Lum/ DAG	1/16/2018	7/1/2018	0%	Will be combined with NRS62H
3.4.7	Policy Development	Leslie Bittleston	1/16/2018	4/10/2018	0%	
3.4.8	Policy Review	Leslie Bittleston	1/16/2018	7/1/2018	0%	
3.4.9	Policy Approval		1/16/2018	7/1/2018	0%	
3.4.10	Approval of JJOC	JJOC	1/16/2018		0%	
<b>Goal #4 - (Cross Reference with JJOC Tab) Strategy #1: Violations of Parole and Revocations (Supervision Policy)</b>					<b>48%</b>	
4.1.1	Policy Development - Responses to Violations and Terms of Parole	Parole Subcommittee	1/25/2018	4/6/2018	100%	Jody, Kathryn, Dolly (lead) Linda Tompkins; Draft done 4/6/18

DCFS Implementation Plan

4.1.2	Policy Review - Responses to Violations and Terms of Parole	Parole Subcommittee	1/25/2018	7/1/2018	100%	Draft is being reviewed and edited internally
4.1.3	Parole Policy Approval - Responses to Violations and Terms of Parole	Parole Subcommittee	1/25/2018	7/1/2018	0%	
4.1.4	SOP Development - Responses to Violations and Terms of Parole	Parole Subcommittee	1/25/2018	4/6/2018	100%	John Lum/ Sharon Anderson - provide SOP for policy development
4.1.5	SOP Approval - Responses to Violations and Terms of Parole	Parole Subcommittee	1/25/2018	7/1/2018	0%	
4.1.6	Policy Development - Recommendations of Revocation	Parole Subcommittee	1/25/2018	4/6/2018	100%	
4.1.7	Policy Review - Recommendations of Revocation	Parole Subcommittee	1/25/2018	7/1/2018	100%	Draft is being reviewed and edited internally
4.1.8	Policy Approval - Recommendations of Revocation	Parole Subcommittee	1/25/2018	7/1/2018	0%	
4.1.9	SOP Development - Recommendations of Revocation	Parole Subcommittee	1/25/2018	4/6/2018	100%	
4.1.10	SOP Approval - Recommendations of Revocation	Parole Subcommittee	1/25/2018	7/1/2018	0%	
4.1.11	JJOC Review of Policies	Parole Subcommittee	1/25/2018		0%	
4.1.12	JJOC Review of SOP's	Parole Subcommittee	1/25/2018		0%	
4.1.13	Statewide Training	CIT	1/25/2018		25%	Pending policy approval.
<b>Strategy #2: Placement of Youth Committed to DCFS/ Admission Determination Procedure</b>					<b>41%</b>	
4.2.1	Policy Development	Parole Subcommittee	1/25/2018	4/4/2018	100%	Draft out 4/4/18 Draft is being reviewed and edited internally
4.2.2	Policy Review	Parole Subcommittee	1/25/2018	7/1/2018	100%	
4.2.3	Policy Approval	Parole Subcommittee	1/25/2018	7/1/2018	0%	
4.2.4	SOP Development	Parole Subcommittee	1/25/2018	4/4/2018	100%	
4.2.5	SOP Approval	Parole Subcommittee	1/25/2018	7/1/2018	0%	

DCFS Implementation Plan

4.2.6	JJOC Review of Policies	CIT	1/25/2018		0%	
4.2.7	JJOC Review of SOP	CIT	1/25/2018		0%	
4.2.8	Statewide Training #3:	CIT	1/25/2018		25%	Pending policy approval.
						45%
4.3.1	Review current SOP/policy - Parole & Facilities	Bruce Burgess	1/25/2018	2/6/2018	100%	Reviewed areas already in place; ongoing.
4.3.2	Compile information - Parole & Facilities	Bruce Burgess	1/25/2018	2/6/2018	100%	Ongoing
4.3.3	Policy Development - Parole & Facilities	DCFS Parole & Facilities Subcommittees; Kathryn Roose	1/25/2018	4/6/2018	75%	Draft done 4/6/18 Draft is being reviewed and edited internally
4.3.4	Policy Review - Parole & Facilities	DCFS Parole & Facilities Subcommittees	1/25/2018	7/1/2018	75%	
4.3.5	Policy Approval - Parole & Facilities	DCFS Parole & Facilities Subcommittees	1/25/2018	7/1/2018	0%	
4.3.6	SOP Development - Parole & Facilities	DCFS Parole & Facilities Subcommittees	1/25/2018	4/6/2018	75%	
4.3.7	SOP Approval - Parole & Facilities	DCFS Parole & Facilities Subcommittees	1/25/2018	7/1/2018	0%	
4.3.8	JJOC Review of Procedures	CIT	1/25/2018		0%	
4.3.9	JJOC Review of SOP	CIT	1/25/2018		0%	
4.3.10	Statewide Training	CIT	1/25/2018		25%	Pending policy approval.
<b>Strategy #4: Court Findings Prior to Commitment</b>						53%
4.4.1	Review current SOP/policy - Parole & Facilities	DCF Parole & Facilities Subcommittees; Dave Laity	1/25/2018	4/6/2018	100%	
4.4.2	Compile information - Parole & Facilities	DCFS Parole & Facilities Subcommittees	1/25/2018	4/6/2018	100%	
4.4.3	Policy Development - Parole & Facilities	DCFS Parole & Facilities Subcommittees	1/25/2018	4/6/2018	100%	Draft done 4/6/18 Draft is being reviewed and edited internally
4.4.4	Policy Review - Parole & Facilities	DCFS Parole & Facilities Subcommittees	1/25/2018	7/1/2018	100%	

DCFS Implementation Plan

Item ID	Description	Committee	Start Date	End Date	Progress %	Notes
4.4.5	Policy Approval - Parole & Facilities	DCFS Parole & Facilities Subcommittees	1/25/2018	7/1/2018	0%	
4.4.6	SOP Development - Parole & Facilities	DCFS Parole & Facilities Subcommittees	1/25/2018	4/6/2018	100%	Draft done 4/6/18
4.4.7	SOP Approval - Parole & Facilities	DCFS Parole & Facilities Subcommittees	1/25/2018	7/1/2018	0%	
4.4.8	JJOC Review of Procedures	CIT	1/25/2018		0%	
4.4.9	JJOC Review of SOP	CIT	1/25/2018		0%	
4.4.10	Statewide Training	CIT	1/25/2018			approval.
<b>Strategy #5: Individual Case Plan and Discharge Planning/Re-Entry</b>					<b>52%</b>	
4.5.1	Review tools (YLS and MASY2) to help identify the domains Review current and other tools used for Case Plan Coordinate with Resource Center for EBP (discharge/re-entry)	Facilities Subcommittee	1/25/2018	2/6/2018	100%	
4.5.2	Review current and other tools used for Case Plan Coordinate with Resource Center for EBP (discharge/re-entry)	Facilities Subcommittee	1/25/2018	2/6/2018	100%	
4.5.4	Review current SOP/policy - Parole & Facilities	CIT	1/25/2018	TBD	0%	TBD
4.5.5	Compile information - Parole & Facilities	DCFS Parole & Facilities Subcommittees	1/25/2018	4/6/2018	100%	ongoing
4.5.6	Policy Development - Parole & Facilities	DCFS Parole & Facilities Subcommittees	1/25/2018	4/6/2018	75%	ongoing
4.5.7	Policy Review - Parole & Facilities	DCFS Parole & Facilities Subcommittees	1/25/2018	4/6/2018	75%	Draft done 4/6/18 Draft is being reviewed and edited internally
4.5.8	Policy Approval - Parole & Facilities	DCFS Parole & Facilities Subcommittees	1/25/2018	7/1/2018	75%	
4.5.9	SOP Development - Parole & Facilities	DCFS Parole & Facilities Subcommittees	1/25/2018	7/1/2018	0%	
4.5.10	SOP Approval - Parole & Facilities	DCFS Parole & Facilities Subcommittees	1/25/2018	4/6/2018	75%	Draft done 4/6/18
4.5.11	JJOC Review of Procedures	CIT	1/25/2018		0%	
4.5.12	JJOC Review of SOP	CIT	1/25/2018		0%	
4.5.13						

DCFS Implementation Plan

4.5.14	Statewide Training	CIT	1/25/2018		25%	Pending policy approval.	
<b>Strategy #6: Out of State (OOS) Placement of Child</b>						35%	
4.6.1	Policy Development	John Lum	1/25/2018	4/6/2018	75%	Draft done 4/6/18 Draft is being reviewed and edited internally	
4.6.2	Policy Review	CIT	1/25/2018	7/1/2018	75%		
4.6.3	Policy Approval	CIT	1/25/2018	7/1/2018	0%		
4.6.4	JJOC Review	CIT	1/25/2018		0%	Pending policy appr	
4.6.5	Statewide Training	CIT	1/25/2018		25%		
<b>Strategy #7: Release of Information/Information Sharing</b>						71%	
4.7.1	Development of MOU	Leslie Bittleston Facilities Subcommittee;	1/25/2018	7/1/2018	100%	Completed if needed. New policy dated 7/1/18 is complete. Still need SOP's.	
4.7.2	Policy Development	John Lum Facilities	1/25/2018	7/1/2018	100%		
4.7.3	Policy Review	Subcommittee Facilities	1/25/2018	7/1/2018	100%		
4.7.4	Policy Approval	Subcommittee	1/25/2018	7/1/2018	100%		
4.7.5	JJOC Review	CIT	1/25/2018		0%		
4.7.6	Statewide Training	CIT	1/25/2018		25%	Pending policy approval.	
<b>Strategy #8: Information Requirements (Data Collection Activities)</b>						33%	
4.8.1	Review current SOP/policy - Parole & Facilities Compile information - Parole & Facilities	Leslie Bittleston	1/25/2018	7/1/2018	75%	Need need data and performance measures; Need info from Caseload Pro	
4.8.2	Policy Development - Parole & Facilities	Leslie Bittleston	1/25/2018	7/1/2018	75%		
4.8.3	Policy Review - Parole & Facilities	Leslie Bittleston	1/25/2018	7/1/2018	75%	Draft is being reviewed and edited internally	
4.8.4	Policy Approval - Parole & Facilities		1/25/2018	7/1/2018	75%		
4.8.5	SOP Development - Parole & Facilities		1/25/2018	7/1/2018	0%		
4.8.6	SOP Approval - Parole & Facilities	Leslie Bittleston	1/25/2018	7/1/2018	0%		
4.8.7	JJOC Review of Procedures	CIT	1/25/2018	7/1/2018	0%		
4.8.8	JJOC Review of SOP	CIT	1/25/2018		0%		
4.8.9	JJOC Review of SOP	CIT	1/25/2018		0%		
4.8.10	Statewide Training	CIT	1/25/2018		25%	Pending policy approval.	

DCFS Implementation Plan

Strategy #9: of Stay						60%
		<u>DCFS Parole &amp; Facilities</u>				
4.9.1	Review current SOP/policy - Parole & Facilities	Subcommittees	1/25/2018	4/6/2018	100%	ongoing as needed
4.9.2	Review current Matrix (discharge/re-entry)	Bruce Burgess DCFS Parole & Facilities	1/25/2018	2/6/2018	100%	ongoing as needed
4.9.3	Compile information - Parole & Facilities	Subcommittees DCFS Parole & Facilities	1/25/2018	4/6/2018	100%	ongoing as needed
4.9.4	Policy Development - Parole & Facilities	Subcommittees DCFS Parole & Facilities	1/25/2018	4/6/2018	100%	Draft done 4/6/18 Draft is being reviewed and edited internally
4.9.5	Policy Review - Parole & Facilities	Subcommittees DCFS Parole & Facilities	1/25/2018	7/1/2018	100%	
4.9.6	Policy Approval - Parole & Facilities	Subcommittees DCFS Parole & Facilities	1/25/2018	7/1/2018	0%	
4.9.7	SOP Development - Parole & Facilities	Subcommittees DCFS Parole & Facilities	1/25/2018	4/6/2018	100%	Draft done 4/6/18
4.9.8	SOP Approval - Parole & Facilities	Subcommittees DCFS Parole & Facilities	1/25/2018	7/1/2018	0%	
4.9.9	JJOC Review of Procedures	CIT	1/25/2018		0%	
4.9.10	JJOC Review of SOP	CIT	1/2/2018		0%	
Goal #5 - Training Plan						
Strategy #1: Petition Court to Revoke Parole						25%
5.1.1	Develop Training Plan	CIT	1/25/2018	Will be finalized after policy approval	25%	
5.1.2	Identify who will do the training	CIT	1/25/2018		25%	
5.1.3	Identify who needs the training	CIT	1/25/2018		25%	
5.1.4	Parole Training	CIT	1/25/2018		25%	
5.1.5	Facilities Training	CIT	1/25/2018		25%	
Strategy #2: Newly created policy training by DCFS and JJOC						25%
5.2.1	Develop Training Plan	CIT	1/25/2018	Will be finalized after policy approval	25%	



## **EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC 2.0) TRAINING PROTOCOL**

The Evidence-Based Correctional Program Checklist (CPC) is a tool developed by the University of Cincinnati Corrections Institute (UCCI)<sup>i</sup> for assessing correctional intervention programs.<sup>ii</sup> 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. 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.<sup>iii</sup> Throughout our work, we have conducted approximately 1,000 program assessments and have developed a large database on correctional intervention programs.<sup>iv</sup> 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. For simplicity, we refer to the CPC 2.0 as the CPC.

UCCI offers an end user training for the CPC. This training allows for the development of internal capacity to sustain long-term program evaluation and improvement processes. A description of the CPC, the available CPC variations, and the end user training process is outlined below.

### **Description of the Instrument**

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. 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 interventions. There are a total of 73 indicators, worth up to 79 total points that are scored during the assessment. 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, clinical supervisor), direct service delivery 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 program is scored. When the program has met a CPC indicator, it is considered a program strength. When the program has not met an indicator, it is considered an area in need of improvement. For each area in need of improvement, the assessors craft a recommendation to assist the program in better aligning with what the research deems effective. A report is generated which contains all of this information. In the report, 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, a final report is submitted.

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. 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 considered for scoring. Fourth, the process does not take into account all of the “system” issues that can affect the integrity of the program. Finally, 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 this process. First, it is applicable to a wide range of programs.<sup>v</sup> 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; usually the site visit process takes a day or two and a report is generated within two to three months. 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 evidence-based practices. 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 evidence-based practices.

### **CPC Variations**

Different versions of the CPC have been created for use in different types of correctional contexts, allowing for increased specification for commonly seen offender treatment programs.<sup>vi</sup> The CPC-Group Assessment (CPC-GA) is geared toward stand alone offender-based treatment groups (e.g., Thinking for a Change, Aggression Replacement Training). The CPC-Drug Court (CPC-DC) is used to assess drug courts and 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 localities to conduct CPC assessments. Training in any of the variations requires an end user certification in the CPC.

### **Overview of the Initial End User CPC Training**

The CPC training protocol encompasses an initial four-day training session. UCCI staff typically travel to the agency to complete the training session. The first two days involve a didactic presentation in which the trainers review the principles of effective interventions and CPC research. Further, participation exercises ensure trainee comfort with the CPC indicators and scoring criteria. The third day of the training is spent at a program for the purposes of conducting a mock CPC assessment. During this time, trainees will observe interviews with staff and program participants, observe treatment sessions, and review client files as well as other relevant program materials. Trainees are also observed conducting various interviews and are provided feedback on their performance. On the fourth day of the training, the trainers and trainees score the CPC based on the information collected during the site visit.

The last day of the training is concluded with the trainees taking a written exam and planning the next steps in the CPC end user certification requirements. The trainers will write the CPC report based on the site visit to be distributed amongst the trainees within six weeks of the initial training. Trainees will review the report and provide recommendations and the draft report will be submitted to the program. The program will be provided the opportunity to respond in writing and a final report will be provided to the program and the trainees.

UCCI can accommodate a maximum of eight trainees.<sup>vii</sup> We divide the training participants into two smaller groups during the site visit (four participants per trainer). This is done in order to minimize the disruption to the correctional agency and ensure all trainees receive exposure to the different evaluation components. Moreover, limiting the number of trainees to eight allows us to better assess the knowledge and skills of the participants. Please see the sample agenda in Appendix A for more details on the specific topics covered during the in person training.

### Certification of Trainees

Trainees are evaluated as satisfactory (S) or unsatisfactory (U) on four components: Performance in the training and mock assessment conducted as part of the four-day training process; score on the CPC Certification Test taken during the four-day training process (must score 80% or higher to receive an S); knowledge and application of the scoring criteria in a scoring session conducted after the first independent CPC assessment; and performance in the writing of a CPC report. Trainees must be rated as satisfactory in at least three of the four components to be certified as a CPC assessor.

After the training, each trainee will be provided a document indicating their performance during the training and their test score. They will also receive a copy of their test to review. Trainees are encouraged to assess a program as soon as possible after the initial training. Multiple assessments may be required before final certification is granted. If substantial assistance and coaching is needed from UCCI, additional costs may be required (process and pricing to be determined on an individual basis).

Below is a flowchart of the training process:



### **Selection of Trainees**

It is extremely helpful for all trainees to have prior knowledge and experience working with offender populations. As such, we *strongly* recommend that trainees have: (1) a graduate degree in a helping profession and at least two years of experience; or (2) an undergraduate degree in a helping profession and at least three years of experience.

In order to avoid conflicts of interest, we do not train contract providers or private entities; only state or county employees are eligible to attend the training. It should be noted, however, that we are willing to assess prospective participants on a case-by-case basis. All trainees should forward their resumes to UCCI in order to be approved prior to the initial training. All trainees must read all of the required readings prior to the formal training. Please see Appendix B for a list of references that will be disseminated to participants prior to the initial training.

**IMPORTANT:** It is critical that participants attend all four days of training. Please note that we will not certify trainees who are absent for any part of the formal training.

### **Ongoing Use of the Instrument**

There is no cost to use the tool once training has been completed. Scores for each program assessed with the CPC must be forwarded to UCCI. We review these scores for quality assurance purposes and scores will also be added to our database to calculate norms. We will not release the results under any circumstances, nor will we publish any program specific findings.

Trainees will also be required to sign a memorandum of understanding with UCCI. *Please note that successful completion of the training protocol does not certify participants to train others on the use of the instrument. As a general rule, we do not train trainers on the CPC.*

### **Memorandum of Understanding (MOU)**

Individuals certified as CPC assessors are only permitted to conduct CPC assessments within the scope of their employment with the contracting agency. Individuals are not permitted to conduct an assessment outside of their employment or current relationship with the contracting agency, as an independent contractor or consultant, either for profit, or in any way that competes with the training offered by UCCI. Any exceptions to this must be granted by UCCI. If a certified end user is no longer with the contracting agency, they forfeit all rights to conduct CPC assessments unless specific permission is granted by UCCI. At the time of the training, all trainees are required to sign the MOU (see Appendix C) that outlines these restrictions. If participants do not sign the agreement, they will not be certified.

### **Training and Certification in the CPC Variations**

Once trainees are certified as an end user on the CPC, they are eligible to be trained as an end user in the CPC-GA, CPC-DC, and CPC-CSA. Trainees may be provided additional reading materials in advance of the training and these readings should be read in their entirety in advance of the training.

Training on these tools is shorter than the CPC, typically lasting two and a half days. Trainees will spend one day in the classroom to review the scoring criteria and prepare for the site visit, one day conducting the evaluation, and a half of a day scoring the program and crafting recommendations to be included in the report. Since trainees have already been certified on the CPC, trainees will take the lead on writing

the report. The report will be approved by UCCI staff and then submitted to the program by the trainees. Trainees will be certified in the CPC variation given a satisfactory performance during the training and report writing process. As with the CPC, UCCI will not certify trainees who are absent for any part of the formal training.

**CPC End User Training**

If you are interested in learning more or scheduling a CPC end user training, please contact Carrie Sullivan at [Carrie.Sullivan@uc.edu](mailto:Carrie.Sullivan@uc.edu) or 513-556-2036.

## **APPENDIX A CPC TRAINING AGENDA**

### **DAY 1**

Introductions and housekeeping

Section 1: Background of the CPC—Principles of Effective Interventions

Section 2: Background of the CPC—Cognitive Behavioral Interventions

Section 3: Purpose, Development, Validity, and Limitations and Advantages of the CPC

Section 4: Scoring Protocol, Assessment Process, Report Writing, and Potential Problems

Section 5: Caveats, Forms, and Review of Indicators and Practice Scoring for Program Leadership and Development, Staff Characteristics, and Offender Assessment

### **DAY 2**

Section 5 Continued: Caveats, Forms, and Review of Indicators and Practice Scoring for Program Leadership and Development, Staff Characteristics, and Offender Assessment

Section 6: Interviewing Skills and Review and Scoring of Indicators in Treatment Characteristics and Quality Assurance, Interview Practice

Section 7: Preparing for Day 3's Site Visit

### **DAY 3**

Conduct site visit

### **DAY 4**

Section 8: Scoring the CPC

Section 9: Next Steps for Certification

- MOU signing
- Written exam

Concluding remarks

Training evaluations

## APPENDIX B REQUIRED READINGS

1. Andrews, Don and James Bonta (2010). Rehabilitating Criminal Justice Policy and Practice. *Psychology, Public Policy, and Law*, 16 (1).
2. Center for Effective Public Policy (2014). *Dosage Probation: Rethinking the Structure of Probation Sentences*. National Institute of Corrections.
3. Duwe, Grant and Valerie Clark (2015). Importance of Program Integrity: Outcome Evaluation of a Gender-Responsive, Cognitive-Behavioral Program for Female Offenders. *Criminology & Public Policy*, 14 (2).
4. Gendreau, Paul, Sheila French, and Angela Gionet (2004). What Works (What Doesn't Work): The Principles of Effective Correctional Treatment. *Journal of Community Corrections*, 13.
5. Latessa, Edward, Shelley Listwan, and Deborah Koetzle (2015). What Works (and Doesn't) in Reducing Recidivism, Routledge.\*
6. Latessa, Edward and Alexander Holsinger (1998). The Importance of Evaluating Correctional Programs: Assessing Outcome and Quality. *Corrections Management Quarterly*, 2 (4).
7. Lipsey, Mark, Nana Landenberger and Sandra Wilson (2007). Effects of cognitive behavioral programs for offenders. *Campbell Systematic Reviews*, 6, 1–27.
8. Lowenkamp, Christopher, Edward Latessa, and Paula Smith (2006). Does Correctional Program Quality Really Matter? The Impact of Adhering to the Principles of Effective Intervention. *Criminology and Public Policy*, 5 (3).
9. Pealer, Jennifer and Edward Latessa (2004). Applying the Principles of Effective Intervention to Juvenile Correctional Programs. *Corrections Today*, December.
10. Smith, Paula, Paul Gendreau and Kristin Swartz (2009). Validating the Principles of Effective Intervention: A Systematic Review of the Contributions of Meta-Analysis in the Field of Corrections. *Victims and Offenders*, 4.
11. Makarios, Matthew, Lori Lovins, Edward Latessa, and Paula Smith (2014). Staff Quality and Treatment Effectiveness: An Examination of Relationship between Staff Factors and the Effectiveness of Correctional Programs. *Justice Quarterly*. Published online: 11 Jun 2014.
12. Spiegler, Michael and David Guevremont (2009). *Contemporary Behavior Therapy*, Brooks and Cole.\*

\*These two books do not need to be read prior to the training. These books should be acquired, read, and kept as resource materials.

### Optional Readings

- Blair, Lesli, Carrie Sullivan, Jennifer Lux, Angie Thielo, and Lia Gormsen (2014). Measuring Drug Court Adherence to the What Works Literature: The Creation of the Evidence-Based Correctional Program Checklist–Drug Court. *International Journal of Offender Therapy and Comparative Criminology*, published online: DOI: 10.1177/0306624X14549950.
- Gendreau, Paul, Shelley Listwan, and Joseph Kuhns (2011). *Managing Prisons Effectively: The Potential of Contingency Management Programs* Public Safety Canada. ISBN No. 978-1-100-19209-3 2011.
- Latessa, Edward and Christopher Lowenkamp (2005). What are Criminogenic Needs and Why are they Important? *Ohio Judicial Conference For the Record*, Fourth Quarter.
- Latessa, Edward, Francis Cullen, and Paul Gendreau (2002). Beyond Correctional Quackery: Professionalism and the Possibility of Effective Treatment. *Federal Probation*, 66 (2).
- Lowenkamp, Christopher, Edward Latessa, and Alex Holsinger (2006). The Risk Principle in Action: What we have Learned from 13,676 Offenders and 97 Correctional Programs. *Crime and Delinquency*, 52 (1).
- Lowenkamp, Christopher, Jennifer Pealer, Paula Smith and Edward Latessa (2006). Adhering to the Risk and Need Principles: Does it Matter for Supervision-Based Programs? *Federal Probation*, 70 (3).
- Matthews, Betsy, Dana Jones Hubbard, and Edward Latessa (2001). Making the Next Step: Using Evaluability Assessment to Improve Correctional Programming. *The Prison Journal*, 81 (4).
- Matthew Makarios, Kimberly Sperber and Edward J. Latessa (2014). Treatment Dosage and the Risk Principle: A Refinement and Extension. *Journal of Offender Rehabilitation*, 53 (5).
- O'Connor, Tom, Bill Sawyer, and Jeff Duncan (2008). A Country-Wide Approach to Increasing Programme Effectiveness is Possible: Oregon's Experience with the Correctional Program Checklist. *Irish Probation Journal*, 5.



**APPENDIX C  
MEMORANDUM OF UNDERSTANDING**

Under this Agreement, \_\_\_\_\_ (PRINT NAME)  
from the \_\_\_\_\_ (INSERT AGENCY NAME),  
I consent to the following:

- (a) I understand that individuals certified to use the Evidence-Based Correctional Program Checklist (CPC and CPC.20) are not permitted to use the instrument outside the scope of their employment with the contracting agency.
- (b) I understand that I forfeit all rights to use the CPC/CPC 2.0 upon termination of employment with the contracting agency, full-time, part-time, or contractual, unless the University of Cincinnati Corrections Institute (UCCI) grants specific permission.
- (c) I will not contract with any other agency to conduct CPC/CPC 2.0 assessments unless the University of Cincinnati Corrections Institute (UCCI) grants specific permission.
- (d) I will not train any other individual to use the CPC/CPC 2.0 unless the University of Cincinnati Corrections Institute (UCCI) grants specific permission.
- (e) I will not allow the CPC/CPC 2.0 to be used by other individuals/providers/agencies for the purposes of conducting program evaluations except for those approved and/or certified by University of Cincinnati Corrections Institute (UCCI).
- (f) I agree to send the score sheets of all assessments using the CPC/CPC 2.0 to UCCI using the email address provided by the University of Cincinnati Corrections Institute (UCCI).
- (g) I recognize that the University of Cincinnati holds ownership and copyright of the CPC/CPC 2.0 as well as this training, and as such I will abide by all copyright laws and restrictions as outlined by the materials, the training protocol and this agreement.

\_\_\_\_\_  
Trainee

\_\_\_\_\_  
Date

\_\_\_\_\_  
University of Cincinnati Corrections Institute Representative

\_\_\_\_\_  
Date

---

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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. (2004). *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.

<sup>4</sup> 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.

<sup>5</sup> 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, half-way houses, and community-based correctional facilities; and specialized offender/delinquent populations such as therapeutic communities, intensive supervision units, sex offenders, substance abusers, drunk drivers, and domestic violence offenders.

<sup>6</sup> 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 meta-analyses in corresponding topic areas. Training in any of the variations requires an end user certification in the CPC.

<sup>7</sup> Additional trainees may be included at an additional cost.

**EVIDENCED-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC 2.0) SCORE SHEET**

Name of program: \_\_\_\_\_ Serves:    Males    Females    Both  
 Location (city, state): \_\_\_\_\_ Program type:    Adult    Juvenile    Both  
 Program type: \_\_\_\_\_ (e.g. institutional, halfway house, day reporting, etc.)  
 Primary treatment: \_\_\_\_\_ (e.g. substance abuse, sex offenders, general, etc.)  
 CPC assessment #:    1<sup>st</sup> Assessment    2<sup>nd</sup> Assessment    3<sup>rd</sup> Assessment    4<sup>th</sup> Assessment

Date of Assessment: \_\_\_\_\_ Name of Assessor(s): \_\_\_\_\_

**I. Program Leadership and Development**

**Scoring Notes**

- 1.1 PD qualified \_\_\_\_\_ 0 or 1
- 1.2 PD experienced \_\_\_\_\_ 0 or 1
- 1.3 PD selects staff \_\_\_\_\_ 0 or 1
- 1.4 PD trains staff \_\_\_\_\_ 0 or 1
- 1.5 PD supervises staff \_\_\_\_\_ 0 or 1
- 1.6 PD conducts program \_\_\_\_\_ 0 or 1
- 1.7 Literature review \_\_\_\_\_ 0 or 1
- 1.8 Pilot \_\_\_\_\_ 0 or 1
- 1.9 CJ support \_\_\_\_\_ 0 or 1
- 1.10 Community support \_\_\_\_\_ 0 or 1
- 1.11 Funding adequate \_\_\_\_\_ 0 or 1
- 1.12 Funding stable \_\_\_\_\_ 0 or 1
- 1.13 Age of program \_\_\_\_\_ 0 or 1
- 1.14 Gender \_\_\_\_\_ 0, 1, or N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SCORE    /   

**2. Staff Characteristics**

**Scoring Notes**

- 2.1 Education \_\_\_\_\_ 0 or 1
- 2.2 Experience \_\_\_\_\_ 0 or 1
- 2.3 Skills & values \_\_\_\_\_ 0 or 1
- 2.4 Meetings \_\_\_\_\_ 0 or 1
- 2.5 Annual evaluation \_\_\_\_\_ 0 or 1
- 2.6 Clinical supervision \_\_\_\_\_ 0 or 1
- 2.7 Initial training \_\_\_\_\_ 0 or 1
- 2.8 Ongoing training \_\_\_\_\_ 0 or 1
- 2.9 Program input \_\_\_\_\_ 0 or 1
- 2.10 Staff support \_\_\_\_\_ 0 or 1
- 2.11 Ethical guidelines \_\_\_\_\_ 0 or 1

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SCORE    /   

**3. Offender Assessment**

**Scoring Notes**

- 3.1 Appropriateness \_\_\_\_\_ 0 or 1
- 3.2 Exclusionary criteria \_\_\_\_\_ 0 or 1
- 3.3 Risk \_\_\_\_\_ 0 or 1
- 3.4 Need \_\_\_\_\_ 0 or 1
- 3.5 Domain specific need \_\_\_\_\_ 0, 1, or N/A
- 3.6 Responsivity \_\_\_\_\_ 0 or 1
- 3.7 Higher risk offenders \_\_\_\_\_ 0 or 3
- 3.8 Tool validation \_\_\_\_\_ 0, 1, or N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SCORE    /   

**4. Treatment Characteristics**

**Scoring Notes**

- 4.1 Targets \_\_\_\_\_ 0 or 1
- 4.2 Target density \_\_\_\_\_ 0 or 1
- 4.3 Case plans \_\_\_\_\_ 0 or 1
- 4.4 Treatment type \_\_\_\_\_ 0, 1, or 3

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 4.5 Treatment length \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.6 Location monitored \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.7 Program manual \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.8 Manual followed \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.9 Involvement \_\_\_\_\_ 0, 1, or N/A \_\_\_\_\_
- 4.10 Groups by risk \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.11 Intensity by risk \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.12 Treatment and offender \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.13 Staff and offender \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.14 Staff and programming \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.15 Offender input \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.16 Reinforcers \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.17 Reinforcer application \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.18 Ratio \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.19 Punishers \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.20 Punisher application \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.21 Negative effects \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.22 Completion criteria \_\_\_\_\_ 0 or 2 \_\_\_\_\_
- 4.23 Completion rate \_\_\_\_\_ 0, 1, or N/A \_\_\_\_\_
- 4.24 Modeling \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.25 Skill training \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.26 Graduated practice \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.27 Groups monitored \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.28 Group size \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.29 Family trained \_\_\_\_\_ 0, 1, or N/A \_\_\_\_\_
- 4.30 Discharge planning \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.31 Aftercare provided \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 4.32 Aftercare quality \_\_\_\_\_ 0, 1, or N/A \_\_\_\_\_

SCORE \_\_\_\_/\_\_\_\_

**5.0 Quality Assurance**

- 5.1 Internal QA \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 5.2 External QA \_\_\_\_\_ 0, 1, or N/A \_\_\_\_\_
- 5.3 Participant satisfaction \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 5.4 Offenders reassessment \_\_\_\_\_ 0 or 2 \_\_\_\_\_
- 5.5 Recidivism tracked \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 5.6 Program evaluation \_\_\_\_\_ 0, 1, or N/A \_\_\_\_\_
- 5.7 Positive finding \_\_\_\_\_ 0 or 1 \_\_\_\_\_
- 5.8 Program evaluator \_\_\_\_\_ 0 or 1 \_\_\_\_\_

**Scoring Notes**

SCORE \_\_\_\_/\_\_\_\_

**CAPACITY:**

**# Received/# Possible      %**

- Program Leadership & Development \_\_\_\_\_/\_\_\_\_\_%
- Staff Characteristics \_\_\_\_\_/\_\_\_\_\_%
- Quality Assurance \_\_\_\_\_/\_\_\_\_\_%

**CONTENT:**

- Offender Assessment \_\_\_\_\_/\_\_\_\_\_%
- Treatment Characteristics \_\_\_\_\_/\_\_\_\_\_%

**OVERALL CAPACITY** \_\_\_\_\_/\_\_\_\_\_%

**OVERALL CONTENT** \_\_\_\_\_/\_\_\_\_\_%

**OVERALL** \_\_\_\_\_/\_\_\_\_\_%

**Circle Overall Rating Category:**

- 1=Very High Adherence to EBP (65%+)
- 2=High Adherence to EBP (55-64%)
- 3=Moderate Adherence to EBP (46-54%)
- 4=Low Adherence to EBP (45% or less)