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INNOVATIONS IN SUPERVISION INITIATIVE
SOMERSET COUNTY, PA
DAY REPORTING CENTER



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Year 2: Implementation and Evaluation

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Executive Summary

In September 2015, Somerset County, PA, received a 3-year “Smart Supervision: Reducing Prison Populations, Saving Money, and Creating Safer Communities” grant from the Bureau of Justice Assistance (under the Department of Justice, Office of Justice Programs). The goals of this funding program, now known as the “Innovations in Supervision Initiative” (ISI), are to develop and test innovative strategies and implement evidence-based probation and parole approaches. In turn, ISI seeks to improve supervision success rates and increase community safety, by effectively addressing client risk and needs and reducing recidivism. Receipt of grant funding in Somerset County followed previous successful efforts directed at justice system strategic planning, cross-systems mapping, and implementation of evidence-based approaches.

The information and findings contained in this report document the initial planning and implementation activities that occurred during the first year of Smart Supervision funding, along with second year implementation and evaluation efforts that occurred under ISI. Using a *Planning and Implementation Guide* prepared by the National Reentry Resource Center, leadership team members for the Somerset County Day Reporting Center (DRC) initially identified implementation goals, established a leadership structure and project roles, operationalized the project through logic modeling, and produced a program evaluation plan. A Day Reporting Center (DRC) was established; a program manager was hired; program staff were assigned; training was provided; and clients were placed in the program. In providing services to clients, risk and needs assessment is being utilized, evidence-based programs and practices are being provided, client data are being collected, quality assurance tools are being employed, and process and outcome evaluation is occurring.

Overall, during the first two years of grant funding, the Somerset County DRC has been effectively implemented. Data collected from multiple sources suggest DRC programming and practices are being implemented as intended, organizational culture is positive, and participants are benefiting from the DRC experience. Quality assurance tools are facilitating quality services; program participant survey results are favorable; client satisfaction is high; and preliminary recidivism data indicate low levels of repeat offending and improved recidivism trends. Further analysis of program fidelity and impact will occur during the third year of grant funding.

Project Background and Overview

During the past decade, public officials and practitioners in Somerset County, PA, have engaged in ongoing efforts to improve county criminal justice system operations. In 2004, in response to a chronic overcrowding problem at the Somerset County Jail, and based on recommendations from a Prison Overcrowding Task Force and a National Institute of Corrections evaluation, the Somerset County Criminal Justice Advisory Board (CJAB) originated to review and address criminal justice policy and system issues. Initial CJAB project areas included video arraignments, county-level intermediate punishments, and bond supervision guidelines. In 2007, a formal criminal justice system assessment by the Institute for Law and Policy Planning contributed to further improvements. Since that time, the Somerset County CJAB has continued to meet regularly and collaborate on projects guided by internal and external evaluation and assessment reports.

In 2011, two major county-level planning and assessment initiatives occurred. In May of that year, with the assistance of the Pennsylvania Commission on Crime and Delinquency, the Somerset County CJAB conducted a 1-day strategic planning retreat to clarify its vision, mission, and goals. In December 2011, Behavioral Health Services of Somerset and Bedford County, Inc. and multiple other stakeholders participated in a 2-day Cross-Systems Mapping Workshop provided by the Pennsylvania Mental Health and Justice Center of Excellence. During this workshop, participants identified gaps in services, available resources, and opportunities for intercepting justice system involved offenders with mental illness and co-occurring substance abuse disorders. Priority areas emerged based on group discussion and the production of a Somerset County Cross Systems Map. These two planning and assessment activities both revealed a strong desire to reduce justice system involvement of people with mental illness and co-occurring substance abuse disorders, as well as a need for greater collaboration in planning, programming, and training among those providing treatment and other services to the identified target population.

In August 2012, the Somerset County CJAB received a grant from the Bureau of Justice Assistance to initiate further collaborative planning through the Justice and Mental Health Collaboration Program (JMHCPC). This grant allowed the CJAB and a JMHCPC subcommittee to further study the problem of justice-involved individuals with mental illnesses and co-occurring mental health and substance abuse disorders. The grant enabled stakeholders (i.e., law enforcement, corrections, behavioral health, and government officials) to collaborate, identify the existence of relevant problems, engage in strategic and action planning, and to develop appropriate programming and training for participating agencies and staff.

Justice Performance Consultants, LLC, assisted with the JMHCPC planning grant and produced an evaluation report that summarized and synthesized JMHCPC activities, stated goals and objectives, data collected, and results achieved (Myers, Lee, & Giever, 2014).¹ To complete the evaluation, members of Justice Performance Consultants, LLC:

- Regularly attended and participated in monthly CJAB and JMHCPC subcommittee meetings
- Facilitated JMHCPC strategic planning and focus group sessions
- Reviewed available data and documentation

¹ Myers, D. L., Lee, D. R., & Giever, D. M. (2014). *Bureau of Justice Assistance, Justice and Mental Health Collaboration Program, Somerset County PA: Phase 1 Planning*. Indiana, PA: Justice Performance Consultants, LLC.

- Analyzed and reported on survey data collected from project stakeholders
- Conducted individual and small group interviews with project stakeholders, and
- Participated in periodic conference calls with the Council of State Governments Justice Center.

Somerset County's JMCHP planning grant brought together relevant stakeholders, facilitated data collection and information sharing, built collaboration and commitment across systems, provided specialized training, and produced a data-driven strategic plan with sustainable strategies. A portion of these efforts focused on refining reentry planning and strategies, through collaboration among criminal justice system stakeholders and service providers. Inmate and probationer/parolee risk and needs assessment, along with ongoing data collection and utilization, were key parts of reentry planning. In addition, Somerset County received a grant from the Pennsylvania Commission on Crime and Delinquency (PCCD) to transport offenders to an available DRC in neighboring Cambria County. Coordinated by the Somerset County Adult Probation Department, offenders selected for the program completed risk and needs assessment; received mental health, drug and alcohol, and other appropriate services at the Cambria County DRC; and traveled regularly between Somerset and Cambria Counties.

The grant from PCCD that funded transportation of clients to the Cambria County DRC ended in 2015. Prior to funding expiration, members of the Somerset County CJAB and JMCHP subcommittee discussed the need to continue DRC programming, resulting in a decision to seek external funding for a DRC in Somerset County. This resulted in the submission of a proposal for funding under the "Smart Supervision: Reducing Prison Populations, Saving Money, and Creating Safer Communities" program with the Bureau of Justice Assistance. Somerset County was awarded a Smart Supervision grant on September 30, 2015, and Justice Performance Consultants, LLC, was contracted to provide consulting and evaluation services.

Activities during Year 1 of the Smart Supervision grant in Somerset County focused on planning and early implementation.² During Year 2, the Smart Supervision program was rebranded as the "Innovations in Supervision Initiative" (ISI). This report expands on the previous Year 1 evaluation document and presents the results of implementation and evaluation efforts occurring during Year 2 of funding.

Target Population

Somerset County comprises a large and mostly rural geographic area covering over 1000 square miles, with a population of approximately 77,000 residents dispersed widely in various communities. In recent years, the average daily population at the Somerset County Jail was approximately 100 inmates. Prior to DRC implementation, approximately 30% of the average daily population at the Somerset County jail consisted of offenders who violated probation or parole conditions, and approximately 70% of total jail bookings were for repeat offenders. The Somerset County Adult Probation Department generally is responsible for supervising over 900 offenders per year in the

² Myers, D. L., Lee, D. L., & Giever, D. M. (2016). *Bureau of Justice Assistance, Smart Supervision Program; Somerset County, PA Day Reporting Center: Year 1 Planning and Early Implementation*. Indiana, PA: Justice Performance Consultants, LLC.

community. Prior to DRC implementation, a baseline recidivism rate of 17% was calculated, based on annual probation and parole revocations for new arrests and technical violations.

To reduce recidivism and the county jail population, the Somerset County DRC was established to target adults (aged 18 years and older) who are on probation or parole supervision and have been determined to be at medium or high risk for recidivism, while also exhibiting several priority criminogenic needs. Offenders at lower risk, but with multiple priority criminogenic needs, may also be considered. Offender risk and needs are assessed by the Probation Department through the use of COMPAS (Correctional Offender Management Profiling for Alternative Sanctions), which is an empirically validated risk and needs assessment tool designed to measure many of the key risk and needs factors in adult correctional populations and provide information to guide supervision and placement decisions.³ It was projected that 250 participants would be processed through DRC programming during the 3-year period of the grant.

Prior DRC Research

Day reporting centers are highly structured, community-based programs designed to provide intensive supervision and treatment services to offenders at-risk for recidivism.⁴ In general, offenders must report to a DRC daily (typically Monday through Friday, and sometimes on weekends) for visits with probation or parole officers and participation in required programming. In recent years, day reporting centers have incorporated the use of evidence-based programs and practices, while allowing offenders to live at home, thereby potentially reducing secure correctional populations and associated costs.⁵

Day reporting centers originated in Great Britain in the late 1960s; began to appear in the United States in the mid-1980s; and spread rapidly throughout the nation during the past 25 years.⁶ A number of quasi-experimental studies (i.e., those lacking in random assignment to treatment and control groups, but typically using comparison groups with statistical controls) have produced supportive findings, with DRC participants exhibiting lower recidivism rates than similar offenders

³ Brennan, T., Dieterich, W., Ehret, B. (2009). "Evaluating the predictive validity of the COMPAS risk and needs assessment system." *Criminal Justice and Behavior*, 36(1), 21-40.

Meredith, T., Speir, J. C., & Johnson, (2007). "Developing and implementing automated risk assessments in parole." *Justice Research and Policy*, 9(1), 1-24.

Serin, R., & Lowenkamp, C. T. (2015). "Selecting and using risk and need assessments." *Drug Court Practitioner Fact Sheet*, Alexandria, VA: National Drug Court Institute.

Zhang, S. X., Roberts, R. E. L., & Farabee, D. (2014). "An analysis of prisoner reentry and parole risk using COMPAS and traditional criminal history measures." *Crime & Delinquency*, 60(20), 167-192.

⁴ Kim, D., Spohn, C., & Foxall, M. (2007). "An evaluation of the DRC in the context of Douglas County, Nebraska: A developmental perspective." *The Prison Journal*, 87(4), 434-456.

Ostermann, M. (2009). "An analysis of New Jersey's day reporting center and halfway back programs: Embracing the rehabilitative ideal through evidence-based practices." *Journal of Offender Rehabilitation*, 48(2), 139-153.

Roy, S. (2004). "Factors related to success and recidivism in a day reporting center." *Criminal Justice Studies*, 17(1), 3-17.

⁵ Craddock, A. (2004). "Estimating criminal justice system costs and cost-savings benefits of day reporting centers." *Journal of Offender Rehabilitation*, 39(4), 69-98.

⁶ Boyle, D. J., Ragusa-Salerno, L. M., Lanterman, J. L., & Marcus, A. F. (2013). "An evaluation of day reporting centers for parolees: Outcomes of a randomized trial." *Criminology & Public Policy*, 12(1), 119-143.

under other forms of correctional supervision.⁷ However, an experimental evaluation of medium and high-risk parolees in New Jersey found that those randomly assigned to a DRC were more likely to be arrested and convicted on a new offense, as compared to control group offenders receiving regular parole supervision.⁸

Several factors may account for the mixed findings in prior DRC research. First, quality of implementation (or program fidelity) is vitally important in any treatment program. The nature and duration of services can have a strong impact on program outcomes, along with timing of services within correctional processes.⁹ Use of evidence-based programs and practices (i.e., those having strong research support) of sufficient intensity and duration, combined with quality assurance (or continuous quality improvement techniques) and performance measurement and program evaluation, will provide the greatest opportunity for successful behavioral outcomes.

Second, differences in research design may at least partially explain prior conflicting findings. Studies using scientifically rigorous randomized experimental designs often fail to produce the same supportive findings as less rigorous quasi-experimental studies, perhaps due to the selection bias that exists with non-random evaluations. In other words, quasi-experimental studies may produce more supportive findings simply because participants selected for treatment are more likely to succeed at the outset, as compared to study subjects in the comparison group.

In sum, day reporting centers are a contemporary approach to decreasing prison populations and reducing recidivism. Although prior research findings are mixed, it appears that facilities using evidence-based programs and practices of sufficient intensity and duration, with treatment matched to offenders' risk and needs, will provide the greatest opportunity for behavioral success. Quality assurance efforts (to improve program implementation) and outcomes evaluation facilitated by researcher-practitioner partnerships are additional ways to improve the likelihood of law-abiding behavior. Further research on these methods and strategies also will be beneficial in assessing the effectiveness of DRC implementation and outcomes.

⁷ Carr, W. A., Baker, A. N., & Cassidy, J. J. (2016). "Reducing criminal recidivism with an enhanced day reporting center for probationers with mental illness." *Journal of Offender Rehabilitation*, 55(2), 95-112.

Champion, D. R., Harvey, P.J., & Schanz, Y. Y., (2011). "Day reporting center and recidivism: Comparing offender groups in a western Pennsylvania county study." *Journal of Offender Rehabilitation*, 50(7), 433-446.

Ostermann, M. (2009). "An analysis of New Jersey's day reporting center and halfway back programs: Embracing the rehabilitative ideal through evidence-based practices." *Journal of Offender Rehabilitation*, 48(2), 139-153.

⁸ Boyle, D. J., Ragusa-Salerno, L. M., Lanterman, J. L., & Marcus, A. F. (2013). "An evaluation of day reporting centers for parolees: Outcomes of a randomized trial." *Criminology & Public Policy*, 12(1), 119-143.

⁹ Craddock, A. (2009). "Day reporting center completion comparison of individual and multilevel models." *Crime & Delinquency*, 55(1), 105-133.

Duwe, G. (2013). "What's inside the 'black box'? The importance of 'gray box' evaluations for the 'what works' movement." *Criminology & Public Policy*, 12(1), 145-152.

Kim, D., Joo, H., & McCarty, W. P. (2008). "Risk assessment and classification of day reporting center clients: An actuarial approach." *Criminal Justice and Behavior*, 35(6), 792-812.

Ostermann, M. (2013). "Using day reporting centers to divert parolees from revocation." *Criminology and Public Policy*, 12(1), 163-171.

Spence, D. H., & Hass, S. M. (2015). "Predicting client success in day reporting centers: The importance of risk and needs assessment." *Journal of Offender Rehabilitation*, 54(7), 502-519.

Steiner, B., & Butler, H. D. (2013). "Why didn't they work? Thoughts on the application of New Jersey day reporting centers." *Criminology & Public Policy*, 12(1), 153-162.

First Year Planning and Implementation

Implementation planning for the Somerset County DRC began immediately following the notice of grant funding on September 30, 2015. Initial activities focused on preparing the DRC for operations and programming. Space for the DRC was secured near the Somerset County Jail and the Probation Department, and furniture and equipment were installed. A leadership team was established, and a DRC manager (Chrystal Witowski) was hired and trained. Initial members of the leadership team included:

- Vicki Rascona-Saylor, Director, Somerset County Probation Department
- Chrystal Witowski, DRC Manager
- Kim McLaughlin, Deputy Director, Probation Department
- Matt Peters, Probation Officer
- Bob Landis, Probation Officer
- Erin Howsare, Director, Single County Authority for Drug and Alcohol
- David Myers, Justice Performance Consultants, LLC
- Daniel Lee, Justice Performance Consultants, LLC
- Dennis Giever, Justice Performance Consultants, LLC

In October and November 2015, leadership team members completed two informational webinars provided by the Council of State Governments Justice Center (CSGJC), along with an orientation conference call with Daisy Diallo, Program Associate and Technical Assistant provider with CSGJC. From December 16-18, 2015, Chrystal Witowski, David Myers, Dan Lee, and Dennis Giever attended and participated in the “Justice and Mental Health Collaboration/Second Chance in Action: Practical Strategies to Deliver Results” conference in Washington, DC. Numerous workshops, lectures, and breakout sessions were provided, with general goals of facilitating participants’ abilities to achieve the objectives of their grant, introducing attendees to evidence-based and best practices associated with correctional programming and reentry, and creating national networks of professionals working to address public safety and positive behavioral change.

First Quarter Accomplishments

During the first quarter of grant funding (October-December, 2015), a DRC Policy and Procedure Manual was established (see Appendix A), along with a Handbook for participants (see Appendix B). The Policy and Procedure Manual covers such topics as participant attendance, computer use, dress code, incentives and sanctions, non-compliance, smoking, and transportation, along with standard forms (basic needs list, intake form, confidentiality agreements, participant schedule, participant monthly record, sign-in/sign-out, and acknowledgement of understanding). The participant Handbook provides summary information about the DRC, its policies and procedures, behavioral expectations, and consequences of violations.

Also, during the first quarter, the leadership team began to meet formally on a monthly basis and began holding monthly conference calls with Daisy Diallo of CSGJS. Service providers were oriented to DRC policies and procedures, along with the expected daily schedule for program participants, and two full-time probation officers (Matt Peters and Bob Landis) were assigned to the DRC. Finally,

plans were made for probation officer training and accepting participants into DRC programming during the second quarter of grant funding.

Second Quarter Accomplishments

During the second quarter of grant funding (January-March, 2016), members of the leadership team continued to meet on a monthly basis and hold monthly conference calls. Efforts were directed at completing a Planning and Implementation Guide provided by CSGJC, establishing a database for program participants, training probation officers in motivational interviewing and making referrals to the DRC, and entering participants into evidence-based DRC programming and practices.

Planning and Implementation Guide:

The Planning and Implementation Guide (see Appendix C) focused on four areas:

- Identifying Implementation Goals
- Establishing a Leadership Structure and Project Roles
- Operationalizing the Grant Project through Logic Modeling
- Planning for Program Evaluation

The leadership team established project vision, mission, and goals:

Vision: To build a learning organization that reduces recidivism and enhances community safety through systemic integration of evidence-based principles in collaboration with community justice partners.

Mission: To increase the capacity of probation and parole to improve supervision and implement evidence-based strategies to increase the effectiveness of community supervision, including the incorporation of: identification of risk and needs through assessment, assignment of individuals to caseloads based on assessment results, coaching and resources to support coaching, quality assurance and monitoring mechanisms to ensure the fidelity to evidence-based practice, and supervision and programming of the appropriate type and dosage, including the use of swift and certain responses to violations.

Goals:

1. Reduce recidivism among medium to high-risk adults on community supervision.
2. Increase agency capacity for delivering specialized supervision focused on identifying criminogenic risk and targeting services at criminogenic needs.
3. Increase rate of supervisee enrollment to Medicaid or other insurance.

A total of 21 partner organizations were identified for the project, with 12 signing MOUs and 18 providing services at the DRC. DRC logic modeling identified key activities, resources, process measures, short-term outcomes, long-term outcomes, and sustainability activities. Evaluation planning included consideration of both process evaluation and impact evaluation, which are to be completed during the 3-year period of the grant.

Project Database:

In order to efficiently collect, store, and utilize program participant data, Justice Performance Consultants, LLC, prepared an Excel spreadsheet-style database. This database corresponds with performance measurement requirements established by the Bureau of Justice Assistance and is used to monitor program implementation and complete required quarterly reports.

Training:

On January 20 and 21, 2016, Motivational Interviewing (MI) training was held for DRC staff and service-providers. A total of 31 individuals completed this 2-day training, which focused on the history and rationale of MI, enhancing the delivery of client-centered and semi-directive intrinsic motivation to change, developing awareness of discrepancy, and exploring and resolving ambivalence within the client for purposes of initiating and facilitating change.

Program Participants:

During the second quarter of grant funding, 16 participants entered DRC programming. Of these individuals, 11 were assessed to be at medium or high risk for recidivism (through use of the COMPAS tool), and 5 were low risk but had multiple priority needs. Figure 1 provides a summary of the three phases of treatment DRC participants are expected to complete.

Figure 1: DRC Graduation Checklist

Name: _____
 Intake Date: _____
 Exit Date: _____

Phase One (Motivation):

Start Date: _____ Completion Date: _____

	Intake Completed
	Medical Assistance Application Completed
	Drug and Alcohol Assessment Completed
	Mental Health Assessment Completed
	Stages of Change Completed
	Anger Management Completed through class 4
	STEPS Completed
	GED Enrollment
	MRT Completed through step 3
	Attended at least 90% of Reported Days

Additional Comments:

Phase Two (Treatment):

Start Date: _____ Completion Date: _____

	D&A Counselor Recommendation for Advancement
	MH Counselor Recommendation for Advancement
	Anger Management Completed
	Relapse Prevention Completed
	GED Recommendation for Advancement by Service Provider
	MRT Completed through step 8
	Attended at least 90% of Reported Days
	No positive breathalyzer or drug test for at least 30 days

Additional Comments:

Phase Three (Reentry):

Start Date: _____ Completion Date: _____ New COMPAS Completed: _____

	Stable Housing
	Employed or Seeking Employment/Education
	Completed D&A Counseling or Recommendation for Graduation
	Completed Mental Health Counseling or Recommendation for Graduation
	WRAP Completed
	All recommended parenting classes Completed (_____ Parenting Wisely _____ Family Center)
	MRT Completed
	Attended at least 90% of Reported Days
	No positive breathalyzer or drug test for at least 60 days

Additional Comments:

From January through March 2016, the 16 initial DRC participants received a variety of programs and services from seven service providers, summarized as follows (number of participants in parentheses):

- Substance abuse treatment (16)
- Life skills training (16)
- Employment assistance and/or job placement (15)
- Anger management (14)
- Parenting Wisely Young Children (10)
- Cognitive behavioral interventions (9)
- Transportation assistance (6)
- Mental health treatment (5)
- Housing assistance (3)
- Educational assistance (3)
- Wellness services (3)

In addition to the programs and services listed above, of the 16 participants who entered the DRC, 14 began programming with pre-existing health coverage. The other two participants were enrolled in Medicaid because of DRC participation.

As part of its programs and services, the DRC also offers a structured set of incentives/rewards and sanctions for program participants, as shown in Figure 2.

Figure 2: Incentives and Sanctions

INCENTIVE	SANCTION
___ Letter of commendation	___ Community service
___ Verbal acknowledgement or praise	___ Hrs. ___
___ Decreased supervision level	___ Electronic or Global Positioning Satellite (GPS) monitoring
___ Fewer drug tests	___ Up to 10 days of short-term incarceration
___ Fewer contacts with participants	___ Hrs. ___
___ Early Termination of Supervision	___ Extra supervision visits
___ Travel permits	___ Increased urine testing for substance abuse
___ Other	___ Other
___ Small tangible rewards	___ Verbal Admonishments
___ Recognition in court	___ Letters of apology
___ Posted accomplishments	___ Essay assignments
___ Violation waiver	___ Daily activity logs
___ Moderate tangible rewards	___ Journaling
___ High tangible rewards	___ Life skills assignments

During the second quarter of grant activity, the following incentives/rewards were used with DRC participants (number of times in parentheses):

- Verbal acknowledgement or praise (4)
- Travel permits (4)
- Fewer formal contacts (1)
- Other (2; e.g., posted accomplishments)

In addition, the following intermediate sanctions were utilized (number of times in parentheses):

- Increased urine testing for substance abuse (8)
- Up to 10 days of short-term incarceration (3; 144 total hours)
- Community service (1; 16 total hours)
- Other (15; e.g., verbal admonishments, writing assignments)

Evidence-Based Principles, Programs, and Practices:

It should be emphasized that the Somerset County DRC has been structured around well-established principles for implementing evidence-based policy and practice in community corrections.¹⁰ These principles include the following:

- **Assess Actuarial Risk/Needs:** Risk and needs assessment is being conducted through use of the COMPAS tool. Every DRC participant is assessed through COMPAS prior to program entry. Participants are reassessed after completing Phase II of the program and are reassessed again at program completion, in order to evaluate change in risk and needs.
- **Enhance Intrinsic Motivation:** Offender motivation to change is being encouraged through Motivational Interviewing by DRC staff and service providers, along with structured use of incentives/rewards and sanctions for program participants. This approach corresponds with supportive research findings on the use of incentives/rewards for positive behavior, along with certain, swift, but fair and graduated sanctions for negative behavior.¹¹
- **Target Interventions:** This is being done through prioritizing treatment and supervision resources for medium and high-risk offenders, as well as lower risk offenders with multiple priority needs. In addition, multiple forms of treatment programming are available to address a variety of criminogenic needs, and efforts are made to consider temperament, learning style, motivation, culture, and gender when assigning programs. DRC participants are expected to complete programming and be discharged in 3-9 months, with treatment and aftercare integrated with sentencing and sanctions requirements.
- **Skill Train with Directed Practice:** DRC programming includes Moral Reconciliation Therapy (an evidence-based cognitive behavioral approach), Life Skills Training, Anger Management, and Parenting Wisely. An emphasis is being placed on using evidence-

¹⁰ Crime and Justice Institute at Community Resources for Justice (2009). *Implementing evidence-based policy and practice in community corrections* (2nd ed.). Washington, DC: National Institute of Corrections.

¹¹ Hawken, A. (2010). "HOPE for probation: How Hawaii improved behavior with high-probability, low-severity sanctions." *The Journal of Global Drug Policy and Practice*, 4(3).

Hawken, A. & Kleiman, M. (2009). *Managing Drug Involved Probations with Swift and Certain Sanctions: Evaluating Hawaii's HOPE*. Washington, D.C.: U.S. Department of Justice, National Institute of Justice.

Hawken, A., Kulick, J., Smith, K., Mei, J., Zhang, Y., Jarman, S., Yu, T., Carson, C., & Vial, T. (2016). *HOPE II: A follow-up to Hawaii's HOPE Evaluation*. Washington, D.C.: U.S. Department of Justice, National Institute of Justice.

based programs and practices found to be effective in producing behavioral change and success.

- **Increase Positive Reinforcement:** An emphasis is being placed on DRC staff and service providers providing positive reinforcement for behavioral change, along with the use of structured incentives/rewards and graduated sanctions.
- **Engage Ongoing Support in Natural Communities:** DRC probation officers conduct frequent field visits and communicate with spouses, family members, and supportive others about the need for reinforcement of positive behavior. In addition, community-based services in the areas of substance abuse, mental health, employment, education, and parenting are being provided, with support from agency members of the Somerset County CJAB and collaborating stakeholders of the DRC.
- **Measure Relevant Processes/Practices:** DRC data are being collected in a variety of ways, and both process and outcome measurement is being employed. In addition to COMPAS data and the Excel database that is being used to collect and manage BJA performance measurement data, surveys are being collected from program participants and service providers to assess their perceptions of treatment, and structured observation and assessment of motivational interviewing by probation officers is occurring. In addition, a pre- and post-test survey of participants will measure and assess change in their perceptions about the criminal justice system. Finally, an outcome evaluation utilizing recidivism data for both DRC participants and a comparison group of offenders supervised prior to DRC implementation is planned. Process evaluation and outcome evaluation data will be further discussed later in this report.
- **Provide Measurement Feedback:** DRC data are being used to monitor implementation and fidelity, assess change in participant risk/needs and perceptions, and evaluate outcomes. Feedback is regularly provided to offenders regarding their progress, in order to enhance accountability, motivation, and behavioral success. Information and data-driven feedback also are being shared and discussed internally, on both a routine basis and at monthly leadership team meetings. Finally, information is being provided to the Somerset County CJAB about DRC operations, programming, and performance. All of this is being done in an effort to improve participant outcomes through the use of evidence-based programs, practices, and principles.

Third Quarter Accomplishments

During the third quarter of grant funding (April-June, 2016), members of the leadership team continued to meet on a monthly basis and hold monthly conference calls. Efforts were directed at completing a “Reducing Recidivism” checklist from the Council of State Governments Justice Center, developing and utilizing quality assurance and program fidelity tools, and continuing to enter participants into DRC programming. In addition, a new DRC Manager was hired, replacing the original manager (who resigned during the third quarter).

Reducing Recidivism Checklist:

On May 16, 2016, members of the leadership team met to consider, discuss, and complete a “Reducing Statewide Recidivism” checklist, available through CSGJC at <https://csgjusticecenter.org/reentry/reentry-checklists/>. The results of this exercise can be found in Appendix D. The exercise was useful for considering overall goal areas for recidivism reduction,

along with specific policy and performance expectations within each goal area. Of the 60 total expectations examined, it was determined that 42 were fully implemented (scored as a 4, with a green dot in Appendix D). An additional 15 expectations were viewed as being partially implemented (score of 3, yellow dot), and only three expectations were not being implemented, but were planned (score of 2, red dot).

The expectations viewed as either partially implemented or not implemented, but planned, were given further attention and discussion by the leadership team (see notes in the column “Comments 5/16/16” in Appendix D). These expectations were given high priority during the third and fourth quarter of the project, in an effort to prevent and lower the likelihood of recidivism among DRC participants.

Program Participants:

During the third quarter of grant funding, 15 new participants entered DRC programming, bringing the total number in the program to 31. Of the 15 new individuals, 13 were assessed to be at medium or high risk for recidivism (through use of the COMPAS tool), and 2 were low risk but had multiple priority needs.

From April through June 2016, the 31 total DRC participants received a variety of programs and services from 9 service providers, summarized as follows (number of participants in parentheses):

- Substance abuse treatment (19)
- Life skills training (14)
- Employment assistance and/or job placement (11)
- Anger management (15)
- Parenting Wisely Young Children (15)
- Cognitive behavioral interventions (8)
- Transportation assistance (7)
- Mental health treatment (6)
- Family counseling (1)
- Educational assistance (1)
- Wellness services (12)

In addition to the programs and services listed above, the 15 new participants who entered the DRC all began programming with some pre-existing health coverage. Two participants were enrolled in Medicaid as a result of DRC participation.

During the third quarter of grant activity, the following incentives/rewards were used with DRC participants (number of times in parentheses):

- Travel permits (1)
- Fewer formal contacts (1)
- Other (45): Participants were formally presented with various rewards, including water bottles for perfect attendance, gift cards to local businesses for staying drug free, and coupons for exhibiting positive behaviors during treatment sessions.

In addition, the following intermediate sanctions were utilized (number of times in parentheses):

- Increased urine testing for substance abuse (8)
- Community service (5; 112 total hours)
- Extra supervision visits (1)
- Other (11; e.g., verbal admonishments, writing assignments)

By the end of June 2016, no program participants had successfully completed all DRC program requirements. Eight participants exited the program unsuccessfully. Five of these individuals absconded, while two were discharged unsuccessfully due to leaving required treatment. Only one unsuccessful participant was no longer in the program due to court or criminal involvement (technical violation, arrest, conviction, revocation, and/or reincarceration).

Finally, in May 2016 the original DRC Manager (Chrystal Witowski) resigned. On June 20, 2016, she was replaced by Timothy Sprowls, who remains in this position at the present time.

Fourth Quarter Accomplishments

During the fourth quarter of the first year of grant funding (July-September, 2016), members of the leadership team continued to meet on a monthly basis and hold monthly conference calls. Efforts were directed at continuing to enter participants into DRC programming, reviewing and discussing program implementation, examining changes in COMPAS scores, utilizing quality assurance and program fidelity tools, and accessing and coding data for impact evaluation.

Program Participants:

During the fourth quarter, 11 new participants entered DRC programming, bringing the total number in the program to 42. Of the 11 new individuals, 9 were assessed to be at medium or high risk for recidivism (through use of the COMPAS tool), and 2 were low risk but had multiple priority needs.

Also, during the fourth quarter, nine DRC participants transitioned from Phase 2 to Phase 3 of DRC treatment. As part of this transition, they received a follow-up risk assessment through use of the COMPAS tool. Unexpectedly, five of these participants were found to be at higher risk on the reassessment (as compared to their initial risk assessment level); two were at the same level of risk; and two were at lower risk on the reassessment.

DRC staff and the leadership team reviewed and discussed these results, along with possible explanations. One possible explanation centered on quality relationships being built between staff and program participants, resulting in program participants being more truthful during the reassessment. In addition, it is possible that changes in certain dynamic risk factors might be responsible for the overall reassessment scores. This possibility will be investigated further once more COMPAS data are coded and analyzed using statistical software.

From July through September 2016, the 42 total DRC participants received a variety of programs and services from 9 service providers, as summarized below (number of participants in parentheses):

- Substance abuse treatment (22)
- Life skills training (17)
- Employment assistance and/or job placement (12)
- Anger management (10)
- Parenting Wisely Young Children (15)
- Cognitive behavioral interventions (3)
- Transportation assistance (5)
- Mental health treatment (14)
- Family counseling (7)
- Educational assistance (12)
- Housing assistance (10)
- Wellness services (11)
- Health services (1)

In addition to the programs and services listed above, the 11 new participants who entered the DRC all began programming with pre-existing health coverage. No new participants were enrolled in Medicaid because of DRC participation.

During the fourth quarter of grant activity, the following incentives/rewards were used with DRC participants (number of times in parentheses):

- Travel permits (1)
- Other (47): Participants were formally presented with various rewards, including water bottles for perfect attendance, gift cards to local businesses for staying drug free, and coupons for exhibiting positive behaviors during treatment sessions.

In addition, the following intermediate sanctions were utilized (number of times in parentheses):

- Increased urine testing for substance abuse (1)
- Community service (2; 50 total hours)
- Extra supervision visits (1)
- Home detention (1; 720 total hours)
- Electronic monitoring (1)
- Up to 10 days of short-term incarceration (2; 144 total hours)
- Other (11; e.g., verbal admonishments, writing assignments)

By the end of September 2016, four program participants were the first to complete all DRC program requirements successfully. There also were four participants who exited the program unsuccessfully. One individual absconded; two failed to complete treatment or other program requirements; and one participant was no longer in the program due to court or criminal involvement (technical violation, arrest, conviction, revocation, and/or reincarceration).

Second Year Implementation and Evaluation

The second year of DRC funding focused on continued implementation and evaluation of facility programming and operations. The leadership team members listed below met every 6 weeks to review data and quarterly reports, discuss the services being provided, and resolve any issues or concerns. Ongoing efforts were directed at entering participants into DRC programming, reviewing and discussing program implementation, examining changes in COMPAS scores, utilizing quality assurance and program fidelity tools, and accessing and coding data for impact evaluation.

- Vicki Rascona-Saylor, Director, Somerset County Probation Department
- Timothy Sprowls, DRC Manager
- Kim McLaughlin, Deputy Director, Probation Department
- Matt Peters, Probation Officer
- Bob Landis, Probation Officer
- Erin Howsare, Director, Single County Authority for Drug and Alcohol
- David Myers, Justice Performance Consultants, LLC
- Daniel Lee, Justice Performance Consultants, LLC
- Dennis Giever, Justice Performance Consultants, LLC

First Quarter Accomplishments

During the first quarter of the second year of grant funding (October-December, 2016), the four participants (one female and three males) who successfully completed DRC programming were provided with a formal graduation ceremony at a local Hoss's restaurant. Approximately 25 probation officers and other public officials were present. Other activities in the quarter included the completion of specialty and drug court training and continued implementation of DRC services.

Training:

In October 2016, several members of the Somerset County court system (President Judge, District Attorney, Public Defender, Director of Probation Services, and Director of Drug & Alcohol Commission) attended the Administrative Office of PA Courts, Problem-Solving Court Implementation Training, held at the PA Judicial Center in Harrisburg, PA. Training goals were to learn the key components and practices of specialty courts and begin developing policy and procedures.

In addition, four members of the DRC leadership team (McLaughlin, Peters, Landis, and Howsare) attended a 3-day training in State College, PA, on the topic of drug court functioning. This training was offered by the Pennsylvania Association of Drug Court Professionals and was completed by the DRC leadership team members in anticipation of Somerset County initiating a drug treatment court in 2017.

Program Participants:

During this quarter, 9 new participants entered DRC programming, bringing the total number served in the program to 50. Of the 9 new individuals, 6 were assessed to be at medium or high risk for recidivism (through use of the COMPAS tool), and 3 were low risk but had multiple priority needs.

Also, during the first quarter, 8 DRC participants transitioned across phases of DRC treatment. As part of this transition, they received a follow-up risk assessment through use of the COMPAS tool. Four of these participants were found to be at higher risk on the reassessment (as compared to their initial risk assessment level); one was at the same level of risk; and three were at lower risk on the reassessment.

From October through December 2016, 39 total DRC participants received a variety of programs and services from 9 service providers, as summarized below (number of participants in parentheses):

- Substance abuse treatment (37)
- Life skills training (28)
- Employment assistance and/or job placement (15)
- Anger management (10)
- Cognitive behavioral interventions (7)
- Transportation assistance (10)
- Mental health treatment (20)
- Family counseling (11)
- Educational assistance (11)
- Housing assistance (3)
- Wellness services (11)
- Health services (1)

In addition to the programs and services listed above, the nine new participants who entered the DRC all began programming with pre-existing health coverage (all on Medicaid). No new participants were enrolled in Medicaid because of DRC participation.

During the fourth quarter of grant activity, the following incentives/rewards were used with DRC participants (number of times in parentheses):

- Travel permits (1)
- Other (53): Participants were formally presented with various rewards, including water bottles for program attendance, gift cards to local businesses for course and program completion, and diplomas presented at the DRC graduation ceremony.

In addition, the following intermediate sanctions were utilized (number of times in parentheses):

- Increased urine testing for substance abuse (2)
- Community service (3; 24 total hours)
- Extra supervision visits (1)
- Up to 10 days of short-term incarceration (5; 240 total hours)

- Other (1; writing assignment)

By the end of December 2016, four more program participants successfully completed all DRC program requirements, bringing the total to eight completed participants. There also were four participants who exited the program unsuccessfully. One individual died due to a drug overdose, and three others failed to complete treatment or other program requirements.

Second Quarter Accomplishments

During the second quarter of Year 2 grant funding (January-March, 2017), members of the leadership team continued to meet on a regular basis. Project efforts were directed at providing additional motivational interviewing training; revisiting the previously completed “Reducing Recidivism” checklist from the Council of State Governments Justice Center, to assess improvements that had been made over time; and continuing to enroll and graduate DRC participants.

Training:

On February 17, 2017, Motivational Interviewing (MI) booster training was held for Somerset County probation officers and DRC service-providers. A total of 28 individuals completed this 1-day training, which focused on enhancing the delivery of client-centered and semi-directive intrinsic motivation to change, developing awareness of discrepancy, and exploring and resolving ambivalence within the client for purposes of initiating and facilitating change.

Reducing Recidivism Checklist

On February 24, 2017, members of the leadership team met to consider, discuss, and complete an updated “Reducing Statewide Recidivism” checklist, available through CSGJC at <https://csgjusticecenter.org/reentry/reentry-checklists/>. The results of this exercise can be found in Appendix E.

The tool was useful for assessing changes and improvements that had been made in efforts directed at recidivism reduction. Of the 60 total expectations examined, it was determined that 52 were fully implemented (scored as a 4, with a green dot in Appendix E). The remaining 8 expectations were viewed as being partially implemented (score of 3, yellow dot). These figures suggest a cultural commitment toward recidivism reduction and indicate noticeable improvements since May 2016, when 42 expectations were fully implemented, 15 were partially implemented, and 3 expectations were not being implemented (but were planned).

Program Participants:

During the second quarter of Year 2 grant funding, 2 new participants entered DRC programming, bringing the total number in the program to 52. Both new participants were assessed to be at high risk for recidivism, through use of the COMPAS tool. In addition, 15 DRC participants transitioned across phases of DRC treatment and received a follow-up risk assessment. Nine of these participants were found to be at higher risk on the reassessment (as compared to their previous risk assessment level); three were at the same level of risk; and three were at lower risk on the reassessment.

From January through March 2017, the 36 total DRC participants received a variety of programs and services from 7 service providers, summarized as follows (number of participants in parentheses):

- Substance abuse treatment (26)
- Life skills training (13)
- Employment assistance and/or job placement (8)
- Anger management (10)
- Cognitive behavioral interventions (4)
- Transportation assistance (7)
- Mental health treatment (19)
- Family counseling (9)
- Educational assistance (8)
- Wellness services (7)

In addition to the programs and services listed above, the 2 new participants who entered the DRC both began programming with pre-existing health coverage (both were on Medicaid). No new participants were enrolled in Medicaid as a result of DRC participation.

During this quarter of grant activity, the following incentives/rewards were used with DRC participants (number of times in parentheses):

- Other (62): Formal rewards presentations were conducted on February 14 and 15 for many program participants. Rewards consisted of gift cards ranging from \$5 to \$15. Gift cards also were provided to program graduates on March 10.

In addition, the following intermediate sanctions were utilized (number of times in parentheses):

- Increased urine testing for substance abuse (2)
- Home detention (1)
- Electronic monitoring (1)
- Extra supervision visits (1)
- Up to 10 days of short-term incarceration (5; 240 total hours)
- Other (3; writing assignments)

On March 10, 2017, a formal graduation ceremony was held at the local Hoss's restaurant for 10 new DRC graduates. Two participants also exited the program unsuccessfully. One of these individuals exhibited criminal or court involvement, while the other left the program due to relocating or case transfer.

Third Quarter Accomplishments

During the third quarter of Year 2 (April-June, 2017), members of the leadership team completed a checklist for "Implementing Effective Correctional Management of Offenders in the Community." Efforts also continued to enroll and graduate DRC participants, and to collaboratively examine and discuss process and outcome data for program participants.

Implementation Checklist:

On May 12, 2017, members of the leadership team met to review and complete the “Implementing Effective Correctional Management of Offenders in the Community” checklist, available through the Crime and Justice Institute (www.cjinstitute.org). This tool is designed to guide organizations in planning and implementing evidence-based practices for community corrections. It rests on an integrated model that focuses equally on evidence-based practices, organizational development, and collaboration

The results of the implementation checklist exercise can be found in Appendix F. Overall, 18 areas were assessed, using a 5-point scale ranging from 1 (“We haven’t yet begun”) through 5 (“We have accomplished this”). Within the 18 areas, 96 specific items were considered and discussed by the leadership team. For 74 of the total items, the consensus score was a 5, meaning the item had been accomplished. Another 15 items received a score of 4, corresponding with “We are almost finished.” The remaining 7 items (receiving scores lower than 4) focused on recruitment and hiring approaches that emphasize delivering evidence-based practices, along with evidence-based training and performance management. These items were viewed as being “in-progress” within the DRC and the Somerset County Probation Department.

Program Participants:

During the third quarter of Year 2 grant funding, 6 new participants entered DRC programming, bringing the total number in the program to 58. All six new participants were assessed to be at medium risk for recidivism, based on the results of the COMPAS tool. In addition, 7 DRC participants transitioned across phases of DRC treatment and received a follow-up risk assessment using the COMPAS tool. Five of these participants were found to be at the same level of risk on the reassessment (as compared to their previous risk assessment level), and two were at higher risk on the reassessment.

From April through June 2017, the 30 total DRC participants received a variety of programs and services from 7 service providers, summarized as follows (number of participants in parentheses):

- Substance abuse treatment (22)
- Life skills training (15)
- Employment assistance and/or job placement (2)
- Anger management (8)
- Cognitive behavioral interventions (5)
- Transportation assistance (8)
- Mental health treatment (18)
- Family counseling (9)
- Educational assistance (6)
- Wellness services (8)
- Faith-based services (1)

In addition to the programs and services listed above, the 6 new participants who entered the DRC began programming with pre-existing health coverage (all on Medicaid). No new participants were enrolled in Medicaid as a result of DRC participation.

During the third quarter of Year 2 grant activity, the following incentives/rewards were used with DRC participants (number of times in parentheses):

- Verbal acknowledgement or praise (7):

In addition, the following intermediate sanctions were utilized (number of times in parentheses):

- Increased urine testing for substance abuse (7)
- Home detention (1)
- Electronic monitoring (1)
- Up to 10 days of short-term incarceration (2; 96 total hours)

During this quarter, four DRC participants successfully completed the program. Five participants also exited the program unsuccessfully. One of these individuals exhibited criminal or court involvement, two absconded, and the other left the program due to relocating or case transfer.

Fourth Quarter Accomplishments

During the fourth quarter of the second year of grant funding (July-September, 2017), the Somerset County Court of Common Pleas instituted a voluntary Adult Treatment Court (external to DRC grant funding), and evidence-based training was provided to first-line supervisors and staff in the Somerset County Probation Department. Efforts continued to enter and graduate participants from DRC programming, and the leadership team continued to review and discuss program implementation and participant outcomes.

Treatment Court:

The Somerset County Court of Common Pleas instituted a voluntary Adult Treatment Court, intended to provide medium and high-risk participants with an opportunity to pursue treatment for their addictions while productively addressing associated needs. This treatment court follows a post-plea, pre-dispositional model, with sentencing deferred following a guilty plea. Upon successful completion of treatment court requirements, a participant's charges may be reduced, dismissed, or expunged, subject to prior prosecutorial agreement and court approval.

Individuals accepted into the Adult Treatment Court also are referred to the Somerset County DRC, where they receive individualized programming based on their measured risk and needs. They also are expected to progress through the DRC phases of treatment, complete recommended programming and services, and receive appropriate sanctions, incentives, and rewards.

Training:

During this quarter, the Somerset County Probation Department initiated the "Supervisor's EBP Briefcase" training for 10 probation officers. This self-paced training, available from the Carey Group (www.careygrouppublishing.net), is based on 18 modules designed to improve collaborative coaching relationships between first-line supervisors and staff. The modules are delivered in 1-hour

sessions, at a recommended pace of one per month. The modules cover a variety of topics relevant to risk reduction, skill building, communication, and collaboration. Purchase and use of this training is an indicator of the commitment to evidence-based approaches exhibited by Probation Department and DRC leadership and staff.

Program Participants:

During the fourth quarter, 9 new participants entered DRC programming, bringing the total number in the program to 67. Of the 9 new individuals, 6 were assessed to be at medium or high risk for recidivism (through use of the COMPAS tool), and 3 were low risk but had multiple priority needs.

Also, during this quarter six DRC participants transitioned across phases of DRC treatment and received a follow-up risk assessment using the COMPAS tool. Three of these participants were found to be at lower risk on the reassessment (as compared to their initial risk assessment level); two were at the same level of risk; and one was higher risk on the reassessment.

From July through September 2017, 31 total DRC participants received a variety of programs and services from 7 service providers, as summarized below (number of participants in parentheses):

- Substance abuse treatment (25)
- Life skills training (16)
- Employment assistance and/or job placement (5)
- Anger management (5)
- Culturally-based services (1)
- Cognitive behavioral interventions (6)
- Transportation assistance (8)
- Mental health treatment (13)
- Family counseling (13)
- Educational assistance (6)
- Wellness services (12)

In addition to the programs and services listed above, the nine new participants who entered the DRC all began programming with pre-existing health coverage (all on Medicaid). No new participants were enrolled in Medicaid because of DRC participation.

Also, during the fourth quarter of Year 2 grant activity, the following incentives/rewards were used with DRC participants (number of times in parentheses):

- Verbal acknowledgement or praise (11)
- Other (14): Gift card rewards, ranging from \$5 to \$25, were presented to a number of DRC participants for completion of classes or phases.

In addition, the following intermediate sanctions were utilized (number of times in parentheses):

- Home detention (1)
- Electronic monitoring (1)

- Up to 10 days of short-term incarceration (2; 48 total hours)
- Other (10; writing warnings for drug test failures)

By the end of September 2017, three more DRC participants successfully completed program requirements. There were also four participants who exited the program unsuccessfully. One individual absconded; one was dismissed due to a lack of engagement; one exhibited continued failure of drug tests; and one was no longer in the program due to criminal or court involvement.

At the end of Year 2, a total of 22 participants successfully completed DRC programming. Another 20 were unsuccessfully dismissed, leaving 25 engaged in DRC programming. With the implementation of the Adult Treatment Court, the number of active DRC participants is anticipated to grow during Year 3 of grant funding.

Program Fidelity

During the first two years of DRC implementation, regularly scheduled meetings and conference calls among leadership team members were used as one way to monitor and assess the quality of DRC implementation, and subsequently make adjustments for strengthening program effectiveness. In addition, several tools were developed and utilized in efforts to examine whether DRC programming was being implemented with fidelity and in accordance with evidence-based principles (discussed earlier in this report).

Motivational Interviewing:

To begin, a Motivational Interviewing Policy was developed for the DRC, which appears in Appendix G. This policy contains guidance on the purpose, procedures, training, and measurement associated with motivational interviewing conducted by DRC probation officers. In addition, a standard coding and feedback form was developed as part of the policy and is being used to assess the quality of motivational interviewing being provided.

The Motivational Interviewing Policy and assessment tool both incorporate evidence-based principles, and the policy and tool began to be utilized during the fourth quarter of Year 1 grant funding. The coding and feedback form is being completed through probation supervisor observations, as well as through peer observations, and results are being used to make improvements in motivational interviewing techniques.

Instructor Survey:

Second, an Instructor Implementation Survey, which can be found in Appendix H, was developed and began to be utilized during the fourth quarter of Year 1 grant funding. Program instructors complete this survey, and results are provided to DRC staff as a way to assess the quality of program implementation and make collaborative adjustments. The results of this survey are shared and discussed among DRC staff, program instructors, and the leadership team.

Program Participant Survey:

Finally, a Program Participant Survey (contained in Appendix I) was developed and is being administered to participants who have completed specific programs offered through the DRC. The first six items on this survey are scored from 1 (strongly disagree with the statement) to 6 (strongly agree with the statement), while the final item is scored from 1 (very bad) to 5 (very good), meaning higher scores are associated with more positive results. Survey results from the first and second year program participants are summarized in Table 1.

Overall, the results of the participant survey are favorable, with all average scores on the first six statements at or above 4.0 (slightly agree), and 37 of the 56 total average scores being 5.0 (agree) or better. In addition, all average scores based on the final statement are 4.0 (good) or higher. Although these participant survey results are positive, findings are being used by DRC staff and service providers to make collaborative adjustments to DRC programming and improve program implementation and fidelity.

Table 1: Participant Survey Results

Survey Item	AM #1 (5)	AM #2 (4)	FC (8)	FS (7)	PREP (16)	RP (29)	SC (34)	WRAP (29)	MRT (2)
The program was beneficial to me. (Scored 1-6)	4.80	5.00	5.50	4.43	4.75	5.41	5.41	5.24	5.5
The presentations were useful. (Scored 1-6)	4.60	5.00	5.50	4.29	4.88	5.28	5.31	5.46	5.0
The discussions were helpful. (Scored 1-6)	4.40	5.25	5.38	4.43	4.94	5.52	5.32	5.34	5.5
The activities were engaging. (Scored 1-6)	4.00	5.00	5.50	4.29	4.63	5.34	5.20	5.21	4.0
The program taught you useful tools that you can apply to your life. (Scored 1-6)	4.60	5.25	5.50	4.43	5.13	5.45	5.31	5.38	5.5
The program instructor delivered the program effectively. (Scored 1-6)	4.60	5.25	5.83	4.57	5.53	5.52	5.51	5.48	5.5
What was your overall experience with this program? (Scored 1-5)	4.00	4.00	4.71	4.29	4.33	4.66	4.54	4.59	4.5

Notes: AM = Anger Management (two separate programs were offered)

FC = Family Center

FS = Family Strengthening

PREP = Prepared Renters Program

RP = Relapse Prevention

SC = Stages of Change

WRAP = Wellness Recovery Action Plan

MRT = Moral Reconciliation Therapy

Numbers in parentheses represent number of completed surveys for each program.

Other numbers in table represent average score for each survey item.

First 6 items were scored from 1 (strongly disagree) to 6 (strongly agree)

Last item was scored from 1 (very bad) to 5 (very good).

Program Impact

Several data-driven approaches to studying the impact of DRC programming and practices are being utilized or developed. These efforts include: a) an anonymous pre-test/post-test client satisfaction survey; b) a pre-test/post-test for participants in the Parenting Wisely program; c) assessing changes in COMPAS scores over time among program participants; and d) a recidivism assessment using a quasi-experimental (non-equivalent treatment and comparison group) research design.

Client Satisfaction Survey:

The pre-test/post-test Client Satisfaction Survey appears in Appendix J. Initially, this survey is completed anonymously by participants entering the DRC; the follow-up survey is completed anonymously at discharge. Pre- and post-test responses cannot be linked or compared for specific individuals; however, pre- and post-test group responses can be assessed. Items on this survey are scored from 1 (strongly disagree with the statement) to 6 (strongly agree with the statement), while the final item is scored from 1 (very bad) to 5 (very good), meaning higher scores are associated with more favorable results. The results of the client satisfaction survey for the first 72 participants to enter the DRC, along with the first 33 participants who were successfully discharged, appear in Table 2.¹² Of the 33 individuals included in the post-test, 22 successfully completed DRC programming, and 11 were unsuccessfully discharged.

Table 2: Client Satisfaction Survey Results

Pre-Test	Average Score	N	Post-Test	Average Score	N
The Criminal Justice System treated you with respect. (Scored 1-6)	4.38	72	The Criminal Justice System treated you with respect. (Scored 1-6)	5.39	33
The Criminal Justice System has been able to help you and/or provide you with services that matched your needs. (Scored 1-6)	4.46	72	The Criminal Justice System has been able to help you and/or provide you with services that matched your needs. (Scored 1-6)	5.21	33
The Criminal Justice Systems expectations are clear and consistent. (Scored 1-6)	4.57	72	The Criminal Justice Systems expectations are clear and consistent. (Scored 1-6)	5.42	33
Please rate your overall experience with the Criminal Justice System. (Scored 1-5)	3.24	71	Please rate your overall experience with the Criminal Justice System. (Scored 1-5)	3.94	32
			Confidentiality procedures were explained to you. (Scored 1-6)	5.48	33

Note: Items were scored from 1 (strongly disagree) to 6 (strongly agree), except for one item that was scored from 1 (very bad) to 5 (very good)

Results thus far from the Client Satisfaction survey are positive, with average scores on the four comparable items improving from the pre-test to post-test. Post-test scores all indicate consistent and

¹² Five individuals who initially were referred to the DRC subsequently were placed in long-term treatment and were not enrolled in DRC programming.

strong agreement with the statements provided, suggesting high client satisfaction with DRC services and staff, and perceptions of fair treatment.

In addition, qualitative comments provided by participants on the pre-test and post-test surveys support the quantitative findings and indicate a high degree of optimism associated with DRC programming and personnel. To illustrate, on the pre-test survey, several individuals voiced displeasure with the criminal justice system:

My rights were never read to me. When questioning the courts, what jurisdiction they were judging under, they refused to give me the cause and nature of the charges against me. Also, I asked who the injured party was, as outlined by the rule of Corpus Delecti, which states that an injured party must be present. The courts refused to answer me. I feel that my rights have been violated with no compensation to me.

I feel that the justice system should be updated more regularly and people with addiction problems should receive more help rather than more time in prison and should not be grouped in with people who have more serious crimes. Prison doesn't help addicts with no new charges and have been doing well. Addiction is always going to be a problem for an addict no matter how much clean time they have, and they should not be incarcerated for long amounts of time for falling short of staying clean.

I feel like you should not be represented by people that work for the people that are accusing you. You can't be rightfully represented, in my case my lawyer lied to me the whole time, and when we got to the court room it was a completely different story, so I feel like they don't care about the problem or the solution. They just want the circle to keep going so they can make more money.

During the pre-test survey, however, there also were positive comments offered regarding the DRC. For example:

I am thankful in a way for this program because I feel optimistic that I will be able to learn to live a clean life and be a more productive member of the community. I know it's a little early to tell, but I really hope and think my life is going to start down a new path.

I love how you are starting to look at different aspects to use for our system, other than just jail and prison, and just to cage a human for making a few mistakes in his or her life is not just or fair. We need to find other solutions to the problems at hand and fix the broken and needy. Yours truly a former inmate.

Everyone here has been great!! I just want to say thank you for this 2nd chance to get my life back on track. I see there is no reason at all why this program wouldn't work for ANYONE!!! It's out there if you want it!! But you have to want it!! Thanks again guys all of you at the DRC center... hands down, hats off... keep up the great work!!

Furthermore, participant post-test statements are indicative of strong satisfaction with DRC programming and personnel. To illustrate:

Matt and Bob are great people and they keep to their word on helping others based on help wanted. It was a great program.

Matt and Bob were especially fair and really respectful to me, and Tim was also a very amazing guy. I honestly wish the rest of the judicial system had people like these men!!! I am very satisfied with the amount of respect I had... THANK YOU SO MUCH.

DRC was a very good stepping stone. It helped me better myself and my decisions. Overall DRC was a very good place for me to be.

I thought that all the staff was very helpful, respectful, and willing to help me with anything I needed.

Parenting Wisely Program:

Concerning the Parenting Wisely program, through the first two years of the grant, 26 program participants completed a pre-test and post-test associated with the program. In this program, the pre-test and post-test scores are matched for individual participants. The average pre-test score, based on 30 questions, was 58%, while the average post-test score (based on the same questions) was 72%, suggesting measurable improvement in parenting knowledge and attitudes.

Changes in COMPAS Scores:

With regard to changes in COMPAS scores, prior to entering the DRC, participants are assessed for recidivism risk by probation officers through the use of the COMPAS tool. When participants complete phase 2 of DRC programming, the COMPAS tool is readministered, and this takes place again when participants complete phase 3 of DRC programming and are discharged. Changes over time in COMPAS scores have begun to be assessed and discussed, including possible reasons for why some participants are exhibiting increases (rather than decreases) in risk scores. Further quantitative analysis of changes in these scores (particularly for the dynamic risk factors) is planned, as increasing numbers of DRC participants complete phases of DRC treatment, and their COMPAS data is coded for analysis.

Recidivism Assessment:

Finally, to evaluate the impact of DRC programming and practices on the future behavior of participants, a recidivism assessment is planned. Using a quasi-experimental research design, specifically a non-equivalent treatment and comparison group design, DRC participants will be compared on several measures of recidivism to an historical group of non-DRC probationers and paroles. The comparison group will include offenders on supervision from 2013 through 2015, for which the COMPAS tool was completed prior to supervision (this excludes such offenders as those transferred for supervision from another jurisdiction, those who were sanctioned under Accelerated Rehabilitative Disposition, and those under short-term DUI supervision).

Anticipated measures of recidivism to be examined include rearrest and time to rearrest. In addition to recidivism data, other participant data (including COMPAS scores) are being collected and coded to control for potential differences between the treatment and comparison groups.

At the end of Year 2 grant funding, 5 out of the 42 (11.9%) DRC participants who were successfully or unsuccessfully discharged from the program had been rearrested within the first 6 months of

entering the DRC. This represents a rather low level of recidivism, particularly when considering the typical risk and need levels exhibited by DRC participants. In addition, none of the five DRC participants who were arrested within the first 6 months were arrested for a felony or violent offense (i.e., all five were arrested for non-violent misdemeanors). It is expected that data for recidivism analyses will continue to be collected and analyzed during the third year of grant funding.

Additional recidivism assessment occurred by considering annual probation and parole revocations for new arrests and technical violations. The Somerset County Adult Probation Department generally is responsible for supervising over 900 offenders per year in the community. Prior to DRC implementation, a baseline recidivism rate of 17% was calculated, based on annual probation and parole revocations for new arrests and technical violations from 2012 through 2014. More recent data for 2015 through 2017 appear in Table 3.

Table 3: Probation and Parole Revocation Data

Total Supervised Offender Population as of December 31	Arrests Only	Technical Only	Total Revocations
2015: 964	78 (8%)	69 (7%)	147 (15%); 124 incarcerated
2016: 982	72 (7%)	67 (7%)	139 (14%); 103 incarcerated
2017: 889	70 (8%)	60 (7%)	130 (15%); 96 incarcerated

Data in Table 3 indicate that total offenders under supervision have declined from 964 in 2015 to 889 in 2017, a 7.8% reduction. In addition, the overall revocation rate for this time period was 14.6%, as compared to the 17% baseline rate calculated prior to DRC implementation. Furthermore, the number of revoked offenders who consequently were incarcerated decreased from 124 in 2015 to 96 in 2017, representing a 22.6% reduction. Although these figures cannot be attributed directly to DRC implementation, they are indicative of positive recidivism trends for Somerset County and may suggest a possible “diffusion of benefits” from DRC programming, use of evidence-based approaches, and increased collaboration among various stakeholders.

Conclusions and Recommendations

Overall, the Somerset County DRC was implemented as planned during Year 1 and has been operating effectively in Year 2. Using the *Planning and Implementation Guide* prepared by the National Reentry Resource Center, leadership team members for the DRC initially identified implementation goals; established a leadership structure and project roles; operationalized the project through logic modeling; and produced a program evaluation plan. The DRC facility was established; a program manager was hired (and eventually replaced); program staff were assigned; training was provided; and clients were placed in programming. In providing services to clients, risk and needs assessment is being utilized; evidence-based programs and practices are being provided;

client data are being collected; quality assurance tools are being employed; and procedures for process and outcome evaluation are being utilized.

To date, the results of implementation monitoring and outcome assessment have been favorable. Various tools are being used to monitor and assess DRC organizational culture, probation officer motivational interviewing, specific programs being provided, participant perceptions regarding programs and client satisfaction with the criminal justice system, and changes in knowledge and behavior that are occurring over time. Participant survey results and pre-test/post-test findings are positive, and preliminary recidivism data are encouraging. In Year 3, it is anticipated that the DRC will continue to grow, and further evaluation results will be generated.

Based on the data and findings contained in this report, the following recommendations are suggested:

1. The leadership team should continue to monitor and discuss the number of participants entering and successfully completing DRC programming. It originally was intended that 250 participants would be processed through the DRC during the 3-year period of the grant. Expectations now are for approximately 150 participants during the 3-year period. Total DRC participants likely will be impacted by the success of a recently implemented Adult Treatment Court, and it is possible that a 4th year “no-cost extension” could be requested for the grant. These circumstances and participant enrollment data should continue to be monitored and assessed by the leadership team.
2. The leadership team should continue to monitor and periodically assess the logic model produced through the *Planning and Implementation Guide* to ensure key activities are being completed and identified outcomes are being achieved.
3. The leadership team should continue to review and discuss the contents of the quarterly reports submitted to the Bureau of Justice Assistance.
4. The leadership team should continue to utilize organizational assessment tools on a regular basis.
5. Program fidelity data should continue to be collected and discussed, to ensure programs and services are being implemented as intended and to engage the leadership team in data-driven decision-making about program modifications and improvements.
6. Program impact data should continue to be collected and discussed, to assess changes that have occurred as a result of DRC programming and to identify areas in need of improvement.

Appendices

Appendix A: Policy and Procedure Manual

Appendix B: Participant Handbook

Appendix C: Planning and Implementation Guide

Appendix D: Reducing Recidivism Checklist May 2016

Appendix E: Reducing Recidivism Checklist February 2017

Appendix F: Implementation Checklist May 2017

Appendix G: Motivational Interviewing Policy

Appendix H: Instructor Implementation Survey

Appendix I: Program Participant Survey

Appendix J: Client Satisfaction Survey (Pre- and Post-Test)