DRAFT REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC)

HANCOCK COUNTY ADULT PROBATION: CENTRY HEALTH

Findlay, Ohio

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CONTEXT AND SCOPE OF THE EVALUATION

Research in the field of corrections suggests that cognitive behavioral and social learning models of treatment for offenders are associated with considerable reductions in recidivism, whereas more "traditional" approaches (e.g., incarceration, boot camps, 12-step programs, etc.) are not (Gendreau, 1996; Smith, Goggin & Gendreau, 2002). Within this context, Hancock County Adult Probation contracted with the University of Cincinnati to conduct an assessment of Century Health Incorporated using the Evidence-Based Correctional Program Checklist (CPC). The objective of this assessment is to conduct a detailed review of services and program materials, and to compare the current practices with the literature on "best practices" in corrections. What follows are recommendations to enhance the effectiveness of services delivered to offenders served by Century Health. It should be noted that Century Health provides a services to a range of clients, only some of whom are involved in the criminal justice system. This report focuses on services that pertain to Hancock County Probationers.

SUMMARY OF THE PROGRAM

Century Health is a non-profit organization located in Findlay, Ohio. It has been in operation since 1998. This agency offers outpatient behavioral health services consisting of psychiatric, substance abuse, mental health, crisis intervention, Employee Assistance Program (EAP), and community support services. Hancock County Adult Probation refers probationers on a routine basis to Century Health, particularly for substance abuse and mental health services. Included in these services are diagnostic assessment, individual counseling, group counseling, case management, peer support, medication management and urinalysis testing. The primary intervention utilized by Hancock County Probation is substance abuse counseling. Additionally, a therapist from Century Health provides Moral Reconation Therapy (MRT) groups to male and female probationers, some of which are co-facilitated with probation officers. Licensed Chemical Dependency counselors provide all substance abuse assessment and treatment. Individual therapy and/or case management may also be provided, as needed. Nine therapists are employed by Century Health.

PROCEDURES

Description of the Evidence-Based Correctional Program Checklist (CPC)

The CPC is a tool designed to assess correctional programs,[1] and is used to ascertain how closely these interventions adhere to the principles of effective intervention. Several recent studies conducted by the University of Cincinnati on both adult and juvenile samples were used to develop and validate the indicators included on the CPC.[2] These studies yielded strong correlations with outcome between individual items, domain scores, as well as overall scores

[1] The CPC is modeled after the Correctional Program Assessment Inventory developed by Gendreau and Andrews (1996); however, the CPC includes a number of items not contained in the CPAI. In addition, items were deleted that were not found to be positively correlated with recidivism.

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

(Holsinger, 1999; Lowenkamp & Latessa, 2003, Lowenkamp, 2003; Lowenkamp & Latessa, 2005a; Lowenkamp & Latessa, 2005b).

The CPC is divided into two basic areas: (1) CAPACITY; and (2) CONTENT. The CAPACITY area is designed to measure whether or not a correctional program has the capability to deliver evidence-based interventions and services to offender populations. There are three sub-components in this area: (1) LEADERSHIP AND DEVELOPMENT; (2) STAFF CHARACTERISTICS; and (3) QUALITY ASSURANCE. On the other hand, the CONTENT area focuses on the substantive domains of offender assessment and treatment. The CPC includes a total of 77 items and 83 points as some items are weighted. Both areas and all domains are scored and rated as either HIGHLY EFFECTIVE (65% to 100%); EFFECTIVE (55% to 64%); NEEDS IMPROVEMENT (46% to 54%); or INFFECTIVE (less than 45%).

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

There are several limitations to the CPC that should be discussed. First, the instrument is based on an "ideal" type. 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. Second, as with all applied research, objectivity and reliability are important considerations. Although steps are taken to ensure that the information that is gathered is accurate and reliable, decisions about the information and data gathered are invariably made by the assessor given the nature of the process. Third, the process is time-specific; that is, the results describe the program at the time of the assessment. Changes or modifications may be under development, but only those activities and processes that are present at the time of the review are scored. 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 why a problem exists within a program.

Despite these limitations, there are a number of advantages to this process. First, the criteria are based on empirically-derived principles of effective intervention. Second, the process provides a measure of program integrity and quality; in other words, it provides insight into the "black box" of the program, and this is something that an outcome study alone does not provide. Third, the results can be ascertained relatively quickly. Fourth, it identifies both the strengths and weaknesses of the intervention. It provides the program with feedback regarding what it is doing that is consistent with the research on effective interventions, as well as those areas that need improvement. Fifth, it generates some useful recommendations for program improvement. Finally, it allows for comparisons with other programs that have been assessed using the same criteria. Since program integrity and quality can change over time, it allows a program to reassess its progress at a later date.

Norm Information

Researchers at the University of Cincinnati have assessed over 400 programs nationwide and have developed a large database on correctional intervention programs.[3] Approximately 7 percent of the programs assessed have been classified as HIGHLY EFFECTIVE, 18 percent EFFECTIVE, 33 percent NEEDS IMPROVEMENT, and 42 percent INEFFECTIVE.[4] The average scores in each of the areas as well as the total score are contained in the figures at the end of the report.

Assessment Process

This is first CPC evaluation for Century Health. The assessment process consisted of a series of structured interviews with staff members and program participants during an on-site visit to Century Health on June 6, 2011, with a follow-up visit on June 14, 2011. Additionally, data were gathered via the examination of several representative files (open and closed), as well as other relevant program materials. Finally, University of Cincinnati evaluators observed substance abuse treatment groups, as well as the male and female MRT group. Data from the various sources were then combined to generate a consensus CPC score and the specific recommendations in what follows.

FINDINGS

Program Leadership and Development

The first CPC domain examines the program director's qualifications and previous experience, as well as her current involvement with the staff and program participants. The program director is identified as the individual responsible for overseeing the daily operations of the program. This section also evaluates whether the literature is consulted with the implementation of programming, and whether new initiations are piloted. Furthermore, this section of the CPC assesses the degree of support received by the program from both the at-large and criminal justice communities. Lastly, this domain considers the stability of the program, including the adequacy of funding to provide rehabilitative services.

Strengths:

Gary Bright is the Director of Outpatient Services for Century Health. Tina Pine is Century Health's Executive Director. For purposes of this report, Mr. Bright was identified as the program director, as he oversees daily operations of outpatient services. With a bachelor's degree in psychology and master's degree in public administration, Mr. Bright is qualified for director of outpatient services. He has been in this position just two years, but has several additional years experience in treatment/forensic services. He is also a licensed social worker.

Mr. Bright, along with the clinical director, is actively involved in selecting staff for the program. He also engages in regular supervision with the staff as he co-conducts a meeting with the clinical team twice per month, and attends substance abuse team meetings on a fairly regular basis, also held twice per month. Furthermore, Mr. Bright is involved in delivering direct services to Century Health clients via diagnostic assessments and consultations.

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

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

Century Health appears to be valued by the community of Findlay. Mr. Bright, as well as other staff have provided community education about addictions, mental health, and other related issues, and have worked hard to develop a strong relationship with the community. Although this agency has had substantial reductions in the program's budget within the past two years, they have avoided cutting program services.

Century Health was established in 1998, and is therefore stable in terms of years of operation.

Areas in Need of Improvement:

While Mr. Bright spends a couple of hours with new staff to orient them to the paperwork expectations, agency mission and policy and procedures, he does not provide any formalized training to new or current employees.

In terms of program development and operation, effective program models are based on research and an extensive review of the pertinent literature. Though the program director does provide staff with literature on special topics, the program has not fully integrated literature on best practices into the program. In addition, while the program has a process in place for initiating new interventions, Century Health does not currently test new programming during a formal pilot period prior to full implementation.

As stated above, Century Health appears to have a strong relationship with the community at large. They have also worked to improve their relationship with Hancock County Adult Probation, in part by participating in quarterly meetings with the court. Nonetheless, there is still work to be done in building the relationship between Century Health and the court, as communication issues still exist and there appears to be mistrust between some probation officers and some Century Health clinicians.

Finally, while MRT separates treatment by gender, the majority of other groups offered to probationers by Century Health does not.

Rating: EFFECTIVE

Recommendations:

- While Mr. Bright takes an active role in hiring and supervising staff, he should also provide formal training to new staff to ensure that they are knowledgeable about how services should be delivered. This could still involve one-on-one interactions, as it is likely atypical that a body of new staff are hired at any one time, requiring classroom trainings. However, there should be a more formalized process used by the program director for readying new staff for work at the agency.

- As modifications to the program are considered, a comprehensive literature search should be conducted prior to implementing these changes to identify relevant research concerning effective treatment approaches. This literature search should include major criminological and psychological journals, as well as key texts. Some examples of these texts are: *Psychology of Criminal Conduct* by Don Andrews and James Bonta; *Correctional Counseling and Rehabilitation* by Patricia Van Voorhis, Michael Braswell,

and David Lester; *Choosing Correctional Options That Work Defining the Demand and Evaluating the Supply* edited by Alan Harland, and *Contemporary Behavior Therapy* by Michael Spiegler and David Guevremont. Journals to be regularly reviewed should, at a minimum, include: *Criminal Justice and Behavior*; *Crime and Delinquency*; and *The Journal of Offender Rehabilitation*. Collectively, these sources will provide information about assessment and programming that can be applied to groups and services delivered by the program to probationers. It is important that the core program and all of its components that target probationers be based on a coherent theoretical model with empirical evidence demonstrating its effectiveness in reducing recidivism among offender populations (i.e., cognitive behavioral and social learning theories). Finally, it is important that literature is disseminated to all staff members working with the probationers so all have a thorough understanding of the "what works" literature in corrections.

- Any time a new program component is instituted, a formal pilot period of at least 30 days should be conducted to sort out the content and logistics, and identify any necessary modifications to be made. Subsequent revisions are often difficult to make once a program has been formally instituted. The pilot period should conclude with a thorough review of the changes, including client surveys, staff input, and evaluations. Following this review, the decision should then be made about whether to implement the new program components with the appropriate revisions. Currently, there is a formalized process for the initiation of new programming. The form clinicians complete requesting to conduct programming should require a literature review on the topic, and once initiated, should be followed by a more formalized pilot period.

- The program should continue to work to improve communication and relations with the court. Regular meetings that include key staff from both agencies should continue. While individual relationships between some therapists and probation officers appeared good, others appeared more problematic. More clearly formalizing communication between therapists and POs may help resolve this. While the program has the clinical expertise in addressing addiction and mental health issues, the court is expected to utilize agencies adhering to evidence-based strategies for offenders. The agencies should continue to work together to improve services for the Hancock County probationers.

- Century Health should explore ways to offer separate treatment groups for male and female probationers. This is considered best practices in corrections, as males typically outnumber females in corrections, which tends to inhibit female participation in groups. It also makes it more difficult to be responsive to gender specific needs with mixed groups.

Staff Characteristics

This section of the CPC concerns the qualifications, experience, stability, training, supervision and involvement of the program staff. Staff considered in this section include all full-time and part-time internal and external providers who conduct groups or provide direct service/treatment to the residents. Excluded from this group are any personnel who do not facilitate offender change groups, such as clerical staff, as well as the program director that was evaluated in the previous section.

Strengths:

Staff conducting treatment at Century Health are qualified by way of education and experience. Most possess a Master's degree in a helping profession and have ample experience working with individuals involved in the criminal justice system. Staff also appear supportive of the rehabilitative process and treatment goals of the clients.

Century Health appears to welcome input from staff on programmatic issues. For example, staff regularly request initiating new treatment interventions based on the client needs they identify. Furthermore, there are ethical guidelines in place, driven both by staff licensure and Century Health policy and procedures.

Regular staff meetings are held, consisting of clinical staff meetings, substance abuse staffings, as well as administrative staff meetings. These meetings are, in part, used to review client progress and problem-solve client treatment issues. Clinical supervision is also conducted on a regular basis by the program's clinical director, who is a licensed clinician. This occurs via individual supervision sessions one to two times per month, as well as the clinical staff meetings conducted by the clinical supervisor.

Areas in Need of Improvement:

Likely based on their education, background and positions, staff appeared to be treatment oriented. However, there was not a formalized process for selecting new staff that helps ensure that staff members have the attributes that contribute to effective practices in corrections. Furthermore, while staff receive annual performance evaluations, items on the evaluation do not thoroughly evaluate staff on clinical skills related to service delivery.

Neither initial nor annual staff training meets CPC criteria. Regarding initial training, most staff are hired with the expectation that their formal education and experience will drive effective treatment delivery. As such, new employee training centers on personnel policies, corporate compliance, and agency philosophy and expectations. Most staff have just a one or two week orientation period before being assigned an active caseload.

For ongoing training, the agency expects clinicians to keep up with licensure requirements, which typically consists of 30 continuing education hours over two years. Training required by Century Health includes topics such as ethics, cultural competency and drug-free workplace, as opposed to topics likely to improve evidence-based strategies in working with an offender population.

Rating: EFFECTIVE

Recommendations:

- There should be a more formalized process for selecting staff with skills and values consistent with client/offender rehabilitation. Examples of skills and values include firm but fair, good problem solving and decision making abilities, empathic, and assertive/directive. Vignettes could be posed to assess applicant ability to manage difficult client-related situations. Staff could also conduct a mock treatment plan to ensure applicants target appropriate client needs with evidence-based strategies.

- All staff should be given annual performance evaluations that incorporate several items related to clinical and interpersonal skills. The current evaluation includes some "Job Related Dimensions" tied directly to clinical practice such as communication skills and professional knowledge, However, most indicators appear unrelated to effectiveness in working with the clientele, e.g., teamwork, delegating responsibility, professional presentation, self-management, sales ability, meeting work standards, etc. Additional skills such as group facilitation skills, relationship skills with clients, problem solving skills, effective modeling, use of role play, and good verbal and written skills as they relate to assessment and client interaction should also be evaluated. Furthermore, evaluations should be conducted on an annual basis, at minimum.

- New employee training should incorporate topics related to the theory and practice of effective interventions for offenders and substance abusers. Rather than promoting an eclectic therapeutic style, a model shown to be effective in reducing both substance misuse and recidivism when working with offenders should be promoted and trained. Additionally, more on-the-job observation or shadowing would likely be beneficial for new staff.

- The CPC requires that staff receive a minimum of 40 hours of training per year on clinically relevant topics likely to improve treatment strategies with clients. This is more than typical licensure requirements, but will assist in promoting effective practices. While clinicians at Century Health provide services to an array of clients, only some of whom are offenders, at least some of this training should be linked to effective practices with a correctional population. Example topics might include: a review of the principles of effective correctional interventions, behavioral strategies such as modeling, the application of reinforcers and effective disapproval, and risk and need factors related to criminality and substance abuse.

Offender Assessment

The extent to which offenders are appropriate for the services provided and the use of proven assessment methods is critical to effective treatment programs. Effective programs assess the risk, need, and responsivity of offenders, and then provide services and treatment accordingly. The Offender Assessment domain examines three general areas regarding assessment: (1) the selection of offenders for the program; (2) the assessment of risk, need, and personal characteristics of the offender; and (3) the manner in which these characteristics are assessed.

Strengths:

Century Health appears to serve individuals appropriate for substance abuse treatment and MRT. Furthermore, clinical staff are provided with classification scores based on the Ohio Risk Assessment System (ORAS) from Hancock County Adult Probation. The ORAS is a tool validated on a population of Ohio offenders, and includes both static and dynamic risk factors.

Century Health administers an Adult Diagnostic Assessment, Mental Status Exam, and Lethality Assessment. The Adult Diagnostic Assessment incorporates a range of responsivity factors (i.e.,

factors that might affect a client's ability to participate successfully in treatment), such as mental health, victimization history, and support systems.

Areas in Need of Improvement:

The program does not have clearly documented exclusionary criteria, as clinicians use their clinical judgment to determine appropriateness of placement, and the agency as a whole takes all clients requesting treatment.

As stated above, Hancock County Adult Probation completes an ORAS on all probationers referred for substance abuse treatment. The classification level (i.e. low, moderate, high or very high risk) is provided as part of the referral information. However, full ORAS assessment results are not provided, therefore clinicians do not have information on the dynamic risk factors that drive the risk classification level.

While Century Health assesses a range of responsivity factors, the method of assessment does not lead to a quantifiable rating that summarizes a level of need.

Rating: INEFFECTIVE

Recommendations:

- The program should have documented exclusionary criteria to ensure consistency in entrance decisions. Although Century Health operates as a Community Behavioral Health agency, thereby treating a range of clients, the agency should still establish exclusionary criteria to help ensure that clients match the requested serves and referral sources have information about clients appropriate for the services being provided.

- In addition to knowing the risk classification level of probationers served by the program, full ORAS assessment results are needed so that clinicians have information on the probationers' criminogenic need factors. Evidence suggests that in order to effectively treat an offender population, criminogenic needs should be the primary treatment targets. One such need is substance abuse issues. However, many other criminogenic needs are related to substance misuse, including criminal peers, antisocial attitudes and belief systems, family issues, employment and education problems and antisocial personality. Accordingly, Hancock County Adult Probation should be providing full ORAS results so that this information can be used by Century Health when working with the probation population. Century Health staff should also be trained on how the ORAS results should be interpreted, and how such results should inform treatment plans.

- In addition to acquiring the full ORAS assessment, Century Health should examine additional ways to assess substance abuse as this is a key need area that they are treating. While the Adult Diagnostic Assessment covers several areas related to substance use, this is not a validated psychometric tool. The program should consider assessments such as the Substance Abuse Subtle Screening Inventory (SASSI), the Addiction Severity Index (ASI), the Michigan Alcohol Screening Test (MAST), Drug Abuse Screening Test (DAST) or other validated AOD specific tools that provide a need level. These tools can be incorporated into exclusionary criteria or determine level of care, in conduction with

the current instruments being used. As screening instruments, results of these tools could also help dictate which clients require a full diagnostic assessment.

- Responsivity factors that affect amenability for treatment should be assessed using a wider range of psychometric tools. Several instruments are available that classify offenders into sub-groups based on personality characteristics and provide strategies for case supervision. The adoption of such an instrument would facilitate the efficient utilization of treatment services. For example, the program might consider implementing a personality inventory such as the *Jesness Inventory*, and measures of motivation such as the *University of Rhode Island Change Assessment (URICA).* Texas Christian University Institute of Behavioral Research has developed a number of assessment tools in this regard, including several that address readiness to change and other responsivity factors. These are available from their web site: www.ibr.tcu.edu. We also recommend that the program measure criminal attitudes and values using standardized instruments, such as the *Criminal Sentiments Scales-Modified* or the *Criminal Thinking Scales* (also available on the TCU website). The results of such assessments should then be incorporated into case planning and treatment decisions.

Treatment Characteristics

This domain of the CPC examines whether or not the program targets criminogenic behavior, the types of treatment used to target these behaviors, specific treatment procedures, the use of positive reinforcement and punishment, the methods used to train offenders in new prosocial skills, and the provision and quality of aftercare services. Other important elements of effective intervention include matching the offender's risk, needs, and personal characteristics with appropriate treatment programs, treatment intensity, and staff. Finally, the use of relapse prevention strategies designed to assist the offender in anticipating and coping with problem situations is considered.

Strengths:

For services provided to probationers, the bulk of interventions are targeting criminogenic risk factors, such as substance abuse, peers, attitudes, associates and family.

The average length of treatment for probationers at Century Health ranges between 3 and 6 months, which is appropriate.

Attempts are made by Century Health to appropriately match the clinicians to the services they provide. Clinicians that are licensed substance abuse counselors provide the bulk of substance abuse treatment, and the therapist that provides the MRT group has experience in corrections and desires to provide this intervention. Therapists are also able to request specific programming they want to teach, indicating that a therapist's desire to provide particular interventions is considered.

Clients should have the ability to provide input into the structure of programming. Century Health clients are afforded this opportunity through quarterly surveys as well as a suggestion box. There is also evidence that Century Health genuinely considers client feedback as some of the groups that were being provided were based on client suggestions.

All therapeutic treatment groups are provided by qualified staff. Furthermore, group size averages 10 or fewer clients per facilitator, which is an appropriate size for conducting evidence-based programming.

Higher risk offenders should receive more intensive treatment than lower risk offenders. In Hancock County, high risk probationers are referred to ISP by Adult Probation, and therefore receive MRT, facilitated by a therapist from Century Health. Hence, of probationers treated at by Century Health, the higher risk clients appear to be receiving a higher overall dosage of treatment via the addition of MRT.

Finally, Century Health constructs discharge plans at the conclusion of treatment, which summarizes the client's progress and provides recommendations when follow-up services are needed.

Areas in Need of Improvement:

It is important for the majority of a program's treatment targets to be criminogenic when working with a correctional population. Primary criminogenic targets include antisocial attitudes/values/ beliefs, antisocial peers, antisocial personality features, such as impulsivity, aggression or narcissism, family bonding and support, education, employment, substance abuse and prosocial leisure activities (for more detail, see Andrews & Bonta, 2010). As important as how many of the groups are designed to target criminogenic needs, is the "density" of such targets, or the amount of time spent targeting criminogenic versus non-criminogenic needs. Here what occurs in each core treatment intervention, i.e., the group topics and discussions is explored. While the program does offer treatment that targets criminogenic needs, these interventions encompass less than 75% of all time spent in treatment activities.

Along with appropriate targets, programs should use effective correctional programming models. Century Health has integrated some cognitive-behavioral techniques into programming. However, many groups are client-centered, process-oriented discussions or educational in nature. Furthermore, while some programming uses standardized manuals or a curriculum (such as MRT), others do not or they have material used as resources rather than specific manuals for the groups.

Forty to seventy percent of a participants' time should be occupied by structured tasks. As an outpatient service, this is difficult to control. However, it is typical that clients attend group treatment only once or twice per week, with individual sessions as needed. This is not intensive enough for higher risk or need offenders.

Effective correctional treatment programs separate participants according to risk levels. Century Health staff seemed generally unfamiliar with the concept of risk levels, as the focus was more on clinical categories such as substance abuse or dependence diagnoses. In effect, probationers are treated in mixed risk groups, and non-probationers are sometimes mixed with probationers.

Since a range of standardized responsivity assessments are not conducted, the program is unable to match probationers to services based on responsivity factors, or staff to probationers based on these same factors.

The program has a limited number of reinforcers/incentives used to help shape probationer behavior or encourage program compliance. In the same regard, other than in MRT, where the therapist co-facilitates groups with probation officers, and a graduated sanctioning protocol is incorporated into the program, there is also a limited menu of punishers to employ when probationers are not following the program's expectations. Generally, probation is sought to administer any sanctions to the probation clients. Staff have also had limited systematic training on the use of reinforcers and punishers to effectively shape behavior.

The program completion rate should range between 65% and 85%, indicating that clients do not indiscriminately complete or get terminated from the program. Based on the chart review, the successful completion rate for probationers appeared to be below 65%. Furthermore, effective programs have clearly outlined criteria for successful termination. The criteria for determining successful completion had limited behavioral indicators and objective assessment of the acquisition of prosocial skills and attitudes to determine completion.

If correctional programming intends to increase offenders' engagement in prosocial behaviors, then clients must be taught the requisite skills. Currently, groups do not incorporate structured skill building and graduated practice as regular treatment strategies.

Family interventions are not regularly integrated into the treatment process. A family group has been offered from time to time, but as it appeared limited to an educational intervention used to help support the family.

Finally, aftercare should be a structured component of treatment. Probationers should be stepped into an aftercare phase upon completing the core programming designed to teach strategies for better managing risky situations. Currently, probation or 12-step interventions serve as the only aftercare resource.

Rating: INEFFECTIVE

Recommendations:

- In order to increase the density of appropriate program targets, it is recommended that within each group, therapists spend at least 75% of the time focusing on criminogenic targets. This would exclude extensive education on what drugs/alcohol does to the body, focus on victimization or unresolved childhood issues, client "war stories" or discussion on how to make or use drugs, or excess focus on sexuality, general mental health, daily living skills, etc. Instead, those factors linked to continued drug or alcohol misuse and criminality (i.e. criminogenic needs) should be the primary focus of treatment time.

- There is a plethora of literature suggesting that cognitive-behavioral approaches are most effective for treating correctional clients. As such, a concerted effort should be made to use this model as the core model for treating the probation clients. The program currently uses some motivational enhancement techniques from the stages of change model, which is also a promising practice, particularly with substance abusers. This strategy, however, should be paired with cognitive behavioral treatment to ensure that once clients are prepared for change, they are afforded the opportunity to practice strategies for managing their environment differently.

- One way to help ensure consistent delivery of a cognitive behavioral model is to conduct sessions using a structured curriculum. The MRT intervention is based upon a structured treatment manual; however, many of the substance abuse groups are not. Programs that could be considered are Wanberg and Milkman's *Strategies for Self Discovery and Change* or *Cognitive Behavioral Interventions for Substance Misuse* developed by University of Cincinnati.

- The intensity of treatment should be increased for higher risk and need probationers, so that 40 to 70 percent of their time is spent engaging in structured activities, such as treatment, work, and prosocial support or leisure activities. Outside of MRT, Century Health should consider increasing its treatment hours for higher risk and higher need probationers.

- While the intensity of treatment varies by risk by providing high risk offenders with MRT, treatment is not separated by risk levels. Substance abuse treatment groups combine people of various risk and need levels. In fact, some substance abuse groups combine offenders and non-offenders, which may have negative effects on the non-offenders. Century Health should make an effort separate core treatment groups by risk/need levels.

- Once Century Health adopts standardized assessments to determine responsivity factors such as mental health concerns, personality style, or motivation, the assessment results should be consistently used to match participants to appropriate services. Likewise, probationers should be assigned to staff based, in part, on staff desire and ability to work effectively with a certain type of clients. Aside from the MRT facilitator, this does not appear to happen.

- With regard to reinforcers and punishers, the program should identify a range of reinforcers to be used to promote positive participant behavior. In addition to regular use of verbal praise, examples include certificates, points for positive participation and negative urine screens that can be periodically redeemed for tangible incentives such as inexpensive gift cards or gas cards, or activities such as a pizza party. One way to increase the frequency of reinforcement is to develop a structured reinforcement system so that regular prosocial behavior exhibited by participants can be identified and reinforced by staff. Effective reinforcers should: 1) occur immediately following the prosocial behavior; 2) vary in terms of type; 3) be applied consistently until the behavior is well developed and then intermittently; 4) be desired by the recipient; 5) be individualized; 6) be administered consistently by staff; and 7) outweigh the frequency of punishers.

- Similar to the use of reinforcement to increase positive behaviors, it is also important for antisocial behaviors to be sanctioned or punished in order to help extinguish them. In conjunction with probation, Century Health should identify a sanctioning process for problem probationer behavior, such as missing group, attending late, not having homework complete, or misusing substances during the course of treatment. This sanctioning process can be developed with the assistance and input of Hancock County Adult Probation, but probation should not be relied on exclusively for issuing punishers. For punishers to achieve maximum effectiveness, they should be administered in the following manner: (1) escape from the punisher should be impossible; (2) the punisher

should be administered at the earliest point in the deviant response; (3) it should be administered immediately and after every occurrence of the deviant response; (4) alternative prosocial behaviors should be taught and rewarded after punishment is administered; and (5) there should be variation in the consequences used. Finally, all staff should be trained to look for the negative consequences of punishment (e.g., emotional reactions, avoidance, aggression, perpetuation effects, etc.) so that there are not unintended side effects from punishing.

- The program should develop more formalized criteria for successful program completion that includes some objective measures of prosocial skill acquisition. Such criteria should distinguish the level of performance and achievement of all of the probationers who are served by the program. Indicators should include acquisition of knowledge, changes in attitudes and behavior, and skill development. Examples include pre-post testing of a range of criminogenic need areas, such as criminal thinking, prosocial skill development or substance misuse. Furthermore, the program should make an effort to increase its successful completion rate so that it ranges between 65 and 85 percent.

- The use of behavioral strategies to assist offenders in developing prosocial skills needs to be increased. The basic approach to teaching skills includes: (1) defining the skill to be learned; (2) modeling the skill for the client; (3) rehearsing (or role playing) the skill; (4) practicing the skill in increasingly difficult situations; and (5) providing constructive feedback. The identification of high risk situations and subsequent skill training to avoid or manage such situations should be a routine part of programming. Every participant should be required to practice each new skill in the group setting before they are expected to practice in more realistic settings. This process should occur on a consistent basis in all treatment groups targeting criminogenic needs. The adoption of skill-based curricula may assist as well. Having individuals practice antisocial behavior, such as how they may have managed a situation before learning a new skill, should be avoided.

- Family interventions are an important component of evidence-based treatment interventions. Family intervention should therefore be expanded, even if creative ways have to be explored to increase family involvement. Family intervention should also focus on teaching families the indicators that their loved one is engaging in risky behaviors, as well as skills that will assist with family cohesiveness, such as communication and conflict resolution skills. This will assist families in being prosocial supports for participants. If probationers do not have supportive families, other community supports should be solicited.

- Aftercare should be a required component of the program. Aftercare should focus on relapse prevention strategies and maintenance of the concepts learned in core programming, e.g., cognitive restructuring techniques and additional skill practice. Aftercare should serve as a step-down from the more intensive programming track. Hence, sessions are typically less frequent and the focus is on transfer of skills to the community. Aftercare should also be provided using a cognitive-behavioral model.

Quality Assurance

This CPC domain centers on the quality assurance and evaluation processes used to monitor how well the program is functioning. Specifically, this section examines the type of feedback, assessments, and evaluations used to monitor the program.

Strengths:

Century Health conducts regular client satisfaction surveys to elicit from clients programming areas that Century Health might improve. The program also has a process in place for systematic file review.

Areas in Need of Improvement:

Internal quality assurance should include regular observation of clinicians delivering services, with feedback. While this occurs periodically, it is not occurring across staff on a regular basis.

Aside from updates to treatment plans, instrument(s) are not used to formally reassess clients to determine improvement on key risk or need factors.

While there are some attempts by Century Health to follow up with clients upon discharge via a survey, recidivism data is not collected and there has been no evaluation of the program using a risk-controlled comparison group. Finally, there is not currently an evaluator working with Century Health to assist in implementing evidence based practices or tracking program participants upon completion.

Rating: INEFFECTIVE

Recommendations:

- It is recommended that clinical supervision include the regular observation of service delivery so that clinician skills can be both assessed and shaped as needed. At minimum, this should occur quarterly for each clinician. The frequency should increase for clinicians needing more supervision in this area. Increasing clinical responsibilities such as regular group observation with feedback may require that the clinical supervisor's caseload responsibilities be reevaluated.

- The program should begin tracking recidivism for all clients. Hancock County Adult Probation should assist Century Health in doing so. Recidivism can be measured via re-arrest, re-adjudication or commitment, but formal measures (i.e., offender records) should be used to track recidivism. Other intermediate objectives, such as pre-post testing or urinalysis results could be added as measures of success.

- Finally, Century Health should consider working with an evaluator to help determine program effectiveness.

OVERALL PROGRAM RATING

Century Health received an overall score of 37 percent on the CPC, which falls into the INEFFECTIVE category.

The overall CAPACITY score, designed to measure whether the program has the *capability* to deliver evidence-based interventions and services for offenders is 49 percent, which falls into the NEEDS IMPROVEMENT category. The overall CONTENT score, which focuses on the *substantive* domains of assessment and treatment, is 29 percent. This fall into the INEFFECTIVE category.

Conclusion

Recommendations have been made in each of the five CPC domains. These recommendations should assist the program in making necessary changes to increase program effectiveness. *It is important to reiterate that the recommendations provided relate specifically to treatment for offenders as opposed to all individuals served by Century Health*. Certainly, care should be taken not to attempt to address all recommendations at once. Programs that find the assessment process most useful are those that prioritize need areas and develop action plans to systematically address such needs. Previous programs have also been successful at improving the provision of services by formulating committees charged with developing strategies for delivering evidence-based programming. Following the aforementioned recommendations should assist the program in further enhancing the treatment for probationers at Century Health.

Figure 1: Century Health CPC Scores

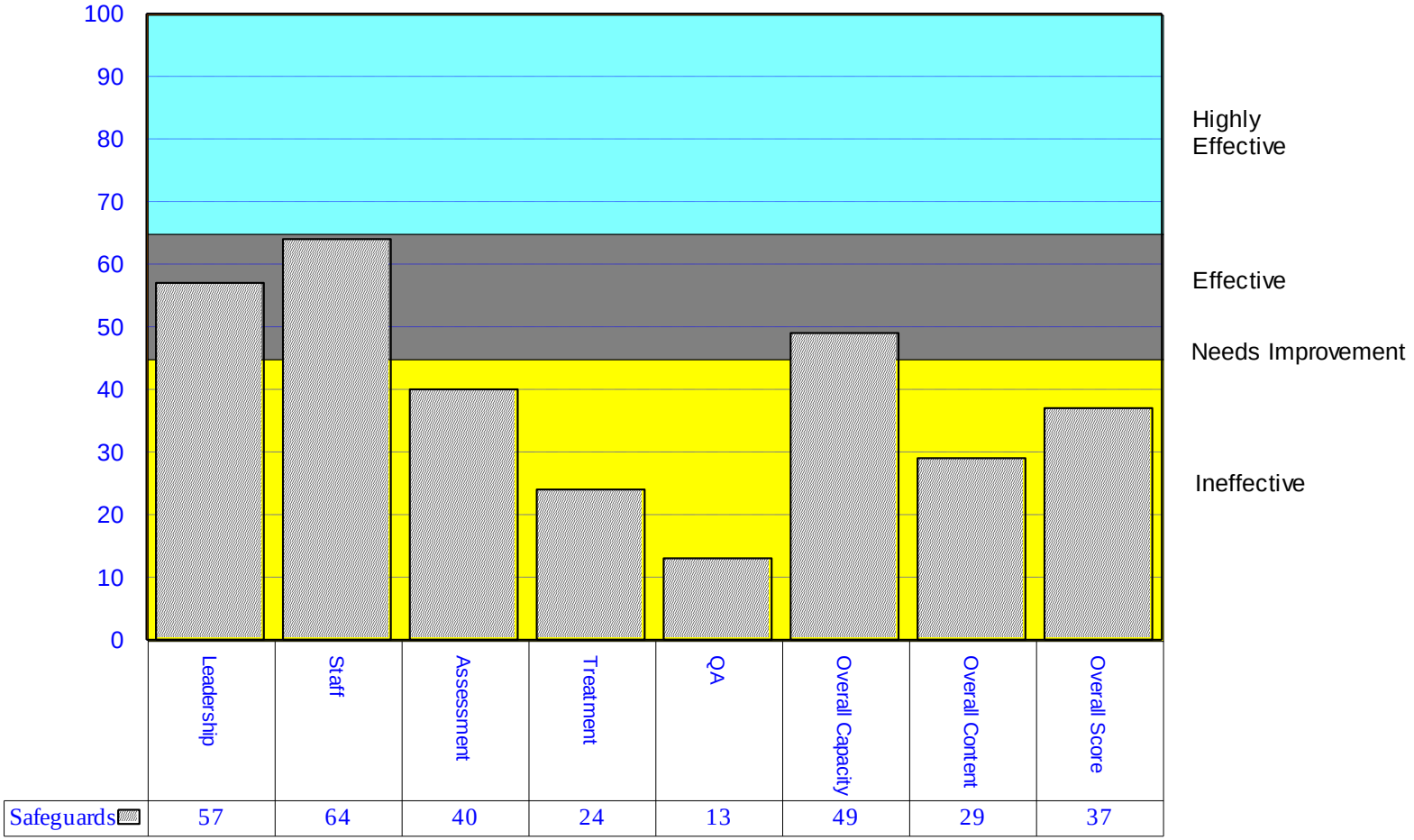
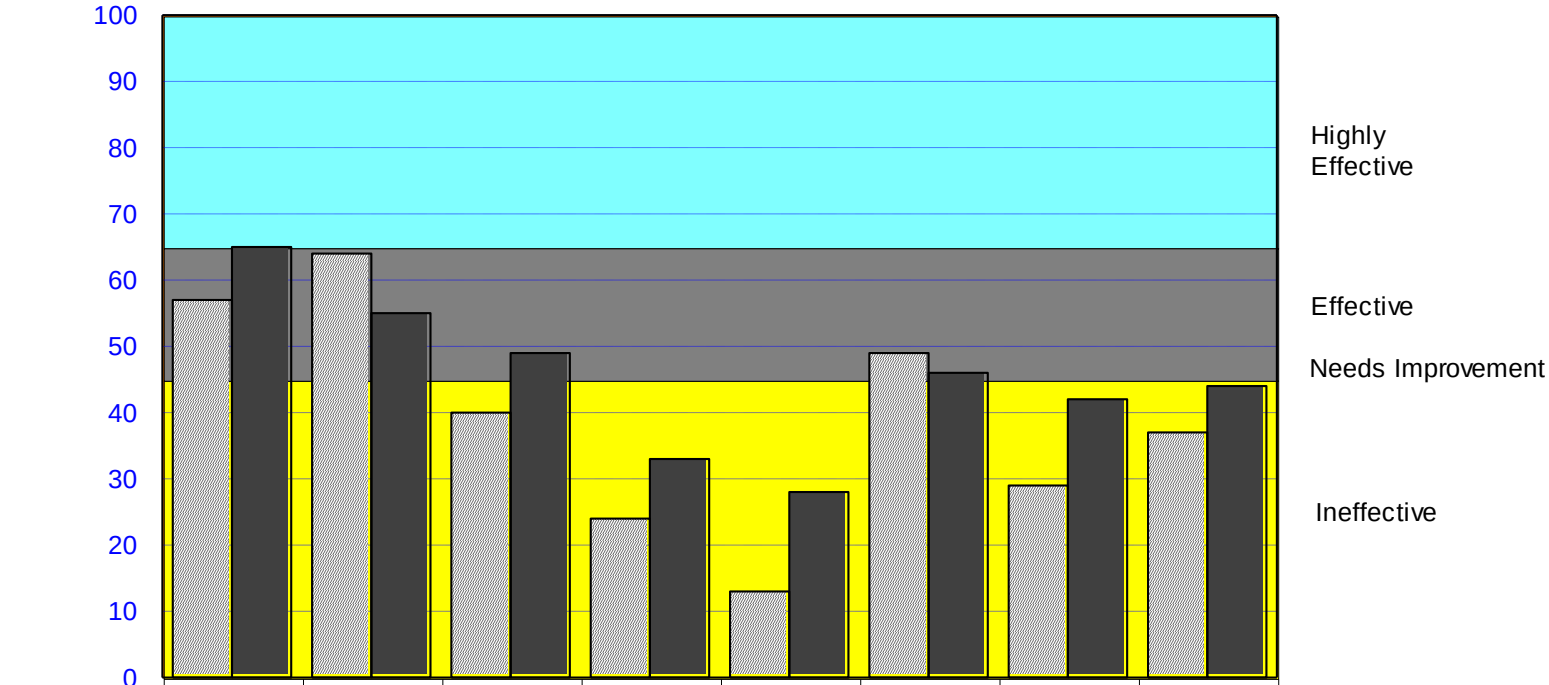


Figure 2: Century Health CPC Scores Compared to Average Scores



	Leadership	Staff	Assessment	Treatment	QA	Overall Capacity	Overall Content	Overall Score
Safeguards	57	64	40	24	13	49	29	37
Average	65	55	49	33	28	46	42	44

*The average scores are based on 404 assessment results across a wide range of programs. Highly Effective=over 65%or higher; Effective=55-64%; Needs Improvement=46-54%; Ineffective=45% or less.

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