

Smart Suite:
Researcher-Practitioner Fellows Community of Practice



Innovations in Supervision
Reducing Violence and Recidivism Through VRP Aftercare
and CBI Open Groups

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Introduction to the Smart Suite

The Bureau of Justice Assistance (BJA) Innovations Suite (INV Suite) refers to a series of BJA grant programs that follow a data-driven approach to support the effective implementation of evidence-based practices to reduce crime, enhance public safety, improve the delivery of justice, and support community revitalization. The Smart Suite includes a training and technical assistance (TTA) component to support BJA grantees. A key element of the INV Suite TTA is the [Researcher-Practitioner Fellows Academy](#). The School of Criminal Justice at Michigan State University leads this TTA program working with BJA and partners from the Association of Prosecuting Attorneys, Center for Advancing Correctional Excellence at George Mason University, Justice Research and Statistics Association, the Center for Public Safety Initiatives at the Rochester Institute of Technology, and subject matter experts drawn from both the community of practice and research.

Michigan Justice Statistics Center

The School of Criminal Justice at Michigan State University, through the Michigan Justice Statistics Center, serves as the Statistical Analysis Center (MI-SAC) for the State of Michigan. The mission of the Center is to advance knowledge about crime and justice issues in the state of Michigan while also informing policy and practice. The Center works in partnership with the Michigan State Police, Michigan's State Administering Agency (SAA), as well as with law enforcement and criminal justice agencies serving the citizens of Michigan. For further information see: <http://cj.msu.edu/programs/michigan-justice-statistics-center/>

This case study was developed by the researchers and practitioners working in one of the Smart Suite grant programs. The case study is one of a series produced by the Michigan Justice Statistics Center.

About the Authors

The following Authors are graduates of the Smart Suite Researcher-Practitioner Fellows Academy. The one-page summary and case study were submitted through a selective mini-grant process offered to Fellows Academy graduates.

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Ryan Spohn is the Director of the Nebraska Center of Justice Research (NCJR) at the University of Nebraska at Omaha where he performs statewide and local research and evaluation activities targeted at improving the performance of Nebraska's juvenile justice, criminal justice, and corrections activities. Dr. Spohn has published in numerous sociology and criminal justice journals, including *Criminal Justice and Behavior*, *Youth Violence and Juvenile Justice*, and *Crime &*

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Delinquency. Dr. Spohn has served as both a research partner and a consultant for the Bureau of Justice Assistance (BJA). He is a Fellow of the BJA Innovations Suite Research-Practitioner Academy and a Fellow of Georgetown University's Center for Juvenile Justice Reform.

Michael Campagna is a Research Associate at the Nebraska Center of Justice Research (NCJR) at the University of Nebraska at Omaha where he conducts research and evaluation activities for criminal and juvenile justice agencies. Dr. Campagna has published in numerous criminal justice journals, including *Criminal Justice and Behavior*, *Crime & Delinquency*, and the *Journal of Quantitative Criminology*. Dr. Campagna's research focuses on enhancing the reentry process by improving the use of risk and needs assessment and promoting fidelity to evidence-based interventions.

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One Page Summary:

Innovations in Supervision

***Reducing Violence and Recidivism Through VRP Aftercare
and CBI Open Groups***

Funded Program: *BJA FY 19 Innovations in Supervision Initiative: Building Capacity to Create Safer Communities*

Name of the Project: *Reducing Violence and Recidivism through VRP Aftercare and CBI Open Groups*

Grant Period: September 1, 2019 to September 30, 2023

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Brief Description: Nebraska Division of Parole Supervision has created a violence-reduction (VRP) aftercare program and a CBI intervention which maintains an open group structure to effectively reduce the recidivism rate of high-risk parole clients, particularly those who have been identified as likely to reoffend violently and those who have previously failed on community supervision. Long-term goals are to ensure 1) the highest risk parole clients receive a higher dosage of evidence-based interventions, 2) the reduced use of parole sanctions and revocations and 3) a reduced overall recidivism rate for parole clients. The ‘open’ nature of the programs (i.e., clients can begin at any session, rather than periodically as a cohort) facilitates the ability of a smaller parole agency with traditionally fewer resources to provide evidence-based, recidivism reduction programs with fidelity.

Partners:

- Nebraska Division of Parole Supervision
- Nebraska Center for Justice Research, University of Nebraska-Omaha

Evaluation/Outcome Measures:

- To what extent are the programs maintaining fidelity to their intended models?
- What is the impact of the programs in reducing the prevalence of general recidivism and violent recidivism?
- Recidivism will be assessed at 12-months following the completion of supervision, in the form of rearrest, reincarceration, reconviction, and revocation.

Fellows Academies attended and how they supported our efforts:

Dr. Spohn attended the academy in Washington D.C. on February 2-5, 2016, in Denver on February 6-10, 2017, and Chicago on February 27-March 2, 2018. In Denver and Chicago, Dr. Spohn presented on the District of Nebraska’s Project Safe Neighborhoods program. The primary benefits of attending these academies were the professional development opportunities for increasing knowledge in the areas of community-engaged research, implementation science, best practices in communication with community partners, building data and research capacity with community partners and fidelity for successfully implementing evidence-based programs through Bureau of Justice Assistance research/practitioner partnerships.

Case Study:

Innovations in Supervision

***Reducing Violence and Recidivism Through VRP Aftercare
and CBI Open Groups***

Executive Summary

The Nebraska Board of Parole and Department of Parole Supervisions (NBOP/DPS) applied for, and received, an FY 2019 Innovative Supervisions Program grant from the Bureau of Justice Assistance aimed at increasing the availability of cognitive-based interventions for reentering individuals at high-risk for violent crime.

- Purpose of the project: Adopting evidence-based interventions to address criminogenic needs in a population of reentering persons at high-risk for general or violent recidivism
- Two primary strategies were used to achieve program goals: 1) delivering the Violence Reduction Program (VRP) community-based aftercare services to individuals who received VRP in correctional institutions, and 2) delivering open-group cognitive-based interventions to parolees at high-risk for recidivism
- A number of expected and unexpected challenges have been experienced at this stage of project implementation:
 1. The Nebraska correctional system is overcrowded and understaffed, resulting in reduced availability and completion of the prerequisite cognitive-based programming that individuals receive in correctional facilities
 2. The pandemic impacted the availability and mode of delivery of programming, creating difficulties defining success and evaluating procedures and outcomes
 3. “Open-group” enrollment and structure (hereinafter open-group), which allows for new members to join the group at any time regardless of other group member progression, is a significant innovation for program delivery and, like any innovation, many implementation challenges required novel solutions to be developed quickly
- Challenges were addressed by developing innovative solutions that included:
 1. Greater flexibility on methods of program delivery
 2. Greater flexibility in scheduling program delivery
 3. A communication network for facilitators
 4. Additional training to increase the number of available facilitators
- The lessons learned relate to steps taken to ensure programming is accessible, more widely available, and accommodating to participants.
- Overall, the project faced numerous expected and unexpected challenges and, although implementation was delayed by pandemic-related complications, a number of lessons learned will inform community-based program delivery in Nebraska and other jurisdictions.

Background Information (jurisdiction, lead and partnering agencies)

The Nebraska Board of Parole and Department of Parole Supervision (NBOP/DPS) applied for and received an FY 2019 Innovative Supervision Program grant from the Bureau of Justice Assistance (2019-SM-BX-0004) to create a violence-reduction community aftercare program (VRP-CAP) and cognitive-based interventions. These programs focus on reducing the recidivism rate of high-risk parole clients, particularly those who have been identified as likely to recidivate violently and those who have failed on community supervision previously. Moreover, the programs maintain an open-group enrollment structure to avoid wait-listing, which can allow high-risk persons to recidivate or commit technical violations while awaiting programming. To develop the curriculum, NBOP/DPS collaborated with the University of Saskatchewan and the Saskatchewan College of Psychologists. Partners in program delivery currently include Metropolitan Community College in Omaha, NE (population 478,192, U.S. Census Bureau, 2019), Bristol Station Transitional Living Facility in Hastings, NE (population 24,692, U.S. Census Bureau, 2019), and Jenda Family Services in Lincoln, NE (population 289,102, U.S. Census Bureau, 2019). Finally, NBOP/DPS is collaborating with the Nebraska Center for Justice Research (NCJR) to conduct research and evaluation tasks for the project.

Purpose Statement/Grant Goals/Summary of Strategic Plan

The purpose of this project is to reduce recidivism by addressing criminogenic needs in a population of parolees. The project is intended to create and deliver two new cognitive-behavioral groups to assist high-risk parolees with development of pro-social attitudes, particularly attitudes that serve as protective factors for violent crime. Near-term goals for this project included the development of a complete program curriculum and structure documentation for each program, an action plan for implementation, and both a midterm and final report assessing the effectiveness of both interventions. The first intervention is intended to be delivered to approximately fifty individuals and the second is intended to be delivered to approximately 150-200 individuals over the duration of the grant period (thirty-month implementation phase). The long-term goal is to ensure the highest risk parole clients receive additional recidivism-reduction programming beyond what was previously available and to increase the proportion of high-risk clients successfully completing parole without new laws violations.

Major steps of the original strategic plan included the following. First, an MOU would be established between NBOP/DPS and the evaluation team at the University of Nebraska-Omaha that would outline data sharing, evaluation activities, a statement of work, and related deliverables. Second, a 'Request for Proposals' would be released to identify facilitators for delivery of the CBI Open Groups. Third, the violence reduction program would be developed by Dr. Wong and Dr. Gordon at the University of Saskatchewan. Once developed, facilitators would be identified, contracted, and trained for the VRP Aftercare groups. Corresponding data, research, and evaluation activities would include tracking of program participation and completion, observation of trainings and program delivery, and collection and analysis of outcome variables such as technical violations, revocations, and returns to prison. The project's *Logic Model* contains a comprehensive listing of project inputs, strategic objectives, specific project activities, outputs, and outcomes (see Supporting Materials).

Strategies, Solutions or Changes Made

Two key populations were identified to receive the cognitive-based interventions: individuals who were likely to commit a violent offense after release from prison and individuals who had previously been unsuccessful on community supervision. The action plan was to develop and manage/administer two cognitive-based specialty programs. The first program is a community version of the Violence Reduction Program (Wong & Gordon, 2013). This program has shown evidence of reductions of violent recidivism and was developed by integrating the Risk-Need-Responsivity (RNR) principles with contemporary clinical practices (Bonta & Andrews, 2017). As indicated in our *Process Flow Chart* (see Supporting Materials), incarcerated individuals identified as the highest risk for violent recidivism are referred to the VRP while still incarcerated. When they leave the facility, they become eligible to participate in this project's VRP aftercare program.

The second intervention, Cognitive Behavioral Interventions for Anyone (CBI4NE1), was developed by DPS and designed to be an open-group cognitive-behavioral program for high-risk parolees who were also the most likely to be revoked during their parole term. The role of this program is also highlighted in the 'Community-Based Providers' section of our *Process Flow Chart* (see Supporting Materials). CBI4NE1 was piloted in January 2020 for 2.5 months. Through February 2022, a total of seventy-three parolees were at one point enrolled in the program with eleven successful completions and twenty currently active participants. The open-group enrollment structure allows potential clients to join the program when they are prepared to begin programming, rather than being placed on a waitlist until a large enough group has been reached to comprise a cohort. The benefits of this mode of delivery are numerous, including: 1) individuals receive programming more quickly when they are more likely to have substantial leisure time (before they have obtained regular work or educational enrollment); 2) high-risk individuals who are wait-listed can actually recidivate and be reincarcerated before they receive any program; and 3) Nebraska has very rural areas where a sufficiently large cohort would not naturally develop during supervision windows.

The original application to BJA was written prior to the COVID-19 pandemic, thus COVID-specific accommodations were not originally developed. However, modifications to program delivery were necessary to keep participants and facilitators safe, which generally meant replacing in-person groups with virtual groups that launched in February 2021. For the community-based VRP program, the delay was several months and the program missed the timeline for finalizing the curriculum, identifying and training facilitators, and implementing the training by nearly a year. The completed draft of the VRP curriculum and facilitator notes was received in the fall of 2021 and training was provided to facilitators in January 2022 with a plan for groups to be launched in 2022. More detailed specifications for the intended interventions are contained in our table of *Direct Services Provided* (see Supporting Materials).

Obstacles or Challenges and How Overcome

Expected Challenges

At the time this proposal was submitted, the state of Nebraska was encountering some of the highest rates of prison overcrowding in the United States, coupled with considerable prison

staffing shortages and high rates of staff turnover (Office of Inspector General of the Nebraska Correctional System, 2021). These combined factors resulted in a reduction of available correctional staff to administer evidence-based programming for carceral individuals. In addition, correctional programming is prioritized for those nearest their parole eligibility date. This prioritization is reportedly to ensure that those who would be eligible for community supervision received sufficient programming prior to reaching their parole eligibility date. In all, these challenges resulted in programming often delivered to individuals later in their terms of incarceration. This further potentially limits one's time to reenroll if they had been suspended or removed from a program for behavioral or safety concerns. These expected challenges often result in individuals leaving Nebraska prisons having received limited cognitive-based programming and/or having little preparation for receiving cognitive-based programming under community supervision. Whereas these challenges place a greater importance on the community-based programming that form the core of this project, they also create new barriers to the project as many potential participants lack a foundation for successful reentry and lack a mindset conducive to desistance from criminal lifestyles.

Unexpected Challenges

NBOP/DPS found the greatest challenge during the grant term to be barriers placed on social contact as a result of the pandemic. Group programming in general was suspended by most providers because the consequences for bringing together large numbers of individuals early in the pandemic were still unknown. The CBI4NE1 pilot group launched in January 2020 was quickly halted in March 2020 due to the need to de-densify and limit transmission opportunities. All CBI4NE1 groups were suspended under the grant until February 2021, when facilitators were determined to safely be able to meet with participants using virtual conferencing technology. However, similar to other areas of our lives and workplaces, the switch to virtual delivery proved challenging. NBOP/DPS needed to secure the technology, train facilitators, and develop brief training sessions for parole clients who lacked familiarity with virtual meeting systems such as WebEx or Zoom. The relaunch of groups was further complicated by issues such as limited data or Internet access, a lack of participant virtual engagement or responsiveness to email invitations, and/or technical limitations of hardware to which participants had access.

Challenges Met

In response to each of these challenges, NBOP/DPS has made extensive efforts to adapt implementation strategies and accommodate participant and facilitator needs. Beginning in February 2021, NBOP/DPS adopted the use of virtual meeting systems to convene CBI4NE1 groups. Although groups had significant difficulties and limited participation, much was learned regarding methods to improve communications with clients and providers. A standard referral process incorporating providers, officers, and clients was deployed to ensure all engaged parties had sufficient information to not only deliver programming to those who were referred, but also to address excessive absences or technical difficulties experienced in early spring 2021. Beginning in May of 2021, CBI4NE1 groups were able to meet in-person because we added physical barriers and mask requirements to limit one's chances for transmission. Bristol Station, the provider located in Hastings, Nebraska, opted to allow for both in-person and virtual

participation during the same session, adopting a hybrid approach that had not been previously considered when first proposing this project.

As the project adapted to allow for both in-person and virtual group meetings, new challenges arose relating to the days and times when CBI4NE1 sessions were held. Frequently, providers administer the group sessions in the evenings to accommodate a participant's workday. Unfortunately, this strategy conflicts with job hours for some participants who work the second or third shifts. With additional information, and as the project team became more aware of this issue, two new strategies were implemented. First, clients were given the option to transfer into a different group without having to restart the program. Communication between different facilitators/providers and officers proved essential to this type of adaptation. These efforts additionally reduced the mental burden on facilitators caused by having participants at too many stages of programming for effective delivery. Second, it became apparent that there were simply too few providers and options for class times. The project subsequently took a more proactive approach by allowing parole officers to also facilitate sessions. A few parole officers initially reached out to the Director of DPS to learn more about CBI4NE1 and to inquire about becoming facilitators. Following this initial indication of interest, the Director of DPS contacted all staff to offer training for those who wanted to be involved in this program. A total of twenty officers and supervisors (along with the three current providers) were then trained/retrained in January 2022 so that they could begin facilitating groups in the spring of 2022. The first officer-led groups are planned to begin meeting in March 2022. The ability to identify novel solutions to these challenges and to modify program implementation accordingly is one of the primary successes identified by the research team at this stage of project implementation.

Challenges Remaining

Most of the challenges encountered and addressed to date are those pertaining to actual administration of the groups. However, there remain quite a few challenges to full implementation of the project. Primary among these is the lack of programming availability within prison facilities that can sufficiently prepare parole clients for step-down programming within the community. While staffing shortages have been reduced over the last year, turnover rates still present a considerable challenge for providing a continuum of programming, particularly with respect to the clinical VRP. An inability to implement VRP programming with fidelity by fully trained clinicians has prompted a need for a full and critical review of our project's VRP community-based curriculum. The timeline for this review has been extended and it remains to be seen whether VRP in the community is appropriate if participants do not leave facilities equipped with a sufficient dosage of relevant interventions to prepare them for the community-based program. NBOP/DPS continues to examine methods by which this curriculum can be piloted and implemented, drawing upon the expertise of the original creators of the VRP program.

Summary of Findings (findings as available)

The number of participants who have enrolled in the CBI4NE1 groups through the beginning of February 2022 totals seventy-three individuals, all of whom are male. Of that number, eleven

have successfully completed, one after reenrollment into the program following termination of services from one provider. A total of forty-two individuals did not complete programming due to absconding or arrest for pending charges (three participants), inability to accommodate changed work hours (three participants), discharge from parole term prior to program completion (five participants), termination due to lack of attendance (thirteen participants), termination of program by the provider (four participants), placement in custody and revocation from parole (eight participants), or for some other reason which was not clearly indicated by the provider (six participants). Twenty individuals are actively attending and engaged in the program as of February 18, 2022. With respect to the administration and delivery of VRP aftercare programming, there are limited findings at this time due to challenges with group implementation. A full description of data to be collected, analyzed, and reported for the process evaluation and outcome evaluation is detailed in our *Data Collection Plan* (see Supporting Materials).

Sustainability

The viability for sustaining the CBI4NE1 program into the future is unknown as it appears the pandemic is a factor that will affect social group activities for years. While providers and the project team have become more adept at utilizing technology for the administration of virtual groups and have solid plans for expansion of in-person groups in metropolitan areas, these groups often suffer from difficulties with technology or access when service is required in rural areas of Nebraska. The current plan for expanding access, while also accommodating facilitators and participants seeking to engage and work with the curriculum, is to offer the group via a learning management system that includes virtual meeting options. In addition, NBOP/DPS has purchased tablets for use by clients who may have limited access to technology/hardware. The planned implementation of groups by up to twenty parole officers is intended to provide for sustaining the CBI4NE program beyond the end of grant funding period.

Sustaining the VRP community-based program will first hinge upon its successful launch and administration. Second, it will hinge on developing a network of clinical behavioral health providers within the community who can deliver these groups. Justice reinvestment initiatives within Nebraska have identified the lack of behavioral health providers and clinical programming as a long-term need for the state (The Crime and Justice Institute, 2022). As NBOP/DPS continues to build out its network of providers, it will continue to engage with providers and seek out those who can be trained in VRP and can assist with eventual facilitation of the community-based aftercare program.

The DPS project team meets regularly to assess issues, consider new procedures or strategies for concerns like data-sharing or increasing referrals, and determine methods of increasing provider availability to better meet participant needs. DPS, and the evaluation partner NCJR, hold monthly meetings to discuss these issues and to continue the dialogue on possible methods, founded in best-practices, the reentry literature, and practical considerations, for addressing or resolving current and ongoing challenges.

Conclusion (lessons learned; did award increase capacity)

The lessons learned relate to steps taken to ensure programming is accessible, more widely available, and accommodating to the needs of these types of participants. We encourage others to consider being adaptive to circumstances that limit delivery methods. In the context of a pandemic, our need to adapt was amplified, and it forced us to be open to attempting new methods or techniques of providing services. However, adaptations often bring further complications. For example, while most of the business world was adapting to online meetings during the pandemic, the learning curve for participants with limited prior exposure and less-than-average education levels was steeper than the average citizen's. This in turn put more strain on the participants' efforts to develop protective attitudes to violence and providers who were learning to deliver a new intervention.

A non-pandemic example underlining the need to be adaptive stems from our novel open-group approach. While the open-group approach has many advantages such as allowing individuals to be incorporated into groups as early as possible in their term of supervision, it also brought new challenges to providers such as the difficulties of remembering the level of the program each participant had achieved while in-session. To address issues that arose in program delivery, program staff began to allow participants to transfer between facilitators to meet scheduling needs. Moreover, new forms of technology and virtual tools were adopted to increase dosage to participants in meaningful ways. Subsequent evaluation activities will determine the success of these innovations to the implementation of programming.

The award received by NBOP/DPS has allowed the agency to pioneer a style of programming delivery that we argue is responsive to not just participant characteristics, but also social-situational complexities of reentry that we are only beginning to address. Funding has provided the means to work with creators of clinical programming, to produce materials and facilitator guides for that programming, to obtain access to a learning management system, to expand officers' understanding of cognitive-based interventions through training and implementation, and to evaluate both the process and outcomes associated with this project. The increased capacity for programming has provided more dosage to a significant number of high-risk clients and will support ongoing work with this group.

The pandemic significantly delayed many of the project activities and milestones. Because new methods of service provision and additional flexibility in delivering services became necessary, as of the writing of this report, the project is just nearing full implementation. A more complete description of lessons learned, increases in capacity, and achievement of outcomes will have to wait until the final grant report and subsequent publications.

References

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Appendices:

Innovations in Supervision

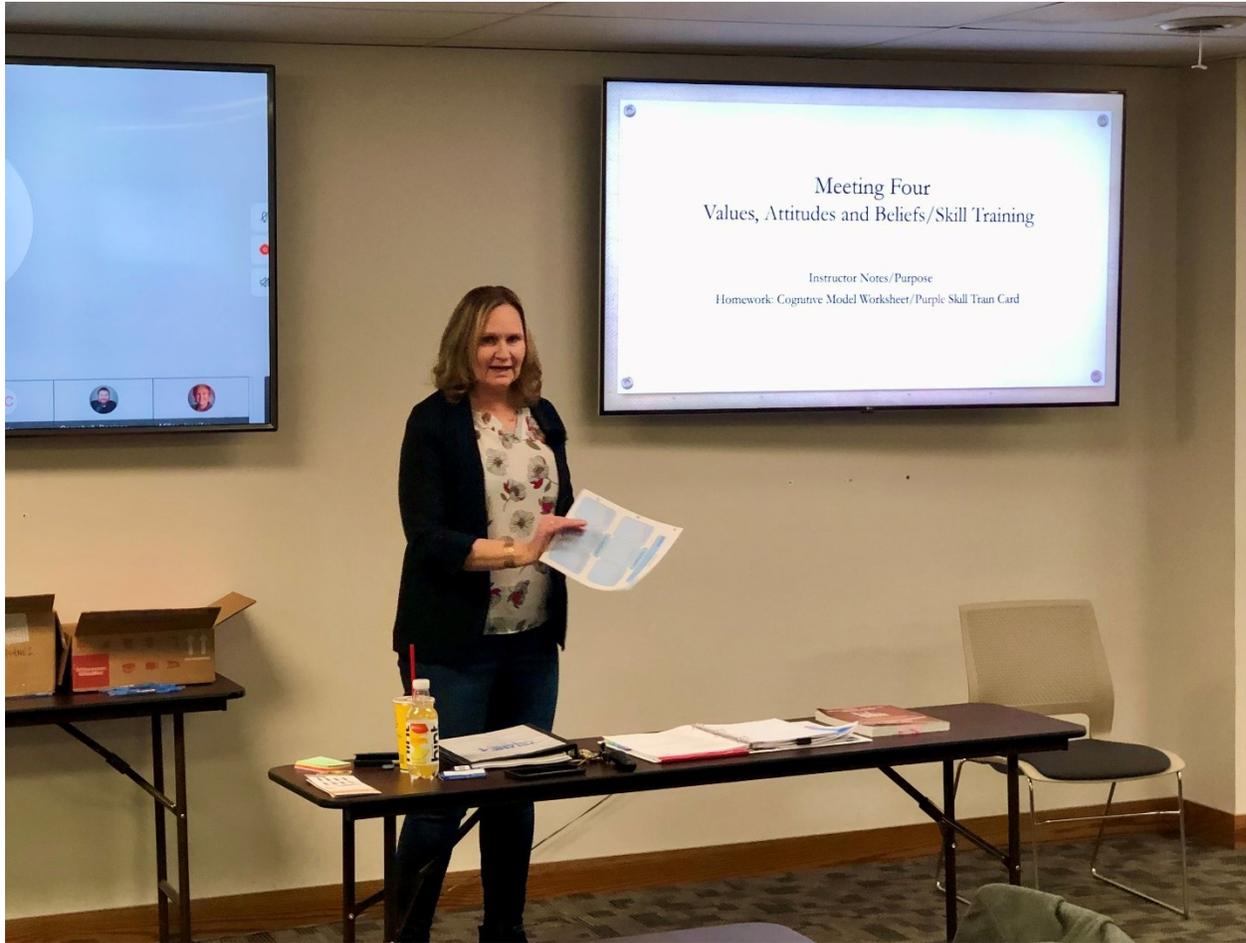
***Reducing Violence and Recidivism Through VRP Aftercare
and CBI Open Groups***

Case Study: 2019-SM-BX-0004
Reducing Recidivism Project

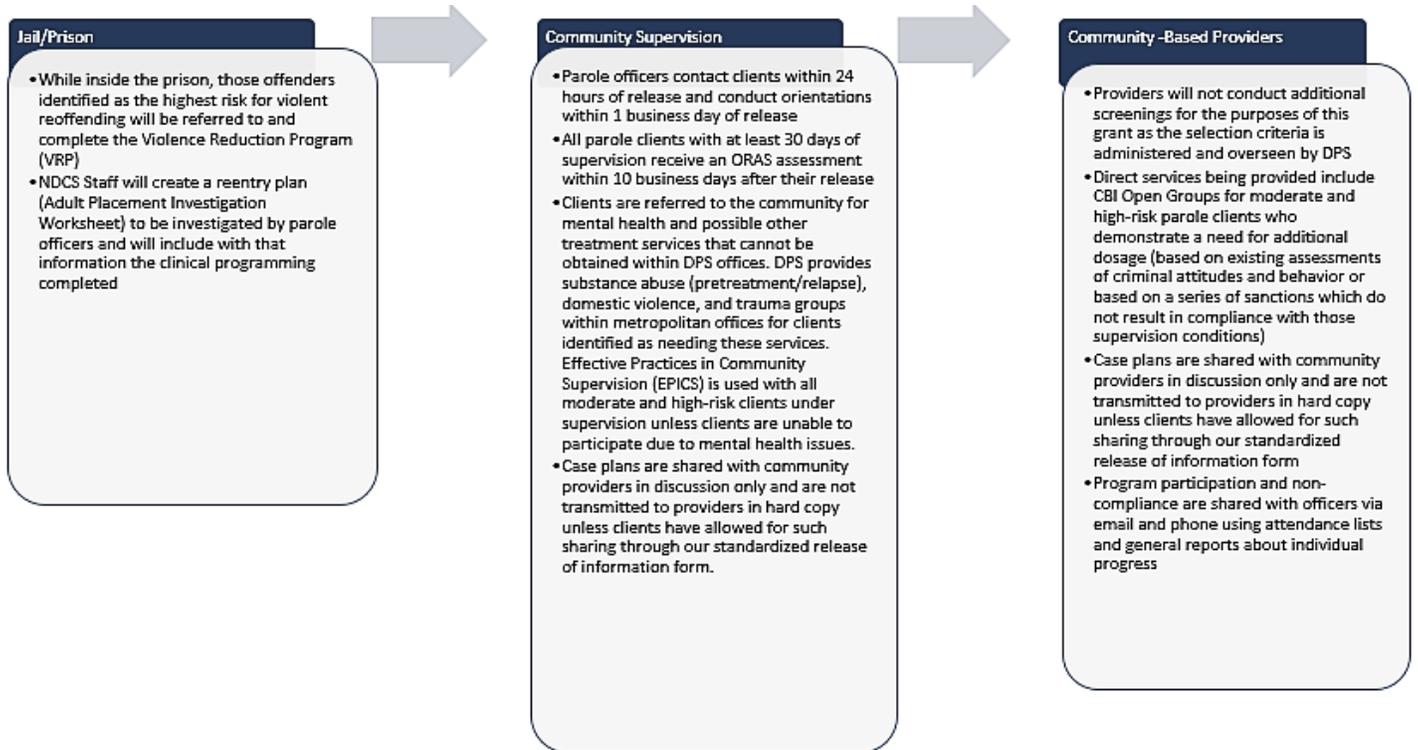
Nebraska Board of Parole/Nebraska Center for Justice Research

Supporting Materials: tables, figures, logic model, additional funding received,
awards/acknowledgements, websites, technical reports, articles

Julie Micek, Director of Parole Administration, delivers CBI4NE1 training to 20 Parole supervisors and officers in January 2022.



Process Flow Chart for Direct Services



Logic Model

Resources (Inputs)	Strategic Objectives	Specific Activities	Short-Term Goals (Outputs)	Long-Term Goals (Outcomes)
BJA Award: - \$554,000 over 4-yrs - National Reentry Resource Center Technical Assistance (AIR) DPS ⁱ Personnel/Facilities - Director - Asst Director for Research/IT - CQI/QA ⁱⁱ Staff x 3 - Lincoln/Omaha Parole Offices for Group Administration Nebraska Partners - Nebraska Center for Justice Research (evaluator) - Bristol Station (provider) - Friendship House (provider) - Metro Community College (provider) - Southeast Community College (provider) VRP ⁱⁱⁱ Partners - Dr. Stephen Wong - Dr. Audrey Gordon High/Moderate Risk Clients	Complete Action Plan	- Receive BJA technical assistance - Finalize Action Plan	+finalize objectives +finalize timelines	+ Achieve 100% of project goal & <u>objectives</u> in 4-yrs
	Develop, Pilot, and Modify New High-Risk Curriculum	- Develop/create CBI open group curriculum - Develop/create VRP aftercare curriculum with Dr. Wong, Dr. Gordon - Deploy pilot groups - Evaluate pilot groups within 4 weeks of completion of groups and collaborate with stakeholders to adjust curriculum - Finalize curriculum/materials	+ complete sets of materials: 1 for CBI open group facilitation, 1 for VRP aftercare facilitation + 2 pilot groups/8-10 clients in each group + 20 evaluative surveys + 1 feedback discussion/meeting + 2 modified group plans with adjusted materials	+ Finalized CBI Open Group facilitation plan Finalized VRP Aftercare facilitation plan + 20 clients who have received pilot programming
	Train and Supply a Statewide Network of Facilitators	- Release statewide RFP to obtain contracted providers - Develop standardized binders to be provided to participants and facilitators - Convene all contracted facilitators for training on group/curriculum - Develop lists of potential client referrals	+ complete 1 RFP for potential facilitators + develop 25 facilitator binders including curriculum + develop 100 participant <u>binders</u> ; materials for 150 more + provide 1 training session	100% of facilitators completing training session within XX months of signing contract > 25 trained facilitators > collect 25 training/evaluation surveys > create 250 participant binders + administer 1 annual training session
	Deliver CBI Open Groups	- Establish plans/logistics for group administration in metro areas of Lincoln, Omaha, and Tri Cities - Identify candidates and deliver services outlined in plans - Conduct 12 weeks of group with participants - Evaluate/observe groups	+ 1 complete curriculum including facilitation guide > 95% of group members meet criteria + 40 CBI open groups statewide + 15 evaluator and/or DPS administrator observations	> 300 client participants > 65% successful completion of group > 25% reduction in sanction or violation rate > 15% relative reduction in recidivism

		- Receive/review feedback surveys	> 300 feedback surveys	
	Deliver VRP Aftercare Groups	- Establish plans/logistics for group administration in Lincoln and Omaha - Identify candidates and deliver services outlined in plans Conduct 12 weeks of group with participants - Evaluate/observe groups - Receive/review feedback surveys	+ develop 1 complete curriculum including facilitation guide > 95% of group members meet target criteria + implement 10 VRP aftercare groups + <u>5 evaluator</u> and/or DPS administrator > 50 feedback surveys	> 60 client participants > 75% successful completion of group > 25% reduction in sanction or violation rate > 15% relative reduction in recidivism
	Assess Program Progress, Setbacks, and Effects on Recidivism	- Evaluate revocation, rearrest and reconviction data - Conduct monthly grant/evaluation team meetings to monitor developments and make adjustments to curriculum or group delivery - Conduct meetings with providers and stakeholders every 6 months - Develop client surveys - Develop observation protocols - Develop formative and summative evaluation reports including all data - Submit performance reports to BJA	+ acquire 4 years revocation, rearrest, reconviction, and reimprisonment data + conduct 30 team meetings + conduct 5 provider/ stakeholder meetings + administer 1 standardized client survey for each group + develop 1 observation protocol and model fidelity guide + complete 2 evaluation reports + complete 16 performance reports	+ develop 1 Agency Sustainability Plan > 80% model fidelity by Year 4 > 10% increase in successful completions from Year 1 to Year 3 > 5% decrease in recidivism over successive years of client participants 100% compliance with grant reporting requirements

Direct Services Provided

Service Type	Organization	Curriculum Name	Delivery Method	Describe the CQI Process
Cognitive-behavioral interventions using open groups	Various contracted providers (Metro CC, Friendship Home, Bristol Station)	CBI4NE1 (CBI for Anyone)	Group— facilitated in person	Evaluation to be completed using data collection on group completion, parole completion, and surveys to be administered to group members
Violence Reduction Programming Aftercare Group	Contracted providers are still to be determined; curriculum under review	VRP Aftercare	Group— facilitated in person	Evaluation to be completed using data collection on group completion, parole completion, and surveys to be administered to group members

Data Collection Plan

Outputs/Outcomes	What data are needed to evaluate the outputs/outcomes?	Who collects the data?	Where is the data stored?	When is the data collected?	Do you currently track this information?
CBI Open Group Curriculum Development	Curriculum review	Program manager	Curriculum materials	Beginning June 1, 2020	No
VRP Aftercare Group Curriculum Development	Curriculum review	Program manager	Curriculum materials	Fall 2020	No
Pilot CBI Open Groups	Pilot participant feedback data	Evaluation team leads the development of evaluative surveys and conducts focus group with program staff	Evaluation team collects data electronically or through paper surveys. Focus groups are recorded or notes taken.	Summer/Fall 2020, depending upon when initial groups can launch	No
Pilot VRP	Pilot participant feedback data	Evaluation team leads the development of evaluative surveys and conducts focus group with program staff	Evaluation team collects data electronically or through paper surveys. Focus groups are recorded or notes taken.	Winter 2020/Spring 2021, depending upon when initial groups can launch	No
Finalized CBI Open Group Facilitation Plan	Observation of programming and document review	Program manager and evaluation team	Curriculum materials and implementation/facilitation plan materials	April to July 2021	No
Finalized VRP Aftercare Group Facilitation Plan	Observation of programming and document review	Program manager and evaluation team	Curriculum materials and implementation/facilitation plan materials	April to July 2021	No

Provider Training	Pre/post training surveys	Evaluation team	Online survey software	Summer/Fall 2020, depending upon when social distancing requirements are relaxed	No
Delivery of CBI Open Groups	Group observation and feedback surveys	Evaluation team	Evaluation team collects data electronically or through paper surveys	Through the grant period when groups are in active facilitation	No
Delivery of VRP Aftercare Groups	Group observation and feedback surveys	Evaluation team	Evaluation team collects data electronically or through paper surveys	Through the grant period when groups are in active facilitation	No
Program Implementation Assessment	Meetings with providers/stakeholders every 6 months Client surveys Observation protocols	Evaluation team	Evaluation database	After each provider/stakeholder meeting	No
Reduction in Recidivism	Parole revocation/completion data Rearrest data Reconviction data Reincarceration data	Dr. Miller & evaluation team	Parole Information Management System JUSTICE data system NCJIS data system	Data will be extracted 12 months after first program completions and every 6 months afterward until project completion	Yes