All-Time Statistics as of: Wednesday, July 18, 2012

<table>
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<th>Category</th>
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<tr>
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<tr>
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<tr>
<td>Average Age of Current Participants (in years)</td>
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<tr>
<td>Average Age of Graduates (in years)</td>
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<td>Sex of Participants</td>
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<tr>
<td>M</td>
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<td>F</td>
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<td>Ethnicity of Participants</td>
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<tr>
<td>NATIVE AMERICAN</td>
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<td>Average Time in Program per Graduate</td>
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<tr>
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<tr>
<td>METHAMPHETAMINE</td>
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Program Outcomes
## ALCOHOL AND DRUG GROUPS 2012

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<thead>
<tr>
<th>Sun</th>
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<tr>
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<tr>
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<tr>
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### GROUP SCHEDULE AT SYMMETRY CARE

**Symmetry Care, Inc.**
348 W. Adams
Burns, Oregon 97730

Phone: (541) 573-8376
Fax: (541) 573-8379
<table>
<thead>
<tr>
<th>Objective</th>
<th>How Will Progress Be Measured</th>
<th>Completion Date</th>
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<tbody>
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<tr>
<td>6</td>
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Questions

Objective 7
☐ How Will Progress Be Measured
Completion Date

Objective 8
☐ How Will Progress Be Measured
Completion Date

Objective 9
☐ How Will Progress Be Measured
Completion Date

Objective 10
☐ How Will Progress Be Measured
Completion Date

Objective 11
☐ How Will Progress Be Measured
Completion Date

Objective 12
☐ How Will Progress Be Measured
Completion Date

INTERVENTIONS

Intervention 1
☐ SELECT---
☐ Other (If not listed above)

Objective(s) addressed:
☐ Objective 1
☐ Objective 2
☐ Objective 3
☐ Objective 4
DRAFT REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC)

Harney County Treatment Court
Burns, Oregon

Evaluator(s) Name
Greg Lay and Jeff Hanson
Evaluator Position
Office and Policy Analysts
Jeff.Hanson@DOC.State.OR.US

Draft Report Submitted: Date
Final Report Submitted: Date
CONTEXT AND SCOPE OF THE EVALUATION

As a result of Oregon's legislature funding of various programs designed to reduce recidivism this assessment was conducted to determine the adherence of Harney County's Treatment Court to evidenced based practices.

PROCEDURES

Description of the Evidence-Based Correctional Program Checklist - Drug Court (CPC-DC)
The Evidence Based Correctional Program Checklist - Drug Court (CPC-DC) is a tool that the University of Cincinnati developed for assessing drug court program\(^1\) and is used to ascertain how closely drug courts (and other therapeutic courts) meet known principles of effective intervention. Several recent studies conducted by the University of Cincinnati on both adult and juvenile drug court programs were used to develop and validate the indicators on the CPC-DC. These studies found strong correlations with outcome between both domain areas and individual items (Holsinger, 1999; Lowenkamp, 2003; Lowenkamp & Latessa, 2003, Lowenkamp & Latessa, 2005a; Lowenkamp and Latessa, 2005b; Shaffer, 2006).

The CPC-DC consists of two instruments: one for the formal drug court (CPC-DC) and the other for the major referral agencies involved in providing treatment and services to drug court clients CPC-DC: RA). Each of these tools is divided into two basic areas: content and capacity. The capacity area is designed to measure whether the drug court and its referral agencies have the capability to deliver evidence-based interventions and services for offenders. There are two domains in the capacity area: 1) Development, Coordination, Staff and Support and 2) Quality Assurance. The content area focuses on the substantive aspect of the drug court and its referral agencies, and it also includes two areas: 1) Assessment Practices and 2) Treatment. The content area focuses on the extent to which the drug court and its referral agencies meet the principles of risk, need, responsivity, and treatment.

The Drug Court tool includes 41 indicators, worth 43 total points that are scored during the assessment. The Referral Agency tool has 49 indicators worth a total of 51 points. Each area and all domains are scored and rated as either "highly effective" (65% to 100%); "effective" (55% to 64%); "needs improvement" (46% to 54%); or "unsatisfactory" (less than 45%). The scores in all domains are totaled and the same scale is used for the overall assessment score. It should be noted that not all of the domains are given equal weight, and some items may be considered "not applicable," in which case they are not included in the scoring. Data are collected through structured interviews with selected program staff and program participants as well as through observation of groups and services. In some instances, surveys may also be used to gather additional information. Other sources of information include: policy and procedure manuals, schedules, treatment materials, manuals, curricula, a review of case files, and other selected program materials. Once the information is gathered and reviewed, the program is scored. The

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\(^1\) The CPC is modeled after the Correctional Program Assessment Inventory (CPAI) developed by Gendreau and Andrews. However, only those indicators that were found to be positively correlated with outcome were retained. In addition, the CPC includes a number of items not contained in the CPAI.
following report highlights strengths and recommendations that need improvement for each of the areas for both the drug court and the referral agencies.

There are several limitations to the CPC-DC that should be noted. First, as with any research process, objectivity and reliability are an issue. Although steps are taken to ensure that the information gathered is accurate and reliable, given the nature of the process, decisions about the information and data gathered are invariably made by the assessor(s). Second, the process is time specific. That is, the assessment is based on the program at the time of the assessment. Although a drug court or referral agency may have modifications planned, only those activities and processes that are present at the time of the review are considered for scoring. Third, the process does not take into account all system issues that can affect program integrity (i.e., political climate of the court). Finally, the process does not address the reasons that a problem exists within a program or why certain practices do or do not take place. Rather, the process is designed to determine the overall integrity of the program.

Despite these limitations, there are a number of advantages to this process. First, the criteria are based on empirically derived principles of effective programs. All of the indicators included in the CPC-DC have been found to be correlated with reductions in recidivism. Second, it allows researchers to get inside the “black box” of a drug court and its referral agencies, something that an outcome study alone does not provide. This knowledge will extend beyond descriptive indicators, which will assist researchers with measuring the degree to which the programs are meeting evidence-based standards. Third, the CPC-DC enables researchers to “quantify” the quality of a program through a scoring process. This allows comparisons across programs, as well as benchmarking (i.e., reassessment allows a program to re-evaluate its progress). Fourth, it identifies both the strengths and weaknesses of a program; it provides the program with an idea of what it is doing that is consistent with the research on effective interventions, as well as those areas that need improvement. Finally, it provides specific recommendations for program improvement.

Assessment Process

The assessment took place on September 27, 2010 and involved two assessors. In person interviews took place with the judge, coordinator, treatment provider, and program participants. Also, one early recovery skills group was observed, as well as treatment court and the treatment court team meeting. In addition telephonic interviews were conducted with Probation Officer and District Attorney. Treatment materials and representative files were also examined.

SUMMARY OF THE DRUG COURT

Harney County’s Treatment Court (HCTC) offers services to alcohol and drug dependent adult offenders. Established in 2008 as an alternative to traditional criminal justice interventions, the HCTC has successfully completed 3 participants since inception and has 7 current participants. HCTC was designed with a capacity of 15 but has not achieved this capacity since inception. HCTC is designed to provide services for 18 months, however, to date no participant has graduated on this timeline.

HCTC contracts for treatment services with Harney County Behavioral Health (HCBH). HCBH provides one staff who’s is assigned part time to case manage treatment court participants. The program is described as cognitive behavioral in nature and utilizes the Matrix model and
Dialectical Behavioral Therapy (DBT). Participants in the treatment court, depending on phase, are engaged in a host of treatment related activities including Early Recovery Skills, Relapse Prevention, Family Education, DBT, one on ones etc.

RECOMMENDATIONS

Recommendations in the report that should receive the highest priority both in terms of improving program effectiveness and in improving CPC score are:

1) The program adopt a recognized risk and need assessment such as the LS/CMI.
2) The treatment court should not require support groups when those support groups involve AA/NA
3) The program follow and enhance its current policy/response to non compliance with program requirements
4) The program develop comprehensive completion criteria including reassessment on recognized assessment tools
5) The program should incorporate quality assurance policies and procedures to monitor the services and programs that are being provided to participants

FINDINGS – DRUG COURT

<table>
<thead>
<tr>
<th>CPC-DC SECTIONS</th>
<th>SCORE</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development, Coordination, Staff, and Support</td>
<td>55%</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>67%</td>
<td>Highly Satisfactory</td>
</tr>
<tr>
<td>Treatment</td>
<td>44%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>0%</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Overall Capacity</td>
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<td>Unsatisfactory</td>
</tr>
<tr>
<td>Overall Score</td>
<td>42%</td>
<td>Unsatisfactory</td>
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</table>

Development, Coordination, and Staff Support

Strengths:
- There is a Program Coordinator who has overall responsibility for oversight and management of the program.
- Treatment Court staff meet on a bi-weekly basis and members of the treatment court team are present.
- Treatment Court staff have been trained in the fundamentals of drug courts both at national and local conferences. One area of concern was the lack of training for the treatment court team on the theory and practice of the interventions use by the treatment program.
- Funding for the drug court was consistently rated by staff as adequate and there have been no changes in the level of funding in the past two years.

Recommendations for Improvement:
- The Program Coordinator should have a more direct role in selecting, approving, and supervising the service providers identified as referral agencies. Even though only one
option exists for the Treatment court, oversight and quality assurance checks of the treatment provider should be built into the position of the program coordinator.

- Treatment Court staff should develop a case plan outlining goals and objectives related to reducing criminogenic risk, case plans should also be developed by treatment providers and parole and probation staff, these plans should support and enhance the treatment court.

- Ethical guidelines need to be developed to include staff boundaries and interactions with treatment court participants.

- The drug court accepts a mix of pre- and post-conviction/adjudication. Drug courts have more impact on recidivism rates when they accept only participants who are pre-conviction/adjudication and the participants charges are held in abeyance (or sealed), dropped, or reduced if the participant successfully completes drug court.

Offender Assessment

Strengths:

- There are established criteria for the exclusion of certain types of offenders. The policy is written and followed, and clients were deemed appropriate for drug court by the majority of staff.

- Violent offenders should be routinely excluded from participating in the drug court. The drug court team stated that violent offenders were not always excluded.

- Domain specific needs, especially substance abuse, are being assessed using a validated, standardized, and objective instrument (SASSI). While the SASSI is a validated, standardized, and objective instrument it is also proprietary, there are several non-proprietary assessments which are just as valid a few examples are the Texas Christian University Drug Screen II (TCUDS II), TCU’s Client evaluation of self and treatment. If a complete list is desired please do not hesitate to contact the assessors.

- While the treatment court uses the SASSI, CAPE, and BECKS to measure responsivity, the drug court should assess factors that directly affect engagement in the drug court or programming. Additionally, there should be evidence that clinical or staffing decisions are made based upon these responsivity factors. At least two major factors such as personality, motivational level or readiness for change, or mental illness should be assessed. Examples of appropriate responsivity instrumentation include the TCU Client Self-Rating scale, Jesness Inventory, Beck’s Depression, MAYS1, and IQ tests.

- The treatment court targets relevant higher need participants using the SASSI.

- The psychosocial and background information gathered by the treatment court in the assessment process is routinely shared with the referral agencies.

Recommendations for Improvement:

- Risk, as well as a range of criminogenic need factors should be assessed using a validated, standardized, and objective instrument. The Harney County Community Corrections office is in the process of becoming trained in the use of Level of Services Case Management Inventory (LS/CMI) and once trained should provide assessment outcomes to the treatment team.

- Treatment courts should target moderate and high risk offender and low risk offenders should be screened out. As no current assessment instrument is used no determination as to risk level could be made.
Treatment Characteristics

Strengths:

- The Harney County Treatment Court targets a wider range of criminogenic needs and meets criteria that at least 75% of drug court interventions should focus on criminogenic needs. The drug court team consistently stated the following criminogenic needs were targeted: antisocial peer associations; promotion of more positive attitudes/increase performance regarding school or work; promote family affection/communication; promote family monitoring and supervision; and relapse prevention.

- The Harney County Treatment Court utilizes modalities that have been determined effective in changing offender behavior. Examples of evidence based treatment include structured social learning and cognitive behavioral models. There should be an emphasis on structured skill building (i.e., teaching offenders prosocial skills to replace antisocial skills), including the use of modeling and role play. Likewise, graduated rehearsal should be used to teach participants skills in increasingly difficult situations.

- HCTC participants spend an adequate amount of time in structured activities.

- The treatment court has an appropriate reward structure including verbal praise, choosing an item from a basket during court, phase completion certificates, credit towards fees, graduation from treatment court. While there is a good variety of rewards care should be taken to individualize the reward as much as possible, for example giving a gift certificate to purchase tools for a construction worker would be an individualized reward.

- The ratio of rewards to punishers should be at least 4:1. Staff consistently reported a ratio of at least 4-1.

- The drug court randomly drug tests participants on a regular basis. Random tests are administered a minimum of once per week and usually twice per week.

Recommendations for Improvement:

- Staff stated that the average length in treatment court is 24 months. It is recommended that the majority of participants graduate in less than 12 months.

- The treatment provided by Harney County Behavioral Health is primarily cognitive behavioral in nature, however, the treatment court currently requires “Support Groups” which in most case involve AA/NA, research clearly shows that requiring offenders to attend such support groups lowers the outcomes for drug courts. If the court desires the offender to engage in ongoing community support these should not include AA/NA. As a result of the courts mandating AA/NA the score reflects 1 of 3.

- Intensity of the drug court programming should vary by risk level. High risk participants should receive higher intensity and/or duration of service than moderate risk participants. Moderate risk participants should receive higher intensity and/or duration of service than low risk participants.
• The drug court should have measurable completion criteria which determine how well a participant has progressed in acquiring prosocial behaviors. While phase advancement is used, other methods should be incorporated such as reassessment on risk and need instrumentation.

• The treatment court has completed 3 offenders during its lifespan, however, evidenced based programs should graduate between 65-85% of participants within the targeted time frames.

• The drug court responds to non-compliance primarily with jail. Unfortunately, the use of jail as the first response negates or lessens the impact of this sanction in later incidents of non-compliance. The treatment court should use the sanctions outlined in the Harney County Treatment Court policy and procedures manual and gradually increase the severity of sanctions until finally culminating with custody as a sanction. In addition, due to the current structure of the drug court meetings, bi-weekly, offender misconduct may not be addressed in a timely fashion the mechanisms available to the court, including structured sanctions, should be utilized to ensure that responses to non-compliance are immediate and appropriate.

• As part of drug court, the family/significant others should be trained to provide support, including the ability to identify high risk situations for the participants and strategies for managing their environment using prosocial skills. Family groups should therefore target prosocial behavior and participation should be mandatory. Currently the treatment program utilizes the Matrix curriculum which includes a family component. Participants in the treatment court should be required to have either a family member or significant other attend as a condition of graduating treatment court.

• After treatment is completed, the drug court should include an aftercare component of high quality. The aftercare should be a formal component in which supervision/meetings are required and an evidence-based model is used, the Matrix model is designed with a aftercare component and if used properly could fulfill the requirements for this item.

• The Harney County Treatment Court requires participants to participate in support groups, primarily AA/NA. Participants in treatment court should not be required to attend self-help meetings. There is no evidence that these meetings will be beneficial to participants and may in fact be harmful.

Quality Assurance

Strengths:
• N/A

Recommendations for Improvement:
• The drug court should have a management audit system in place to evaluate internal and external service providers. This includes site visits, monitoring of groups, regular process reports, and file review.
• Participant satisfaction with the drug court and treatment programming should be measured with an exit survey as well as ongoing surveys to maintain program efficacy.
• Offender assessment and reassessment should be completed to determine progress on meeting target behaviors. This can be achieved through a pre-post test or through reassessment on validated risk and need instruments. An example of a proper pre-post test is the TCU Criminal Thinking Scale (TCU-CTS).

• The drug court should track recidivism rates, this does not have to be a function that the court provides but can be accomplished by an outside agency such as the Criminal Justice Commission.

• The drug court should go through formal evaluation every five years comparing treatment outcome with a risk-control comparison group. While a report was completed in 2001 containing a comparison group, the re-offense rate was higher for the drug court group than the comparison group.

• A program evaluator should be available (on staff or contract) to assist with research and evaluation of the drug court. Regular reports should be provided to the drug court.

**Overall Drug Court Rating**

Harney County Treatment Court received an overall score of 42% percent on the CPC-DC. This falls into the **Unsatisfactory** category.

The overall CAPACITY score designed to measure whether the program has the capability to deliver evidence based interventions and services for offenders is 38 percent, which falls into the **Needs Improvement** category. The overall Content score, which focuses on the substantive domains of assessment and treatment, is 44 percent, which falls into the **Unsatisfactory** category.
FINDINGS – REFERRAL AGENCIES

Harney County Behavioral Health (HCBH)

<table>
<thead>
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<th>CPC-DC: RA SECTIONS</th>
<th>SCORE</th>
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Primary Recommendations

1) The program adopt a recognized risk and need assessment such as the LS/CMI.
2) The program should incorporate quality assurance policies and procedures to monitor the services and programs that are being provided to participants

Leadership, Staff, and Support

Strengths:
- The program director is professionally trained and has requisite experience to lead the program.
- All staff are sufficiently educated in helping professions and have adequate experience in treatment programs with youth involved in the criminal justice system.
- Direct care staff are selected for skills and values conducive to offender treatment.
- Regular meetings take place between the program director treatment court.
- Staff receive formal training on the curriculum being used and at least 40 hours of ongoing training per year, with the majority of the on-going training related to clinical skills used to deliver effective programming.
- Ethical guidelines dictate staff boundaries and interactions with participants.
- The agency consistently reported being supported by the Harney County Treatment Court.
- Program funding was consistently rated by staff as adequate and stable.

Recommendations for Improvement:
N/A

Client Assessment

Strengths:
- The program does have identified exclusionary criteria as indicated in the Harney County Treatment Court Policies and Procedures Manual, and the exclusionary criteria is being met.
- Responsivity is being measured by the program. The program is using the Cape, Becks and other responsivity tools to measure responsivity. However, additional tools to measure motivation and criminality will be recommended: Motivation- Client Evaluation of Self and Treatment or URICA; Criminality- Criminal Thinking Scale or Criminal Sentiments Scale.
The program targets relevant higher need participants through the use of the SASSI to assess substance abuse issues.

Recommendations for Improvement:
- The program should serve high and moderate risk participants; the program doesn’t currently use a recognized risk/need tool such as the LS/CMI therefore the risk of the current participants could not be determined.

Treatment

Strengths:
- The majority of interventions focus on criminogenic needs.
- The program incorporates mostly cognitive behavioral elements and utilizes two different curricula – Matrix and Dialectical Behavioral Therapy. The program incorporates structured skill building opportunities and regular use of modeling and role play. However, the program should take care to ensure that at least 40% of time in group is focused on these activities.
- The groups start and end on-time.
- The group facilitators were knowledgeable about the materials discussed in group.
- The group facilitators encouraged participation in the group. Students earned draws from a fishbowl for participation and draws were granted at the end of each group.
- Homework is a regular part of the treatment process and the counselor should consistently review homework with the youth.
- Groups have two facilitators and both were active in the treatment process.
- Treatment groups are always conducted and monitored by staff.
- Group size was appropriate and averaged no more than 8-10 participants with two facilitators.
- The types of rewards used by the program appeared appropriate. The program appropriately applied rewards: rewards outweigh punishers by a ratio of at least 4:1; facilitators consistently applied rewards and provided the group with explanations of why a reward was applied; and the rewards were tied directly to behavior.
- The types of punishers and consequences used by the program appeared appropriate and were applied correctly.
- Program participants were regularly taught to observe and anticipate problem situations through modeling by the facilitator and through practice with corrective feedback.
- The facilitators had good rapport with group participants.
- Facilitators avoided arguments with participants and rolled with resistance.
- Underlying thoughts and values were identified during group sessions and antisocial thinking was addressed and prosocial thoughts were explored.

Recommendations for Improvement:
- Treatment groups should be gender specific.
- Group norms/rules are established, documented, and reviewed with the group regularly.
- The procedure for punishing could be improved by relying less on the drug court to implement sanctions. Punishers should be applied in group and individual sessions and after a punisher is applied, prosocial alternatives should be modeled by the facilitator.
- Treatment should include graduated practice of new skills in increasingly difficult situations.
Facilitators should be consistent in their attempts to identify and replace antisocial attitudes and thoughts with prosocial attitudes and thoughts.

Quality Assurance

Strengths:
- The program completes a discharge summary for all clients and provides the summary to the court (or referral agency).

Recommendations for Improvement:
- The program should incorporate sufficient internal quality review mechanisms such as file reviews and client surveys.
- Internal quality assurance could be improved by providing observation of direct service with feedback to staff. Observation should occur once every group cycle and formal feedback should be provided to the facilitator.
- A pre- and post test should be used to measure client progress on target behaviors.

Overall Program Rating

The CFI Outpatient Program received an overall score of 78 percent on the CPC-DC. This falls into the Highly Effective category.

The overall CAPACITY score designed to measure whether the program has the capability to deliver evidence based interventions and services for offenders is 71 percent, which falls into the Highly Effective category. The overall Content score, which focuses on the substantive domains of assessment and treatment, is 81 percent, which falls into the Highly Effective category.
References


-------(2005a). *Evaluation of Ohio’s CCA Programs*. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

