Implementing Evidence-Based Practice in Community Corrections
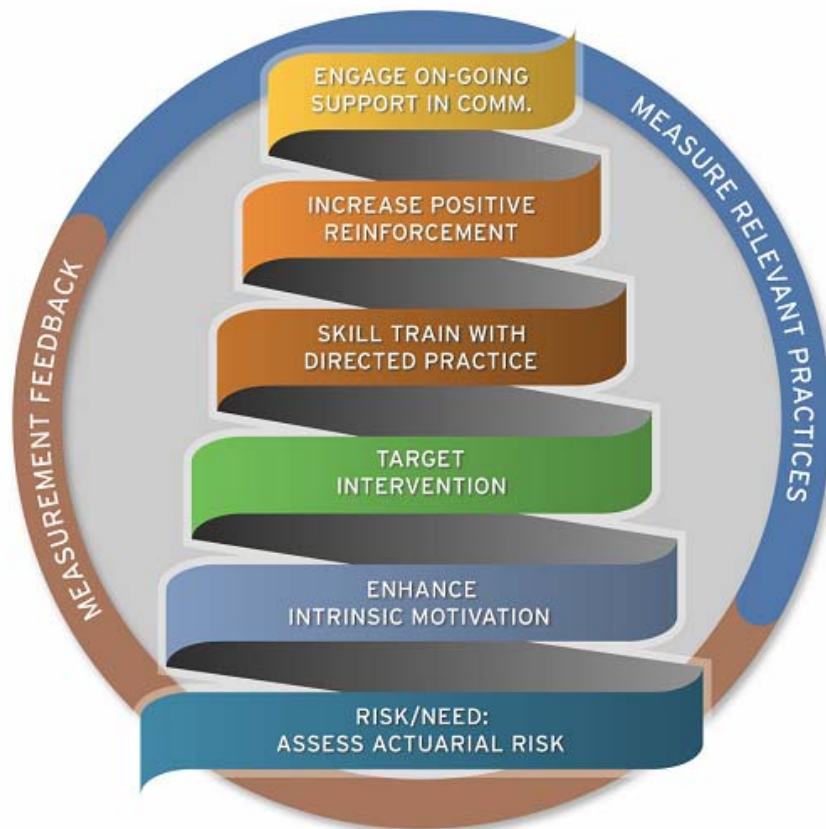
QUALITY ASSURANCE MANUAL

December 27, 2005

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INTRODUCTION

This document was developed as part of a multiyear cooperative agreement between the National Institute of Corrections (NIC) and the Crime and Justice Institute (CJI) for an initiative entitled *Implementing Effective Correctional Management in the Community*. The purpose of this initiative is to assist state systems in applying an integrated approach to the implementation of evidence-based principles in community corrections. The project model, designed by a National Project Team of researchers, consultants, and practitioners, maintains an equal and integrated focus on three domains: evidence-based principles, organizational development, and collaboration. The project vision is *to build learning organizations that reduce recidivism through systemic integration of evidence-based principles in collaboration with community and justice partners.*

The Integrated Model incorporates eight evidence-based principles that, when implemented with fidelity, have been shown to reduce offender recidivism. One of the greatest challenges in implementing evidenced-based practices is ensuring program fidelity. Ensuring that the assessments and other tools are reliable and valid and that programs are accurately replicated requires the same level of planning and staff commitment as program implementation. All too often agencies put systems and programs in place that have proven efficacy but because of implementation flaws, these same systems and programs fail to deliver projected results. This can result in the "baby being thrown out with the bathwater." Agency staff becomes disheartened because they have changed their systems and programs but see little difference in outcomes.

Quality assurance programs are designed to support implementation efforts and to ensure accurate replication and implementation. This manual provides a simple and straightforward approach to implementing a quality assurance plan. An overview of the principles and components of a quality assurance plan is provided below. Because each jurisdiction has different goals and capacities, this is not a rigid, step-by-step formula for quality assurance. Rather, it presents the basic components of a quality assurance plan and provides options for developing and implementing the plan. Each jurisdiction can tailor its quality assurance plan to meet its own unique needs.

A comprehensive quality assurance plan is an invaluable tool in implementing evidence-based practice. The plan provides a clear blueprint of the organization's goals and how they will be achieved. Quality assurance should be incorporated into the implementation of evidence-based practice from the outset, with the goal of creating a "culture of quality" in the organization. Use this manual as a reference throughout the process to establish and achieve goals for quality.

ACKNOWLEDGEMENTS

QUALITY ASSURANCE PLAN DEVELOPMENT

OVERVIEW

A commitment to quality assurance can be highly beneficial to an organization, but the creation and implementation of a quality assurance plan requires effort and attention to detail. Maintaining quality is a project in and of itself within a larger program, and should be afforded the same level of planning and staff commitment that would be given to any other significant project: a project manager, a committee of stakeholders, and a detailed work plan with timeline for implementation. Subsequent sections of this manual provide greater detail on implementing components of a quality assurance plan, but an overview of the principles and components necessary for success is provided below.

PRINCIPLES

✪ *All key stakeholders must be committed to ongoing quality assurance, with the goal of creating a "culture of quality."*
The process of quality assurance requires a great deal of collaborative effort to succeed. Staff at all levels of the organization must be committed to the process of measuring and maintaining quality on an ongoing basis.

✪ *Specific measurable outcomes and their indicators must be precisely defined.*
To accurately measure progress, everyone must be on the same page about what quality means and how it will be measured. To compare data over periods of time, definitions must remain consistent. Therefore, it is important that precise, constant, and useful measures are carefully defined at the outset.

✪ *Appropriate information management systems must be in place.*
Staff members who are expected to report data need the means to do so quickly and easily. This includes an efficient system for maintaining records on individual offenders, as well as an efficient reporting system. In order for the data collected to be useful, qualified staff and appropriate technology must be in place to compile and analyze data, and present it in a concise, comprehensible format to stakeholders and decision-makers.

✪ *Data should be incorporated into ongoing practice.*
Quality can only be improved if procedures are in place to incorporate quality assurance data into quality improvement practice. Once data is collected and analyzed, timely decisions must be made about how this data will impact policies, procedures, and expectations at all organizational levels.

COMPONENTS

- **Convene a program steering committee.**

Many individuals and programs are impacted by the decision to implement and monitor evidence-based practices in community corrections. Each affected individual will have different needs, concerns, and ideas related to implementation and monitoring of processes. To be sure that diverse viewpoints are represented and diverse ideas are brought to the table, the quality assurance process should be overseen by a committee rather than an individual. It will not be possible to involve every stakeholder in the decision making process. However, steering committee members should be carefully chosen for their ability to represent the viewpoints of various constituents, and to exercise leadership in implementing various phases of the project. *In addition, a project lead should be chosen to manage the quality assurance efforts.* The quality assurance process is a substantial project in and of itself, and an experiences manager and leader is required to see it through.

- **Develop a program logic model.**

A logic model is a schematic diagram that outlines what resources are being put into a program, what is expected to happen in a program, and what outcomes are expected in the program. Creating a logic model compels decision makers to clearly define the steps of the program, and also to answer the questions of why the program should work (i.e. why would a job training program likely lead to more jobs for offenders?) and how the outcomes would be measured (i.e. how will we know if more offenders are employed?). Once completed, a logic model provides a quick reference of "the big picture" for all stakeholders, a guideline for program implementation and evaluation, and a benchmark for program success. Logic models are discussed in more detail in the Program Evaluation section of this manual.

- **Determine the program's outcomes, and the indicators of outcome achievement.**

Stakeholders cannot know if they've achieved quality without a definition of what quality is. It is important to define the goals of the program (outcomes), and then to define how those goals will be measured (outcome indicators). For example, is a successful outcome for offenders with substance abuse problems staying clean, not recidivating, or both? If the chosen outcome is

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Choosing Indicators

Often, there are many indicators that could be used to measure a certain outcome. When choosing which to measure, consider the following factors:

- **Timeline**

Some data will be available more quickly than others.

- **Ease of Reporting**

The easier the data is to gather and report, the more likely it will be reported quickly and accurately.

- **Predictive Value**

Some data is more accurate than others in truly informing progress towards a longer-term outcome, i.e. there is a true correlation between the two factors. This can be obtained through existing literature, or can be measured over time.

recidivism, then will that be measured only during probation, or for a period of time after probation? Will recidivism include new arrests, or only new charges? These definition decisions must be made before any data can be collected.

- **Develop an action plan for measuring key indicators.**

Implementing a data system for measuring indicators is a complex, multi-step task that will only be successful with careful planning and accountability for implementation. Once indicators have been chosen, an action plan should be created to measure each indicator. The action plan should include steps for creating, implementing, and maintaining the data collection system, including who is in charge of each step and a timeline for completion.

SAMPLE ACTION PLAN

INDICATOR: Number of properly completed offender assessments in case files.

IMPLEMENTATION STEP	TIMELINE	PERSON RESPONSIBLE
Develop Peer Review form for reviewing assessments.	06/04	Mary Smith
Develop tracking form.	06/04	Mary Smith
Discuss and amend form with Tx Team and QA Team	07/04	Mary Smith
Train Peer Review Team on using the review form.	07/04-08/04	Ricardo Vasquez
Develop sampling methodology for selecting case files	06/04-08/04	Andrew Morgan
Educate officers on the Peer Review process	08/04-09/04	Ricardo Vasquez, Sarah Stein
Train officers on conducting assessments.	01/04-08/04	Ricardo Vasquez, Sarah Stein
Complete pilot sample and discuss with Peer Review Team	08/04-09/04	Mary Smith Andrew Morgan
Amend procedures, forms	09/04-10/04	Mary Smith

- **Educate stakeholders on the program's desired outcomes, and the processes that will be used to achieve those outcomes.**

Organizational change can be a time of confusion and stress as well as pride and excitement, and the atmosphere in the organization is heavily dependent on how the process is managed. Everyone who will be participating in the process must be kept informed on the changing organizational process and goals, and what their roles are. These stakeholders must be given the opportunity to learn the new information, ask questions, and express their opinions if they are ultimately expected to commit to the process.

- **Develop a procedure for peer review of staff performance and progress towards outcomes.**

Peer review provides a supportive environment to assess the progress of individual officers and departments, and to provide feedback and coaching to promote quality improvement. For the process to work effectively and efficiently, procedures must be in place for the selection and training of peer reviewers, and for regular review and feedback for officers.

- **Develop a procedure for assessing customer satisfaction.**

Interventions intended to reduce recidivism are only useful if the offenders involved benefit from the supervision and treatment that is provided. For example, if an offender did not find a substance abuse group relevant to his or her addiction issues, then it is unlikely that he or she will incorporate any information or skills from the group into his or her lifestyle. (This is true whether the lack of interest is a result of the program content or the offender's lack of motivation. Either way, there is something that is preventing the offender from benefiting from the program.) Therefore, it is important to survey offenders to determine their satisfaction with probation services and the extent to which they benefited. This survey data offers one measure of the effectiveness of service provision.

- **Conduct ongoing program evaluation.**

Program evaluation encompasses the measurement of outcome indicators, discussed above, as well as process measures, which measure program implementation. The two types of data taken together determine whether a program is meeting its goals, and which components of the program are operating effectually or ineffectually in pursuit of that goal. Both types of measures are important in the implementation of existing evidence-based practice or the creation of new evidence-based practice.

- **Conduct ongoing appraisals of staff performance.**

The performance of individual staff has a significant effect on the quality of services that are being provided. Ongoing staff appraisal keeps both staff and supervisors informed on the level of an employee's performance, areas of strength and weakness, and ongoing training needs. When appraisal is ongoing, supervisors have the ability to provide regular feedback and coaching to the benefit of the employee and the department.

- **Incorporate quality assurance data into practice.**

A key role of the steering committee or a designee must be to determine how the data will be used. For example, if data indicates that less that half of offenders who should be referred to substance abuse treatment are receiving treatment, does that mean that officers need more training on determining treatment needs, or policies on referral follow-up need to be revised, or that more partnerships with treatment providers need to be developed? Decisions must be made about how to determine what the root cause of the issue is, and what steps will be taken to remedy it.

Overview

Ongoing quality assurance requires periodic review of the supervision practices and services being provided to offenders. This review compares actual practices and service provision to the benchmarks of quality established by the organization. A review can be conducted by someone internal or external to the organization. An internal peer review process can be highly beneficial when staff are well-trained in the process of peer review and industry standards for effective assessment. This process employs a cross-section of staff, as opposed to only supervisors or management, to conduct case file and service audits. Peer reviewers may participate voluntarily or be assigned to the role, and the assignment may be ongoing or on a short-term, rotating basis. Internal reviewers are familiar with the officers, the offender population, and departmental procedures, and have a sense of the context in which the review is being conducted. In addition, when deficiencies are identified, officers may be more accepting of constructive criticism and coaching from a peer. Implementing the process can be difficult if officers are suspicious of the process and how the information is going to be used; therefore, it is important to involve staff in the process of creating a culture of quality in the organization.

A variety of methodologies can be used for the peer review process, but they each involve a standardized review process to record data on key indicators. In the implementation of the eight guiding principles for reducing recidivism, four components of peer review are instrumental: review of scoring and inter-rater reliability on assessment tools; critique of motivational interviewing skill balance; evaluation of cognitive-behavioral treatment groups, and review of case files. These processes can identify achievements and deficiencies and inform quality improvement efforts regarding individual and organizational capacity for accurate risk assessment, the building of intrinsic motivation in offenders, and the provision of or referral to appropriate treatment.

Principles

✪ *An internal review process must be peer-driven.*
A cross-section of staff must be involved in the entire process, from determining the relevant outcomes to designing the assessment tool to analyzing results. Input from various staff levels will increase the relevance of the process and the results, as well as increasing staff commitment.

✪ *The process must be support and coaching-oriented.*
To reduce resistance and increase the chance of success, staff should view peer review as an opportunity for professional development, not as a punitive process. Feedback from the process should be supportive and constructive, and staff should be given the opportunity to learn, practice, and be coached to improve performance.

✪ *The process should create a culture of learning.*
   The implementation and evaluation of quality, evidenced-based practice is ongoing, so staff members never reach the point of "perfection." This idea of a never-ending process may be frustrating for some, so the peer review process must create an environment that promotes the value of ongoing learning and continuous improvement.

✪ *The process should include a feedback loop.*
   Peer review is only useful if the data is applied. Therefore, the process needs to be designed so that individuals and workgroups receive well-organized, timely data that can be applied to practice. Practitioners must be able to communicate changing data needs to the peer review team, as well as request additional feedback and evaluation as needed.

Components

Assessment Scoring and Inter-Rater Reliability

Many validated assessment tools are available for determining an offender's risk of recidivism, as well as identifying the criminogenic needs that influence recidivism risk. When used correctly, assessment tools can identify individual supervision and treatment goals for an offender, as well as defining risk levels for a group of offenders. Most tools are administered by interview, and there is a significant potential for error when the interviewer is inexperienced or poorly trained. For the individual offender, this could mean assignment to inappropriate levels of supervision and treatment, and potentially an increase in recidivism potential. On a larger level, inaccurate scoring affects the statistical measures of risk in a population, and skews decisions about risk level and resource allocation.

There are two important factors to consider in quality scoring: reliability and validity:

- **Reliability** is the extent to which everyone interprets questions and scoring in the same way. For example, if fifty offenders are asked how many previous offenses they have committed, some may interpret the question as meaning all of the offenses that they have committed, while others may interpret it as only those for which they were arrested. When the question can be interpreted in different ways, it lacks reliability. Inconsistent scoring also affects reliability. If an offender lists all of his offenses and some scorers count them all and others count only convictions, then the scoring lacks reliability.

- **Validity** describes whether or not a tool truly measures what it is supposed to measure. For example, offenders who are scored as "low-risk" on an assessment should have lower recidivism rates than those who are "high-risk." If the assigned risk level is predictive of the offender's behavior, then the tool is valid. Because each population has a different distribution of risk levels, an instrument's validity must be reassessed with every new population (i.e. the instrument must be "validated").

The first component of reliability is ensuring that all officers are trained to administer and score the assessment in the same way. Ongoing reliability can be measured by case file review, direct observation of interviews and scoring, or tape review of an interview. The resources available and the type of information desired will influence the review method chosen. For example, interviewing skills cannot be assessed through a case file review, but the file review may be faster and less expensive than tape review.

Peer reviewers can check for several components of reliability:
- **Was the interview guide used?**
- **Were all appropriate questions asked, and were complete responses recorded?**
- **Did the officer demonstrate good interviewing skills (open-ended questions, etc.)?**
- **Were the answers verified when possible (arrest records, other data sources)?**
- **Did the scoring reflect the answers given?**

Peer reviewers must also be accurate and precise in their review process (for example, different reviewers might have different definitions of "good" interview skills). Therefore, reviewers should receive standardized training and be given a detailed checklist of what and how to assess.

The amount of time and resources devoted to scoring reviews will vary. The system may consist of a random sample of interviews selected on a monthly or quarterly basis in order to assess a cross-section of interviews. Alternately, all officers could be assessed when they first begin administering the assessment (either once or multiple times), and then on a yearly basis thereafter. Regardless of the sampling methodology, the officers should receive the results of the assessment, and have opportunities for feedback, coaching, additional training, and re-assessment, if necessary.

> **Maintaining inter-rater reliability ensures that assessment interview and scoring is the same for all offenders, regardless of the interviewer.**

Inter-rater reliability is a measure of whether or not different officers would score an assessment in the same way. This is important so that all offenders in the same community are having their risk level and treatment needs assessed in the same way. The results of an assessment should depend only on the offender, not on the probation officer to whom he or she is assigned. For example, if Officer A consistently scores offenders 4 points higher than Officer B, then Officer A will likely have several more offenders that are considered medium and high risk, and they will be supervised at a higher level than if they were on the caseload of Officer B. This makes it nearly impossible to consistently match offenders to appropriate supervision and treatment.

Inter-rater reliability can be measured very easily by presenting multiple officers with the same interview, having each score the assessment, comparing the scores, and discussing and resolving

any discrepancies. This process should be done in all assessment training, and can be used for ongoing review in two ways:

- **To measure inter-rater reliability in a training environment, officers can view and score a validated sample interview. The interview could be viewed on a videotape or DVD, or interactively online. The scores can be submitted to the peer review team for comparison to the validated scores.**

- **To measure scoring in the field, officers could record an interview and submit the tape and their scoring. A team of peer reviewers could independently score the interview and compare their ratings to the officer's.**

After the review, the officer should be provided with feedback and coaching from the peer review team or a designated coach, with opportunities for training and re-assessment. If there is significant diversity of answers, policies and procedures may need to be revised, and training on a wider scale may be needed to clarify scoring expectations.

Observation: In Person, Audio or Video?

Officers can be observed in three ways: direct observation during an interaction with a client; an audiotape of an interaction; or a videotape. Any of the methods can convey the basic information needed for an evaluation, but each method has its benefits and drawbacks. It is up to the agency to decide which method is best for providing the desired information while limiting the intrusiveness of the observation. In some cases, there are industry standards for review. For example, the standard for MI reviews is audiotape, while review of cognitive behavioral treatment groups requires video or in-person observation.

Direct Observation
- May be more expensive if reviewer travel is required.
- No technological concerns (i.e. tapes with poor audio, etc.).
- More reviewer control of which interaction is reviewed.
- Only one opportunity to view and take notes on the interaction.
- Often considered most intrusive by officer and offender.
- Relationship with reviewer may impact officer's behavior.

Audio
- Often considered less intrusive than video.
- Less expensive technology than video.
- Only allows evaluation of words and verbal cues.
- Allows for replay and feedback review with officer.
- Officer has more control over which interaction segment is reviewed.

Video
- Often considered more intrusive than audio.
- Most expensive technology.
- Allows for evaluation of officer's words, verbal cues, and body language.
- Allows for replay and feedback review with officer.
- Officer has more control over which interaction segment is reviewed.

Sample: Interview Audit Form

Reviewer: _____   Date: _____

Interviewer: _____

1 = Poor   2 = Fair/Needs Improvement   3 = Good   4 = Excellent

1. Explanation of the purpose of the interview.		1 2 3 4
2. Established structure for the interview.		1 2 3 4
3. Adequate use of open-ended questions.		1 2 3 4
4. Avoidance of double-barreled questions.		1 2 3 4
5. Avoidance of biased/leading questions.		1 2 3 4
6. Adequate use of follow-up questions.		1 2 3 4

7. Avoided barriers to listening (such as moralizing, disagreeing,
   Blaming, shaming, reinforcing).   1   2   3   4

8. Interviewer overcame problems such as silence or excessive talking.   1   2   3   4

9. Interviewer used the interview guide.   1   2   3   4

10. Notes were made indicating why items were or were not scored.   1   2   3   4

11. Adequate documentation in the case of an override.   1   2   3   4

12. Treatment plan clearly relates to information captured in the assessment. 1   2   3   4

Total score: _____ divided by _____ = [   ]

Reviewer Comments:

[   ]

5th Judicial District, Department of Correctional Services, Des Moines, Iowa

Sample: Level of Service Inventory-Revised
Review Protocol

The following are the most common errors that assessors make when completing an LSI-R assessment. When reviewing, you should look for the following items:

1.   Lack of interview guide (i.e. failure to use an interview guide)

2.   Yes/No questions and answers (i.e. when reviewing the interview guide or notes, look for answers other than "yes", "no", "good", "fine" et. This will usually indicate that the interviewer is relying on closed-ended questions and is not tapping for qualitative answers.)

3.   Ancient History (i.e., review the questions marked as "current" to be sure that the information recorded is based on the most recent information.)[1]

4.   Collateral information (do you see discrepancies between the LSI-R and the Pre-sentence investigation? Has the rap sheet been reviewed for scoring of the criminal history section? Is there family information in the file that supports or refutes the scoring of the LSI-R?)

5.   Inconsistencies between the case plan and the scoring of the LSI-R (i.e. a criminality class is recommended, but the person was given a "2" or "3" in the area of attitude/orientation. The offender has no contact with family members, but the family/marital section is rated as pro-social. The person is on supervision for forgery and the financial situation is rated as pro-social. These are areas to explore.)

6.   Failing to mark all of the boxes with either a "X" or circling the number.

7.   Adding the numbers incorrectly

8.   Blatant Scoring Errors
        The following is a list of "default" scoring rule violations that most commonly are missed:
        a.   Person is on for a sex offense and item 10 is scored "no".
        b.   Person is unemployed and question 18, 19, 20 are not scored "0".
        c.   If a person's parents are deceased, question 24 must be scored as "0".
        d.   If the assessment is done at time of discharge from jail or a residential facility and the person does not know where he or she will be living, item 27 must be scored "yes".
        e.   Question 29 must be scored yes if the person is residing in a residential center or is incarcerated.
        f.   If item 32 is scored yes, then items 35 and 36 must be scored yes.
        g.   Questions 41-45 must be scored as "no" if there has been no usage within the last year.
        h.   If question 47 is scored "yes", then question 46 must also be scored "yes"

5th Judicial District, Department of Correctional Services, Des Moines, Iowa

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[1] "Ancient History" refers to old or out-of-date information.

Motivational Interviewing Critique

Motivational Interviewing (MI) is a directive, client-centered counseling style for helping clients explore and resolve ambivalence about behavior change. When used by a skilled officer, MI can help increase an offender's motivation to comply with supervision requirements, participate in treatment, and address their criminogenic needs. When a more traditional and confrontational interaction style is used, the officer can increase resistance and decrease motivation to change. For many officers, learning and implementing MI is challenging, therefore ongoing support and feedback are needed to ensure successful incorporation of the skills.

The Motivational Interviewing Treatment Integrity (MITI) Code is a highly structured feedback system that is used in MI research, the training of trainers, and as part of ongoing professional development. A MITI critique uses a video or audio tape of an MI interview at least 20 minutes in length. The rater tracks the methods used in the interview, including MI-adherent and non-adherent behavior, and the frequency of these interviewer behaviors are used to compute a "skill balance." Raters also judge the tape based on global ratings, such as genuineness and empathy. The interviewer receives detailed feedback on all components of their interview, as well as a skill balance rating and an explanation of the rating form. In addition to the written feedback, the rater provides verbal coaching to the interviewer. This type of critique has been proven effective in improving the skills of MI practitioners. To use the MITI correctly, peer reviewers would need to participate in special training.

Regardless of the review method chosen, the same general peer review guidelines apply:

- A standardized review format must be developed and all peer reviewers must be trained to use it.

- Reviews should be done on a regular basis (monthly, quarterly, yearly), either for all officers or a sample of officers.

- All reviewed officers should receive feedback, coaching, and opportunities for additional training and re-assessment.

- Widespread issues should be addressed with policy changes and training for all officers.

Another option is for the peer review team to develop their own instrument for evaluating MI skills. Though this instrument would not have the research support of the MITI, it may better meet the needs of the peer review team and the officers. At minimum, it should address:

- **What MI adherent techniques are being used, and how often?**
- **What MI non-adherent techniques are being used, and how often?**
- **What is the demeanor of the officer? Is he/she showing empathy?**
- **What is the demeanor of the offender? Is he/she showing resistance? Motivation to change?**

Specific feedback is very beneficial to someone learning MI, so any format that is used should incorporate detailed feedback on specific skills.

VERSATILE MOTIVATIONAL INTERVIEWING CRITIQUE

Therapist Name:	**Probation Officer**	Date of Tape Review:	**11/11/04**
Agency:	**Community Corrections**	Time Length of Session:	**26**
Date of Session:	**11/01/04**	Relationship of Participant(s) to Client:	
Offender JIS ID:			
Tape Reviewed By:			

CLINICAL SKILL MEASURES

	Officer	Agency Avg. (n=1)
Open Questions (Raw# =9)	26%	**26%**
Closed Questions (Raw# = 1)	3%	**3%**
Affirmations (Raw# = 3)	9%	**9%**
Reflections (Raw# = 10)	29%	**29%**
Summarizations (Raw# = 1)	3%	**3%**
Elicitations (Raw# = 6)	18%	**18%**
Teaching/Advice (Raw# = 4)	12%	**12%**
Confrontations (Raw# = 0)	0%	**0%**
SKILL BALANCE RATING	65%	**65%**

Q-Strings

	Officer	Agency Avg. (n=1)
3+ Q's In a Row (Per Hour)	2.3	**2.3**
Largest Consequtive Q-String	4.0	**4.0**

GLOBAL RATINGS

			(Low ... High)
Acceptance	4.0	**4.0**	
Egalitarianism	4.0	**4.0**	
Empathy	3.0	**3.0**	
Genuineness	5.0	**5.0**	
Warmth	3.0	**3.0**	
Spirit	5.0	**5.0**	

Change Talk Rates (Officer)

	Desire Per Hour	Ability Per Hour	Reasons Per Hour	Need Per Hour	Commit Per Hour	Tk. Steps Per Hour	Total Chg. Talk Per Hour
P. Officer	76.2	9.2	11.5	46.2	32.3	0.0	175.4
Average	11.1	6.0	11.3	11.4	10.0	9.5	70.8
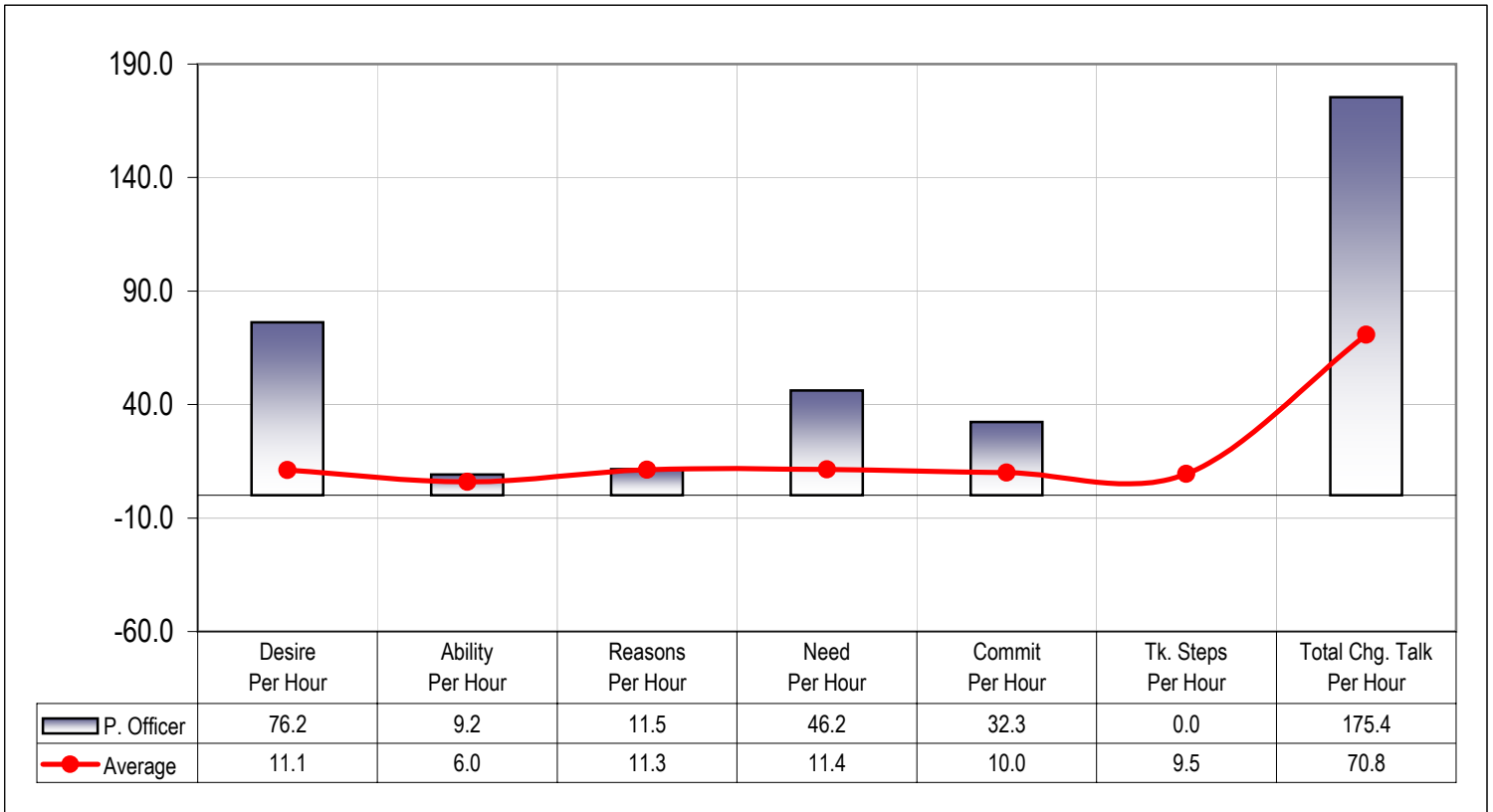
General Comments

Officer, at 65, your skill balance shows that you have a good understanding of all of the MI skills and are able to use most of them in appropriate proportions. You did a great job of remembering to reflect and affirm, asking many questions that produced enthusiastic change talk from the client. Nicely done!

Elicitations:

Your specific questions about the client's steps and strategies for change really helped him to express his desire for lasting change. The strength of a client's comments expressing desire, ability, reasons, need, commitment, and taking steps regarding change are highly predictive of long-term positive behavior modification, so offering clients the opportunity to express these sentiments is great. There were so many times that you were able to do this in quite a brief interview. Nicely done!

Reflections/Summarizations:

One third of your interactions with the client were reflections, which is a great start! Ideally, reflections would make up about 56% of an MI interview because reflections allow clients to know you are listening, allow them to hear what they have said to decide if that is how they really feel, and prompt them to give more information that you need without making them feel interrogated by too many questions. Also, you were able to do one summary, which showed that you have a good attention to detail. Using summaries a bit more often may help you to get clients to understand what you are asking for. For example, you were trying to get him to say what his treatment needs were, but he kept talking about the same things. Summarizing with, "So you want your treatment to consist of staying connected to your family and church friends, remembering and spending time with your daughter, and being open with me. What other structures will help?" may help you to focus the client on the additional things you are looking for, in addition to letting him know you've heard him.

Affirmations:

About half of your affirmations really identified something that was important to the client and expressed your appreciation in ways that really built him up. These were so well done! The other half were conditional: "I respect you if you are sincere" or "You seem to be off to a good start, I would like to see you make it and I really think you can...if you can hold this attitude." While you are a probation officer and it is your job to make sure that sentiment translates into behavior, conditional affirmations undermine the goal of the skill: to convey unconditional positive regard so that the client lowers defensiveness so you get better information. You can express concern that the client keeps up his good start by using other skills, but when you affirm, see if you can stay with comments that are positive and empathetic. That way the client will understand the message that you care about him and that it is important that he does well, not "I care about you only when you do well." The latter feeling tends to make clients more reluctant to reach out to you when they are having a hard time.

Global Measures:

I gave you a mix of above and below average rankings for Global Measures because on one hand, you reflected well, remembered to affirm, elicited lots of change talk, and avoided confrontation. On the other hand, some of your affirmations were conditional, your percentage of teaching was a bit high, and I am not sure if you realize how flat and unvaried your tone was throughout. While you may deeply care about your clients, when they do not hear your voice go up and down with emphasis, it may be hard for them to believe that you care and they may be less motivated to give you good information about themselves that you will need to help them succeed. I encourage you to vary your tone and give a few more unconditional affirmations to establish rapport with clients, "earning the right" to correct them later as needed.

Summary of Recommendations

Overall, you gave a good demonstration of the majority of the MI skills and showed that you are able to elicit change talk well. In future interviews, focus on reflecting and affirming more and varying your tone so that client's sense your regard for them. Keep up the great work!

More Of….	Less Of…..	Interesting….
Reflections, Affirmations, Summarizations	Teaching	No Comment

SKILL BALANCE DETAIL: Probation Officer

		OPEN (9)	CLSD (1)	REF (10)	SUM (1)	AFRM (3)	ELICIT (6)	TEACH (4)	CONF (0)
Skill Balance Detail*	(1) MODIFIED DISTRIBUTION	30%	3%	33%	3%	10%	20%	12%	0%
	(2) COLLAPSED DISTRIBUTION	33%		33%	33%			12%	0%
	(3) CATEGORY PENALTIES	5.3%		23%	0%			0.07	0.00
	(4) OPEN:CLOSED RATIO PENALTY	0%							
	(5) PENTALY TOTAL	[O/C] 0.05 + [REF] 0.23 + [S/A/E] 0 + [TEACH] 0.07 + [CONF] 0 + [O:C RATIO] 0 = 0.35							
	(6) FINAL SKILL BALANCE	**1 - 0.35 = 0.65**							

Explanation of Skill Balance:

(1) Modified Distribution:
For purposes of the "Skill Balance", The first six MI categories: Open, Closed, Reflections, Summarizations, Affirmations and Elicitations are isolated from the last two (i.e., the percentages in these categories will add-up to 100%. Regarding the latter two categories, "Teaching" and "Confrontations", the distributions are calculated as a proportion of all interactions (i.e., across all 8 categories).

(2) Collapsed Distribution:
The following categores are collapsed and their percentages combined/added: (1) Open Questions and Closed Questions and (2) Summarizations, Affirmations and Elicitations.

(3) Category Penalties
✓ OPEN/CLOSED CATEGORY:
  Any value in excess of 28% is assigned as a penalty (no penalty for falling short of 28%).
✓ REFLECTIONS CATEGORY:
  Any value short of 56% is assigned as a penalty (no penalty for exceeding 56%).
✓ SUMMARIZATIONS/AFFIRMATIONS/ELICITATIONS
  Any value short of 16% is assigned as a penalty (no penalty for exceeding 16%).
✓ TEACHING:
  Any value in excess of 5% is assigned as a penalty.
✓ CONFRONTATIONS:
  Any confrontation value is assigned as a penalty.

(4) OPEN:CLOSED Ratio Penalty
✓ OPEN:CLOSED RATIO
  When analyzing open & closed questions seperately, closed questions (ideally) should not exceed 30%. For any value in excess of 30% a 1 point (1%) penalty for every 5% of the excess is assigned.

(5) PENALTY TOTAL:
The sum of all penalties noted above.

(6) Final Skill Balance:
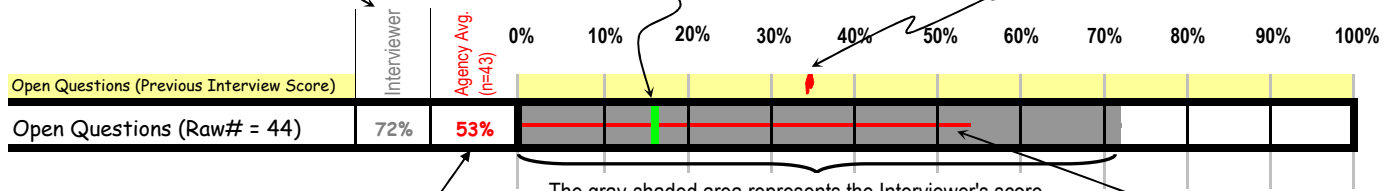One (1.0) less the sum of all penalties.

This column presents the specific skill percentage of the interviewer's present critique score for the given category ("open questions", in this example). It is depicted in graph form (in gray) to the right.

This green line represents the "National Average" score.

If the interviewer has submitted a previous tape to be critiqued, the red marker here indicates the interviewer's most recent score. In this example, the interviewer's previous score was 34%. If the interviewer has not previously submitted a tape, this yellow-shaded section will not appear on the report.

	Interviewer	Agency Avg. (n=43)	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Open Questions (Previous Interview Score)													
Open Questions (Raw# = 44)	72%	53%											

The gray-shaded area represents the Interviewer's score for the present critique. It corresponds with the grey numeric value on the left, which, is 72% in this example.

This column presents the average skill percentage of the interviewer's agency. The number of individuals comprising the average is noted in the heading (n=). This value is depicted in graph form (in red) to the right.

The thin red line here indicates the average score of all individuals in the same agency as the interviewer. In this example, the agency average is 53%, which corresponds to the red numeric value to the left.

Explanation of Global Rating Categories

Acceptance (also called unconditional positive regard)

Interviewers high on this scale communicate acceptance and respect to the client. Acceptance is person-focused (unconditional positive regard) and should not be confused with acceptance/approval of the person's behavior. Interviewers at the low-end of this scale may be perceived as judgmental, harsh, disrespectful, labeling or condescending.

Egalitarianism (the opposite pole is authoritarianism)

Interviewers high on this scale emphasize by the words and manner the client's personal autonomy, choice, and responsibility. They may offer their expertise when asked for it, or after obtaining the client's permission to inform or advise. Interviewers low on egalitarianism take a more authoritarian approach of directing, ordering, blaming, threatening and confronting. There is a quality of the interviewer asserting a "one-up" position that implies, "I know best. Listen to me."

Empathy (also called understanding)

Interviewers high on this scale are able to attain and communicate an accurate understanding of their client's perceptions, situation, meaning and feelings through high-quality reflective listening. Their manner shows an active interest in an effort to understand the client's perspective, and their responses actively express an attentive understanding of the client's perspective and experience. They probe to understand more fully, and reflect their understanding back to the client. Interviewers at the low-end of this scale show little interest in or appreciation of the client's perspective, little overt understanding or reflection of what the client is experiencing. They evidence little effort at seeking a deeper understanding of the client's perspective. Interviewers low in empathy may ask many questions to gain factual information or pursue their agenda, but do not seek to understand the client's own perspective.

Genuineness (also called congruence)

Interviewers high on this scale are perceived as open, responsive, and honest. The interviewer appears to be saying what he or she is experiencing in this session. They show a quality of congruent transparency, saying what they feel and perceive in the moment. Their response to the client is individual and personal. Do not confuse this with other scales such as acceptance or warmth. High genuineness, for example, can include expression of negative affect or criticism. Interviewers low on this scale do not appear to be responding honestly and openly to the client, and may appear unresponsive or phony. If they self-disclose, it may have the quality of talking about personal history rather than relating in the present. Their response may have flat, closed, or technical-business quality, or may appear to be rote or mechanical.

Warmth

Interviewers high on this scale are perceived as warm, friendly, engaged, compassionate, helpful, caring and concerned. Interviewers at the low end of this scale present an impression of being cold, distant, detached, or unfriendly, showing little overt evidence of helpful concern and compassion.

Spirit

This is an overall, global rating of the extent to which the interviewer manifests the fundamental spirit of motivational interviewing. It should not be regarded merely as an average of the other scales, but rather the rater's judgment of the extent to which the interviewer "gets it", evidencing a grasp of the "music" and not just the words and techniques. Interviewers high on this scale manifest a directive, client-centered style of facilitating, coaching, and negotiating. The interviewer honors and values the client's perspective. There is a naturalness, comfort, and loving or artistic quality to the interviewer's style. The interviewer is attuned to the client, and actively "mines for the client's own motivation." Interviewers low on this scale show a lack of the balanced directive, client-centered style, erring on the side of passivity or of overcontrol (or both). On the passivity side, the interviewer misses or is inattentive to significant client material, and may seem indifferent, isolated, ignoring, preoccupied, or detached. On the overcontrolling side, the interviewer may communicate mistrust, disrespect, disregard, or simply the pursuit of the interviewer's own agenda without sufficiently involving the client.

Cognitive-Behavioral Treatment Group Facilitation

Evidence-based practice tells us that cognitive-behavioral programming is one of the most effective treatment modalities for encouraging behavior change in offenders. Many evaluated, successful curricula are available for use with offenders in addressing a range of issues from anger management to substance abuse to job skills. These curricula can be implemented in community corrections settings, and can be facilitated by community-based treatment providers or by community corrections officers.

In order for cognitive-behavioral programming to be effective, the facilitator must be well-trained, and the curricula must be implemented with fidelity to cognitive behavioral principles, as well as the specific curriculum. For example, a job skills curriculum may have been proven effective in one jurisdiction when offenders participated in twenty hours of programming and used extensive role-plays. If the program is replicated in another jurisdiction in ten hours by replacing role-plays with lectures from the facilitator, the program is unlikely to be successful.

The peer review process can be used to assess the implementation of cognitive-behavioral groups, with several benefits: the facilitator can receive feedback on his or her skills; the curriculum can be assessed for fidelity to the model; multiple models can be reviewed to determine which is the most appropriate for client referral; and officers can better understand the services that their clients are receiving. Peer review of treatment groups provides a reciprocal benefit to the treatment provider and the officers who are referring clients to treatment.

Like other forms of peer review, the methodology must be chosen carefully depending on the comfort level of the facilitator, the resources available, and the information that is being assessed. There are models in the field for this type of assessment, such as the Correctional Program Assessment Inventory (CPAI). Please see the appendix for a comprehensive example of another assessment form. Like other assessments, review of cognitive programming should include the following steps:

- Use of a standardized assessment tool that addresses content, environment, and facilitation.
- Well-trained reviewers conducting in-person or video review (audio is usually insufficient) on a regular basis.
- The opportunity to give feedback to the facilitator and the agency on the group.

Because treatment provision is multifaceted and often provided by a variety of providers, a team approach can be very effective for this type of peer review. The team can be composed of staff from state and local community corrections agencies and private providers. This way, the review is conducted by a group with extensive and diverse experience, and all treatment providers, public or private, will feel that they are being reviewed by a peer. This process can be used to coach new facilitators, to evaluate new treatment providers and curricula, and to ensure quality in programming over time. Like any other new type of appraisal, the facilitators must be involved in developing the program and understanding its benefit, so that the peer review does not seem punitive, or as a competitive process between different providers. At the same time, an organization must have an expectation of consistent quality in the services that it offers.

Case File Review

The key component of evidence-based practice is ensuring that the level of supervision and treatment that an offender receives is commensurate with his or her level of risk. The most efficient way of assessing this is through periodic review of a random sample of case files. Well-maintained case files or databases should contain the offender's case history, assessment interviewing and scoring, case plan, supervision notes, treatment referrals, and treatment attendance, as well as any other documentation required by local laws and policies.

A peer review team is able to assess whether:

- Officers are maintaining adequate documentation.
- Offenders are receiving appropriate assessment, supervision, referrals, and treatment.
- Overall services are in compliance with the department's vision, mission, and goals.
- Case plans are based on assessment data.
- Case plans are followed, and goals are met.
- Ongoing training, support, policy revision, etc. is necessary.

Case file review provides much of the data that are used as barometers of quality performance.

The process of case file review can be tailored to the size and needs of the organization, following these basic steps:

1. A standardized case file review form is adapted or created, taking into consideration the range of cases that will be reviewed (i.e. juvenile and adult, offenders assigned to various supervision types, and offenders participating in various forms of specialized treatment). A cross-section of staff should be involved in the creation of the instrument. The instrument must be designed to measure the quality assurance indicators that are being tracked.

2. The peer review team is recruited and trained.

3. A sampling plan is developed: How often will reviews take place? How many files should be reviewed? In general, the larger the sample, the more information in garnered. Resource limitations must be considered.

4. Case review is completed, and the data is compiled and compared to benchmarks (i.e. 80% of offenders referred to sex offender treatment will complete the treatment). Trends and deviations from the benchmarks, both positive and negative, are noted.

5. The peer review team works with management to address trends and deviations, as discussed below.

> **The Peer Review Team**
>
> 1. The team should be drawn from the population of officers that they are reviewing.
> 2. Peer review can be the reviewers' sole responsibility, or a part of their job.
> 3. Participation in peer review can be an ongoing job responsibility, or a large group of staff can serve on a rotating basis.
> 4. The team should be well trained on the instruments that they are using.
> 5. Team members need to be as objective as possible in reviewing their peers, and cannot review themselves.

The process of peer review involves more than collecting data; the process needs to be monitored for efficacy, and the data needs to be put to work.

Sample: University of Cincinnati Risk Assessment

Note: This tool provides an "estimate" of an offender's risk/needs assessment score, based on demographics and history data. It can be used to quickly re-assess an offender's risk level for comparison to the score determined by the probation officer. This tool was validated for use with a population of offenders in Ohio. As always, this tool needs to be validated on the population with which it is being used.

Client ID _____

Risk Factor	Categories and Weights		Score
Age	17-22	16.9	
	23-36	7.2	
	32+	0	
Education	< H.S. Graduate	7.6	
	≥ H.S. Graduate	0	
Marital Status	Single	7.5	
	Married	0	
Psychological Problems Indicated	Yes	1.9	
	No	0	
Alcohol Problem Ever	Yes	4.7	
	No	0	
Drug Problem Ever	Yes	9.0	
	No	0	
Unemployed at Arrest	Yes	6.5	
	No	0	
Prior Arrests	2+	12.3	
	1	2.9	
	0	0	
Prior Incarcerations	2+	22.8	
	1	6.6	
	0	0	
Prior Conviction for Violent Offense	Yes	3.5	
	No	0	
Prior Conviction for Sex Offense	Yes	5.8	
	No	0	
Previous Community Control Violation	Yes	6.9	
	No	0	
Current Felony Degree	3rd, 4th, 5th	22.8	
	2nd	6.6	
	1st	0	
Current Offense Type	Drug, Property, Sex	5	
	Person or Other	0	
Total			

❑ **High Risk (76-115)**   ❑ **Low/Moderate Risk (38-54)**
❑ **Moderate Risk (55-75)**   ❑ **Low Risk (0-37)**

Risk Category: _____   Interviewer: _____

Sample: Case Management Audit Instructions

NOTE: This case management audit pertains to case management issues only. Other issues related to supervision but not to case management can be audited according to local policy.

1. Were the LSI, CMC/Jesness, and case plan completed within the prescribed time frames?

   a. **Focus: 60 days field and 30 days residential from date of assignment.**
   b. **Source: Compare date of assignment and date**s **on LSI, Jesness, and case plan.**

2. Is the problem prioritization consistent with LSI and CMC/Jesness?

   a. **Focus: Problems listed on front page of case plan should reflect results from LSI and CMC/Jesness. Were the Big 4 (criminal history, anti-social companions, anti-social personality, and attitudes) considered in prioritization?**
   b. **Source: Case plan, LSI, CMC, Jesness, generic notes, ask officer to explain rationale for prioritization (SAQI, ranking, Big 4).**

3. Is the problem behavior and the need that it serves correctly identified?

   a. **Focus: Behavior that is illegal or which leads directly to illegal behavior. What are needs being met by illegal behavior or conditions under which illegal behavior occurs?**
   b. **Source: LSI interview notes, PSI, case plan, generic notes from meeting negotiating case plan, ask officer to articulate needs and/or conditions, observation of negotiation session.**

4. Does this section contain the undesirable results of the offender's behavior as articulated by the offender (their motivation to change)?

   a. **Focus: Look at offender's entire experience with CJ System – what is significant negative result of this experience. <u>From offender's perspective!</u>**
   b. **Source: LSI interview guide, PSI, generic notes describing meeting when case plan negotiated, observation of negotiation session, other evaluations.**

5. Is the goal reasonable and measurable?

   a. **Focus: Medium or long term behavior change that is a result of intervention. Must fit offender's capabilities. Stated in a way that attainment of goal can be measured. Internalized, not superficial. Include timeframes.**
   b. **Source: LSI interview guide, Jesness, PSI, chronos describing meeting when case plan negotiated, observation of negotiation session, other evaluations.**

6. Do offender interventions, tasks, activities appropriately relate to goals? Do the interventions, tasks, activities contain the methods, techniques, resources, and timeframes the offender will use to achieve the stated goal?

   a. **Focus: Are tasks/activities consistent with and supportive of goals and interventions? Does officer spell out how task will be completed and what resources will be used? Are there time frames? Are they realistic?**
   b. **Source: Case plan, chronos documenting sessions where tasks are discussed.**

7. Does the benefits section clearly show meaningful/positive behavioral changes/rewards for the offender? Are the benefits in contrast to undesirable results and do the benefits bear a relationship to the prioritized need?

   a. **Focus: Congruency between undesirable behavior and the prioritized needs. Is the benefit meaningful <u>to the offender</u>?**
   b. **Source: LSI, CMC/Jesness, case plan, generic notes, observation of negotiation session, ask officer to articulate.**

8. Does the case management plan reflect intervention and supervision/monitoring strategies consistent with the CMC/Jesness?

   a. **Focus: congruency between interventions, techniques, strategies, resources, goals, tasks.**
   b. **Source: CMC/Jesness type, wording of case plan components, specificity of goals, tasks, expectations. Generic notes describing negotiation session. Observe negotiation session. Ask officer to articulate how CMC/Jesness type specifically applies to offender.**

9. Do interventions target the criminogenic need in the right intensity and does the intervention use the methods and strategies needed by the offender based on risk, need, and responsivity? Are contacts appropriate and meaningful given the risk, need, and responsivity issues of the offender?

   a. **Focus: Intensity of interventions and supervision, amount of detail in tasks, degree of planned follow-up/documentation, type and amount of planned contacts with offender. How many contacts are personal vs. collateral? How long are personal contacts? What is discussed in personal sessions? How often are contacts? Do all of these things fit with CMC/Jesness type?**
   b. **Source: LSI, CMC/Jesness, case plan, generic notes, observation of meetings, ask officer to describe issues mentioned in focus section.**

10. Is the case reviewed on an ongoing basis and does officer make appropriate ongoing case adjustments, i.e. minor violations, rewards, case plan revisions, techniques, strategies?

   a. **Focus: Regarding case review: does officer go back periodically and review entire case to get big picture of case performance. Review should emphasize congruency between LSI, CMC/Jesness, case plan, response to supervision and treatment. Has case stayed on the course first set out by case plan? Should it have? Regarding ongoing case adjustment: focus is <u>not </u>on major responses to major events. Rather, as officer learns more about offender and offender exhibits behavior during course of supervision, does officer make appropriate adjustments in approach, type of contacts, content of contacts, motivational techniques, rewarding techniques, etc.**
   b. **Source: Generic notes, case plan, LSI, CMC/Jesness, staff case with officer (ask what has learned about offender and how have made case adjustments).**

11. Are critical incidents handled timely and appropriately, given risk, need, responsivity, and other circumstances?

   a. **Focus: Critical incidents refer to those events that relate to case management issues. Are they handled in a timely manner with risk, need, and responsivity factored into immediate and subsequent responses.**
   b. **Source: LSI, CMC/Jesness, chronos, ask officer.**

12. Is the officer communicating with appropriate sources in order to have current, relevant knowledge of the offender's performance in programs?

   a. **Focus: Are lines of communication opened and maintained? Look at frequency and content of contact and whether responsivity is considered.**
   b. **Source: Generic notes, ask officer, ask program staff, attend staffings.**

13. Does the officer have a basic understanding of the programs in which the offender is participating and is this knowledge reflected by reinforcing programming goals in meetings with the offender?

   a. **Focus: Does officer understand programs well enough to have meaningful conversations with program staff about performance and reinforcement? Does officer understand programs well enough to have meaningful conversations with offender about progress in program and to reinforce what ought to be reinforced?**
   b. **Source: Chronos, training records, staffings, observe meetings, ask officer to explain program to supervisor.**

14. Is there a relapse prevention plan that is understood by the officer and discussed with the offender during meetings?

   a. **Focus: *Relapse prevention plan* in global sense. Does a plan exist in some form? Does officer understand dynamics of offender's criminal behavior and what behaviors to watch for to determine if offender is staying on right path or starting down path to illegal behavior? Is officer anticipating behaviors based on his/her understanding of offense dynamics? Are they initiating interventions as early as possible and are they reflective of risk and responsivity? Is the plan discussed with offender at meetings? Is there follow-up and verification?**
   b. **Source: Chronos, staffings, discuss with officer, observation of meetings.**

(auditing instrument follows on next page)

Sample: CASE MANAGEMENT AUDIT

Case Manager Name: _____ Date: _____

Offender Name/ ICON Number: _____

Reviewer _____ Date of Review _____

	Score
1. Were the LSI, CMC/Jesness, and Case Plan completed within the prescribed time frames? 5 CMC/JESNESS/LSI and Case Plan completed with 30 days (residential), 60 days (field) of case assignment or reassessment. 3 CMC/JESNESS/ LSI and Case Plan completed within 45 days (residential), 75 days (field) of case assignment or reassessment. 0 CMC/JESNESS/ LSI + Case Plan completed later than 45 days (residential), 75 days (field) of case assignment or reassessment	_____ (1)
2. Is problem prioritization consistent with LSI and CMC/Jesness? 5 Problem prioritization consistent with needs identified by LSI, CMC & JESNESS. 3 Ranking questionable or not supported by officer or documentation. 0 Problem ranking inconsistent with identified needs in assessments.	_____ (2)
Base ratings on items 3 through 7 on all active action plans. **3. Is the problem behavior and the need it serves correctly identified?** 5 Problem behavior and need it serves clearly identified and articulated on plan. 3 Only one criterion met or not clearly articulated on plan. 0 Neither criteria met and not clearly articulated on plan.	_____ (3)
4. Does this section contain the undesirable (worst) results of the offender's behavior as articulated by the offender? (their motivation to change) 5 Results identified clearly specify the undesirable consequences of the behavior as articulated by the offender. 3 Results identified however the relationship to offender's stated consequences is unclear. 0 Results not identified and/or bear little if any relationship to offender's stated consequences.	_____ (4)
5. Is the goal reasonable and measurable? 5 Goal focuses on the behavior changes the offender is capable of achieving and expected to make as an outcome of the case management interventions. Clearly stated so as progress or completion can be measured. 3 Goal focuses on merely attendance/ completion not behavior change or not clearly stated thus progress hard to measure. 0 Goal does not meet either criteria.	_____ (5)
6. Do interventions, tasks, and activities appropriately relate to goals? **Do the interventions, tasks, and activities contain the methods, techniques, resources, and time frames the offender will use to achieve the stated goal?** 5 Interventions, tasks and activities detail how the offender will achieve and verify the behavior changes. Resources are identified and the frequency/duration of the tasks/activities are identified. 3 Only one of the criterion is met. 0 Interventions, tasks and Activities section meets neither criteria.	_____ (6)

7. **Does the benefits section clearly show meaningful/positive behavioral changes/rewards for the offender? Are the benefits in contrast to undesirable results and do the benefits bear a relationship to the prioritized need?**					
5	Benefits contain meaningful positive behavioral changes, which are in direct contrast to the undesirable behavior and are clearly tied to the prioritized need.	3	Only one of the criterion is met.	0	Benefits do not reflect positive behavioral outcomes and do not relate to the prioritized need.
					(7)

8. **Does the case management plan reflect intervention and supervision/monitoring strategies consistent with the CMC/Jesness?**					
8	Case plan interventions, supervision and monitoring activities are consistent with those most effective with the identified CMC/Jesness type.	4	Only one criterion is met.	0	Neither criterion is met.
					(8)

9. **Do interventions target the criminogenic need in the right intensity and does the intervention use the methods and strategies needed by the offender based on risk, need, and responsivity? Are contacts appropriate and meaningful given the risk, need, and responsivity issues of the offender?**					
10	Criminogenic need targeted in right intensity. Intervention uses appropriate methods and strategies.	5	Intensity okay or methods/strategies okay.	0	Neither intensity nor strategies appropriate.
					(9)

10. **Is the case reviewed on an ongoing basis and does officer make appropriate ongoing case adjustments, i.e. minor violations, rewards, case plan revision, techniques, strategies?**					
10	Case adjustments ongoing and appropriate.	5	Some problems with timeliness and /or appropriateness.	0	Significant problems with timeliness or appropriateness.
					(12)

11. **Are critical incidents handled timely and appropriately, given risk, need, responsivity and other circumstances?**					
9	Handled timely and appropriately with all-important factors considered.	5	Some timeliness and/or appropriateness problems.	0	Significant problems with timeliness or appropriateness.
					(13)

12. **Is the officer communicating with appropriate sources in order to have current, relevant knowledge of the offender's performance in programs?**					
9	Ongoing communication. Knowledge of performance relevant and current.	5	Sporadic communication. Problems with quality of knowledge of performance.	0	Little or no communication. Knowledge of performance not current.
					(14)

13. **Does the officer have a basic understanding of the programs in which the offender is participating and is this knowledge reflected by reinforcing programming goals in meetings with the offender?**					
9	Thorough understanding of programs. Goals reinforced in meetings.	5	Some problems with degree of understanding and/or goals reinforced sometimes.	0	Little understanding of programs and/or goals not discussed or reinforced.
					(15)

14. **Is there a relapse prevention plan that is understood by the officer and discussed with the offender during meetings?**					
10	Plan exists, is understood by officer, and discussed with offender.	5	Plan exists but understanding insufficient and/or not often discussed with offender.	0	No plan, little or no understanding, little or no discussion with offender.
					(16)
				TOTAL	

SAMPLE PEER REVIEW AUDIT SHEET (FY 2004)

Open Case o   *Closed Case* o

Section 1: Demographics

Client Name: _____

Client Codap Number: _____ Date of Review: ___/___/___

Site: ❏ Program 1 ❏ Program 2   ❏ Program 3

Primary CSP: _____

Client Race/Ethnicity:

❏ Caucasian   ❏ African American   ❏ Hispanic-American

❏ Native American/Eskimo   ❏ Asian American

❏ Pacific Islander   ❏ Biracial   ❏ Other

Section 2: Intake/Assessment	**Yes**	**No**
1. Consent to treatment is complete within 2 business days of admission.	❏	❏
2. The client is appropriate for the program and should have been admitted.	❏	❏
3. Intake section of record is complete, in proper sequence, and documented in a timely manner.	❏	❏
4. Release/agreements section of the record is complete, in proper sequence, and documented in a timely manner.	❏	❏
5. Chemical dependency assessment is complete within 14 days of admission to program.	❏	❏
Total	____	____

Section 3: Treatment Planning	**Yes**	**No**
6. Treatment plan is appropriate to assessment.	❏	❏
7. Treatment goals are pertinent to assessed needs.	❏	❏
8. Treatment goals are written in measurable/objective terms.	❏	❏
9. Individualized treatment plan is written within 7 days of completion of the assessment and contains: a) signatures and dates ___ b)target dates for objectives/goals ___ c) reviewed and signed ___	❏	❏
10. Treatment plan revisions are appropriate and completed every 30 days.	❏	❏
Total	____	____

Section 4: Treatment Management	**Yes**	**No**
11. There is adequate documentation in clinical record describing client status and service interventions.	❏	❏
12. Continued treatment and receipt of program services are appropriate.	❏	❏
13. Adequate quantity and quality of physician and other types of consultation according to recommendations within service plans are documented.	❏	❏
14. Clinical section of the record is complete, in proper sequence, and documented in timely manner.	❏	❏
15. Service Delivery section of record is complete, in proper sequence, and documented in timely fashion.	❏	❏
16. Individual progress notes reflect treatment plan implementation.	❏	❏
17. All documentation is signed and the appropriate credentials are held by the person providing or supervising the service.	❏	❏
18. The service provider is only providing services authorized by the governing authority.	❏	❏
Total	____	____

Section 5: Discharge Planning	**Yes**	**No**
19. Appropriate continuity of care provided from assessment through treatment, to discharge.	❏	❏
20. Discharge summary is complete and contains: a) dates ___ b) signatures and credentials ___ c) reviewed and signed ___ d) level of care/services provided ___ e) client's response to treatment ___ f) recommendations/referrals ___ g) client ID ___	❏	❏
Total	____	____

Section 6: Miscellaneous   **Yes**   **No**

21. Movement/sign logs are accounted for and in proper
    sequence.   ❏   ❏

Total   ____   ____

Section 7: Employment/Financial/Vocational   **Yes**   **No**

22. Employment section of record is complete, in proper
    sequence, and documented in timely manner.   ❏   ❏

23. Vocation section of record is complete, in proper
    sequence, and documented in timely fashion.   ❏   ❏

24. Financial section of record is complete, in proper
    sequence, and documented in timely fashion.   ❏   ❏

Total   ____   ____

Section 8: Records   **Yes**   **No**

25. Group record is complete, in proper sequence, and
    documented in timely fashion.   ❏   ❏

26. Urinalysis record is complete, in proper sequence, and
    documented in timely manner.   ❏   ❏

27. Discipline record is complete, in proper sequence, and
    documented in timely manner.   ❏   ❏

28. Medical record is complete, in proper sequence, and
    documented in timely manner.   ❏   ❏

29. Referral record is complete, in proper sequence, and
    documented in timely manner.   ❏   ❏

Total   ____   ____

SCORING:
Total number of Yes Answers = _____
(Total number of Yes answers/29) x 100 = [_____ %]

Section 9: Reviewer's Comments
Reviewer Comments: _____
_____
_____
_____
_____
_____

_____   ____/____/____
Reviewer Signature   Date

If record review is less than 100% accurate, an action plan must be submitted that informs when the deficiencies within the record will be corrected. Forms are due back to Peer Review Committee 10 working days after receipt of form.

Date Due: ___/___/___ Return to: _____
Action Plan:
_____
_____
_____
_____
_____
_____

_____   ____/____/____
Supervisor Signature   Date

_____   ____/____/____
Service Provider Signature   Date

SAMPLE: PROGRAM/UNIT NAME
PEER REVIEW TRACKING FORM
For the Month of: _____

Client ID	Reviewer	Primary PO	Date Peer Review	Date Due	Date Returned

QUALITY ASSURANCE INDICATORS

Overview

When evidence-based practice is implemented on a large scale, there may be hundreds of outcomes that indicate success in various facets of the program, and thousands of pieces of data that indicate progress towards those goals. If too much data is collected, it can be overwhelming and indecipherable, as well as resource-intensive. If too little data is collected, then program staff does not have an accurate sense of their progress and areas needing further development.

Developing a set of key indicators and institutionalizing a process for monitoring these measures will assist organizations in gauging their progress towards implementation of evidence-based practices. Ensuring that the fidelity and quality of service are in or at least moving toward alignment with the organization's plan and goals is essential to maintain momentum toward change. Developing a small number of key indicators that can act as windows onto the landscape of fidelity and quality of service helps to build accountability and maintain the integrity of organizational goals.

Principles

✪ *Identify key measures*
Choosing the right measures to monitor is essential to tracking progress towards goals. The program logic model should be used to identify key program processes and short, intermediate, and long-term outcomes. Then the data that are necessary and sufficient to measure those outcomes and process should be selected for inclusion in the assessment.

✪ *Institutionalize measurement monitoring and discussion.*
To collect accurate data on indicators in a timely manner, staff members must be committed to the process and incorporate it into their daily routine. For this to happen, staff must receive constant exposure to the process, the reasons for it, and their role in it. This includes reference to quality assurance in staff meetings, supervision, and performance reviews.

✪ *Share the information with all levels of staff*
Staff members will not be able to support and participate in a process that they do not understand. Provide formal and informational training, communication, and modeling so that all staff understands the reason for the quality assurance process, as well as how the process is working at the organizational level.

✪ *Provide positive feedback and celebrate achievement*
In the quality assurance process it is easy to become focused on deficiencies, or on goals that are several years from attainment. To maintain morale and keep staff members committed to the process, it is important to celebrate quality work (as reflected in performance data) and achievement of short-term outcomes.

Components

- **Use a logic model to identify appropriate measures**

The program logic model (discussed in detail in the Program Evaluation section of the manual) provides information on the processes and outcomes that are necessary to achieving a program's goal. For example, if a goal is to have all sex offenders complete a community-based treatment program, intermediate measures may include making contact with potential providers and referring offenders to the treatment. Measuring one of these "checkpoints" can provide information on progress towards program goals. The logic model should be used to identify intermediate measures, and choose the information that can be tracked on a regular basis to indicate that progress. In our example, referrals to a treatment program might be easy to track, and may be a strong indicator of the number of offenders who will complete the program.

- **Develop regular and easily accessible reporting capabilities**

For data to be useful in monitoring quality, these data must be accessible to the staff members responsible for reporting, and the means of reporting must be easy to use. The more difficult the reporting process, the less likely that the required data will be reported on a regular basis.

  o Choose indicators that are easy to report on a regular basis. Sometimes this will mean developing a plan to make data more accessible.

  o Develop standardized reporting instruments, pilot test them, and solicit feedback from those who will have to use them. Involve staff from across the agency to increase buy-in and commitment.

  o Increase technological capabilities. Web-based reporting tools can increase the ease of reporting, compiling, and analyzing data, but only if staff has access to computers and the internet.

  o Provide comprehensive training and documentation on the reporting process.

  o Adhere to deadlines. Reward staff members or departments for on-time and accurate reporting and enforce consequences for those that don't adhere to deadlines.

Sample Measures

1) **Assessment**
   o % of population with completed assessment.
   o % of population with re-assessment completed within time frame identified by policy
   o Gain Score (changes in protective measure score)

2) **Case Plans**
   o % of medium to high-risk offenders that have case plans
   o % of case plans that address the top 3 criminogenic needs according to the assessment.

3) **Average length on supervision by risk level.**

4) **Revocations**
   o Number of technical violations resulting in revocation to jail.
   o Number of technical violations resulting in revocation to prison.

5) **Treatment**
   o % of high-risk offenders referred to treatment.
   o % of high risk offenders that attended treatment.
   o % of total population that attended treatment that are high-risk.

SAMPLE: EMPLOYMENT DATA

BENCHMARK: 85% OF CASELOAD WILL HAVE EMPLOYMENT DATA ENTERED INTO CIS:

**PERCENT OF MULTNOMAH COUNTY
CASELOAD WITH EMPLOYMENT DATA ENTERED**

	Nov-02	Feb-03	Mar-03	May-03	Jun-03	Jul-03	Aug-03	Sep-03	Dec-03	Mar-04	Jun-04	Feb-05	May-05
Series1	64%	75%	72%	73%	80%	90%	84%	85%	85%	84%	94%	87%	94%

Multnomah County Department of Community Justice
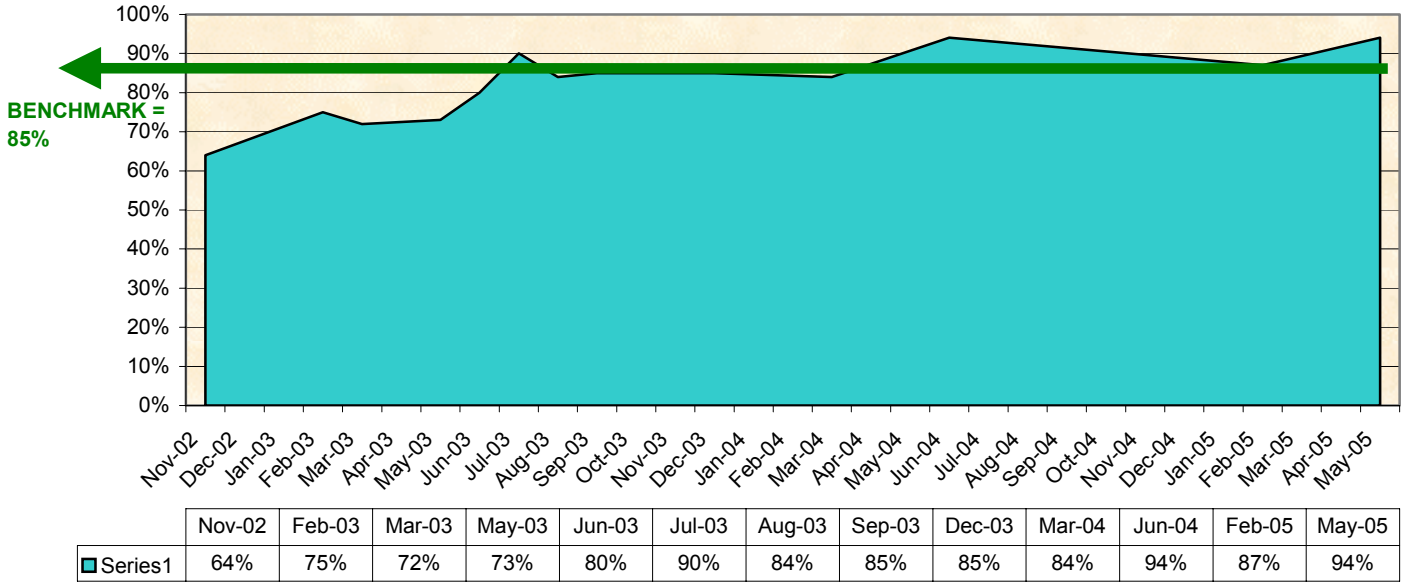
SUGGESTED NEW EMPLOYMENT BENCHMARK:
XX% OF ACTIVE CASELOAD WILL BE EMPLOYED

	MAY 2005	
	PERCENT OFFENDERS EMPLOYED	PERCENT WITH DATA ENTERED
OVERALL	34%	94%
OFFICE 1	28%	98%
OFFICE 2	38%	97%
OFFICE 3	50%	91%
OFFICE 4	98%	98%
OFFICE 5	22%	94%
OFFICE 6	35%	97%
OFFICE 7	32%	95%
OFFICE 8	35%	97%
OFFICE 9	39%	96%
OFFICE 10	10%	93%
OFFICE 11	33%	94%
OFFICE 12	25%	99%
OFFICE 13	23%	91%
OFFICE 14	52%	94%

Multnomah County Department of Community Justice

UNIT ACTIVITY: TREATMENT MODULE

BENCHMARK: 50% OF CASELOAD WILL HAVE AT LEAST ONE ENTRY INTO THE TREATMENT MODULE

PERCENT OF ACTIVE CASELOAD
WITH TREATMENT MODULE ACTIVITY
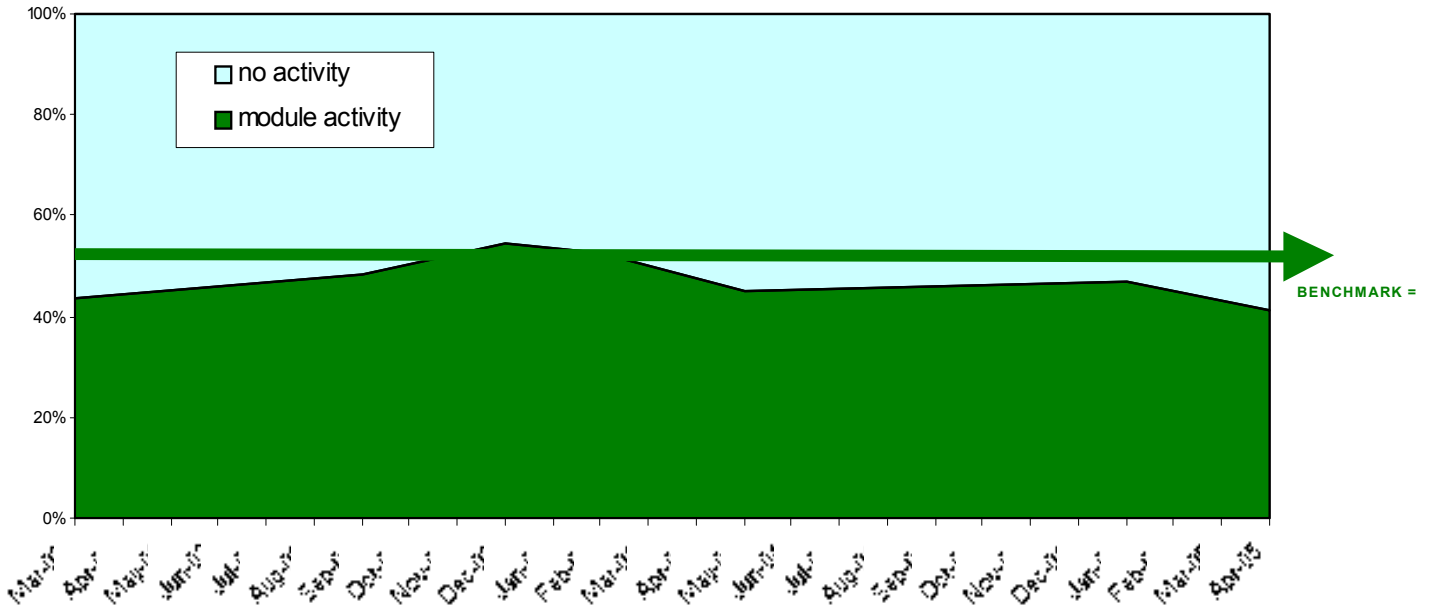
OFFENDER REFERRAL TO. ENTRY INTO,
PARTICIPATION IN AND EXIT FROM TREATMENT

Multnomah County Department of Community Justice
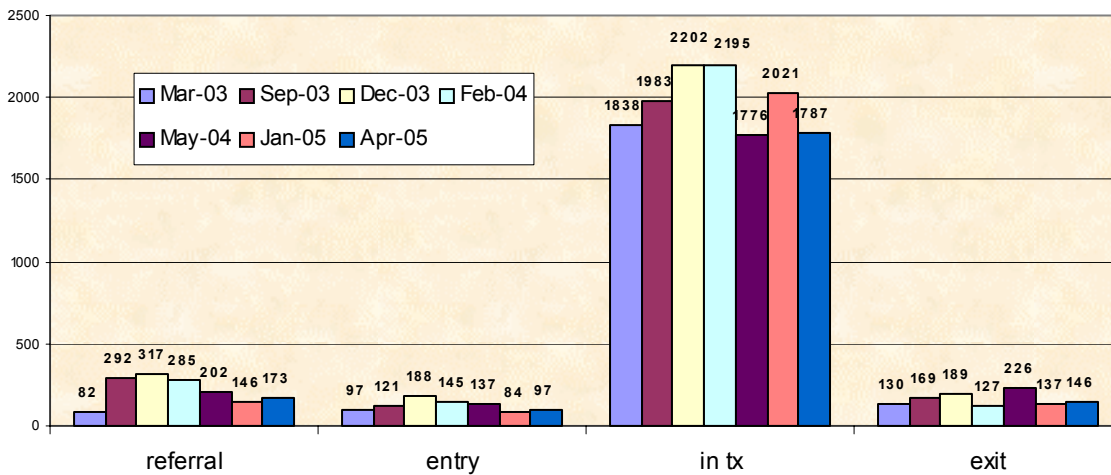
UNIT ACTIVITY: TREATMENT MODULE

	April 2005			
	Referred	Entered	Open	Exit
OVERALL	173	97	1787	146
OFFICE 1		1	22	2
OFFICE 2	12	9	109	12
OFFICE 3	48	8	339	22
OFFICE 4		2	33	
OFFICE 5	13	13	112	13
OFFICE 6	21	14	93	13
OFFICE 7	8	10	101	10
OFFICE 8	10	4	23	4
OFFICE 9	7	1	67	9
OFFICE 10	2	1	119	1
OFFICE 11	11	10	109	14
OFFICE 12	1		21	1
OFFICE 13	15	7	69	25
OFFICE 14	16	17	500	13
OFFICE 15	9	1	70	7

**NEEDS ASSESSMENT AND
CASE PLAN UTILIZATION
(RST AND MTDC EXCLUDED)**
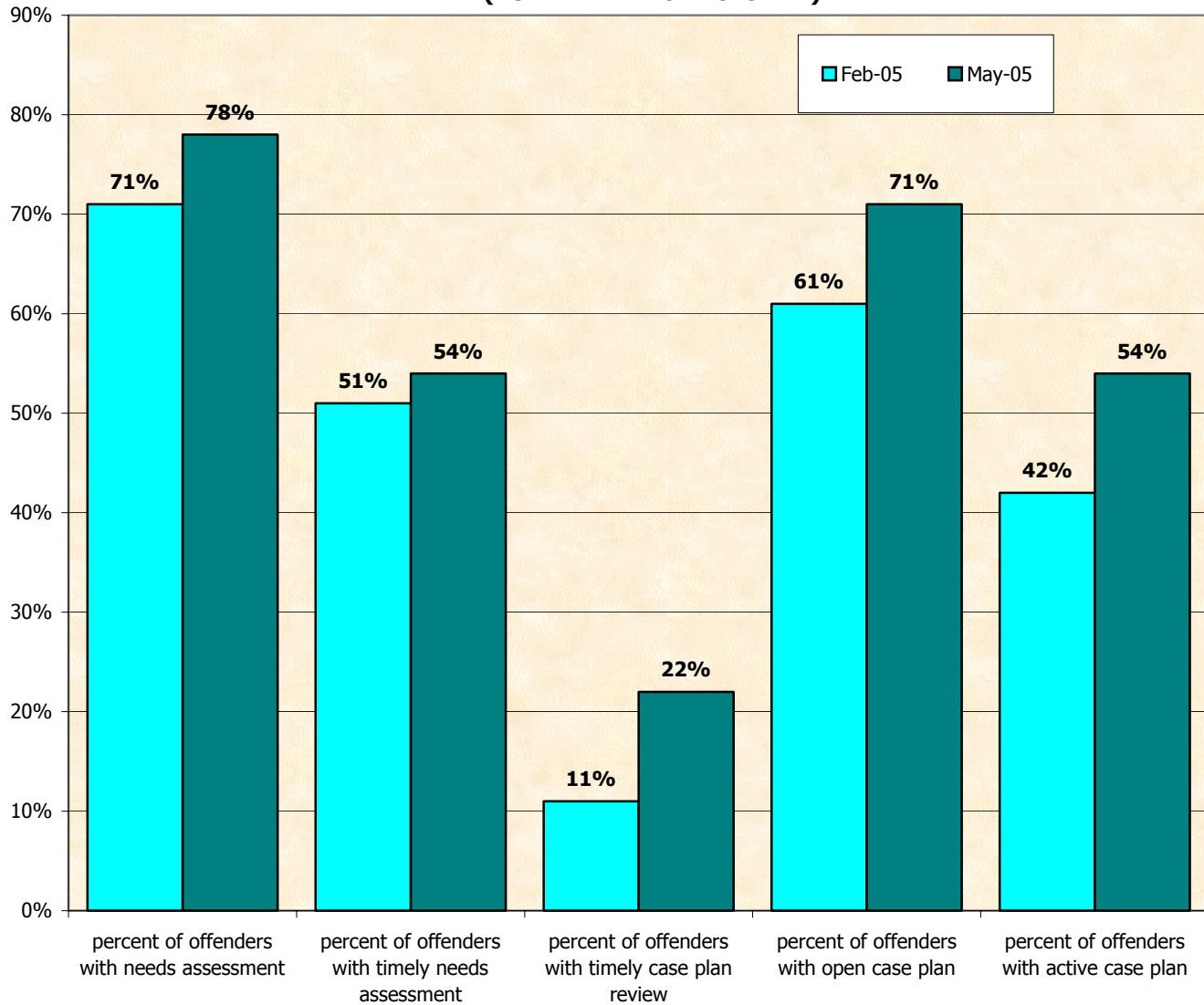
Definitions:
- Timely = every six months
- Open case plan = case plan that has at least one objective or requirement with no initial action date. An objective is a referral or direction to Offender in regard to objective.

Active case plan = plan that has an initial action date on at least one objective that has not been completed.   An objective is a referral or direction to Offender in regard to objective.

Multnomah County Department of Community Justice

UNIT ACTIVITY: NEEDS ASSESSMENT AND CASE PLAN

	May 2005				
	PERCENT OF OFFENDERS WITH NEEDS ASSESSMENT	PERCENT OF OFFENDERS WITH ACTIVE CASE PLAN	PERCENT OF OFFENDERS WITH TIMELY CASE PLAN REVIEW	PERCENT OF OFFENDERS WITH TIMELY NEEDS ASSESSMENT	PERCENT OF OFFENDERS WITH OPEN CASE PLAN
OVERALL	78%	54%	22%	71%	54%
OFFICE 1	75%	56%	34%	60%	55%
OFFICE 2	88%	80%	38%	81%	63%
OFFICE 3	68%	32%	19%	62%	53%
OFFICE 4	84%	63%	5%	76%	66%
OFFICE 5	72%	19%	1%	66%	51%
OFFICE 6	81%	64%	16%	76%	45%
OFFICE 7	73%	51%	11%	66%	60%
OFFICE 8	89%	68%	38%	84%	79%
OFFICE 9	79%	74%	31%	73%	64%
OFFICE 10	80%	71%	10%	76%	59%
OFFICE 11	70%	50%	13%	57%	45%
OFFICE 12	87%	37%	248%	85%	33%
OFFICE 13	76%	54%	9%	65%	42%
OFFICE 14	87%	57%	40%	83%	57%

Multnomah County Department of Community Justice

RISK ASSESSMENT

BENCHMARK: 80% OF RISK ASSESSMENTS WILL BE COMPLETED WITHIN ONE MONTH OF DUE DATE.

**PERCENT OF ACTIVE CASELOAD WITH NEEDS ASSESSMENT COMPLETED
(MTCB, MTDC AND MTDV DSP CASELOADS EXCLUDED)**

	Dec-03	Mar-04	Aug-04	Feb-05	May-05
Percent	73%	68%	77%	84%	83%

Multnomah County Department of Community Justice
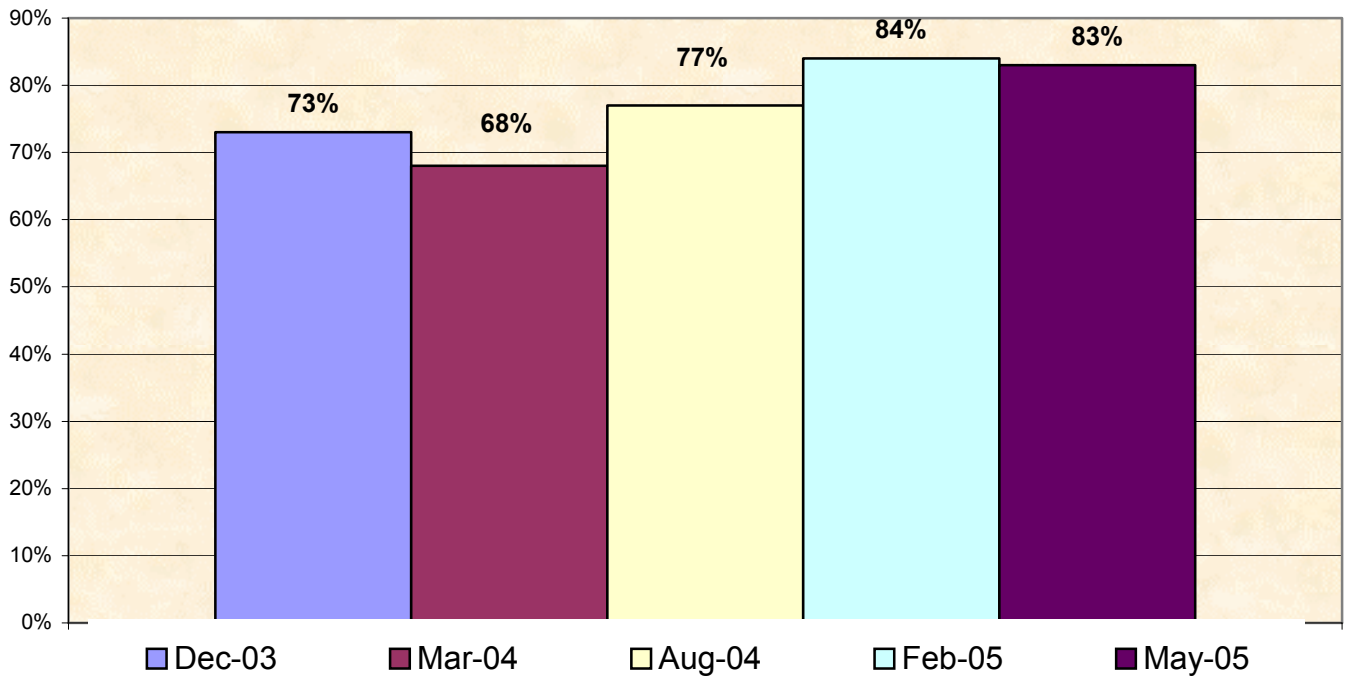
CUSTOMER SATISFACTION

Overview

Research has shown that offenders are more likely to change their behavior and less likely to recidivate if they receive positive reinforcement. Assessing customer (i.e. offender) satisfaction with the experience while on probation gives a sense of whether or not the offender feels that he or she was treated with fairness and respect, and whether positive reinforcement was provided when the offender maintained compliance with conditions. Therefore, customer satisfaction surveys are one way of measuring alignment with evidence-based principles.

The basic procedure for assessing customer satisfaction is very simple: develop a questionnaire, choose a sample of offenders, administer the questionnaire, and analyze the results. However, each step has its challenges. A survey questionnaire must be carefully designed to elicit the desired information, and careful sampling and administration are required to ensure that a representative sample of offenders responds to the questionnaire. Finally, it is important that feedback from customers (offenders) is considered and incorporated into practice where appropriate.

Principles

✪ *The sample of offenders surveyed must be representative.*
All offenders must have an equal opportunity to be selected for the sample, and to have an opportunity to complete a survey. This includes offenders who are incarcerated or who drop out of treatment before completion.

✪ *Questions should be consistent with quality assurance indicators.*
Questions should be carefully chosen to provide data necessary to measure quality, without the survey being too long and collecting irrelevant information.

✪ *Offenders must be able to respond honestly without fear of retribution.*
The data is only useful if it is honest, so responses should be anonymous. Offenders must also trust that their responses are truly anonymous, and that there will not be consequences for negative feedback.

✪ *Results should be used to improve program quality and efficacy.*
Results should be made available to all of the stakeholders charged with program improvement and quality assurance. This data should be considered in program evaluation and decisions on program and policy changes.

Components

- **Who will be surveyed?**

  A sample size is determined based on available resources: will all offenders be surveyed, or only a sample? Will each offender be surveyed only once, or multiple times during his or her involvement with community corrections? When choosing a sample, it is important that all offenders involved with community corrections have the opportunity to be included in the sample (i.e. select participants from the entire census, not just a "convenience sample" from a certain jurisdiction or treatment group). Once a sample is selected, it is important that all sampled offenders are given the opportunity to complete the survey, regardless of the reason they leave probation (i.e. re-arrest or incarceration). Otherwise, only offenders who successfully complete their probation will be sampled, and that group may not have the same viewpoint as all offenders. If a certain group is unavailable for survey, then their exclusion must be reported.

- **When will the surveys be completed?**

  This relates to the issue of sampling. If multiple surveys are going to be used, when should they be administered? This will likely vary based on the average length of probation for potential participants. If only one survey is being used, it could be administered universally on a certain date (a "snapshot" of satisfaction across the agency on that date), or at a certain point in the offender's probationary period. Surveys administered at the end of probation are often called "exit interviews." Exit interviews are common because they allow an offender to evaluate his or her entire experience with less fear of retribution. Also, administering a single survey such as an exit interview requires fewer resources than multiple surveys.

- **What questions will be included?**

  As with all other instruments, the questions should reflect the indicators of quality for the department. For example, did offenders feel they were referred to treatment in a timely manner? Did they feel heard and part of the decision making process? Have they re-offended while on probation? Questions must be chosen carefully so that the survey is not too long (which would decrease completion rates), but still offers enough information to be meaningful.

  Survey questions must be chosen carefully and pilot tested with the target audience.

  Developing a survey instrument that meets the needs of the agency and its customers can be complicated. Careful consideration must be given to the instructions, questions, and format of the survey. For example, respondents with low literacy levels or speakers of other languages may have difficulty with complex language. The survey will also need to be pilot tested for reliability and validity. A staff member or consultant with experience in survey development should participate in developing the tool.

- **How will the survey be administered?**

  The way in which the survey is administered will influence whether the offender receives the survey, completes it, and returns it in a timely manner. Also, the method must ensure confidentiality. There are many methods for administering surveys, but the one that lends itself to confidential exit interviews is self-administered mail surveys. This type of survey can either be given to the offender in person or mailed to his or her home. The offender is given the survey and a self-addressed, stamped envelop in which to return it. The survey will not identify the offender by name, but it may use a number to track which surveys are returned and which are not.

Mail Surveys: Benefits and Drawbacks

Benefits:
- Confidentiality is ensured when no identifying information is on the survey.
- Offenders can complete the survey at their own pace.
- Mail surveys are less resource-intensive than in-person interviews or phone surveys, so a larger sample size can be used.
- Treatment providers can distribute the surveys as well as probation staff.

Drawbacks:
- Mail surveys have low response rates compared to other survey methods, especially when no reminders are given.
- Literacy or language issues may prevent an offender from responding.
- Surveys sent to offenders' homes might not reach them.
- Offenders may not feel motivated to respond honestly, completely, or at all. (This is a risk with any survey; a compelling cover letter or other incentive may be needed.)
- Without tracking the survey, there is no way to determine whether certain groups of offenders do not respond. (For example, results would be skewed if offenders who are subsequently incarcerated never respond to a survey about treatment effectiveness.)

- **How will the results be used?**

  The survey questions should be designed to inform the quality assurance process, determine if the agency is providing professional, respectful services, and to determine if supervision and treatment are addressing an offender's criminogenic needs and preventing re-offending. The results should be analyzed and reported in a useful way, ideally as part of the overall data management system. The stakeholders in the quality assurance process, including the peer review team, management, and any advisory groups, should use this data to inform their review of key indicators and development of new best practice.

Interview #_____   Interviewers Name: _____

<u>Interview Questions</u>

1) **What is your gender?**

                       Male: _____   Female: _____

2) **Please indicate your age:** _____

3) **What is your relationship status?**

          Not in a relationship: _____   In a relationship: ____   How long: _____

4) **Which do you most strongly identify with?**

1. ___ White (Non-Hispanic)	8. ___ Hispanic – Puerto Rican
2. ___ Black (Non-Hispanic)	9. ___ Other Hispanic
3. ___ Native American	10. ___ Asian
4. ___ Alaskan Native	11. ___ Southeast Asian
5. ___ Asian or Pacific Islander	12. ___ Mixed
6. ___ Hispanic – Mexican	13. ___ Other: _____
7. ____ Hispanic - Cuban	

5) **Is English your primary language?**   Yes: _____   No: _____

5a) **If no, which language is?** _____

6) **Was language a barrier during your supervision process?**

                Yes: _____   No: _____

7) **What is the highest grade you have completed?** _____

1. ___ Less than High School	4. ___ Some College
2. ___ High School Degree	5. ___ College Degree
3. ___ GED Completion	6. ___ Trade School Certificate

7a) **Were you home schooled?** Yes: _____ No: _____

How many years? _____

8) **Have you ever had an immediate family member in the corrections system?**

Yes: _____ No: _____

9) **Before your most recent arrest, did you have any close friends involved in the corrections system?**

Yes: _____ No: _____

10) **At what age did you first associate with friends or family in the Criminal Justice system?**

_____

11) **Are you on...** **Probation:** _____ or **Post-Prison Supervision (Parole):** _____?

12) **What crime were you most recently convicted of?** _____

13) **Is this your first time on supervision?**

Yes: _____ No: _____

13a) **How long have you been on supervision? (since the last conviction)**

_____ months

14) **Have you been convicted of or found in violation of your supervision conditions**

(this cycle) ? Yes: _____ No: _____ More than once: _____

14a) **What was the sanction (what happened)?**

1) Jail _____ (# of days) _____   5) Counseling _____

2) Community Service _____   6) House Arrest _____

3) Forest Project _____   7) Increased Reporting _____

4) Work Release _____   8) Revoke _____

15) **Were you employed at the time of your arrest?**

Yes: _____   No: _____

15a) **What is your current employment status?**

1. ____Full-time (35 hours or more)   3. ____Irregular (less than 17 hours)

2. ____Part-time (17 – 34 hours)   4. ____Not working or looking for work

15b) **If unemployed, what is your reason for unemployment?**

1. ___ No desire to work   7. ___ In treatment

2. ___ Student   8. ___ Incarcerated

3. ___ Homemaker   9. ___ Seasonal Worker

4. ___ Retired   10. ___ Temporarily Laid-Off

5. ___ Physical reasons   11. ___ Supported by other

6. ___ Mental illness   12. ___ Looking for work

16) **What programs have you been involved with while under supervision?**

1. _____Counseling   If yes, what type? _____

2. _____Community Service   8. _____ Forest Project

3. _____Victims Panel   9. _____ Drug/Alcohol Treatment

4. _____Cognitive Restructuring 10. _____The Learning Center

5. _____One-Stop Employment   11. _____Other

6. _____Day Reporting Center   12. _____ None

7. _____Work Release   13. _____ Pending Referral

17) How long have you been with your current P.O.? _____(months)

17a) On a scale of 1-4 please rate your current Probation/Parole Officer's performance.

1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good

Timeliness
1 - 2 - 3 - 4

Availability
1 - 2 - 3 - 4

Understanding of your situation
1 - 2 - 3 - 4

Ability to relate to you in a respectful manner
1 - 2 - 3 - 4

Informative about programs
1- 2 - 3 - 4

18) Have you had more than one Probation/Parole Officer during this supervision?
Yes: _____ No**:** _____

19) If yes, has it been problematic? **Yes: _____ No:_____**

20) Regarding your experience with the supervision process in general, would you describe it

as… Positive ____ or Negative _____

Why? _____

20a) Has your perception of the supervision process changed since the beginning of your

current supervision? Yes: _____ No: _____

21) **Currently, what is your level of concern in the following areas?**

Please answer low, high or none.

Finding a Job
Low:_____   High:_____   None:_____

Managing your finances

Low:_____   High:_____   None:_____

Returning to a neighborhood where criminal activity is common

Low:_____   High:_____   None:_____

Community rejection

Low:_____   High:_____   None:_____

Family rejection

Low:_____   High:_____   None: _____

Facing situations where criminal behavior might be tempting

Low:_____   High:_____   None:_____

Facing situations where drugs or alcohol are easily available

Low:_____   High:_____   None:_____

22) On a scale of 1-4 please rate how your supervision was helpful in the following areas……………………..

Reducing attitudes that might lead to crime.
1 – 2 – 3 – 4

Increasing educational opportunities.
1 – 2 – 3 – 4

Reducing interest in hanging out with individuals that might be involved with crime.
1 – 2 – 3 – 4

Offering job assistance or employment training.
1 – 2 – 3 – 4

Learning new problem solving skills.

1 – 2 – 3 – 4

Developing an understanding of your impact on the community.
1- 2 – 3 – 4

Developing an understanding that even if family and friends commit crime their actions should not be followed.
1 – 2 – 3 – 4

Please rate your over all experience with the people in probation and parole
1 – 2 – 3 – 4

23) Was there anything that you feel you need to add, or that you feel we might have left out?_____

_____

_____

_____

_____

_____

Multnomah County Department of Community Justice/Portland State University

PROGRAM EVALUATION

<u>Overview</u>

Program evaluation is beneficial in several ways:
- It allows a program to be "tracked" from development through implementation, to ensure that it has been implemented faithfully.
- It requires that stakeholders carefully define "success" and decide how to measure it.
- It measures a program's progress towards its goals and objectives, letting stakeholders know when success has been achieved, or when change is necessary.
- It allows new "best practices" to be created, as organizations can cite evidence to prove their success.

Evaluation methodologies too numerous to count are available to an organization that wishes to define and measure success. An evaluation strategy can be tailored to the type of program, its size, goals, and available resources. Evaluations are most often used in three ways: to pilot test new or adapted programs or materials, called formative evaluation; to test the implementation of a program, called process evaluation; and to measure progress towards outcomes, called outcome evaluation. The design of a comprehensive evaluation plan is beyond the scope of this manual, but a general overview of the process is provided.

<u>**Principles**</u>

✪ *Evaluation planning should begin when program planning begins.*
The evaluation process is much easier, more comprehensive, and more accurate if evaluation activities are incorporated into the program from the outset. Also, the systematic process of designing and implementing an evaluation often results in ongoing program improvement.

✪ *All key stakeholders should be involved in the development of the evaluation plan.*
Input from many people will help ensure that the optimal evaluation design is chosen, and that staff and resources will be committed to following through with the evaluation.

✪ *A knowledgeable evaluator should guide the process.*
Evaluations can be very complex, and many decisions must be made to balance the needs of stakeholders, available resources, and sound research. An experienced evaluator is required to do this successfully.

✪ *The more rigorous the evaluation methodology, the more reliable the results.*
The more carefully the evaluation is conducted, the more meaningful the results are. This can have implications not only for determining if the program was successful, but also for evaluating the fidelity to the program model, whether or not a new "best practice" has been created, and whether the program is a good candidate for funding or replication.

Components

- *Formative Evaluation*

Formative evaluation, or "pilot testing" is the process of testing program components on a small group and soliciting feedback before the program is implemented on a larger scale. Formative evaluation is an important step when implementing a new program, or when adapting an existing program for a new population. Though it requires more resources initially, formative evaluation saves resources in the long term by finding and addressing problems that would reduce a program's efficacy. For example, if a small group of officers is trained on an assessment tool and then can give feedback on the training, then the training can be improved before all officers are trained.

> **Qualitative Data** are the answers to open-ended questions.
> *Ex.: What aspects of the treatment did you find helpful?*
>
> Any response is possible. Results are analyzed by grouping similar responses.

Formative evaluation is often done by collecting qualitative (open-ended) data, so that respondents are able to give whatever feedback they feel it appropriate. Sometimes the feedback provided is completely unexpected, so it is important that respondents are not limited in their response options. The data is usually collected through focus groups, individual interviews, or written questionnaires after participating in the program being tested. As with survey data, it is important that the questions are carefully written.

Evaluators could test anything from a worksheet to an entire curriculum. Participants in a formative evaluation are usually a convenience sample, such as probationers from one region, rather than a random sample. A convenience sample is less resource intensive and allows evaluators to target a specific group (for example, testing readability of materials with offenders for whom English is a second language).

- *Process Evaluation*

Process evaluation measures the implementation of a program, including whether it was implemented as intended, whether the intended audience participated, and whether participants were satisfied with the program.

The first step of a process evaluation is choosing what questions should be answered. In many cases, the process evaluation questions will align with quality assurance indicators. Are assessments and case plans being completed for all offenders? Are offenders attending treatment? Are offenders satisfied with treatment? The number of process questions asked depends on what is being measured and the resources available to track the answers.

The second step is determining how the data is going to be collected. Most process data is collected using paper or electronic tracking forms that are completed and submitted on a regular basis, either by the staff member completing the task or an evaluator reviewing the task. For example, an officer may track how many intake assessments he or she does each month, then a member of the peer review team may track the accuracy and completeness of the assessment. Some process data may be tracked by survey, such as participant satisfaction with an activity. Process data may be qualitative or quantitative (close-ended). In most cases, quantitative data is collected because it is much easier to gather, analyze, and report. Some process measures, like client satisfaction, are amenable to qualitative data collection if resources permit.

> **Quantitative Data** are the answers to closed-ended questions.
> *Ex.: On a scale of 1 to 5, how would you rate the instructor's level of knowledge?*
>
> Responses are limited. Results are analyzed by assigning numerical values to responses and using statistical analysis.

The final step is determining how the data is going to be used. The data that is gathered must be able to be compiled and reported in a timely manner, so that it can be used in a timely way. Electronic information systems are very helpful with this. Then, as with all other data, stakeholders must decide how it will be applied. The stakeholders may also decide to change the evaluation process if the data that they are receiving is not meeting their needs. However, once evaluation methods have changed, new data cannot be compared to old data.

- *Outcome Evaluation*

Outcome evaluation measures whether a program achieved its stated goals. The first step in conducting this type of evaluation is determining which of the program's outcomes should be measured by the evaluation. This could be a short-term outcome, such as an increase in offender knowledge after one session of group therapy, or a longer-term outcome, such as recidivism. In general, it is more difficult to measure longer-term goals, and to prove that they are a result of the program. For example, an evaluator may have to choose between measuring the goal "the offender will not recidivate during the period of probation" or "the offender will not recidivate during the two years following probation." The program manager may want to know whether or not the program has an impact beyond probation. However, it is much more difficult to keep track of offenders after they leave probation, to accurately measure their rates of recidivism, and to be sure that their lack of recidivism is due to the program and not due to something that happened after probation. These longer-term evaluations provide valuable data, but are much more resource intensive. So, depending on the resources allocated to the evaluation (and the timeframe in which results are expected), realistic outcomes should be chosen.

The second step is determining how the data is going to be collected. There are many designs to choose from and many possible methods of collecting data. Some methods are very inexpensive but provide questionable proof that a program works, such as a convenience sample where

probation officers occasionally ask offenders if the have re-offended. Others are very methodologically rigorous, but more resource intensive. For example, evaluators could follow a group of offenders who participated in a treatment program and a similar group of offenders who did not participate in treatment, and on a monthly basis interview the offenders and check police reports and court documents for evidence of re-offense. This would be more reliable, but also requires the dedication of more resources. In addition, there are ethical considerations in design, as the methods cannot violate offender rights. However, some very simple, effective measures are available, such as conducting a pre- and posttest to measure the amount of knowledge participants gained in a treatment group, and comparing offenders who completed treatment to those who did not.

Good programs become "Evidence-Based Practice" through good outcome evaluation.

Again, the final question is how the data will be used. If the results indicate that the program was successful and implemented according to plan, the evaluation results could be used to publicize new best practices. If the outcomes were not achieved, the results can be used to examine why. In most cases, one set of evaluation results will present more questions, and lead to another, more detailed evaluation. For example, if an evaluation finds that male offenders have more success with a program than female offenders, additional evaluation could uncover why.

- *Choosing an Evaluator*

Clearly, there are many decisions to be made in designing and implementing an evaluation, whether large or small. A team of stakeholders should be involved in decision-making, but the team must be lead by a knowledgeable evaluator capable of guiding the process. The team must decide whether this task should fall to an internal staff member, or if an external consultant should be brought in. Either choice could be appropriate, but the following should be considered:

- The individual should have the necessary knowledge to design and implement the plan.
- The individual should have the time to manage the evaluation. It may not be possible for a staff member to balance an evaluation with other responsibilities.
- The individual should be involved from the program's inception, and should have a good working knowledge of the program.
- The individual should have a good relationship with the team and be able to exercise leadership.
- The individual should be aware of personal interests in the results, and conflicts of interest should be avoided.

A good evaluator, who contributes to effective program development and implementation as well, is a key member of the project team. The evaluator's role should be clarified at the onset of the program.

- *Logic Models as Evaluation Tools*

To measure whether a program was effective and why, there must be an understanding of how the program is supposed to work. This includes both the mechanics of the program and the theories behind its effectiveness. For example, in developing a cognitive-behavioral job skills program, each lesson would include a chance to practice a job skill such as arranging a job interview. The reason for this is that the program designers know that if they create the activity, provide the materials for it, and run it (the mechanics), that offenders are more likely to learn and use the skill because they have the chance to practice it (the theory). This chain of events is often implicit, but each link in the chain must be in place in order for the program to be successful.

Activity → Materials → Activity → Offenders → Offenders → Offenders
Designed   Obtained   Implemented   Participate   Learn Skill   Practice Skill
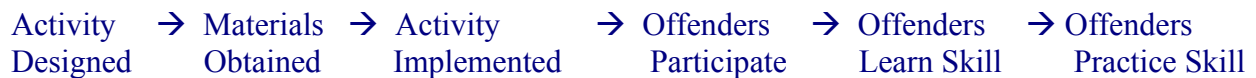
Any of these links in the chain could mean the difference between whether a program works or does not work. When a program is evaluated, it is important to understand why it did or did not work. In the example above, even if the activity is perfectly designed, it may not be effective without enough time to practice. Or, maybe the skill is not one that offenders really need, so they don't have an opportunity to use it. When a program does not work, designers need to know what link in the chain broke down so that it can be fixed (or what link was missing in the first place). When a program does work, designers want to know which links need to be replicated and which can be eliminated or redesigned. To achieve that level of understanding, all of the links in the chain must be explicitly mapped out.

A logic model, also called a process map, is a flexible tool for mapping the mechanics and theory of a program. Creating a logic model forces designers and stakeholders to identify the resources that are available for a program, describe what will occur in the program, and describe the desired outcomes. The model can then be used to design the program itself, to design a program evaluation, and to analyze evaluation results and determine what made a program succeed or fail. The model also gives everyone involved in the project an idea of the "big picture." A great deal of literature is available on the creation of logic models, and a sample is available in this manual.

Components of a Logic Model

Inputs: The resources being put into the project (staff, materials, etc.)

Activities: What is being done in the project (treatment groups, etc.)

Outputs: Direct product of activities, usually numerical targets (# of offenders trained on a skill, etc.)

Initial Outcomes: Short-term changes, such as an increase in knowledge.

Intermediate Outcomes: The next step in the change process, often applying new knowledge or skills.

Long-Term Outcomes: The ultimate goal of the project, often a behavior change.

SAMPLE: LOGIC MODEL

Program: County Community Corrections Substance Abuse Intervention

Inputs	Activities	Outputs	Outcomes		
			Initial	**Intermediate**	**Long-term**
• Department will provide probation officers to make referrals and meeting space. • Tx provider will provide certified facilitator and educational materials.	• Probation officers will complete referrals to TX group within two weeks of completing case plan. • Tx provider will complete intake within 2 weeks of receiving referral. • Offender will attend groups twice weekly for 20 weeks.	• 100% of offenders with substance abuse Tx on their case plan will be enrolled in the Tx group. • 80% of offenders who enroll in the Tx group complete it.	• Offenders will gain knowledge of the impact of their substance use. • Offenders will gain skills for addressing triggers of substance use. • Offenders will increase motivation and self-efficacy to discontinue use.	• Offenders will address triggers for substance use in prosocial ways. • Offenders will utilize prosocial supports to avoid substance use. • Offenders experiencing relapse will utilize Tx options to regain sobriety.	• Offenders will discontinue substance use. • Offenders will remain substance-free for the duration of their probation.
• Department will provide probation officers to make referrals. • AA/NA will provide meeting structure. • Several local churches will provide space for meetings.	• Probation officers will complete referrals to AA/NA within two weeks of completing case plan. • Offenders will attend weekly meetings for a minimum of 24 weeks.	• 100% of offenders with substance abuse Tx on their case plan will be referred to AA/NA groups • 80% of offenders who are referred will attend weekly AA/NA meetings for 24 weeks	• Offenders will develop a prosocial support network. • Offenders will gain knowledge of the impact of their substance use.		
• Department will provide probation officers, facilities, and materials for drug testing. • Local lab will contract to provide urinalysis screening and report results.	• Probation officers will begin urine testing of offenders at first check-in. • Probation officers will conduct testing according to offender risk level at check-ins thereafter. • Officers will respond to test results according to policy.	• 100% of high-risk offenders with substance abuse Tx on their case plan will be urine tested at every check-in. • 100% of medium-risk offenders with substance abuse Tx on their case plan will be urine tested at least twice monthly.	• Offenders will gain knowledge of the consequences of continuing substance use. •		

INDIVIDUAL PERFORMANCE MEASUREMENT

Overview

To fully incorporate evidence-based practices into the culture of an agency, the language and methodology of EBP must be incorporated system-wide, and staff must be supported and held accountable for implementing, maintaining, and measuring those practices. This includes incorporating evidence-based practices into the performance measurement system. An effective performance appraisal measures what the organization values. Thus management and line officers must be evaluated on how aligned their management or line practices are with EBP practices and principles. As job expectations change, the measures against which performance is evaluated also need to change, so that everyone is on the same page about what constitutes good performance, and so that staff members have an opportunity to be acknowledged for what they do well and to learn how to prepare for advancement opportunities.

It is important that individual performance reviews are designed to support managers and officers to meet organizational expectations and goals. If performance is being judged by out-of-date criteria that are not in alignment with the organization's desire to implement EBP, there is little or no extrinsic motivation to incorporate EBP into daily practice. Management and line staff must be supported and held accountable to meet these new expectations. Just as line staff must focus on what offenders do well, so must managers support staff to continue practices that align with EBP and to change behaviors that are not consistent with EBP. Following-up on areas for change with performance improvement plans, providing skill development opportunities, and when necessary, taking disciplinary action are all necessary steps in the appraisal process.

Principles

✪ *Performance reviews should be ongoing.*
To allow staff to incorporate feedback and improve performance, supervisors should provide ongoing assessment and reinforcement. It does not benefit the officer nor the agency to ignore behavior, positive or negative, until an annual review.

✪ *Performance criteria should be explicit and measurable.*
Staff should have clear expectations of the job responsibilities and expected outcomes. The process for measuring achievement should be clearly defined and consistent.

✪ *Performance criteria should align with desired outcomes.*
To encourage commitment to evidence-based outcomes, staff at all levels should be measured by their ability to meet desired outcomes rather than unrelated, outdated, and possibly contradictory criteria.

✪ *Reviews should focus on positive behavior and provide opportunities for improvement of skill deficiencies.*
Everyone is more responsive to positive feedback. Procedures should be in place to recognize and reward positive performance. Organizations must be willing to follow-up on negative evaluations through skill development opportunities, performance improvement plans, or discipline when necessary.

✪ *Distinguish between performance review and coaching.*
When implementing new practices, staff needs an opportunity to practice without fear of repercussions. Over time, however, everyone must expect that they will be evaluated on their use of EBP, and that they may face consequences for failing to use those practices.

Components

- **Establish a regular schedule for formal supervision, encompassing observation and performance reviews.**
Performance appraisals should not be a once a year occurrence. At the annual appraisal meeting, the supervisor and employee should create a learning contract for the year. This can include continuing and enhancing current practices to changing and adopting new practices. This contract should be discussed on a regular basis and no less than once a quarter. By observing employee performance, reviewing performance indicators, and meeting with employees regularly, both positive and negative performance feedback is more immediate and useful. Problems regarding behavior, skill, and attitude can be addressed without delay through performance improvement plans and opportunities for additional skill development if appropriate. Leaving performance issues unattended to until an annual performance evaluation is scheduled leaves the organization suffering from possible poor productivity and employees blindsided at review time. There should be no "surprises" in a performance evaluation.

- **Create an environment open to ongoing communication, learning, and feedback.**
Organizations implementing evidence-based practices must constantly collect data about their progress, analyze that data, and make changes and course adjustments based on that feedback. The same is true at all levels of the organization, including that of the individual employee. Without open and ongoing communication, performance feedback, and learning between supervisors and employees, progress toward providing improved services and reducing recidivism is stalled. Information sharing and communication at all organizational levels are critical to achieving performance improvement.

- **Staff should evaluate their own performance.**
A self-evaluation should be the starting point for the appraisal. The supervisor should always review the employee's self-evaluation with the employee in person. This creates more active participation in the review process, and may increase the likelihood of reaching agreement on what changes may need to occur. The self-evaluation provides valuable insight and information regarding the employees' perceptions of their job responsibilities, whether they are completing

them adequately, and whether they have the training and resources necessary to fulfill their professional goals. Many performance failures are rooted in a lack of understanding and agreement by supervisors and employees regarding what constitutes effective performance.

- **Staff should provide feedback on their supervisor's performance.**

The relationship between an employee and their supervisor, including the quality of the communication and the ability of the supervisor to train, model, and give feedback on skills can have a significant influence on ability of an employee to fulfill his or her responsibilities. Employees should be given an opportunity to evaluate supervisors so that they can give feedback on the quality of that relationship. (In a way, this is a customer satisfaction survey of the supervisor/employee relationship. The "services" provided by the supervisor are only effective if the employee finds them beneficial.) This can be done informally in concert with an employee's review, or through a formal written (and preferably confidential) survey administered by the peer review team or management.

Performance Appraisals: The Questions

While ongoing performance review can be an informal process, an annual performance appraisal should be done using standardized guidelines. Both the employee and the supervisor should be clear on what is being assessed.

Potential questions are:
- What was the employee expected to accomplish (i.e. his/her job description)?

- What did the employee accomplish?

- How was the employee able to achieve these accomplishments (i.e. skills and strengths)?

- What goals were not met, and why?

- What potential for improvement exists, and what is the plan for professional development?

Rewarding Exceptional Performance

A positive performance appraisal is most often equated with a salary increase or a promotion. However, there are many ways to formally and informally recognize quality work.

- Publicly acknowledge the contributions of individual employees or teams (for staff who enjoy public recognition).

- Offer incentive gifts, special activities, or time off.

- Provide advanced professional development opportunities.

- Shift workloads: offer smaller, specialized caseloads, or more leadership opportunities with less administrative work (do not reward good work with even more work)!

- Provide opportunities for leadership and participation in organizational development activities.

Sample: Employee Observation Evaluation

Employee Name: Activity Observed:

Observation Time (amount):   Start Time: Stop Time: Place of Observation:

Behavior	Below Expectations	Needs Improvement	Meets Expectations	Exceeds Expectations	Comments on Direct Observations
Uses cognitive-behavioral language during encounters with clients.					
Models appropriate language and behavior to clients. Includes: Speaking positively about program, law, courts, etc. Does not use derogatory language/jokes op sarcasm.					
Avoids power struggles with clients (e.g., does not argue with clients, raise voice at clients, antagonize clients)					
Consistently applies appropriate consequences for behaviors (both positive and negative)					
Identifies thinking barriers in clients in value-neutral way					
Overall Score					

Sample: Supervisor Evaluation

Supervisor _____ Date: _____

This evaluation is confidential. It is important to have your honest opinion so that we can address strengths and needs of all staff as well as provide needed training. Thank you for taking time to assist in bettering our team.

1. **My supervisor is firm and fair and has effective use of authority.**

   _____strongly agree _____agree _____ disagree _____strongly disagree

2. **My supervisor models and reinforces pro social behaviors through positive and negative reinforcers. (Knows how to reward appropriately and how to stop negative behavior without damaging morale or the dignity of staff.)**

   _____strongly agree _____agree _____ disagree _____strongly disagree

3. **My supervisor is effective at teaching skills needed to do my job.**

   _____strongly agree _____agree _____ disagree _____strongly disagree

4. **My supervisor is knowledgeable in community resources.**

   _____strongly agree _____agree _____ disagree _____strongly disagree

5. **My supervisor is open to suggestions, communicates well, and shows respect.**

   _____strongly agree _____agree _____ disagree _____strongly disagree

6. **My supervisor has a firm understanding of Best Practices and is able to articulate that to staff.**

   _____strongly agree _____agree _____ disagree _____strongly disagree

7. **My supervisor is organized and makes good use of his or her time.**

   _____strongly agree _____agree _____ disagree _____strongly disagree

8. **I consider my supervisor a leader.**

   _____strongly agree _____agree _____ disagree _____strongly disagree

9. **My supervisor understands what it takes to do my job and is always looking for ways to increase the efficiency of the unit.**

   _____strongly agree _____agree _____ disagree _____strongly disagree

10. **My supervisor cares about me personally and has done things to help me grow professionally.**

    _____strongly agree _____agree _____ disagree _____strongly disagree

11. **My supervisor is good at not only solving problems, but also anticipating them and gathering the appropriate information.**

    _____strongly agree _____agree _____ disagree _____strongly disagree

12. My supervisor isn't afraid to roll up his/her sleeves and pitch in when help is needed.

_____strongly agree _____agree _____ disagree _____strongly disagree

13. I have deep respect for my supervisor and appreciate all the hard work that he/she does.

_____strongly agree _____agree _____ disagree _____strongly disagree

14. My supervisor is a hard worker and follows through with what he/she says he will do.

_____strongly agree _____agree _____ disagree _____strongly disagree

15. My supervisor is accessible. He/she answers voice mail, email and other requests in a timely manner.

_____strongly agree _____agree _____ disagree _____strongly disagree

This next section covers technical skills including case planning and case management. The following scale ratings are listed:
> _5 = Supervisor is an expert in this area_
> _4 = Strong understanding in this area_
> _3 = Average understanding in this area_
> _2 = Could use training in this area_
> _1 = Not sure training would help_

16. ICON business rules and information that is tracked.
5   4   3   2   1

17. Case Planning to include Relapse Prevention Plans.
5   4   3   2   1

18. Understand responsivity issues, to include motivational interviewing, and the Jesness.
5   4   3   2   1

19. Sensitive to diversity issues to include ethnicity and gender.
5   4   3   2   1

20. Understanding of the issues of domestic violence.
5   4   3   2   1

21. Knowledge of substance abuse and treatment.
5   4   3   2   1

22. Knowledge of mental health issues and treatment.
5   4   3   2   1

23. Knowledge of sexual abuse issues and treatment.
5   4   3   2   1

24. Knowledge of interstate compact.
5   4   3   2   1

25. Not only knows policy but also is able to guide employee to think the problem out on his/her own in the future.
5   4   3   2   1

5th Judicial District Department of Correctional Services, Des Moines, Iowa

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APPENDIX: COMPREHENSIVE ASSESSMENT OF TREATMENT PROVIDER

Developed by ICCA, modified by Kim Sperber, Talbot House

Section 1: STAFF EXPERIENCE, EDUCATION, TRAINING

Staff Experience/Education

In the following table, please indicate the percentage of direct treatment staff and non-treatment staff (line staff such as security officers) that meet the following criteria:

Criteria	Percentage of treatment staff	Percentage of non-treatment staff
Have worked a minimum of 5 years with the program		
Have a minimum of 5 years previous experience working with offenders in a treatment setting before being hired by your program		
Have worked a minimum of 10 years with the program		
Have a minimum of 10 years previous experience working with offenders in a treatment setting before being hired by your program		

In the following table, please indicate the percentage of direct treatment staff and non-treatment staff (line staff such as security officers) that meet the following criteria:

Criteria	Percentage of Treatment staff	Percentage of Non-Treatment staff
Have a Bachelors degree in social profession		
Have a Masters degree or higher in a social profession		
Have worked a minimum of 2 years with the program		
Have a minimum of 2 years previous experience working with offenders in a treatment setting before being hired by your program		

Rank the five most important characteristics considered when hiring new staff.

__ **Education**	__ **Experience**
__ **Philosophy of the candidate**	__ **Demographics of the candidate**
__ **If the new staff is in recovery**	__ **If the new staff is an ex-offender**
__ **Life experiences of the new staff**	__ **Ability to be firm but fair**
__ **Problem solving techniques**	__ **Empathy**
__ **Knowledge of population**	__ **Spontaneity**
__ **Writing skills**	__ **Communications skills**
__ **Other:** _____	

Staff Training

In the following table, please indicate the average number of hours of initial training and on-going training in each of the following areas.

Area of training	Initial training hours	On-going training hours
Criminogenic Factors		
Anger management treatment		
Changing criminal thinking		
Changing the peer associations		
Cognitive skills		
Domestic violence		
Family counseling		
Family treatment		
Substance abuse treatment		
Training in parenting		
Violence or aggression		
Community Functioning Factors		
Employment/vocational training		
Financial classes		
Life skills		
Mental health		
Substance abuse education		
Program Specific Factors		
Policy and procedures of the program		
Supervision of offenders in the community		
Supervision of offenders while in the facility		
Treating juveniles		
Other:		
Other:		

Do new staff attend training?

__ Externally   __ Internally
__ Supervised   __ Unsupervised
__ Other (please specify: _____)

Which of the following generally applies to the training of new staff (check all that apply)?

__ New staff are trained in the philosophy of the program
__ New staff are trained in rewards used by the program
__ New staff are trained in the punishments used by the program
__ New staff are trained curriculums used by the program
__ New staff are trained in the use of the assessment instruments used by the program
__ New staff are trained in the principles of effective interventions
__ New staff are trained in custody of the offenders
__ New staff are provided safety training

How does the training of new staff typically occur (check all that apply)?

    __ **They read the policy and procedure manual**
    __ **They read the curriculums**
    __ **They attend training sessions on the use of punishments**
    __ **They attend training sessions on the use of rewards**
    __ **They attend training sessions on the use assessments instruments**
    __ **They attend training sessions on the principles of effective interventions**
    __ **They attend training sessions on criminal thinking/criminal behavior**
    __ **They attend training sessions on substance abuse**
    __ **They attend training sessions on violence /aggression**
    __ **They attend other training sessions: _____**

How are the training opportunities for existing staff determined (check all that apply)?

    __ **Existing staff are not provided training**
    __ **Surveys**   __ **Face-to-Face Request**
    __ **Solicited requests**   __ **Unsolicited requests**
    __ **Other (please specify: _____)**

What types of training are available for staff (please check all that apply)?

    __ **Externally**   __ **Internally**
    __ **Unsupervised**   __ **Supervised**
    __ **Conferences**   __ **Other (please specify: _____)**

Are existing staff <u>required</u> to attend on-going training?

    __ **Yes**   __ **No**

If yes, how many hours per year are staff required to attend:

    a. **External training _____**
    b. **Internal training _____**
    c. **Supervised training _____**
    d. **Other _____**

Do staff receive on-going training in *providing treatment* in the following offenders need areas?

Criminogenic Factors

Anger Management	__ Yes	__ No	__ Does not apply
Cognitive-Behavioral Treatment	__ Yes	__ No	__ Does not apply
Criminality	__ Yes	__ No	__ Does not apply
Domestic Violence	__ Yes	__ No	__ Does not apply
Family Treatment	__ Yes	__ No	__ Does not apply
Substance Abuse	__ Yes	__ No	__ Does not apply

Community Functioning Factors

Educational/Vocational	__ Yes	__ No	__ Does not apply
Employment	__ Yes	__ No	__ Does not apply
Entitlements	__ Yes	__ No	__ Does not apply
Housing Needs	__ Yes	__ No	__ Does not apply
Life Skills	__ Yes	__ No	__ Does not apply
Mental Health	__ Yes	__ No	__ Does not apply

Do staff receive on-going training in *assessing* the following offenders needs areas?

Criminogenic Factors

Anger Management	__ Yes	__ No	__ **Does not apply**
Criminality	__ Yes	__ No	__ **Does not apply**
Domestic Violence	__ Yes	__ No	__ **Does not apply**
Family Treatment	__ Yes	__ No	__ **Does not apply**
Substance Abuse	__ Yes	__ No	__ **Does not apply**

Community Functioning Factors

Educational/Vocational	__ Yes	__ No	__ **Does not apply**
Employment	__ Yes	__ No	__ **Does not apply**
Financial	__ Yes	__ No	__ **Does not apply**
Medical Care	__ Yes	__ No	__ **Does not apply**
Need for Entitlements	__ Yes	__ No	__ **Does not apply**
Housing Needs	__ Yes	__ No	__ **Does not apply**
Life Skills	__ Yes	__ No	__ **Does not apply**
Mental Health	__ Yes	__ No	__ **Does not apply**
Mentoring	__ Yes	__ No	__ **Does not apply**

Are training sessions assessed on the:

a. Quality of training	__ **Yes**	__ **No**
b. Applicability of the training	__ **Yes**	__ **No**
c. Practicality of the training	__ **Yes**	__ **No**
d. Value of training materials	__ **Yes**	__ **No**
e. Quality of trainer	__ **Yes**	__ **No**

Are staff cross-trained on other positions?　　　__ **Yes**　　__ **No**

Rate the adequacy of training in the following areas:

a.　Use of rewards

0	**1**	**2**	**3**	**4**	**5**
no training in this area	**Very inadequate**				**Very adequate**

b.　Use of punishers

0	**1**	**2**	**3**	**4**	**5**
no training in this area	**Very inadequate**				**Very adequate**

c.　Principles of effective interventions

0	**1**	**2**	**3**	**4**	**5**
no training in this area	**Very inadequate**				**Very adequate**

d.　Program model

0	**1**	**2**	**3**	**4**	**5**
no training in this area	**Very inadequate**				**Very adequate**

e.　Curriculums used by the program

0	**1**	**2**	**3**	**4**	**5**
no training in this area	**Very inadequate**				**Very adequate**

f.　Assessment instrument used by the program

0	**1**	**2**	**3**	**4**	**5**
no training in this area	**Very inadequate**				**Very adequate**

Rate the adequacy of initial training for new staff.

0	1	2	3	4	5
no initial training	**Very inadequate**				**Very adequate**

Rate the adequacy of on-going training for existing staff.

0	1	2	3	4	5
no on-going training	**Very inadequate**				**Very adequate**

Staff Evaluation

How often are staff evaluations conducted?
__ **Every Month**   __ **Every Three Months**   __ **Every Six Months**
__ **Annually**   __ **Bi-Annually**
__ **Other (please specify: _____)**

Who conducts these staff evaluations/assessments?
__ **Treatment staff supervisor**   __ **Administrator**   __ **Program director**
__ **Supervising officer**   __ **Quality assurance division**
__ **Other (please specify: _____)**

Does this assessment include:
__ **Observation of treatment groups**   __ **File maintenance/file review**
__ **Continuing Education**   __ **Complaints**
__ **Offender assessments**   __ **Offender feedback**
__ **Monitoring of offender progress**
__ **Other (please specify: _____)**

Which of the following items are examined on the staff evaluations (please check all that apply)? Please indicate if the item is assessed for direct contact staff (TX staff) or non-direct contact staff (Non-TX staff).

Item	Tx Staff	Non-Tx Staff
Attendance		
Appearance		
Relationship with other staff		
Communication with clients		
Writing skills		
Ability to work with a team		
Presentation of tx material		
Ability to control classroom		
Ability to engage clients in discussions		
Ability to assess clients		
Ability to reassess clients		
Ability in developing tx plans		
Ability in modeling behavior		
Evaluations not completed		
Other:		
Other:		
Other:		
Other:		

Rate the adequacy of staff performance evaluations.

0	1	2	3	4	5
no staff evaluations	Very inadequate				Very adequate

What percentage of service delivery staff receive clinical supervision by a licensed professional? _____%

How often are staff provided with clinical supervision?

__ Weekly   __ Bi-weekly
__ Every Month   __ Every Three Months
__ Every Six Months   __ Annually

Who provides the clinical supervision?
__ Director/Administrator   __ Program Director
__ Treatment Staff Supervisor   __ Supervising Officer
__ Clinical Supervisor   __ Quality Assurance Division
__ Other (please specify: _____)
__ Clinical Supervision is not provided

Is the person responsible for providing clinical supervision licensed by some accrediting body (e.g., CAC certified for substance abuse programs)?

__ Yes   __ No   __ Not applicable

How is the clinical supervision conducted (check all that apply)?
__ Meetings with the treatment staff and the clinical supervisor
__ Individual meetings with the clinical supervisor
__ Supervisor sits in on groups
__ Not applicable

Rate the adequacy of clinical supervision.

0	1	2	3	4	5
No clinical supervision	Very inadequate				Very adequate

Do staff support each of the following items:

Item	Does not apply	TX staff Yes	TX staff No	Non-TX staff Yes	Non-TX staff No
Philosophy of program					
Reducing the risk of the offender					
Targeting the needs of the offender					
The Leadership					
Item	Does not apply	TX staff Yes	TX staff No	Non-TX staff Yes	Non-TX staff No
TX staff					
Non-TX staff					
Monitoring the offender					
Rewarding the offender					
Punishing the offender					
Getting the offender hooked up with other agencies					

Section 2: CLASSIFICATION AND ASSESSMENT

Upon admittance in the program, what are some of the offenders problem areas that are consistently present (check all that apply)?

__ **Substance abuse**	__ **Criminal thinking**
__ **Anger management**	__ **Criminal friends**
__ **Mental health**	__ **Attitudes related to sexual offending**
__ **Lack of education**	__ **Lack of motivation**
__ **Lack of job skills**	__ **Family/parenting issues**
__ **Other (please specify):** _____	

What are the selection criteria?

        __ **Nonviolent offenders**
        __ **First time offenders**
        __ **Risk specific offenders (e.g., low risk)**
        __ **Offense specific offenders (e.g., DUI offender, sex offenders)**
        __ **Need specific offenders (e.g., only substances abuse)**
        __ **There are no selections criteria in place**
        __ **Other (please specify):** _____

How well are the selection criteria adhered to?

        __ **Completely**
        __ **Mostly**
        __ **Somewhat**
        __ **Not at all**
        __ **Do not know**
        __ **Not applicable – no selection criteria in place**

What are the exclusionary criteria (check all that apply)?

        __ **Violent offense(s)**
        __ **History of violence within a certain time period**
        __ **Arsonists**
        __ **Mentally unstable**
        __ **Clients with too little time left on sentence**
        __ **There are no exclusionary criteria in place**
        __ **Other**

How well are the exclusionary criteria adhered to?

        __ **Completely**
        __ **Mostly**
        __ **Somewhat**
        __ **Not at all**
        __ **Do not know**
        __ **Not applicable – no exclusionary criteria in place**

Are any of the offenders in your program inappropriate for the treatment that is being offered?

        __ Yes   __ No

If yes, what percentage of offenders are inappropriate for the treatment?

__ Less than 5% __ 30% - 40%
__ 5% - 10% __ 40% - 50%
__ 10% - 20% __ 50% or more
__ 20% - 30%

If yes, what are some of the reasons offenders are inappropriate for the treatment provided?

__ **They are too violent** __ **They are not motivated**
__ **They are low risk offenders** __ **They are cognitively impaired**
__ **They are mentally unstable** __ **They are too young/ immature**
__ **They need a higher intensity treatment than we offer**
__ **Other:**_____

Rate how appropriate are the selection criteria for services offered by your program.

0 **1** **2** **3** **4** **5**
No selection **Informal criteria** **Very**
appropriate
Criteria

Rate how appropriate the exclusionary criteria are that would keep an offender from entering your program.

0 **1** **2** **3** **4** **5**
No exclusionary Informal criteria **Very**
appropriate
Criteria

What assessment instruments are used when an offender first enters the program? (Please check all that apply. If assessment instrument does not apply, then please check does not apply).

Instrument	All Offenders	Some offenders	No Offenders	Does Not Apply
Standardized Criminality Risk/ Need Instruments	_____	_____	_____	_____
Level of Services Inventory (LSI)	_____	_____	_____	_____
Wisconsin Risk Assessment	_____	_____	_____	_____
Wisconsin Need Assessment	_____	_____	_____	_____
Client Management System (CMS)	_____	_____	_____	_____
Correctional Offender Management Profile for Alternative Sanctions (COMPAS)	_____	_____	_____	_____
Salient Factor Score (SFS)	_____	_____	_____	_____
Custody Rating Scale (CRS)	_____	_____	_____	_____
Hare Psychopathy Checklist	_____	_____	_____	_____
Corrections Risk Analysis System (C-RAS)	_____	_____	_____	_____
Youthful Level of Service Inventory (Y-LSI)	_____	_____	_____	_____

Instrument	All Offenders	Some offenders	No Offenders	Does Not Apply
Juvenile Probation Risk Assessment	_____	_____	_____	_____
Starting Point	_____	_____	_____	_____
Community Risk/ Need Management	_____	_____	_____	_____
Other (please specify) _____	_____	_____	_____	_____
HRAM/ HRAF	_____	_____	_____	_____
Unstandardized Risk/ Needs				
Bio/ social	_____	_____	_____	_____
Bio/Psycho/ social	_____	_____	_____	_____
Psycho/ social	_____	_____	_____	_____
Other (please specify) _____	_____	_____	_____	_____
Substance Abuse Assessments				
Problem Oriented Screening Instruments for Teenagers (POSIT)	_____	_____	_____	_____
Alcohol Dependence Scale	_____	_____	_____	_____
Addiction Severity Index (ASI)	_____	_____	_____	_____
Substance Abuse Subtle Screening Inventory (SASSI)	_____	_____	_____	_____
Multidimensional Addictions and Personality Profile (MAPP)	_____	_____	_____	_____
Juvenile Automated Substance Abuse Evaluation(JASAE)	_____	_____	_____	_____
Michigan Alcohol Screening Test (MAST)	_____	_____	_____	_____
Drug Alcohol Screening Test (DAST)	_____	_____	_____	_____
Adult Substance Abuse Survey (ASUS)	_____	_____	_____	_____
Offender Profile Index (OPI)	_____	_____	_____	_____
CAGE	_____	_____	_____	_____
Other (please specify) _____	_____	_____	_____	_____

Instrument	All Offenders	Some offenders	No Offenders	Does Not Apply
Personality				
Jesness Inventory	_____	_____	_____	_____
Minnesota Multiphasic Inventory (MMPI)	_____	_____	_____	_____
Adult Management System	_____	_____	_____	_____
Other (Please specify) _____	_____	_____	_____	_____
Domestic Violence				
SARA	_____	_____	_____	_____
Other (please specify) _____	_____	_____	_____	_____
Antisocial Attitudes/Cognitive Distortions				
Criminal Sentiments Scale	_____	_____	_____	_____
How I Think Questionnaire	_____	_____	_____	_____
Beliefs Inventory	_____	_____	_____	_____
Pride in Delinquency	_____	_____	_____	_____
Antisocial Attitudes/ Cognitive Distortions, Con't				
Client Self-Rating	_____	_____	_____	_____
Other (please specify) _____	_____	_____	_____	_____
Sex Offender				
STATIC-99	_____	_____	_____	_____
SONAR	_____	_____	_____	_____
JSOAP	_____	_____	_____	_____
MnSOST-R	_____	_____	_____	_____
MSI	_____	_____	_____	_____
Other (please specify) _____	_____	_____	_____	_____

Instrument	All Offenders	Some offenders	No Offenders	Does Not Apply
Violence				
Hare Psychopathy Checklist	_____	_____	_____	_____
HCR-20	_____	_____	_____	_____
WASE	_____	_____	_____	_____
State Trait Anger Expression Inventory (STAXI)	_____	_____	_____	_____
Other (please specify) _____	_____	_____	_____	_____
Other				
MAYSI	_____	_____	_____	_____
IQ tests (please list) _____	_____	_____	_____	_____
Educational tests (please list) _____	_____	_____	_____	_____
Other (please specify) _____	_____	_____	_____	_____

Has the program validated the assessment instrument(s) checked above on it's own population?

       __ Yes, all of the assessments
       __ Yes, most of the assessments
       __ Yes, about half of the assessments
       __ Yes, less than half of the assessments
       __ No

How is the offender's risk level determined (check only one)?

       __ Risk level is determined by standardized assessment instruments
       __ Risk level is determined by psycho-social assessment
       __ Risk level is determined by the severity of the offense
       __ Risk level is determined by judgment of the staff (not by instruments)
       __ Other:_____
       __ Risk level is not determined

Does your program reassess the offender using the following?:

Standardized risk/ need instruments	**__ Yes**	**__ No**	**__ Does not apply**
Substance abuse instruments	**__ Yes**	**__ No**	**__ Does not apply**
Personality instruments	**__ Yes**	**__ No**	**__ Does not apply**
Family instruments	**__ Yes**	**__ No**	**__ Does not apply**
Cognitive/ Attitudinal instruments	**__ Yes**	**__ No**	**__ Does not apply**
Violence instruments	**__ Yes**	**__ No**	**__ Does not apply**

If the program reassesses the offenders, when does the reassessment take place?

        __ Every three months
        __ Every six months
        __ Once a year
        __ Upon termination of the program

If the program reassesses the offenders, how is the information used (check all that apply)?

        __ Used to reassess treatment plans
        __ Used to present to the court/parole board/probation department
        __ Used as criteria for termination
        __ Other: (please specify) _____
        __ Other: (please specify) _____
        __ Other: (please specify) _____

Rate the adequacy of offender reassessment.

0   **1**   **2**   **3**   **4**   **5**
No reassessment Very inadequate   **Very adequate**

Does your program have "tracks" for special needs offenders?
               __ Yes   **__ No**

What special needs offenders are given this attention? **__ N/A**

        __ Sex Offenders
        __ Women
        __ Drug Offenders
        __ Offenders convicted of Driving Under the Influence
        __ Mentally Ill Offenders
        __ High Risk Offenders
        __ Other: _____

Section 3: CHARACTERISTICS OF THE PROGRAM

If your program has criteria to determine placement into different groups, describe the criteria.

How is placement into treatment groups typically decided?

__ **Placement is made based on risk level**
__ **Placement is made based on need**
__ **Placement is made based on characteristics of the offender**
__ **Placement is made based on openings in each group**
__ **All offenders participate in every group**

Do higher-risk offenders receive (check all that apply)?

__ **Treatment groups with only high risk offenders**
__ **More treatment groups**
__ **Stay in groups for longer periods of time**
__ **Stay in the program longer periods of time**
__ **Have higher intensity treatment groups**
__ **Identical services to other offenders**

How do higher-risk offenders have contact with lower-risk offenders (check all that apply)?

__ **Live in the same dorms (institutional setting only)**
__ **Share rooms (institutional setting only)**
__ **Participate in same treatment groups**
__ **Eat together (institutional setting only)**
__ **Participate in activities together (i.e. support groups, recreational activities, pizza parties)**
__ **Other (please specify: _____)**

Are males and females placed in the same group?

__ **Yes** __ **No** __ **Not applicable**

Does the program have specific interventions and groups that are designed for female offenders?

__ **Yes-the program has groups especially for women**
__ **No-the program does not have special programs for female offenders**

If the programs have groups/interventions especially for women, what specific groups have female only members?

__ **Cognitive groups**
__ **Substance abuse groups**
__ **Anger management**
__ **Parenting**
__ **Domestic violence**
__**Other:** _____
__ **Other:** _____
__ **Other:** _____

What groups are gender specific (check all that apply)?

        __ **Not applicable**
        __ **Cognitive groups**
        __ **Parenting**
        __ **Substance abuse**
        __ **Vocational**
        __ **Anger management**
        __ **Life skills**
        __ **Domestic violence**
        __ **Sex offender**
        __ **Employment**
        __ **AA/NA**
        __ **Educational**
        __ **Financial**
        __ **Other: (please specify)** _____
        __ **Other: (please specify)** _____
        __ **Other: (please specify)** _____

Rate the adequacy of the process for assigning offenders to groups.

0	**1**	**2**	**3**	**4**	**5**
Very inadequate					**Very adequate**

How are decisions regarding placement of staff made (check all that apply)?

        __ **Staff facilitate whatever groups are in need of facilitators**
        __ **Staff only facilitate groups in which they are trained**
        __ **Staff facilitate groups based on their qualifications**
        __ **Decisions regarding placement are based on seniority (senior staff have 1ˢᵗ choice)**
        __ **Decisions regarding placement are left to staff**
        __ **Staff facilitate all groups**

How are caseloads typically determined (check all that apply)?

        __ **Randomly**
        __ **Based on caseload size**
        __ **Based on offender offense**
        __ **Based on offender need**
        __ **Based on personality characteristics of the offender and the staff**
        __ **Based on the risk level of the offender**

Rate the adequacy of the process for assigning staff to groups.

0	**1**	**2**	**3**	**4**	**5**
Very inadequate					**Very adequate**

Rate the adequacy of the process for assigning offenders to staff.

0	**1**	**2**	**3**	**4**	**5**
Very inadequate					**Very adequate**

How often are treatment plans updated?

     __ monthly   **__ bi-monthly**
     __ quarterly   **__ every 6 months**
     __ yearly   **__ treatment plans not updated**
     __ treatment plans not used

Rate the adequacy of treatment plans.

0	**1**	**2**	**3**	**4**	**5**
Treatment plans not used	**Very inadequate**				**Very adequate**

Do any of the following groups that your program offers use a documented curriculum (e.g., manual)? If so, in the space provided, write the name of the curriculum or manual. If the manual was something that was developed by the program, please write "Program Developed". Finally, please indicate the typical length (in weeks) of each group.

	Yes	No	Name of Curriculum	Length (in weeks)
Criminogenic Programs				
Anger Management	__	__	_____	_____
Cognitive Skills	__	__	_____	_____
Criminal Friends	__	__	_____	_____
Domestic Violence	__	__	_____	_____
Family Treatment	__	__	_____	_____
Parenting Skills	__	__	_____	_____
Relationship Counseling	__	__	_____	_____
Sex Offender	__	__	_____	_____
Substance Abuse Treatment	__	__	_____	_____
Community Functioning Programs				
Educational	__	__	_____	_____
Employment	__	__	_____	_____
Entitlements	__	__	_____	_____
Financial	__	__	_____	_____
Housing	__	__	_____	_____
Life Skills	__	__	_____	_____
Medical Care	__	__	_____	_____
Vocational	__	__	_____	_____
AA/NA	__	__	_____	_____
Art Therapy	__	__	_____	_____
Individual Counseling	__	__	_____	_____
Mental Health	__	__	_____	_____
Mentoring	__	__	_____	_____
Recreational Therapy	__	__	_____	_____
Self-esteem	__	__	_____	_____
Spirituality	__	__	_____	_____
Substance Abuse Education	__	__	_____	_____
Yoga	__	__	_____	_____
Other: _____	__	__	_____	_____
Other: _____	__	__	_____	_____
Other: _____	__	__	_____	_____

What is the average, minimum, and maximum length of time (in months) an offender spend in the program (not including aftercare)?

Average: _____ **(months)**
Minimum: _____ **(months)**
Maximum: _____ **(months)**

How many group sessions, on average, does an offender attend per week? If multiple groups are provided, please indicate the number of sessions per group.

Group: _____ **Sessions:** _____
Group: _____ **Sessions:** _____
Group: _____ **Sessions:** _____

How does your program teach offenders about antisocial associates/friends?

__ **The program does not teach offenders about antisocial associates**
__ **Staff point out characteristics of antisocial friends/associates**
__ **Staff help them determine which friends are antisocial, but do not point characteristics out**
__ **Discuss what happened in the past when the offender was with antisocial associates/friends**
__ **Offenders complete workbook/journal that target antisocial associates/friends**
__ **Other offenders will tell the individual about their antisocial associates/friends**
__ **Other:** _____
__ **Other:** _____

How does the program attempt to change the antisocial peer associations of the offenders?

__ **Assign a mentor**
__ **Make abstaining from these antisocial associates/friends a condition of release/program completion.**
__ **Introduce offenders to other groups of associates/friends**
__ **Other (please specify:** _____ **)**

How does this program attempt to change the offender's criminal/antisocial thinking patterns, beliefs and values (check all that apply)?

__ **The program does not target antisocial thinking**
__ **Staff point out antisocial attitudes**
__ **Staff help them to determine antisocial attitudes but do not point them out**
__ **Discuss the antisocial attitudes that they had in the past that led to the offender being in the program.**
__ **Offenders complete workbook/journal that targets antisocial attitudes**
__ **Other:** _____
__ **Other:** _____

How does the program attempt to change the offender's violent behavior?

__ **The program does not target violent behavior**
__ **Staff discusses problems caused by violent behavior**
__ **Staff help offenders determine violent behavior issues through groups**
__ **Staff help offenders determine violent behavior issues through individual counseling**
__ **Discuss violent behavior issues that led to the offender being here**
__ **Staff share their own individual experiences with offenders**
__ **Offenders complete workbooks/journals that targets violent behavior**
__ **Other offenders will tell the individual about violent behavior**
__ **Other:** _____

How does the program attempt to change the offender's substance abuse?

       __ The program does not target substance abuse
       __ Staff discusses problems caused by substance abuse
       __ Staff help offenders determine substance abuse issues through groups
       __ Staff help offenders determine substance abuse issues through individual counseling
       __ Discuss substance abuse issues that led to the offender being here
       __ Staff share their own individual experiences with offenders
       __ Offenders complete workbooks/journals that targets substance abuse
       __ Offenders participate in self-help groups (i.e., AA/NA)
       __ Other offenders will tell the individual about substance abuse
       __ Other: _____
       __ Other: _____

What are some of the techniques used by the program to teach offenders the identification of "triggers" that may be problematic for the offender?

       __ The program does not focus on triggers
       __ Staff point out their triggers
       __ Staff help them determine their triggers but do not point them out
       __ Staff point out their red flags
       __ Discuss what they did in the past that led to the offender being in the program
       __ Offenders complete workbook/journal that provide this information
       __ Other offenders will tell the individual
       __ Other: _____
       __ Other: _____

Rate how well your program teaches offenders about relapse.

0   **1**   **2**   **3**   **4**   **5**
Does not teach **Very inadequate**   **Very adequate**
about triggers

What mechanisms are in place to allow offenders to practice new skills that they have learned?

       __ The program does not have opportunities for offenders to practice
       __ Offenders have to read material relating to the topic after each class
       __ Offenders have to complete homework-such as writing assignments
       __ Offenders have to complete journals
       __ Offenders have to complete workbooks
       __ Staff make the role-plays more demanding or harder for each concept
       __ Offenders are required to use the new skill outside the treatment group before the next class time.
       __ Offenders are required to report (at the next class meeting) how they used the skill and what happened.
       __ Other (please specify): _____

Rate the opportunities fro role-playing in the treatment groups.

0   **1**   **2**   **3**   **4**   **5**
No role-playing **Very inadequate**   **Very adequate**

Rate the consistency of staff in using role-plays in their treatment groups.

0   **1**   **2**   **3**   **4**   **5**
No role plays **Not at all consistent**   **Very consistent**

Please specify the category that best reflects how often the groups role-play and what percentage of offenders consistently participate in role-play.

Group	Every Class	Every new skill	Occasionally	Whenever needed	1 or 2 times	% of offenders Participating
Criminogenic Programs						
Anger Management						
Cognitive Skills						
Criminal Friends						
Criminal Thinking						
Domestic Violence						
Family Treatment						
Parenting Skills						
Relationship Counseling						
Sex Offender						
Substance Abuse Tx						
Other Programs						
Employment						
Substance Abuse Education						
Other: _____						
Other: _____						

Which of the following incentives are used (please check all that apply)?

__ **No incentives used**
__ **Certificate for completion of the program**
__ **Certificate of completion fro the specific treatment group**
__ **Offender of the month award**
__ **Graduation Ceremony**
__ **Individual verbal praise**
__ **Reduction in time of sentence**
__ **Tokens or points that can redeemed for material items**
__ **Tokens or points that are used for phase advancement**
__ **Free time**
__ **Stickers or notes**
__ **Food items**
__ **Parties**
__ **Other:** _____

Rate the adequacy of incentives used by the program to encourage participation and completion of the program.

0	1	2	3	4	5
Incentives not used	**Very inadequate**				**Very adequate**

Which of the following punishers, consequences and sanctions utilized (please check all that apply)?

        __ Punishers, consequences, sanctions not utilized
        __ Extra work duty
        __ Extra homework
        __ Singing songs
        __ Wearing signs
        __ Time Outs/ Hot seats
        __ More time added to sentence
        __ Technical violations
        __ Terminated from the program
        __ Loss of privileges
        __ Loss of points
        __ Loss of levels

Why does the program use punishments (check all that apply)?

        __ To coerce the offenders into abiding by the rules of the program/release
        __ To control the offenders while they are in the facility
        __ To stop antisocial behavior
        __ To change the behavior of the offender
        __ To show the offender that his/her actions have consequences
        __ To increase accountability
        __ Other (please specify: _____)

Are staff members trained in the administration of punishments?

        __ Yes   **__ No**

What type of training do staff receive regarding the use of punishment?

When staff have to punish offenders, do they provide alternative behaviors for the offenders after the punishment is administered?

        __ Yes   **__ No**

When a staff member has to issue a punishment and the offender becomes upset, how does the staff deal with the offender and/or the situation?

        __ Discuss the situation with the offender
        __ Walk away from the situation
        __ Suggest the offender discusses the situation with another staff member
        __ Suggest the offender discusses the situation with another offender
        __ Suggest the offender "journal" about the situation
        __ Request the offender "take a break to cool off" and then discuss the situation
        __ Other (please specify: _____
        _____)

Rate the likelihood of offenders receiving sanctions/punishers/consequences *every time* they deserve to receive one.

0	1	2	3	4	5
Punishers not used	Very unlikely				Very likely

Rate the immediacy of punishment.

0	1	2	3	4	5
Punishers not used	Not immediate				Very immediate

Rate how well matched punishers are to the severity of the behavior.

0	1	2	3	4	5
Punishers not used	Not matched				Very well matched

Rate the adequacy of punishments, consequences, and sanctions utilized by the program.

0	1	2	3	4	5
Punishers not used	Very inadequate				Very adequate

Indicate where on the continuum the ratio of punishers: incentive falls?

Punishers←------------------------------------- | --->Rewards
50:50

What type of involvement do the family members of the offenders have?

__ **The program provides voluntary groups for family members**
__ **The program has mandatory groups for family members**
__ **The program does not involve family members**

How many weeks do the interventions provided to the family members last?
_____ **weeks**   __ **Not applicable**

How many sessions are the family interventions?
_____ **Sessions**   __ **Not applicable**

How many minutes do the family member groups last each session?
_____ **Minutes**   __ **Not applicable**

Rate the adequacy of family members involvement in the treatment process.

0	1	2	3	4	5
No family Involvement	Very inadequate				Very adequate

Which of the following topics are generally discussed in the family groups?

• **Policies and procedures of the treatment**	__ Yes	__ No	__ Does not apply
• **Groups that the offender is participating in**	__ Yes	__ No	__ Does not apply
• **Substance abuse education**	__ Yes	__ No	__ Does not apply
• **How to reduce substance abuse**	__ Yes	__ No	__ Does not apply
• **What is criminal thinking**	__ Yes	__ No	__ Does not apply
• **How thinking affects behavior**	__ Yes	__ No	__ Does not apply
• **How to assess the offender at home**	__ Yes	__ No	__ Does not apply
• **How to assist the offender in maintaining**			
• **prosocial behavior**	__ Yes	__ No	__ Does not apply
• **Establishing boundaries**	__ Yes	__ No	__ Does not apply
• **Other:** _____			
• **Other:** _____			

What is program completion based on?

        __ **Length of time to the program**
        __ **Length of the time in the program, regardless of sentence**
        __ **Completion of classes/groups**
        __ **Completion of a certain number of classes**
        __ **Completion of treatment plan**
        __ **Completion is based on phase advancement**
        __ **Completion is based on acquisition of new skills and behavior**

Rate the adequacy of completion criteria.

0	1	2	3	4	5
No completion criteria	**Very inadequate**				**Very adequate**

How do staff monitor the whereabouts and activities of the offenders when they are in the community?

• **Random home visits**	__ Yes	__ No
• **Random work visits**	__ Yes	__ No
• **Random drug/alcohol tests**	__ Yes	__ No
• **Check passes with offender before leaving**	__ Yes	__ No
• **Check passes with offender after they return**	__ Yes	__ No
• **Rely on relationship with police officers to monitor**	__ Yes	__ No
• **Rely on probation/parole officers to monitor**	__ Yes	__ No
• **The program is not responsible for the offenders while in the community**	__ Yes	__ No

Rate the adequacy if staff monitoring of the whereabouts and activities of the offenders when they are in the community. **_NA: Institutional program, participants are *always* in the facility.**

0	1	2	3	4	5
No monitoring	**Very inadequate**				**Very adequate**

Do institutional offenders participate in treatment? (check all that apply):

        (N/A program is in the community ___)
        Remain completely separated from the general population?   __ Yes __ No
        Live with general population?   __ Yes __ No
        Eat with the general population?   __ Yes __ No
        Attend other services with the general population?   __ Yes __ No

Section 4: POST-PROGRAMMING OPTIONS

Do offenders receive aftercare from you facility/program or another agency?

        __ Offenders receive aftercare from your program
        __ Offenders receive aftercare from our agency, but not our program
        __ Offenders receive aftercare from another agency
        __ Offenders do not receive aftercare services

Do all offenders participate in aftercare (either in-house or with another agency)?
      __ Yes   **__ No**   **__N/A**

What percentage of offenders participate in aftercare? **_____ %**

How many weeks does aftercare last? **_____ weeks**

How many sessions per week do offenders meet for aftercare groups? **_____ sessions**

If aftercare is provided, what types of specific aftercare services does your program, either *directly or through referrals,* provide to the offenders? Further, in the space provided state what curriculum is used (if any).

Curriculum	Directly	Referral
Criminogenic Programs		
Anger Mgt	_____	_____
Cognitive Skills	_____	_____
Criminal friends	_____	_____
Criminal Thinking	_____	_____
Domestic Violence	_____	_____
Family Tx	_____	_____
Parenting Skills	_____	_____
Relationship Counseling	_____	_____
Sex Offender	_____	_____
Substance Abuse	_____	_____
Community Functioning Programs		
Education	_____	_____
Employment	_____	_____
Entitlements	_____	_____
Financial	_____	_____
Housing	_____	_____
Life Skills	_____	_____
Medical Care	_____	_____
Vocational	_____	_____
Other Programs		
AA/NA	_____	_____
Mental Health	_____	_____
Mentoring	_____	_____

Rate the adequacy of aftercare programming.

0	1	2	3	4	5
Aftercare not offered	**Very inadequate**				**Very adequate**

Does the offender meet with the aftercare providers before they are released from your program?
      __ Yes   __ No   __ N/A

Which of the following describes the typical practice for your program in setting up aftercare? __ **N/A**
      __ staff give the offender phone number of agencies for him/her to call
      __ Staff will allow the offender to call agencies in their office
      __ Staff will call the agency for the offender
      __ Staff will set-up initial appointment with the agency for the offender
      __ Staff will physically transport the offender to the agency
      __ Staff will check to make sure that offender went to the initial appointment

Rate the adequacy of formal arrangements between your agency and other programs for providing a continuum of care to offenders once they leave your program.

0	1	2	3	4	5
No formal arrangements	**Very inadequate**				**Very adequate**

Does your program work with any of the following types of programs to assist offenders with any additionally needed services?

Mental health agencies	__ Yes	__ No	__ Does not apply
Parenting agencies	__ Yes	__ No	__ Does not apply
Mentoring agencies	__ Yes	__ No	__ Does not apply
Boys/Girls club agencies	__ Yes	__ No	__ Does not apply
YMCA	__ Yes	__ No	__ Does not apply
YWCA	__ Yes	__ No	__ Does not apply
Government agencies offering support	__ Yes	__ No	__ Does not apply
Local community agencies	__ Yes	__ No	__ Does not apply
Housing agencies	__ Yes	__ No	__ Does not apply
Law enforcement agencies	__ Yes	__ No	__ Does not apply
Courts	__ Yes	__ No	__ Does not apply
Medical agencies	__ Yes	__ No	__ Does not apply
Financial support agencies	__ Yes	__ No	__ Does not apply
Local religious institutions	__ Yes	__ No	__ Does not apply
Local community agencies specifically For minorities	__ Yes	__ No	__ Does not apply

Other: _____

How does the program initiate assistance for the offenders by these agencies once the offenders have completed the program (check all that apply)?

   __ Have open house for the agencies
   __ Have offenders do community service for local agencies
   __ Have fundraisers for local agencies
   __ Have fundraisers for charity with local agencies
   __ A person from our agency is responsible for the partnerships with other agencies
   __ Members from other agencies come to talk with our offenders
   __ Members from other agencies come to perform a free service for our offenders
   __ Other: _____
   __ Other: _____
   __ Other: _____

Have the activities described above helped the programs relationships with these agencies?
   __ Yes   **__ No**

If the answer above is yes, how has the relationship been helped (checked all that apply)?
   __ Opened the lines of communication between the agencies
   __ Increased the lines of communication between the agencies
   __ Allowed the offenders more opportunities upon release
   __ Allowed the offender to practice prosocial skills within the community
   __ Allowed the offender to obtain prosocial friends within the community
   __ Other (please specify: _____
   __ Other (please specify: _____
   __ Our program does not have any ties with any other programs

Rate the collaboration and cooperation between your agency and other agencies.

0	**1**	**2**	**3**	**4**	**5**	
Not applicable	**Very unsatisfactory**					**Very satisfactory**

Section 5: ORGANIZATIONAL RESPONSITIVITY

Rate the adequacy of support that your program receives from your parental agency.

0	1	2	3	4	5
Not applicable					**Very adequate**

Rate the adequacy of the support that your program receives from other treatment agencies.

0	1	2	3	4	5
Not applicable	**Very inadequate**				**Very adequate**

Rate the adequacy of the support that your program receives from the probation or parole department.

0	1	2	3	4	5
Not applicable	**Very inadequate**				**Very adequate**

Rate the adequacy of the support that your program receives from the local courts.

0	1	2	3	4	5
Not applicable	**Very inadequate**				**Very adequate**

How knowledgeable are the local courts in the empirical literature of "best practices" for offenders?

0	1	2	3	4	5
Not applicable knowledgeable	**Not knowledgeable**				**Very**

How supportive are the local courts in allowing your program to adhere to the empirical research on "best practices" for offenders?

0	1	2	3	4	5
Not applicable	**Not supportive**				**Very supportive**

Rate the level of political constraints that are imposed on your program.

0	1	2	3	4	5
Not applicable	**Many political constraints**				**No political constraints**

Rate the impact these constraints have had on your program.

0	1	2	3	4	5
Not applicable	**Not supportive**				**Very supportive**

Rate the level of involvement of the advisory board.

0	1	2	3	4	5
No advisory board	**Not involved**				**Very involved**

Does the advisory board include members of the:

          Criminal justice community?   __ Yes   __ No
          The local community?   __ Yes   __ No
          The larger community?   __ Yes   __ No
          Your program?   __ Yes   __ No
          Your parent agency?   __ Yes   __ No
          Other (please specify): _____)
          Not applicable   __ Yes   __ No

Is your program adequately funded to sustain the programs?
                __ Yes   **__ No**

Rate the adequacy of current funding.

0	**1**	**2**	**3**	**4**	**5**
Inadequate funding					**Very adequate funding**

Have there been any changes in the program itself during the past two years that have jeopardized the smooth functioning of the program?

0	**1**	**2**	**3**	**4**	**5**
No changes					**Many changes**

What changes have occurred to the program within the last 2 years, which have had a negative impact on the program (check all that apply)?

          __ **There have been no changes to the program**
          __ **Staff turnover**
          __ **Staff morale**
          __ **Obtaining inappropriate offenders**
          __ **Change in the day-to-day operations of the program**
          __ **Reduction in funding**
          __ **Reduction in the number of groups being offered**
          __ **Other:** _____

Have there been any changes in the area of program funding during the past two years that have jeopardized the smooth functioning of the program?

0	**1**	**2**	**3**	**4**	**5**
No changes					**Many changes**

What changes have occurred in terms of the program funding, that has jeopardized the smooth functioning of the program?
List Changes:

_____
_____
_____
_____
_____

__ **Changes have not negatively affected the program**

What kind of relationship does the program perceive to have with the community-at-large?

  __ **The community is very supportive of the program**
  __ **The community is somewhat supportive of the program**
  __ **The community is not supportive of the program**
  __ **The community does not know that the program exists**

Does the program perceive the criminal justice community (i.e., judges, police department, sheriff's department, DOC) as supportive of the program?

  __ **The criminal justice community is very supportive of the program**
  __ **The criminal justice community is somewhat supportive of the program**
  __ **The criminal justice community is not supportive of the program**

Have there been any changes in the area of the community support during the past two years that have jeopardized the smooth functioning of the program?

0	**1**	**2**	**3**	**4**	**5**
No changes					**Many changes**

What changes have occurred within the last 2 years in the following agencies level of support for the program?

Community-at-large	__ **Increased**	__ **Decreased**	__ **Stayed the same**
Courts	__ **Increased**	__ **Decreased**	__ **Stayed the same**
Law Enforcement	__ **Increased**	__ **Decreased**	__ **Stayed the same**
DOC	__ **Increased**	__ **Decreased**	__ **Stayed the same**
Other treatment agencies	__ **Increased**	__ **Decreased**	__ **Stayed the same**
Advisory board	__ **Increased**	__ **Decreased**	__ **Stayed the same**

What changes have occurred in terms of the community support that has jeopardized the smooth functioning of the program?
List Changes:
_____
_____
_____
_____
_____
__ **Changes have not negatively affected the program**

What factors are of concern for the funding source (please check all that apply)?
    __ **The program is not cost-effective**
    __ **The funding source has cut the funds**
    __ **The program is not receiving enough referrals**
    __ **N/A – the program has adequate funding**
    __ **Other (please specify: _____)**

For each the following items please indicate if the agencies (i.e., parent organization, other treatment agencies, probation, and courts) contribute the following to your program. *(Check all that apply)*

	Parent agency/organization	Other TX agencies	Probation/Parole or state	Courts
Financial support				
Clinical support				
Support for assessments				
Interest in the results of assessments				
Support for reassessments				
Interest in the result of the reassessments				
Support for curriculum-based treatment groups				
Support for tracking recidivism of offenders				
Interest in the results of the tracking of recidivism				
Evaluation process conducted on the program				
Results form the evaluation conducted on the program				
Support for training				
Support for implementing "principles of effective interventions"				

If financial support was available, would the program:

Implement standardized risk/need instruments	__ Yes	__ No	__ N/A
Implement standardized substance abuse instruments	__ Yes	__ No	__ N/A
Implement standardized personality instruments	__ Yes	__ No	__ N/A
Implement standardized attitudinal instruments	__ Yes	__ No	__ N/A
Implement standardized specialized instruments	__ Yes	__ No	__ N/A
Implement empirical based curriculums for criminal thinking	__ Yes	__ No	__ N/A
Implement empirical based curriculums for substance abuse	__ Yes	__ No	__ N/A
Implement empirical based curriculums for specialized	__ Yes	__ No	__ N/A
Improve the training for new staff	__ Yes	__ No	__ N/A
Improve the training for current staff	__ Yes	__ No	__ N/A
Improve the evaluation of staff	__ Yes	__ No	__ N/A
Improve aftercare services	__ Yes	__ No	__ N/A
Conduct evaluations of the program	__ Yes	__ No	__ N/A
Reassess the offenders using instruments	__ Yes	__ No	__ N/A
Collect recidivism data	__ Yes	__ No	__ N/A

Section 6: PROGRAM EVALUATION

Does your program have a document that outlines the measures of specific program goals?
__ **Yes**   __ **No**

If yes, does your program collect data for these measures manually or through a computerized database?
__ **Manual**   __ **Database**

Does your program collect data or track the following:

Assessment data	__ **Yes**	__ **No**	__ **Does not apply**
Attitudinal measures (pre-test)	__ **Yes**	__ **No**	__ **Does not apply**
Attitudinal Measures (post-test)	__ **Yes**	__ **No**	__ **Does not apply**
Placement in treatment programs	__ **Yes**	__ **No**	__ **Does not apply**
Placement in outside agencies	__ **Yes**	__ **No**	__ **Does not apply**
Offender progress	__ **Yes**	__ **No**	__ **Does not apply**
Technical violations	__ **Yes**	__ **No**	__ **Does not apply**
Sanctions	__ **Yes**	__ **No**	__ **Does not apply**
Program outcomes	__ **Yes**	__ **No**	__ **Does not apply**

Other (please specify: _____)

Does your program have an automated system that tracks:

a. Participate progress?	__ **Yes**	__ **No**
b. Risk assessment?	__ **Yes**	__ **No**
c. Needs?	__ **Yes**	__ **No**
d. Placement in treatment programs?	__ **Yes**	__ **No**
e. Placement in outside programs?	__ **Yes**	__ **No**
f. Recidivism?	__ **Yes**	__ **No**
g. Violations?	__ **Yes**	__ **No**
h. Sanctions?	__ **Yes**	__ **No**
i. Program outcomes?	__ **Yes**	__ **No**

j. Other (please specify: _____)

Rate the adequacy of the data collection processes.

0	**1**	**2**	**3**	**4**	**5**
No data collection	**Very inadequate**				**Very adequate**

Does your program track offender recidivism for offenders who:
__ **Have successfully completed the program**
__ **Have left the program prior to completion (voluntarily or by program request)**
__ **Were eligible for the program but did not participate for various reasons**
__ **Offenders are not tracked**

How does your program track offender recidivism once an offender has left the program?
__ **Yes-the program track re-arrests**
__ **Yes-the program tracks reconvictions**
__ **Yes-the program tracks re-incarcerations**
__ **No-the program does not track recidivism**

How long does your program track offenders *after they have left the program*:
__ **30days**   __ **2 months**   __ **6 months**   __ **12 months**   __ **18 months**
__ **24 months**   __ **36 months**   __ **Not tracked**
__ **Other: _____**

Rate the adequacy of the process to track recidivism once offenders leave the program.

0	1	2	3	4	5
Recidivism not tracked	**Very inadequate**				**Very adequate**

Besides a financial audit, has your program ever been evaluated by:

    A Contracted Outside Reviewer?   __ **Yes**   __ **No**
    A Volunteer Outside Reviewer?   __ **Yes**   __ **No**
    An Individual Internal Reviewer?   __ **Yes**   __ **No**
    An Internal Research Division?   __ **Yes**   __ **No**
    Other (please specify: _____)

What type of evaluation has your program completed? (check all that apply)
    __ **Process Evaluation**   __ **Outcome Evaluation**
    __ **Program Assessment (i.e. CPAI)**   __ **Other : _____**

Did the evaluations rate your program?:
    __ **Favorably**   __ **As having no effect**   __ **Unfavorably**   __ **N/A**

Did the evaluator use a comparison group in this evaluation?
    __ **Yes**   __ **No**   __ **N/A**

Was this evaluation published in a(n):
    __ **Edited journal**   __ **Trade publication**   __ **Newsletter**
    __ **Unpublished report**
    __ **N/A**   __ **Other _____**

Has there been an outcome evaluation done in the last five years?

    __ **Yes-an outcome evaluation was conducted with a comparison group**
    __ **Yes-an outcome evaluation was conducted, but there was not a comparison group**
    __ **No-an outcome evaluation was not conducted.**

Rate the adequacy of the program's evaluation protocol.

0	1	2	3	4	5
No evaluation protocol	**Very inadequate**				**Very adequate**

Which of the following mechanisms are in place for offenders to have input into the structure of the program (check all that apply)?

    __ **Offender suggestion box**
    __ **Treatment plan**
    __ **Institutional/programmatic chain of command**
    __ **KITE system**
    __ **Unit representative**
    __ **House meeting**
    __ **There is no mechanism in place**
    __ **Other (please specify) _____**

If there is a mechanism in place for offender input, have there been any changes in the program *based on the input of the offender* (check all that apply)?

    __ **More activities**
    __ **Different activities**
    __ **Different treatment groups added**
    __ **The schedule ahs changed based on the input of the offender**
    __ **The program has implemented different types of rewards**
    __ **The program has added or changed certain foods**
    __ **There is not mechanism for offender input**

How is offender satisfaction determined?
    __ **Offender satisfaction surveys**
    __ **Offender interviews**
    __ **Grievance procedures**
    __ **There are no formal mechanisms for determining offender satisfaction**

How frequently is offender satisfaction determined? __**N/A**
    __ **Monthly**
    __ **Quarterly**
    __ **Annually**
    __ **At the end of each treatment group**
    __ **When offenders are released from the program**

How was the assessment conducted: __ **N/A – offender satisfaction is not formerly assessed.**

By an internal reviewer	__ **Yes**	__ **No**
By an outside reviewer	__ **Yes**	__ **No**
By a survey to all offenders	__ **Yes**	__ **No**
By a survey to a sample of offenders	__ **Yes**	__ **No**
By interviews with all offenders	__ **Yes**	__ **No**
By interviews with a sample of offenders	__ **Yes**	__ **No**
As part of a formal evaluation	__ **Yes**	__ **No**

What were some of the issues that were identified by *offenders* as impacting their level of satisfaction during the past year?

    __ **N/A – offender satisfaction is not formerly assessed.**

Quality of the program	__ **Yes**	__ **No**
Safety	__ **Yes**	__ **No**
Ability of the program	__ **Yes**	__ **No**
Staff treatment of offenders	__ **Yes**	__ **No**
Instability of staff	__ **Yes**	__ **No**
Usefulness of the curriculum	__ **Yes**	__ **No**
Appropriateness of the treatment modality	__ **Yes**	__ **No**
Frustration with the administration	__ **Yes**	__ **No**
Lack of ownership of the program	__ **Yes**	__ **No**
Use of rewards	__ **Yes**	__ **No**
Use of punishments	__ **Yes**	__ **No**
Other: (please specify: _____)		

Rate the adequacy of the mechanisms for offenders to provide input into the structure of the program.

0	**1**	**2**	**3**	**4**	**5**
No offender input	**Very inadequate**				**Very adequate**

What mechanisms are in place for staff to give their input into the program?

    (TX=Treatment)
    __ **Staff satisfaction surveys**   __ **TX staff**   __ **Non-TX staff**
    __ **Staff meetings to discuss issues** __ **TX staff**   __ **Non-TX staff**
    __ **Staff suggestion box**   __ **TX staff**   __ **Non-TX staff**
    __ **No staff input**   __ **TX staff**   __ **Non-TX staff**
    __ **Other:** _____

Which of the following *staff* satisfaction issues have been addressed during the past year:

Pay	__ **Yes**	__ **No**	__ **Not Identified**
Safety	__ **Yes**	__ **No**	__ **Not Identified**
Quality of life factors	__ **Yes**	__ **No**	__ **Not Identified**
Change in responsibilities	__ **Yes**	__ **No**	__ **Not Identified**
Job instability	__ **Yes**	__ **No**	__ **Not Identified**
Insufficient training	__ **Yes**	__ **No**	__ **Not Identified**
Lack of adequate staffing	__ **Yes**	__ **No**	__ **Not Identified**
Job security	__ **Yes**	__ **No**	__ **Not Identified**
Frustration with the administration	__ **Yes**	__ **No**	__ **Not Identified**
Lack of ownership of the program	__ **Yes**	__ **No**	__ **Not Identified**
Staff satisfaction not assessed	__ **Yes**	__ **No**	__ **Not Identified**

    Other: (please specify: _____)

Rate the ability of treatment staff to provide input into the structure of the program.

0   **1**   **2**   **3**   **4**   **5**
No input   **A great deal**
                                                 of input

Has the level of *community* satisfaction with your program been assessed?

    __ **Yes**   __ **No**

Was this assessment conducted on the:

    N/A – community satisfaction is not formally expressed __
    Criminal justice community?   __ **Yes**   __ **No**
    The local community?   __ **Yes**   __ **No**
    The larger community?   __ **Yes**   __ **No**
    Other (please specify: _____)

Whish of the following issues has been addressed during the past year: __ **N/A**

Quality of the program	__ **Yes**	__ **No**	__ **Not Identified**
Safety	__ **Yes**	__ **No**	__ **Not Identified**
Ability of the program	__ **Yes**	__ **No**	__ **Not Identified**
Staff treatment of offenders	__ **Yes**	__ **No**	__ **Not Identified**
Instability of staff	__ **Yes**	__ **No**	__ **Not Identified**
Usefulness of the curriculum	__ **Yes**	__ **No**	__ **Not Identified**
Appropriateness of the treatment modality	__ **Yes**	__ **No**	__ **Not Identified**
Frustration with the administration	__ **Yes**	__ **No**	__ **Not Identified**
Lack of ownership of the program	__ **Yes**	__ **No**	__ **Not Identified**
Use of rewards	__ **Yes**	__ **No**	__ **Not Identified**
Use of punishments	__ **Yes**	__ **No**	__ **Not Identified**

    Other: (please specify: _____)

Rate the adequacy of quality assurance.

0   **1**   **2**   **3**   **4**   **5**
No internal   **Very inadequate**   **Very adequate**
quality assurance

SECTION 7: OTHER

Does the program Manager currently (check all the apply)?

__ Review potential staff resumes
__ Interview potential staff members
__ Make recommendations for hiring potential staff
__ Meet with a committee to make the final decision regarding the hiring of new staff
__ Make the final decision regarding the hiring of new staff
__ Review the policy and procedures of the program with new staff
__ Conduct training sessions with new staff
__ Conduct periodic training sessions in-house for he treatment staff
__ Will allow the new staff to shadow the director
__ Have another person responsible for providing training for new staff
__ Meet at least once a month with the treatment staff
__ Periodically meet with the treatment staff individually
__ Have another person who is responsible for supervising the treatment staff
__ Assess offenders
__ Facilitate groups
__ Co-Facilitate groups
__ Have a regular caseload
__ Have a specialized caseload

Where are the offenders' records kept?
     __ In a central locked filing cabinet
     __ In a central locked filing cabinet in a central locked room
     __ In an unlocked room
     __ In the staff locked office
     __ In the staff locked cabinet in a locked office
     __ The records are kept in a password-protected computer
     __ N/A – offender records are not kept
     __ Other: _____

Does the program have ethical guidelines that staff are required to review?
     __ Yes   __ No

What process is used when making changes to the program? (check all that apply)

     __ A review of the literature is conducted
     __ A formal testing period is utilized
     __ Changes are discussed with staff prior to implementation
     __ Once implemented, changes are tweaked as needed on an on-going basis
     __ Once implemented, changes are no longer discussed
     __ Changes have not been made to the program

Rate the process of testing changes to the program (regarding assessment, treatment groups, etc.)

0	1	2	3	4	5
no testing done	Changes made as needed; no formal test period				Specific period set aside for testing with changes made in response to the testing period.

__ Does not apply