

Community Corrections Partnership (CCP)
Executive Committee Meeting
July 20, 2016
City Hall – Caldwell Park Conference Room, 2nd Floor
777 Cypress Street, Redding, CA

Attendees:

Tracie Neal, Erin Ceccarelli, Chelsey Chappelle, Jeremy Kenyon, Ruby Fierro, Teresa Rushing
– Shasta County Probation Department
Tom Bosenko, Dave Kent – Shasta County Sheriff’s Office
Rob Paoletti – City of Redding Police Department
Jeff Gorder – Shasta County Public Defender
Melissa Fowler-Bradley – Shasta County Superior Court
Stephanie Bridgett, Lucky Jesrani – Shasta County District Attorney’s Office
Dean True – Shasta County Health and Human Services Agency
Brian Muir – Shasta County Auditor
Elaine Grossman – Shasta County Administrative Office
Nadine Robbins-Laurent, Laurie Spencer – Bay Area Addiction Research & Treatment (BAART)
Alex Dodd, Bob Thompson, Taylor Thompson, Erin Michaels, Jenn Stofa, Judson Lea, Lyn
Raible, Steve Maulhardt – Aegis Treatment Centers
Karen Day – Department of Adult Parole Operations (DAPO)
Sonny Stupeck – Mental Health, Alcohol and Drug Advisory Board
Amanda Owens, Danielle Caito – Shasta Day Reporting Center
Jackie Durant – HOPE City
Angela Jones – One Safe Place
Robert Wharton – Member of the Public

CCP Executive Committee Members are in bold.

Meeting Overview

The meeting was called to order at 3:03 p.m. A quorum was present. Introductions were made.

Public Comment

There was no public comment.

Approval of Meeting Minutes

Jeff Gorder made a motion to approve the minutes from May 18, 2016. Rob Paoletti seconded the motion. Motion passed: 4 Ayes, 0 Noes, 1 Abstention (Melissa Fowler-Bradley).

Financial Report

State Allocations to Shasta County

Elaine Grossman distributed a Fiscal Year 2015/16 Realignment Revenue Report and stated that the June payment was received on time. She noted that the increased projections were from the Governor's January Budget. Rob Paoletti asked what she estimated the carryover to be. Elaine Grossman stated that this should be net zero. Rob Paoletti asked what is in the CCP budget for carryover. Erin Ceccarelli stated that the CCP has a \$6.4 million fund balance.

Discussion Items

Aegis Treatment Center

Alex Dodd gave a presentation on Aegis Treatment Centers located in Chico, California. He stated that out of 527 clients, 60 were from Shasta County. Rob Paoletti asked if the clients had to go to Chico daily. Alex Dodd stated that they did. Tom Bosenko stated that there must be limitations in regards to transportation. Alex Dodd stated that the access to treatment is a burden to those without reliable transportation. He then introduced Erin Michaels. Erin Michaels shared her story with opiate addiction and her experience with Aegis. Taylor Thompson also shared his story with opiate addiction and his experience with Aegis. Bob Thompson shared his story from the perspective of a parent with a child addicted to opiates. He spoke about the level of accountability that Aegis holds their clients to; about the need for the prevention of crime caused by withdrawal; and the process of trying to find help for his family and how there is nothing in Redding for critical care. Alex Dodd ended his presentation by describing the aesthetic of treatment centers and how Aegis wants the feel of a modern healthcare facility.

Bay Area Addiction Research & Treatment

Nadine Robbins-Laurent discussed Bay Area Addiction Research & Treatment (BAART), their mission, vision, history, and competencies: including methadone maintenance and detoxification, counseling services, primary care services, and integrated services. While discussing the treatment requirements, Rob Paoletti stated a concern regarding the 3 day take-home dosages and how they know that the clients are taking their doses rather than selling them. Nadine Robbins-Laurent stated that BAART tests for methadone and the metabolite. Tom Bosenko asked if it were possible to take a partial dose and save the rest for sales. Nadine Robbins-Laurent stated that it was possible, but they only grant take homes to select clients. Tracie Neal stated that 90 days of treatment before take-home dose eligibility seems quick. Nadine Roberts-Laurent stated that clients could be considered after 90 days, but it does not necessarily mean that it will happen. Tracie Neal asked what the total population receiving take-home dosages is. Nadine Roberts-Laurent stated that she didn't know, but that it would be similar to Aegis. Alex Dodd stated that about 50% of Aegis clients have take-home dosages. Tracie Neal asked Erin Michaels and Taylor Thompson if they received take-home dosages. Erin Michaels stated that she receives three per week. Taylor Thompson stated that it took over a year before he got his first take-home dose. Erin Michaels stated that once you start receiving take-home doses, you do not want to lose them. Nadine Roberts-Laurent stated that it is a huge privilege to receive take-home doses and that there is a lot

of regulations in regards to them. She continued by discussing common outcome measures. Melissa Fowler-Bradly asked for the definition of a crime day. Nadine Roberts-Laurent stated that she could send the details.

Laurie Spencer continued the presentation by giving an overview of medication assisted treatment. She compared the differences between methadone and heroin, and stated that a chronic disease model should be used for this treatment because the goal is not to get off treatment. She stated that methadone will also block the euphoria of opiates. Rob Paoletti asked if one were to take methadone and then use heroin, would the result be that they would not get high. Laurie Spencer stated that the receptors that methadone blocks can become overwhelmed, but that it would reduce the cravings and block the effects of other opiates, and that buprenorphine is also effective in this regard and has been approved for prescriptions. Rob Paoletti asked if it could be used for pain. Laurie Spencer stated that it could be. She continued by stating that the healthcare costs are 50 to 60% lower for users on methadone. She described the day of someone on treatment and the kinds of patients that she has worked with.

Nadine Roberts-Laurent continued the presentation by discussing the hub and spoke model. She stated that new patients would be in the hub with more structure, where they would try to meet the comprehensive needs of a patient. She stated that patients with lower needs and higher function would receive spoke services, including prescriptions of buprenorphine and less intense, structured care. Rob Paoletti stated that this is an ultra-conservative community, and that a methadone treatment center would be a tough sell. He continued by stating that a root causal issue of property crime is opiates. In order to convince the community to accept a treatment center, the center would need to be a medical setting in a medical district. He then asked if they would be able to get staff in Shasta County and what are the average number of calls for law enforcement service. Nadine Roberts-Laurent stated that they have very little need for law enforcement calls and that they were usually only for the mandated reporting for suicide. She stated that once people are in treatment, they are very compliant. Rob Paoletti stated that he needed statistical data rather than anecdotal. Tom Bosenko stated that they would need the number of calls from nearby businesses as well. Rob Paoletti asked what the re-arrest rate of the patients is and how many homeless are no longer homeless. He continued by stating that there is a huge opiate using population in the community and that having these numbers will help him make a case. Nadine Roberts-Laurent stated that they have the statistics and that the literature is robust as well. Rob Paoletti stated that the people of the community will want to know what you, specifically, can do and that the location is also essential. Nadine Roberts-Laurent stated that she does know that the rate of recidivism increases with the length of time away from treatment. Taylor Thompson stated that in five years of treatment, he has not seen anyone in the clinic have law enforcement contact. Rob Paoletti stated that he had gotten number from Aegis before the meeting and that their re-arrest rate was around 6%.

Karen Day asked where Aegis was located in Chico. Jenn Stofa stated that they were located across the street from the local hospital and near the crisis unit and psychiatric care. Tracie Neal stated that she was surprised that the number of probationers are so low. Jenn Stofa stated that 86% of their clients have never been on probation, and that the hub and spoke model would work well in Shasta County. Jeff Gorder asked how long the longest running Aegis clinic has been open. Alex Dodd stated the longest running Aegis clinic has been open since 1998. Jeff Gorder stated that would be long enough for the local law enforcement to be familiar with the clinic. Amanda Owens

asked how Aegis tracks arrests. Judson Lea stated that they go to the court to get the numbers. He continued by stating that for all of the 267 patients that have been in Aegis for more than one year, 18 patients (6.74%) have had a conviction or open case while in treatment during the last year, and that of those 18 patients, only two had more than one open case or conviction (0.75%). Rob Paoletti stated that it would be good to have them linked with the Jail as well. Tom Bosenko asked if someone doesn't show, do you get law enforcement to check on them. Jenn Stofa stated that it would depend on the situation and that they have only had to do that one time in the last three years. Judson Lea stated that the checks they do are more out of concern for client welfare than requiring law enforcement. Karen Day asked how the treatment services are paid for. Alex Dodd stated that some clients pay out of pocket, through family, or private insurance, but the majority are covered by the State and Fed through Medi-Cal. He continued by stating that methadone is covered by Medi-Cal, but buprenorphine is not yet covered by Medi-Cal. Rob Paoletti asked about the timeline for licensing. Alex Dodd stated that licensing would likely take a year.

Action Items

DUI Vertical Prosecution Program

Stephanie Bridgett gave an overview of the California Office of Traffic Safety (OTS) Grant and the DUI Vertical Prosecution program that it funds, explaining that it is an effective program with a dedicated prosecutor. She stated that this prosecutor filed 76 cases in 2015 and 61 so far in 2016. Jeff Gorder asked about one attorney handling all of the cases. Stephanie Bridgett stated that the prosecutor files the misdemeanor cases and only handles the felony cases. She continued by highlighting an AB109 case and discussing the effectiveness of the DUI Vertical Prosecution Program community outreach. She gave an overview regarding the status of the OTS funding stating that their application was not selected. She stated that the District Attorney's Office is making a short term funding request of \$456,372.64 over two years.

Tracie Neal asked if Shasta County was likely to get the OTS funding in the future. Stephanie Bridgett stated that the last two years were auto-renewals and that they are talking to counties that were awarded funding. Tracie Neal asked how the program fits into CCP implementation strategies. Stephanie Bridgett stated that a big component is treatment and without the Vertical Prosecution Program that oversight would be lost. Tom Bosenko stated that there are not any guarantees that you will get the OTS funding next time, and then asked how much money was in the CCP fund balance. Erin Ceccarelli stated \$6.4 million. Tom Bosenko then asked how much money Probation requested for Probation Officers in February. Erin Ceccarelli stated \$741,000 for one year. Stephanie Bridgett stated that this would be a short-term funding request. Rob Paoletti stated that most DUI offenders are repeat offenders and the Vertical Prosecution Program has a good impact. He continued by stating that the program fits with the strategy because of the coordination that the program provides. Stephanie Bridgett stated that they also do work with the Public Defender in the outreach and prevention aspects of the program. Tracie Neal stated that she sees value in the program but is struggling to see how it fits in with the implementation of the CCP. She continued by stating that we have the reserve, but we are depending on it long term, because we are spending and budgeted at a higher amount than what we receive annually. Erin Ceccarelli stated that we have projections out to seven years. Tracie Neal stated that one of the other options would be to pull from the AB109 Realignment FY 2015/16 growth funding rather

than modify the CCPEC-approved percentages. Tracie also expressed concerns regarding changing the approved budget percentages. Tracie mentioned that the District Attorney's office did receive an increase in CCP funds for FY 2016/17 from prior years.

Rob Paoletti asked if they would be reapplying for the OTS Grant in January. Stephanie Bridgett said that they would be. Tom Bosenko asked if they had spoken with the County Administrative Office. Stephanie Bridgett stated that they had. Jeff Gorder stated that CCP money is to reduce recidivism and that the program did not fit with Public Safety Realignment. He stated that the treatment option was not significant and that prosecutions will happen regardless of the program. Stephanie Bridgett stated that they need the single set of eyes of the Vertical Prosecutor on the cases for the Addicted Offender Program and Behavioral Health Court for consistency of case reviews, and that the program prevents cases from falling through the cracks and assuring that individuals get the treatment that they need. Rob Paoletti stated that if the offenders do not get prosecuted, treatment programming is worthless.

Melissa Fowler-Bradley asked that if the District Attorney wanted to continue to fund the Vertical Prosecution Program, could they divert funds from other locations and then present something to CCP that would be more in line with CCP implementation. Stephanie Bridgett stated that they could put together another presentation. Erin Ceccarelli stated that they are receiving \$155,000 in direct allocations for the other programs that are in line with CCP implementation. Rob Paoletti stated that the CCP approved a social worker to get people to show up to court and that he did not see how it was that big of a stretch to support the program and that people needed to go to treatment. Tom Bosenko agreed with Rob Paoletti. Tracie Neal stated that the social worker was assigned to the Behavioral Health Court. Rob Paoletti stated that the committee may need to re-address the plan because prosecution is a part of the rehabilitation process.

Tom Bosenko asked how the funding of this would work. Erin Ceccarelli stated that if the committee decides to move forward with this, she would suggest that one-time growth funds are used funds rather than reducing percentages for current year revenue. Lucky Jesrani stated that 21% of the DUI cases are AB109 offenders. Tracie Neal stated that changing percentages can be difficult. Brian Muir stated that there is money in reserve, the program does relate to the CCP, and that if the committee doesn't spend the money, allocations could be reduced. He stated that you don't need to change the percentages, you just need to spend more. Rob Paoletti asked if the CCP was underspending. Erin Ceccarelli stated that the CCP is budgeted for more than its allocation. Jeff Gorder stated that there are a lot of good programs that the departments do outside of the CCP, but that there needs to be guiding parameters and that he did not think that this program falls within those parameters. Tom Bosenko stated that felony DUI offenders are not first-time offenders.

Rob Paoletti made a motion to allocate \$196,372.64 from CCP growth funds to keep the Vertical Prosecution Program funded through Fiscal Year 2016/17.

Stephanie Bridgett stated that they would be happy to keep and report the statistics over the next year. Tom Bosenko stated that the funds should come from the reserve. Erin Ceccarelli stated that the result of taking the funds from the growth funds would be the same as taking the funds from reserve but using the growth funds would be much easier to track. Rather than transferring existing funds between departments, Erin will notify the Auditor's Office to deposit the growth funds

directly to the D.A. Elaine Grossman asked Brian Muir if he saw any issue with using FY 2016/16 growth funds which aren't allocated until October 2016 due to the State Board of Equalization previously withholding local realignment funds due to misallocation issues. Brian Muir stated that he did not. Tracie Neal asked if this would have to go to the Board of Supervisors. Elaine Grossman stated that it would if the funds are coming out of restricted balance. Brian Muir stated that going to the Board of Supervisors is not problematic.

Tom Bosenko seconded the motion, stating that he was reluctant.

Tracie Neal stated that she had reservations and concerns and that it is a difficult decision. She stated that her concerns were regarding ongoing funding for this program and she agrees funding requests should be in line with the three strategies outline in our CCP plan. She struggles to make the correlation between this request and the three strategies but that she would be voting yes.

Motion passed: 3 Ayes, 1 No (Jeff Gorder for ongoing funding concerns), 1 Abstention (Melissa Fowler-Bradley).

Operational Updates

Tom Bosenko stated that he would be reporting the operational updates from the Sheriff's Office at the next meeting.

Amanda Owens stated that the Day Reporting Center (DRC) graduation would be taking place on July 21, 2016 and that there were going to be nine graduates. She continued by introducing Danielle Caito to the CCP as the new Program Director of the DRC.

Karen Day stated that the new Redding Parole office was up and running and distributed a phone list.

Other items for discussion/future agenda items

There were no other items for discussion.

Adjourn

Tom Bosenko made a motion to Adjourn. Jeff Gorder seconded the motion. Motion passed: 5 Ayes, 0 Noes.

Meeting adjourned at 5:49 p.m.

2011 Realignment Revenue Report to CCPEC

Fiscal Year 2015-16

Twelve Months (7/1/15 - 6/30/16)

Revenue (8/16/15 - 8/15/16)

FY 15/16 Revenue

As of: 8/16/16

CCPEC Agenda Item 3

August 17, 2016

	% per CCP Revenue Appropriations	State Revenue Projections (no growth)	County Revenue Budgeted	County Total Receipts	% Total Receipts	Balance Remaining In Projections	% Remaining Projections	Payment Monthly	History & Target Info
	100.00%	6,794,556.00	8,494,677.00	6,119,331.81	90.06%	675,224.19	9.94%	09/25/15	484,023.60
								10/27/15	480,393.23
								11/25/15	629,274.33
Sheriff (235)	8.82%	599,279.84	735,751.00	539,725.07	90.06%	59,554.77	9.94%	12/29/15	507,044.84
Jail (260)	21.13%	1,435,689.68	1,762,614.00	1,293,014.81	90.06%	142,674.87	9.94%	01/26/16	476,419.95
Work Release (246)	7.89%	536,090.47	658,073.00	482,815.28	90.06%	53,275.19	9.94%	02/24/16	756,368.64
Subtotal/Sheriff	37.84%	2,571,059.99	3,156,438.00	2,315,555.16	90.06%	255,504.83	9.94%	03/28/16	446,345.43
								04/26/16	443,677.76
General Asst (542)	1.69%	114,828.00	141,040.00	103,416.71	90.06%	11,411.29	9.94%	05/25/16	664,636.34
Mental Health (410)	2.09%	141,870.33	174,197.00	127,894.03	90.15%	13,976.29	9.85%	06/27/16	487,106.35
Social Svcs (501)	0.65%	44,164.61	54,650.00	39,775.66	90.06%	4,388.96	9.94%	07/26/16	744,041.34
Subtotal/HHSA	4.43%	300,862.94	369,887.00	271,086.40	90.10%	29,776.54	9.90%	Pending	0.00
									\$6,119,331.81
<i>Probation (263)</i>	<i>54.37%</i>	<i>3,694,200.10</i>	<i>4,687,310.00</i>	<i>3,327,080.71</i>	<i>90.06%</i>	<i>367,119.39</i>	<i>9.94%</i>	Target To Date (11 Months)	Target Monthly 566,213.00
<i>District Attorney (227)</i>	<i>0.49%</i>	<i>33,293.32</i>	<i>40,636.00</i>	<i>29,984.73</i>	<i>90.06%</i>	<i>3,308.60</i>	<i>9.94%</i>		
<i>Public Defender (207)</i>	<i>0.53%</i>	<i>36,011.15</i>	<i>45,000.00</i>	<i>32,432.46</i>	<i>90.06%</i>	<i>3,578.69</i>	<i>9.94%</i>		
<i>Probation (Reserves)</i>	<i>2.34%</i>	<i>159,128.50</i>	<i>195,406.00</i>	<i>143,192.36</i>	<i>89.99%</i>	<i>15,936.14</i>	<i>10.01%</i>	% Target To Date (11 Months)	
Grand Total	100.00%	6,794,556.00	8,494,677.00	6,119,331.81	90.06%	675,224.19	9.94%	98.25%	

6,228,343.00

% Target To Date (11 Months)

DA/DPD: To fund cost associated with revocation proceeding involving persons subject to state parole, pursuant to 30025 of the California Government Code.

District Attorney (227)	50.00%	101,309.00	136,180.00	70,047.04	69.14%	31,261.96	30.86%	09/25/15	11,081.09
Public Defender (207)	50.00%	101,309.00	136,180.00	70,047.04	69.14%	31,261.96	30.86%	10/27/15	10,997.97
Grand Total	100.00%	202,618.00	272,360.00	140,094.08	69.14%	62,523.92	30.86%	11/25/15	14,406.41
								12/30/15	11,608.13
								01/26/16	10,907.01
								02/24/16	17,316.07
								03/28/16	10,218.49
								04/26/16	10,157.42
								05/25/16	15,215.98
								06/27/16	11,151.66
								07/26/16	17,033.85
								Pending	0.00

Target Monthly 16,884.83
 Target To Date (11 Months) 185,733.17
 % Target To Date (11 Months) 75.43%

Shasta County Day Reporting Center

June 30, 2016 Update: Progress Against Established Goals

Attendance – Check-Ins

Attendance – Check-Ins			
Phase	Target – June 2016	12.31.15 Update	6.30.16 Update
Phase I	77%	68%	72%
Phase II	86%	80%	88%
Phase III	94%	77%	88%

Attendance – Groups

Attendance – Groups			
Phase	Target – June 2016	12.31.15 Update	6.30.16 Update
Phase I	64%	44%	52%
Phase II	76%	68%	75%
Phase III	97%	81%	78%

Individual Cognitive Behavioral Therapy

Individual Cognitive Behavioral Therapy (ICBT)			
Type	Target – June 2016	12.31.15 Update	6.30.16 Update
Weekly	75%	60%	65%
Bi-Weekly	76%	80%	94%

Active Participants

Probation Referrals – Active Count			
	Target – June 2016	12.31.15 Update	6.30.16 Update
Average Daily Count	90	75	76 (including 5 in custody)

Discharges

Discharges (% of total discharges)			
Type	Target – June 2016	12.31.15 Update	6.30.16 Update
Positive Completion & Successful (successfully completes program and aftercare)	24%	14%	21%
Neutral Agency Ordered Term, Deceased & Transfer External	24%	23%	24%
Negative Abscond, Jail Term & Unsuccessful	52%	64%	55%

Graduates

Graduation (graduates not yet discharged)			
	Target – June 2016	12.31.15 Update	6.30.16 Update
Graduates	18	18 (2 over December goal of 16)	8

Drug Test Outcomes

Drug Test Outcomes			
Phase	Clean Test Target – June 2016	Clean Test Update – 12.31.15	Clean Test Update – 6.30.16
Phase I	48%	28%	29%
Phase II	69%	63%	82%
Phase III	85%	80%	77%
Phase	Missed Test Target – June 2016	Missed Test Update – 12.31.15	Missed Test Update – 6.30.16
Phase I	25%	42%	42%
Phase II	23%	22%	16%
Phase III	8%	20%	12%
Phase	Positive Test Target – June 2015	Positive Test Update – 12.31.15	Positive Test Update – 6.30.16
Phase I	27%	29%	29%
Phase II	8%	15%	3%
Phase III	7%	0%	11%

Employment/Enrollment Rate (Does not include SSI and AC)

Employment/Enrollment Rate (Does not include SSI and AC)			
Phase	Target – June 2016	12.31.15 Update	6.30.16 Update
Phase I	33%	33%	26%
Phase II	60%	57%	78%
Phase III	84%	82%	96%

Shasta County Day Reporting Center

June 30, 2016 Established Goals, Outcomes, and December 2016 Target Outcomes

Attendance – Check-Ins

Attendance – Check-Ins			
Phase	Target – June 2016	Actual – June 2016	Target – Dece 2016
Phase I	77%	72%	77%
Phase II	86%	88%	86%
Phase III	94%	88%	90%

Attendance – Groups

Attendance – Groups			
Phase	Target – June 2016	Actual – June 2016	Target – Dec. 2016
Phase I	64%	52%	64%
Phase II	76%	75%	76%
Phase III	97%	78%	85%

Individual Cognitive Behavioral Therapy

Individual Cognitive Behavioral Therapy (ICBT)			
Type	Target – June 2016	Actual – June 2016	Target – Dec. 2016
Weekly	75%	65%	72%
Bi-Weekly	76%	94%	76%

Active Participants

Probation Referrals – Active Count			
	Target – June 2016	Actual – June 2016	Target – Dec. 2016
Average Daily Count	90	76	110

Discharges

Discharges (% of total discharges)			
Type	Target – June 2016	Actual – June 2016	Target – Dec. 2016
Positive Completion & Successful (successfully completes program and aftercare)	24%	21%	26%
Neutral Agency Ordered Term, Deceased & Transfer External	24%	24%	23%
Negative Abscond, Jail Term & Unsuccessful	52%	55%	51%

Graduates

Graduation (graduates not yet discharged)			
	Target – June 2016	Actual – June 2016	Target – Dec. 2016
Graduates	18	8	18

Drug Test Outcomes

Drug Test Outcomes			
Phase	Clean Test Target – June 2016	Clean Test Actual – June 2016	Clean Test Target – December 2016
Phase I	48%	29%	41%
Phase II	69%	82%	73%
Phase III	85%	77%	85%
Phase	Missed Test Target – June 2016	Missed Test Actual – June 2016	Missed Test Target – December 2016
Phase I	25%	42%	32%
Phase II	23%	16%	19%
Phase III	8%	12%	8%
Phase	Positive Test Target – June 2015	Positive Test Actual – June 2016	Positive Test Target – December 2016
Phase I	27%	29%	27%
Phase II	8%	3%	8%
Phase III	7%	11%	7%

Employment/Enrollment Rate (Does not include SSI and AC)

Employment/Enrollment Rate (Does not include SSI and AC)			
Phase	Target – June 2016	Actual – June 2016	Target – Dec. 2016
Phase I	33%	26%	33%
Phase II	60%	78%	70%
Phase III	84%	96%	87%



SHASTA COUNTY PROBATION DEPARTMENT

2684 Radio Lane
Redding, CA 96001
(530) 245-6200 FAX: (530) 245-6001

Tracie Neal
Chief Probation Officer

August 12, 2016

TO: CCP Executive Members
FROM: Tracie Neal, Chief Probation Officer *Tracie Neal*
RE: Request for CCP Planning Dollars

The Probation Department is requesting CCP Planning money to pay for probation staff to be trained by UC Correction Institutions on Dr. Edward Latessa's Evidenced-Based Correctional Program Checklist (CPC) and Evaluation Protocol.

The cost will pay for trainers to travel from Cincinnati to Redding for a 4 day training and to complete certification of 4 staff in the training protocol. Once staff are trained and certified they will be able to complete the CPC instrument and evaluate local treatment programs to assure programs adhere to evidenced-based practices. Once trained and certified, it takes two staff to conduct the CPC and evaluation. One staff is considered the lead and the second staff is the co-lead. It is estimated that it will take the lead 26 hours and the co-lead 13 hours to conduct the CPC for each program evaluated.

The CCP funds a number of treatment programs for the offender population. The Probation Department oversees these treatment programs and contracts. Currently, the Probation Department does not have a mechanism to evaluate program effectiveness outside of recidivism data for offenders treated in each program. Having an evaluation process like the CPC will allow us to evaluate programs to assure interventions are being provided with fidelity to the models that have been proven to be effective with the offender population. In addition to assuring fidelity, this process will provide information about where improvements can be made and assist with development of an improvement plan when needed. Training probation staff on this type of protocol will develop internal resources making it unnecessary to incur the additional ongoing cost of contracting with a provider to evaluate our programs.

Attached is the CPC Training Protocol for reference.

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

The Evidence-Based Correctional Program Checklist (CPC) is a tool developed by the University of Cincinnati Corrections Institute (UCCI)ⁱ for assessing correctional intervention programs.ⁱⁱ The CPC is designed to evaluate the extent to which correctional intervention programs adhere to evidence-based practices (EBP) including the principles of effective interventions. Several studies conducted by UCCI on both adult and juvenile programs were used to develop and validate the indicators on the CPC. These studies produced strong correlations between outcome (i.e., recidivism) and individual items, domains, areas, and overall score.ⁱⁱⁱ Throughout our work, we have conducted approximately 1,000 program assessments and have developed a large database on correctional intervention programs.^{iv} In 2015, the CPC underwent minor revisions to better align with updates in the field of offender rehabilitation. The revised version is referred to as the CPC 2.0. For simplicity, we refer to the CPC 2.0 as the CPC.

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

Description of the Instrument

The CPC is divided into two basic areas: content and capacity. The capacity area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: Program Leadership and Development, Staff Characteristics, and Quality Assurance. The content area includes the Offender Assessment and Treatment Characteristics domains, and focuses on the extent to which the program meets certain principles of effective interventions. There are a total of 73 indicators, worth up to 79 total points that are scored during the assessment. Each domain, each area, and the overall score are tallied and rated as either Very High Adherence to EBP (65% to 100%); High Adherence to EBP (55% to 64%); Moderate Adherence to EBP (46% to 54%); or Low Adherence to EBP (45% or less). It should be noted that not all of the five domains are given equal weight, and some items may be considered "not applicable" in the evaluation process.

The CPC assessment process requires a site visit to collect various program traces. These include, but are not limited to: interviews with executive staff (e.g., program director, clinical supervisor), direct service delivery staff, and key program staff; interviews with offenders; observation of direct services; and review of relevant program materials (e.g., offender files, program policies and procedures, treatment curricula, client handbook, etc.). Once the information is gathered and reviewed, the program is scored. When the program has met a CPC indicator, it is considered a program strength. When the program has not met an indicator, it is considered an area in need of improvement. For each area in need of improvement, the assessors craft a recommendation to assist the program in better aligning with what the research deems effective. A report is generated which contains all of this information. In the report, program scores are also compared to the average scores across all programs that have been assessed with the CPC. The report is first issued in draft form and feedback from the program is sought. Once feedback from the program is received, a final report is submitted.

There are several limitations to the CPC that should be noted. First, the instrument is based upon an "ideal" program; that is, the criteria have been developed from a large body of research and knowledge

that combines the best practices from the empirical literature on “what works” in reducing recidivism. As such, no program will ever score 100% on the CPC. Second, as with any explorative process, objectivity and reliability are an issue. Although steps are taken to ensure that the information gathered is reliable and accurate, given the nature of the process, decisions about the information and data gathered are invariably made by the assessors. Third, the process is time-specific. Changes or modifications may be planned for the future or may be under consideration; however, only those activities and processes that are present at the time of the review are considered for scoring. Fourth, the process does not take into account all of the “system” issues that can affect the integrity of the program. Finally, the process does not address the reasons that a problem exists within a program or why certain practices do or do not take place. Rather, the process is designed to determine the overall integrity of the program.

Despite these limitations, there are a number of advantages to this process. First, it is applicable to a wide range of programs.^v Second, all of the indicators included in the CPC have been found to be correlated with reductions in recidivism. Third, the process provides a measure of program integrity and quality; it provides insight into the “black box” of a program, something an outcome study alone does not provide. Fourth, the results can be obtained relatively quickly; usually the site visit process takes a day or two and a report is generated within two to three months. Fifth, it identifies the strengths and areas for improvement for a program as well as specific recommendations that will bring the program closer in adherence to evidence-based practices. Finally, it allows for benchmarking. Comparisons with other programs that have been assessed using the same criteria are provided. Since program integrity and quality can change over time, it also allows a program to reassess its adherence to evidence-based practices.

CPC Variations

Different versions of the CPC have been created for use in different types of correctional contexts, allowing for increased specification for commonly seen offender treatment programs.^{vi} The CPC-Group Assessment (CPC-GA) is geared toward stand alone offender-based treatment groups (e.g., Thinking for a Change, Aggression Replacement Training). The CPC-Drug Court (CPC-DC) is used to assess drug courts and corresponding agencies providing treatment services for the court. The CPC-Community Supervision Agency (CPC-CSA) is used to assess probation and parole departments and corresponding agencies providing treatment services for the department. Finally, UCCI is in the process of developing the CPC-Vocation/Education Program (CPC-VEP) that will be used to assess correctional education programs. UCCI can conduct CPC assessments as well as train localities to conduct CPC assessments. Training in any of the variations requires an end user certification in the CPC.

Overview of the Initial End User CPC Training

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

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

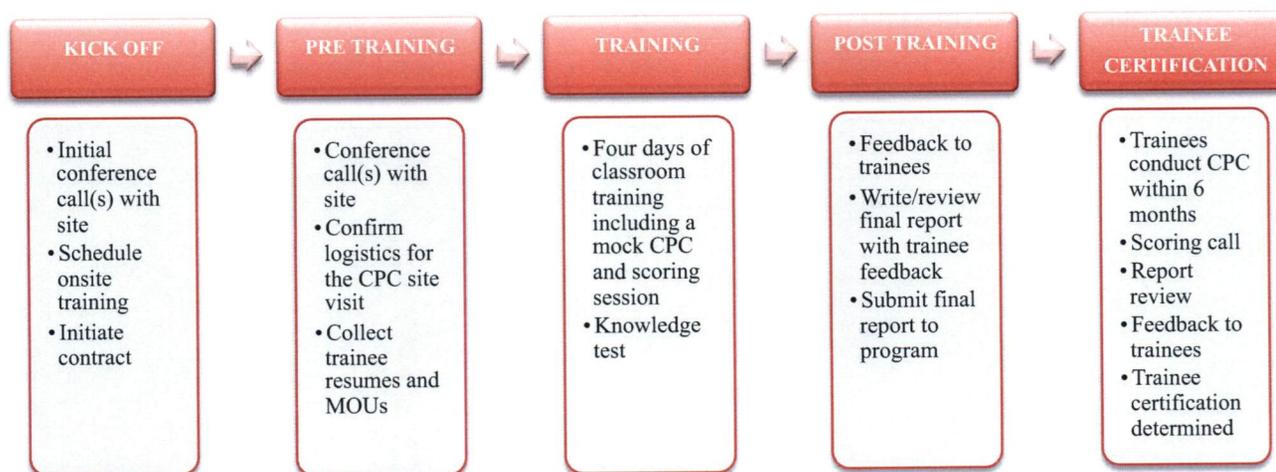
UCCI can accommodate a maximum of eight trainees.^{vii} We divide the training participants into two smaller groups during the site visit (four participants per trainer). This is done in order to minimize the disruption to the correctional agency and ensure all trainees receive exposure to the different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

Certification of Trainees

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

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

Below is a flowchart of the training process:



Selection of Trainees

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

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

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

Ongoing Use of the Instrument

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

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

Memorandum of Understanding (MOU)

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

Training and Certification in the CPC Variations

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

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

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

CPC End User Training

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

APPENDIX A CPC TRAINING AGENDA

DAY 1

Introductions and housekeeping

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

Section 2: Background of the CPC—Cognitive Behavioral Interventions

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

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

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

DAY 2

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

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

Section 7: Preparing for Day 3's Site Visit

DAY 3

Conduct site visit

DAY 4

Section 8: Scoring the CPC

Section 9: Next Steps for Certification

- MOU signing
- Written exam

Concluding remarks

Training evaluations

APPENDIX B REQUIRED READINGS

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

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

Optional Readings

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

APPENDIX C
MEMORANDUM OF UNDERSTANDING

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

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

Trainee

Date

University of Cincinnati Corrections Institute Representative

Date

ⁱ In the past, UCCI has been referred to as the University of Cincinnati (UC), the UC School of Criminal Justice, or the UC Center for Criminal Justice Research (CCJR). We now use the UCCI designation.

ⁱⁱ The CPC is modeled after the Correctional Program Assessment Inventory (CPAI) developed by Drs. Paul Gendreau and Don Andrews. The CPC, however, includes a number of items not included in the CPAI. Further, items that were not positively correlated with recidivism in the UCCI studies were deleted.

ⁱⁱⁱ A large component of this research involved the identification of program characteristics that were correlated with recidivism outcomes. References include:

Holsinger, A. M. (1999). *Opening the 'black box': Assessing the relationship between program integrity and recidivism*. Doctoral Dissertation. University of Cincinnati.

Lowenkamp, C. T. (2004). *A program level analysis of the relationship between correctional program integrity and treatment effectiveness*. Doctoral Dissertation. University of Cincinnati.

Lowenkamp, C. T. & Latessa, E. J. (2003). Evaluation of Ohio's Halfway Houses and Community Based Correctional Facilities. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

Lowenkamp, C. T. & Latessa, E. J. (2005a). *Evaluation of Ohio's CCA Programs*. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

Lowenkamp, C. T. & Latessa, E. J. (2005b). *Evaluation of Ohio's Reclaim Funded Programs, Community Correctional Facilities, and DYS Facilities*. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

^{iv} Several versions of the CPAI were used prior to the development of the CPC and the subsequent CPC 2.0. Scores and averages have been adjusted as needed.

^v Programs we have assessed include: male and female programs; adult and juvenile programs; prison-based, jail-based, community-based, and school-based programs; residential and outpatient programs; programs that serve prisoners, parolees, probationers, and diversion cases; programs that are based in specialized settings such as boot camps, work release programs, case management programs, day reporting centers, group homes, half-way houses, and community-based correctional facilities; and specialized offender/delinquent populations such as therapeutic communities, intensive supervision units, sex offenders, substance abusers, drunk drivers, and domestic violence offenders.

^{vi} While the CPC-GA has been validated, the CPC-DC and CPC-CSA have not been validated. The CPC-DC and CPC-CSA combine elements from the CPC and CPC-GA and include findings from meta-analyses in corresponding topic areas. Training in any of the variations requires an end user certification in the CPC.

^{vii} Additional trainees may be included at an additional cost.