**Delaware NCJRP Formative Evaluation**

1. **Introduction**

The draft was prepared by the CJC, University of Delaware (UD) Research team and the DOC. We anticipate that most elements can be completed in 2020 in spite of COVID-19 issues. Below we outline the three-pronged approach that Delaware plans to implement and how the UD research team intends to demonstrate its ability to adequately gather data and assess the program impact during the evaluability phase.

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1. **Background and NCJRP Progress to Date**

The goal of the NCJRP and the Delaware Correctional Reentry Commission (DCRC) is to create a seamless comprehensive evidence-based system in the State. This project seeks a minimum 10% reduction in the recommitment rate of 45% within the first year of release to be considered successful. Long term the project seeks to reduce recidivism by 25% over a three-year period for the persons who are released from DOC custody and served by the interventions.

Delaware’s probationer rate is about 46% higher than the national average the incarceration rate is about 12% higher than the national average. About 80% of individuals from Delaware who have committed a criminal offense have drug involvement histories and 12% - 16% are seriously mentally ill. 75% of individuals incarcerated in state prison are high school dropouts, who are 3.5 times more likely to be arrested. The average incarcerated individual has a sixth grade education level. A George Mason University report for DE DOC found the three most common criminogenic factors among the individuals in prison were criminal peers (82.8%), financial insecurity (79.3%), and education/employment deficits(56.3%). Additionally, 31% individuals in prison exhibited high levels of criminal thinking. According to a University of DE (UD) study completed on individuals participating in reentry services with Second Chance Act funds, 35% of them were uncertain if they would secure long term housing upon release, yet only a small number made contact with the DE Housing Authority. The UD study also found that 40% of individuals were unemployed. Of those referred to the Department of Labor (DOL), 68% of potential clients did not appear for services, indicating a need for better case transition planning. As part of the development of an evidence based correctional system, DDOC hopes to improve upon these issues by combining Cognitive Behavioral Therapy based treatment and employment training and job placement.

The Level of Service Inventory - Revised is used to identify recidivism risk factors. According to the LSI-R’s between 7/1/17 and 12/31/17, 3,190 high and moderate risk individuals were released from prison and reentry facilities statewide. Return to prison rates have ranged between 18-23%, recommitment rates between 62-69%, reconviction rates between 63-74%, and rearrest rates between 70-77%. Since the 2011 release cohort, all three statutorily-required measures of recidivism have been at the lower end of the above noted ranges, with the 2015 release cohort having the lowest recidivism rates for the statutorily-required measures in the eight years analyzed (62.2% for recommitment, 63.4% for reconviction, and 70.3% for rearrest). (SAC rec report from Dec 2019). Delaware thus has a prisoner reentry population that is high risk and who recidivate at high rates.

**NCJRP Phases 1 & 2 Planning progress**

The planning phase coupled with NCJRP began an initiative to examine what was driving recidivism in the state and to align DOC policy and practice to reduce recidivism. A report was produced and submitted to the Governor that detailed the efforts and recommendations. This led to the signing of Executive Order 27 on December 4, 2018, and the creation of the Delaware Correctional Reentry Commission (DCRC). In order to achieve the main NCJRP goals of reducing recidivism, the DCRC determined that based on the standards of EBP, DOC needed to focus on incarcerated individuals who are identified as high risk and utilize CBT based approaches to address criminal thinking, delinquent peers and other criminogenic needs through a social learning approach that utilized core correctional practices. The DCRC meets bi-monthly and a private attorney and Bureau Chief of Community Corrections at DOC co-chair the group.

Seven DCRC subcommittees were established, each with co-chairs and members representing the relevant expertise essential to the objectives of each subcommittee. Each subcommittee meets monthly. The DCRC Chair and Vice-Chair established 3–5 objectives for each subcommittee and created a reporting template for each subcommittee.

The NCJRP project has sought to use data and a focus on evidence based practices to improve reentry services and reduce recidivism. The process has led to multiple changes throughout DOC. Among the many changes that have come about through the NCJRP (and subsequently the DCRC) have been improved assessment through expanded use of the LSI-R and expanded use of the RNR tool as well as increases in CBT based therapy and employment training. These changes have included increased programing at Levels V (Prison), Level lV (Community Corrections Centers/Treatment/Work Release) and Level lll (Probation & Parole). While these changes should impact the overall recidivism rate, the Phase Four NCJRP evaluation focus will be on the 3 pronged intervention that would include CBT but also job training and job placement through a temp agency.

Multiple practice changes mean that a focused evaluation needs to target the appropriate change in order to isolate an effect. Ongoing recidivism reports from the Statistical Analyses Center will continue to gauge the overall impact of systemic changes implemented though the NCJRP process across the state. For the purposes of the formative evaluation, DOC has determined that the CBT employment focused intervention and a job training program being implemented at Delaware Technical College, coupled with job placement for high risk persons in Level lV who are assessed by the RNR tool as needing employment skills/readiness provides the best opportunity to assess the impact of targeted changes. There are a number of reasons for this:

1. Persons placed in the programs have been assessed moderate to high risk (LSI-R, and as needing both CBT and job readiness assistance (RNR).
2. The CBT treatment is drawn from the Cognitive Behavioral Intervention a Comprehensive Curriculum, developed by the University of Cincinnati’s (UC) Corrections Institute, and it is one of the most robust CBT interventions for adults incarcerated in prison. The employment module (CBI-EMP) will be implemented at level lV facilities. Choice of the program represents DOCs move towards EBP programming at all levels. The choice is further supported because DOC and the UD research team are currently evaluating the full CBI-CC program at Level V, meaning the project could potentially have additional comparison groups to demonstrate effectiveness.
3. The Del Teach training program provides further employment readiness for those coming through the system, increasing the overall treatment dosage for participants.

The choice of the programs to evaluate are thus representative of wider DOC changes and provide an opportunity for a targeted evaluation that will be coupled with the wider feedback by examining the statewide recidivism rate over time.

**Program Implementation and Phase lll Evaluability Study**

To ensure the best possible outcome assessment of programing during NCJRP Phase Four, the three-pronged approach will be piloted in Phase Three. This will enable the program to address implementation issues and provide the UD research team to conduct independent fidelity assessments and a small pilot data collection study to ensure the availability of data.

The program to be implemented is briefly described below.

Proposal: Cognitive Behavioral Treatment (CBT) Program for Level 4 Work Release Facilities. CBI-Employment Module.

Curriculum: Cognitive Behavioral Intervention – Employment (CBI-EMP) from the University of Cincinnati Corrections Institute (UCCI).

Curriculum Overview:

The 31-session CBI-EMP curriculum is based on the RNR framework and it addresses multiple criminogenic needs, including criminal thinking. The CBI-EMP curriculum places heavy emphasis on cognitive, social, emotional, and coping skill development for the work environment. It teaches participants how to identify and manage high-risk situations related to obtaining and maintaining employment. Furthermore, it addresses internal motivation and challenges criminal thinking to help build individual motivation and self-efficacy.

Group Size, Eligible Participants, and Cohort Information:

* Frequency: 2-3 times each week
* Ideal group size: 8-12 participants
* Appropriate participant/level of risk: participants that score moderate to high-risk on an actuarial criminogenic risk assessment (LSI-R).
* Program length: 31 sessions total, 1.5 hours each (46.5 hours total).
  + The curriculum may be modified slightly to accommodate facility schedules and setting
  + E.g., can be reduced to 24 sessions to fit an 8-week time frame (36 hours total).

Curriculum Snapshot:

* Module 1 (4 sessions): Motivational Enhancement – Getting Ready for Work
* Module 2 (6 sessions): Cognitive Restructuring – Thinking Right about Work
* Module 3 (10 sessions): Social Skills/Emotional Regulation Skills – Skills for Work
* Module 4 (4 sessions): Problem Solving – Working Through Challenges at Work
* Module 5 (7 sessions): Success Planning – Being Successful at Work

Proposed Implementation Plan:

Example: Plummer Center

* *Schedule:* 
  + 3 sessions per week (8 weeks total if running 24 sessions).
    - Monday, Tuesday, and Thursday evenings
  + 2 sessions per week (12 weeks total if running 24 sessions).
    - Monday and Wednesday evenings
* *Cohort Size:* 
  + 1 cohort = 12 participants. The number of cohorts will be determined by securement of funding and timeline an overall sample sizes will be based on the number cohorts the can complete the treatment during the study timeframe.

Additional facilitators would likely be needed and need to be trained to deliver the curriculum. The estimated cost is $7,000 to send two facilitators to UCCI, depending on the size of expansion in Phase lV. Currently some treatment staff are trained to deliver CBI EMP and one individual at the Achievement Center is trained to deliver CBI EMP. This curriculum is currently used in the Crest program. Facilitator selection and training will be explored during Phase lll.

**Formative evaluation strategy, components, and methods**

PURPOSE: The purpose of the evaluation of the overall Delaware NCJRP Project is to determine the effectiveness of policy and practice changes implemented by DOC through earlier stages of the NCJRP project. For reasons described above, the focus of Phases lll and lV is the three pronged CBT/Employment program to be implemented during reentry. The main study hypothesis is that those receiving program treatment will recidivate at a lower rate that a matched sample of persons who do not participate. The PHASE lll evaluability study is described below.

**Phase lll Evaluability Study.**

The Phase lll effort will involve 1) a fidelity assessment study to gauge program implementation and, 2) a pilot data collection study to demonstrate the ability to assemble the requisite data for the outcome analyses.

*Fidelity Assessment Study*

Program fidelity will be determined using two approaches. The RNR program model will assess whether the overall program fits the RNR framework. Both programs adhere to RNR principles in concept, but the program tool will be utilized to identify which RNR program grouping the CBT course fits within (for example, Group B for criminogenic thinking vs. Group E for education and employment programming). For the CBI-EMP module, the UD research team will conduct fidelity assessments of program delivery using a modified version of the UC Group Observation Tool (GOT), which was specifically designed for fidelity assessment of CBI-CC modules. The UD team has been trained in both tools by the developers. Additional interrater reliability checks will be implemented to ensure proper coding among those conducting assessments with the tool. The evaluation will also examine attendance rosters and program completion measures to insure they are adequate assess individual level dosage.

*Pilot Data Collection Study*

Phase lll will involve a pilot study in preparation for Phase lV. The purpose of the pilot is to implement a smaller scale version of what would occur in Phase lV to determine that the evaluation design is achievable and to identify and barriers and address them prior to implementing a larger study. Participants in the pilot study will be consented and the Pilot will be certified by the UD IRB.

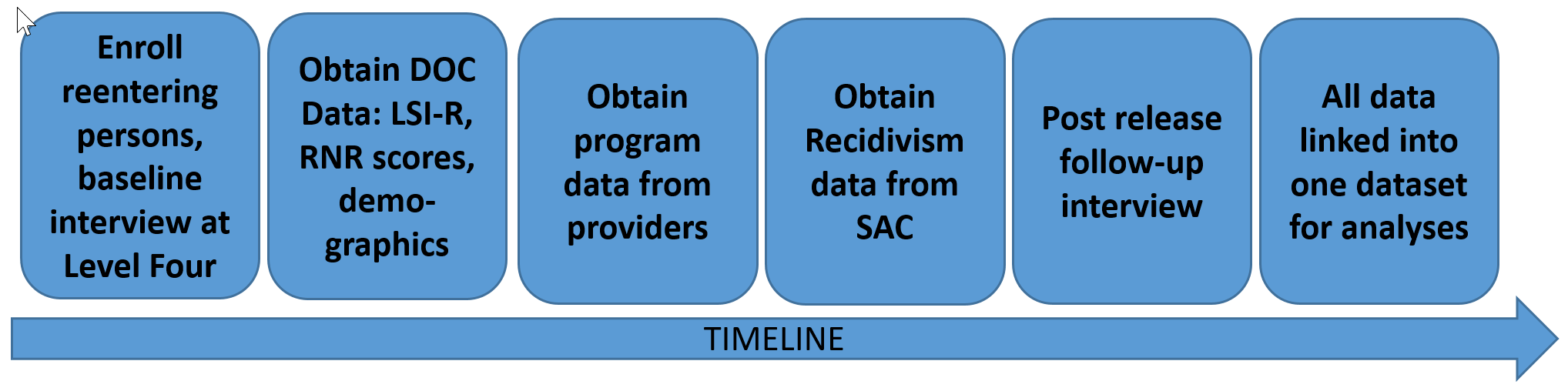
To determine in impact of the three pronged treatment approach, data will be examined on individuals who complete each of the three interventions. The data will come from multiple sources. These will include DACS, DELJIS, Data collected by the UD team, and from the service providers. The UD team proposes to collect individual level interview data from persons in the programs for the purposes of assessing the multitude of factors that impact a person’s success upon reentering the community. The interview process will include conducting baseline face to face interviews with a sample of persons prior to reentering the community, and then contacting and conducting a follow-up interview with the same individuals post release (see timeline for follow up schedule). Numerous validated psychological and social functioning scales will be administered at baseline, as well as a series of questions regarding persons’ backgrounds. These will be reassessed at the follow-up interview that will also assess self-reported criminal activity, substance use and social functioning. The UD team will be responsible for assembling the data from the multitude of sources into an individual level data set for cleaning, validity checks and analyses.

Attendance and completion rates will be provided as well as follow-up rates for interviewees. Mechanisms will be determined in the pilot phase but will likely be a combination of spreadsheets and MS Word forms reported periodically.

The UD team will work with the various entities to ensure that persons reentering the community and participating in the programs under study are appropriately tracked and that the required data are obtained by the evaluation team for analyses. The UD team will conduct a pilot study during Phase lll on a sample of releases during 2020 to determine whether data on released individuals are available. Data will be incorporated into a data file that will be provided to the Statistical Analysis Center team to determine if they can match it to their criminal justice data records on incarceration and arrest.

Phase lll Evaluability Data-set will include:

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| --- | --- | --- |
| Item | Source | Measure |
| Unique Identifier | DOC | SBI or Inputted De-identified code |
| LSI-R Score | DOC | Individual Item Scores |
| RNR Score | DOC | Individual Item Scores, Recommended Programs |
| Program Data | DOC/ Providers | Attendance, completion etc |
| Baseline Interview Data | UD Research Team | Criminal thinking, psych, soc scales- modified TCU scales, social functioning interview |
| Program Fidelity Data | UD Research Team | RNR Program tool. UCINN Group Observation tool. |



The figure above represents the various data elements that will be utilized and how the data will be assembled over time. Details of the timeline are explained below.

Some of the questions to be answered in Phase lll that are best done through the pilot are: 1) what is the data source process-- How does data get to UD for analyses? Do we need MOUs? What is the procedure for transfer (Secure link? Encrypted drive with physical handoff? etc), 2) How is data linked across multiple sources (i.e. participant rosters (class attendance sheets), service recipient lists for job placement services, data from SAC etc.) as well as in what format.

The pilot study will gather baseline data on persons while still incarcerated at Level lV and collect follow-up data at three months post-release to obtain information about the reentry process, the barriers and facilitators to successful reentry and how different aspects of the Delaware reentry system are impacting individuals and how the system can be improved. A small cohort of 35 persons released in 2020 will be followed to determine whether the research can locate them in the community at three months’ post release and assemble the requisite data. The overall effort will ensure that the proper data is both available and obtainable prior to commencing the full recidivism study at a later time. Due to COVID-19’s impact the length of the follow-up is still being decided, but we would still want to test the process and ability of conducting baseline interviews in Level lV and then recontacting persons post release.

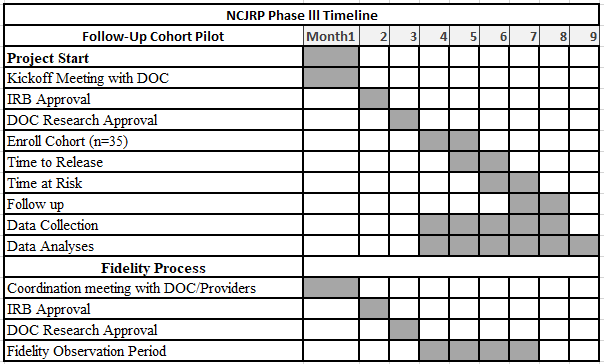
The data exist in varying degrees. What remains to be done is assembling a trial set into one dataset for analyses. This will be done in the Phase lll pilot. The COVID-19 pandemic will impact the simulated data analysis pilot timeline but we assume that the project will proceed once a sense of normalcy returns. The overall project timeline will certainly be impacted by the current situation.

Delaware has a robust data infrastructure largely consisting of the Delaware Automated Corrections System (DACS) and the Delaware Criminal Justice Information System - (DELJIS). The Phase lll pilot will serve to identify gaps in linking various data sources together, specifically incorporating program and individual level data with the administrative data. Reporting currently occurs through the DCRC. Phase lV NCJRP evaluation data will be reliant on a reporting structure to be determined. Program evaluation data for Phase lV evaluation will be coordinated by the UD team and reported to the CDR and NGA in conjunction with DOC.

Delaware continues to move beyond evidence-based practices to an evidence-based system based on RNR principles, data utilization and ongoing evaluation. As such it remains committed to implementing the programs identified above and carrying out a robust evaluation of the effort. The Phase lll plot will determine and rectify the issues that need to be addressed prior to a full evaluation in Phase lV.

The purpose of the Phase lll pilot is to determine and address these issues. Control group issues will also be determined in Phase lll. It is unlikely that a RCT will be possible, but the UD team is familiar with utilizing propensity score matching or other techniques to determine an appropriate comparison group. The availability of DACS and DELJIS data will make it possible to identify a viable comparison group.

All timelines are in flux right now due to the COVID-19 outbreak, but we present one below the outlines the time for both the pilot data project and the fidelity assessment project. In addition to the priorities being dictated by the current situation, it is necessary to consider how current conditions would impact any evaluation efforts. For example, if we anticipate program participants to be more likely to gain employment, how does one assess that in the current situation? Likewise, programs being delivered via web platforms are being impacted. These are only two examples of how any evaluation implemented under current conditions would not be a fair or robust assessment of the impact of the changes being made in Delaware. It is thus suggested that steps continue to be taken to prepare for the Phase lll pilot so that when the situation allows, DE is ready to move forward. But we must also be cognizant of priorities and flexible with expectations as we move forward.



The pilot study timeline is estimated to span nine months once the pilot is implemented. The timeline above is designed to demonstrate the timing of different project elements, anchored to Month one. Thus, if the project we fielded in August 2020, it would be completed in April, 2021; the project could slide up or back in time, but the timeline would still fit.

The pilot will begin with a meeting with DOC and providers to discuss procedures and any data issues. Once the process is determined CDHS will obtain IRB approval thought UD and research approval from DOC. Data collection is anticipated to begin in month three in which we will identify a group of soon to be released persons from Level lV and conduct baseline interviews. Having identified the cohort, we will obtain LSI-R, RNR, and other demographic and criminal history data from DOC and program data from providers. After an appropriate time at risk period, we will recontact the sample in the community for a follow-up interview. Preliminary analyses will be conducted mainly to determine that the correct variables have been adequately assembled for an outcome study.

The fidelity assessment will follow the same basic process; meeting with the appropriate entities, followed by IRB approval, and then the assessment process. The UD team is already trained in fidelity assessment.

The evaluation team at UD has decades of experience working with the National Institutes of Health, National Institute of Justice and foundations in implementing robust research projects. The UD team has been in partnership with the DOC in varying capacities since 1989, so the two organizations are adept at working together. The UD team’s familiarity with DOC data and systems will enable interpretation for data to proceed seamlessly. The CDHS at UD has over 50 employees and approximately a dozen graduate students that can be brought in to research projects. Depending on the work level across the timeline, the research team and expand and contract as needed. All have CITI human subjects training updated annually, and all UD projects come under the oversight of the Human Subjects Institutional Review Board at UD.

Through its role in the DCRC it is anticipated that SAC will provide recidivism data for the evaluation. Treatment providers will provide treatment data. The UD team will be responsible for assembling the data. MOUs will be sought during Phase lll.

Drs. Dan O’Connell and Christy Visher will be Co-PIs for the evaluation team. Chief Joanna Champney will serve as DOC evaluation coordinator. Spencer Price, Director of SAC will represent SAC. Full qualifications and Vitas are available. The various team members have advanced degrees and ample experience to conduct the evaluation.