
Preliminary Findings from the Evidence Based Practices Implementation and Organization Assessment

Local Community-Based Probation in Virginia: Statewide Report

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Introduction

In 2013, Virginia adopted performance measures for local probation agencies (see Appendix), which acknowledge the need to regularly measure organizational readiness for change and the adoption of evidence-based probation practices (EBPs) at the agency and system level. That same year, the Virginia Department of Criminal Justice Services contracted with the National Center for State Courts to conduct a comprehensive survey of the state's local probation agencies. The following preliminary report outlines the findings from the 2014 survey of Community Corrections agencies in Virginia and their local stakeholders. The surveys were designed to: 1) measure the extent to which EBPs are currently implemented in Community Corrections agencies throughout Virginia; 2) identify and examine the staff and organizational factors that impact an agency's readiness to implement EBPs within local probation; 3) assess the extent to which treatment services are available and accessible within a local probation agency's service area; 4) assess the perceptions of key stakeholders about the services provided by local probation and their existing professional relationship with local probation; and 5) gather information about perceived barriers to successful probation and the level of service coordination and collaboration at the local level. The findings from this survey represent baseline measures that Virginia's local probation agencies can compare themselves to in future surveys.

Executive Summary

A total of 591 individuals completed the baseline surveys in 2014, including 229 probation officers, agency supervisors and directors; 76 treatment providers; and 286 other stakeholders.¹ Local probation staff from 33 of the 37 local probation agencies in Virginia participated in the survey. Eighteen of the responding probation agencies had 100 percent staff participation rates. Of the 229 probation staff responding to the survey, 73 percent were probation officers and 27 percent were directors or supervisors. In addition to local probation staff, 286 stakeholders completed the survey statewide. Stakeholder respondents represented a variety of agencies and disciplines, including the judiciary, Commonwealth Attorney's Offices, local government, law enforcement, and public defender's offices. An additional 76 treatment respondents participated in the survey with representation from local Community Service Boards (CSBs), domestic violence/anger management treatment providers and private substance abuse and mental health agencies.

Staff Level Measures

Probation staff were asked a number of questions designed to measure how officers approach their work. Staff level measures examined role orientation, burnout and job satisfaction as well as skills related to EBPs (e.g., motivational interviewing skills and use of positive reinforcement). The staff level measures selected have been found to influence probationer engagement and are associated with

¹ Stakeholders and treatment providers may serve more than one jurisdiction, so while 591 people participated in the study, it resulted in a total of 761 survey responses.

reduced recidivism (Gendreau et al., 2004; Broome, 2007; CJI et al., 2010; Lerch et al., 2011). Findings from the survey include:

- Local probation officers view themselves as having adopted a balanced approach between their control/enforcement role and case management/assistance role which is ideal.
- Directors and supervisors report that they make use of opportunities to advance their own professional growth, that they have influence on staff and are willing to share knowledge with staff. Directors and supervisors from EBP sites report statistically higher scores on both growth and influence than directors and supervisors from non-EBP sites.
- Probation staff report they have the ability to adapt to new ideas and techniques although officers who carry large caseload sizes report less of an ability to adapt than officers who carry smaller caseloads.
- Probation staff report high rates of job satisfaction although officers with larger caseloads indicate higher degrees of job burnout.
- Probation officers report they regularly employ critical EBP skills such as motivational interviewing, strength-based approaches to working with probationers, and the use of positive reinforcement techniques.
- Probation staff assess themselves as having strong teamwork skills and view themselves as critical thinkers.

Organization Level Measures

Organization level measures include items related to director leadership, agency resources (staffing levels, office equipment, etc.), organizational climate (staff cohesion, openness of communication, etc.), and training needs and experiences. Findings from the survey include:

- Local probation officers in Virginia generally perceive their directors to be strong leaders who encourage innovation and the adoption of EBPs.
- Most probation officers report they have sufficient resources in their agency such as adequate staffing and equipment to conduct their work.
- Probation staff view DCJS and probation supervisors/directors as the primary drivers of change.
- Overall, probation staff and directors/supervisors perceive their agency's organizational climate in a positive light. They indicate there is clarity in the agency's mission and goals, a level of trust among staff, sufficient staff autonomy, clear communication, and an openness to change.
- In most instances, agency directors and supervisors view their agency in a more positive light than line probation officers, particularly as it relates to clarity of mission and goals and the adequacy of communication networks.

Respondents were asked about various aspects of training they have received which is critical to the successful implementation of EBPs.

- A significant percentage of probation staff report completing at least some training related to EBPs.
- About 10 percent of local probation staff have been trained as trainers for various EBP courses.
- A significant percentage of respondents indicate that staff would benefit from additional training about effective mental health and substance abuse treatment as well as additional training on supervising special populations.

- Probation staff statewide indicate that new ideas and techniques are discussed, adopted and supported by agency directors with EBP sites scoring statistically significantly higher in this domain.
- Probation staff statewide report an openness to testing new ideas and techniques with EBP sites scoring statistically significantly higher in this domain. Just under half of the respondents believe that their present workload and pressures at the agency keep motivation for new training low.
- The vast majority of staff prefer to receive specialized training followed by in-house coaching.
- Staff are open to online training with a majority of staff agreeing that specialized training made available over the internet would be useful.

EBP Adoption

The survey assessed the extent to which probation staff indicate that specific EBPs are being employed in their agency. The EBPs examined include screening and assessment, case management and treatment, sanctions and incentives, drug and alcohol testing, and quality assurance.

Screening and Assessment

- Nearly 100 percent of the EBP sites report the use of effective screening and assessment practices. Staff report they are assessing probationers for risk and need, and report using the results of screening and assessment to determine supervision levels and inform treatment plans. Only about half of the non-EBP sites report use of these same practices.
- All sites report a relatively low rate of reassessment (about half of the agencies) which may be related to the relatively short-period of time probationers are on local probation.

Case Planning and Treatment Intervention

- Nearly all of the sites (both EBP and non-EBP) report that the court allows their agency the flexibility to refer probationers to treatment services based on the results of screening and assessment; however, more than three-quarters of all sites also report that the court typically specifies the treatment and intervention services a probationer must complete.
- Nearly all of the EBP sites report that their case plans are based on the probationer's risk and needs. Only half of the non-EBP sites report the same.
- Three-quarters of the EBP sites say that their case plans target at a minimum the two most significant criminogenic needs. Less than half of the non-EBP sites report that their case plans target a minimum of the two most significant criminogenic needs.
- About 80 percent of the EBP sites prepare case plans that identify the probationers' strengths. Only half of the non-EBP sites report doing the same.
- Only about half of all sites prioritize probationers for participation in programs and services based on their level of risk and needs.

Sanctions and Incentives

- About half of all agencies report that they have a matrix of sanctions for non-compliance and report that they use a wide and creative range of sanctions in response to non-compliance; around three-quarters of all agencies report that responses to violations increase in severity based on repeated non-compliance.

- Less than half of all agencies inform probationers in advance of the sanctions they may receive in response to non-compliance.
- About two-thirds of all agencies have a process to reward a probationer's positive behavior.

Drug and Alcohol Testing

- The vast majority of agencies perceive their drug and alcohol testing practices to be effective at detecting drug or alcohol use and that they have written policies and procedures related to the testing.
- Most agencies do not drug and alcohol test on weekends or use a system to randomize testing frequency.
- Practically all of the agencies test for marijuana, cocaine, and opiates. Only two-thirds test for methamphetamines, and just over half test for alcohol. Less than half the agencies test for other listed drugs.

Quality Assurance

- EBP sites report greater use of quality assurance measures than non-EBP sites, although all sites report that there is a commitment to view less-than-desirable results as an opportunity to improve and most sites report that they are sharing information within their agency.
- Three-quarters of the EBP sites report using data to analyze whether they are meeting established performance targets; half or less than half of the EBP sites report that they have the capacity to deliver relevant training or measure their case outcomes. Non-EBP sites report significant weaknesses in their capacity to deliver training, measure their outcomes, and collect data.

System-Level Measures

Strong collaboration among all stakeholders contributes to the successful implementation of EBPs. The survey explored the level of existing collaboration and information sharing among agencies at the local level.

- Local probation staff have a positive perception of their working relationship with the courts indicating that the courts generally act in a timely fashion, that judges support their decision-making and are flexible in their court orders.
- Local probation staff report challenges related to information sharing between treatment providers and their agencies.
- Stakeholders and treatment providers report that local community corrections agencies provide them with accurate information, act in a timely manner, and add value to the community.
- All respondents indicate that probationer-level barriers (such as a lack of transportation and a lack of motivation of the probationer) and community-level barriers (such as lack of employment opportunities and not enough appropriate housing) are the most significant barriers to a probationer being successful. Other common barriers to success include lack of funding for treatment services and lack of mental health treatment programs.

Treatment Availability

Survey respondents provided feedback on treatment resource levels and needs.

- Access to residential substance abuse treatment is limited statewide and the availability of all substance abuse treatment services is impacted by lengthy waiting lists.
- Less than one-third of respondents report that their agency's needs are met by existing mental health treatment providers.
- Local probation officers report difficulties with accessing mental health treatment services primarily because of lengthy waiting lists—especially in accessing outpatient or inpatient mental health treatment.
- About two-thirds of probation staff report that job skills training is needed but not available.
- More than half of all probation staff report a need but lack of availability for housing services—both temporary housing for the homeless and clean and sober housing.
- The majority of agencies do not have either quality control measures in place or MOUs/MOAs with their treatment providers.

Community Corrections in Virginia

In 1995, Virginia passed the Comprehensive Community Corrections Act (CCCA), which established local, community-based probation as an alternative to incarceration for persons convicted of certain misdemeanors or non-violent felonies for which the sentence would be 12 months or less in a local or regional jail. In Virginia, Community Correction agencies are operated by local units of government or private not-for-profit agencies that are funded by state general funds through grants administered by the Virginia Department of Criminal Justice Services (DCJS). DCJS provides administrative oversight to local probation and pretrial services. There is also a statewide association, the Virginia Community Criminal Justice Association (VCCJA), which represents and serves local probation and pretrial service agencies.

As of 2012, there were 37 local probation agencies operating in Virginia, serving 127 of 134 localities in the State. The General Assembly appropriated \$23.4 million for FY2013 operations under the CCCA and Pretrial Services Act (Virginia Department of Criminal Justice Services, 2014). An additional \$800,000 was appropriated to expand pretrial services and enhance local probation services. At the end of FY2013, there were 20,756 defendants on local probation supervision in Virginia (Virginia Department of Criminal Justice Services, 2014).

Implementation of EBPs in Local Probation in Virginia

Like many states across the nation, Virginia has experienced increasing levels of probationer non-compliance with supervision conditions resulting in violations that often lead to unsuccessful termination from supervision. In 2005, VCCJA and DCJS committed to proactively addressing this trend by integrating evidence-based practices (EBPs) into all local probation and pretrial services agencies. An EBP refers to an approach or intervention that have been scientifically tested and proven effective in rigorous studies. In the criminal justice system an EBP implies that there is a definable, measurable positive outcome such as reduced recidivism, improved victim satisfaction, etc.

DCJS adopted the eight principles of evidence-based corrections (Crime and Justice Institute, 2009) as the basis of its EBP development. The eight principles, when implemented with fidelity, are associated with reductions in a probationer's risk of reoffending. The eight evidence-based principles of effective interventions are:

1. **Assess Actuarial Risk/Needs:** Assessing probationers in a reliable and valid manner is a prerequisite for the effective management (i.e., supervision and treatment) of probationers. Timely, relevant measures of the risk of reoffending and the needs of the population being served (at the individual and aggregate levels) are essential for the implementation of numerous principles of best practice in corrections. Assessment tools are most reliable when employees are formally trained to administer the tools.

2. Enhance Intrinsic Motivation: In order for lasting change to occur, a level of intrinsic motivation is needed. Probation officers can enhance intrinsic motivation through the use of constructive techniques such as motivational interviewing and goal setting.
3. Target Interventions:
 - *Risk Principle*: Prioritize supervision and treatment resources for higher risk probationers.
 - *Need Principle*: Target interventions to criminogenic (correlated to crime) needs.
 - *Responsivity Principle*: Be responsive to a probationer's temperament, learning style, level of motivation, culture, and gender when assigning programs.
 - *Dosage*: Structure 40 to 70 percent of high-risk probationers' time for three to nine months.
 - *Treatment Principle*: Integrate treatment into the full sentence/sanction requirements.
4. Skill Train with Directed Practice: Probation agencies (and the service providers they contract with) should implement programs and practices that are grounded in scientific evidence (e.g., cognitive behavioral therapy) and delivered by trained staff.
5. Increase Positive Reinforcement: Probation officers should use positive reinforcement to help probationers achieve behavioral change.
6. Engage Ongoing Support in Natural Communities: Probation should utilize naturally existing community support networks (e.g., family members, mentors/sponsors, clergy, etc.) to reinforce pro-social behaviors and help probationers establish supportive contacts in the community.
7. Measure Relevant Processes/Practices: Agencies should have an established process for documenting case information and probationer outcomes, as well as a method for measuring staff performance and organizational practices.
8. Provide Measurement Feedback: Once a process is in place to measure relevant processes/practices, the resulting data should be used to monitor process and change.

The National Institute of Corrections and the Crime and Justice Institute developed the Integrated Model for the implementation of evidence-based policy and practice. The model has three essential components: Evidence-Based Principles, Organizational Development, and Collaboration (see *Figure 1* below).

Figure 1: The Integrated Model

Source: Crime and Justice Institute (2009). *Implementing Evidence-Based Policy and Practice in Community Corrections (2nd ed.)*. Washington: National Institute of Corrections

THE INTEGRATED MODEL



The Integrated Model acknowledges that many factors—such as the skills of probation staff, screening and assessment, programming, sanctions and incentives, community linkages, case planning and internal and external organizational factors—impact implementation and interact with each other continuously. The Integrated Model was the foundation of the National Center for State Court’s efforts under this project.

Timeline of EBP Implementation in Virginia

Table 1 below outlines the timeline of EBP implementation efforts within local probation agencies in Virginia, to date.

Table 1: Timeline of EBP Implementation within local probation in Virginia, to date

<i>Year</i>	<i>Implementation Activities</i>
2004	The Thomas Jefferson Area Community Criminal Justice Board, in partnership with the National Institute of Corrections (NIC) and with support from DCJS, sponsored a workshop entitled “What Works in Correctional Intervention?” A statewide presentation on Evidence-Based Practices in Criminal Justice was held for state and local stakeholders.
2005	Four local probation sites began the initial education and training on evidence-based practices.
2006	Six additional sites joined as pilots, creating the first ten pilot sites known as Phase I sites. An EBP Steering Committee was created to work in partnership with DCJS to explore, plan for, and implement evidence-based practices unique to local community corrections and pretrial services in Virginia. The Steering

	<p>Committee provides guidance and direction to the pilot sites and is staffed by all participating pilot agencies and DCJS.</p> <p>VCCJA, in partnership with DCJS, created a plan entitled <i>Action Plan for Implementing Legal and Evidence-Based Practices</i> to implement evidence-based practices within Community Corrections.</p> <p>VCCJA sponsored an organizational development session for agency directors at the Phase I sites.</p>
2007	<p>The Steering Committee created the Quality Assurance sub-committee, which is tasked with establishing a quality assurance process designed to support implementation efforts and ensure accurate replication of services.</p> <p>The Modified-Offender Screening Tool (M-OST) and the Offender Screening Tool (OST) were implemented to screen and assess probationers for risk/needs.</p> <p>The Pretrial and Community Corrections Case Management System (PTCC) was upgraded to provide case management scheduling tools to help pretrial and local probation officers better manage defendant and probationer contacts.</p> <p>Case planning training was conducted in collaboration with the Virginia Department of Corrections. A local Case Plan Committee was developed to address the needs of local probation.</p>
2008	<p>The M-OST was validated in Virginia using data from the Phase I sites. Sites also engaged in an inter-rater reliability study to assess the fidelity with which the full OST was administered.</p>
2009	<p>DCJS hired a new statewide EBP Coordinator.</p> <p>A series of regional trainings were held on Effective Communication and Motivational Interviewing (EC/MI) for probation officers at Phase I sites. Approximately 75 probation officers attended this event.</p> <p>The Crime and Justice Institute (CJI) completed a baseline assessment of the implementation of evidence-based practices at the Phase I sites. CJI conducted focus groups and interviews, reviewed policies and practices, and reviewed PTCC.</p>
2010	<p>Ten additional sites (referred to as Phase II sites) volunteered as pilot sites, and membership of the Steering Committee grew accordingly.</p> <p>VCCJA sponsored an organizational development session for agency directors at the Phase II sites.</p> <p>The pilot agencies participated with DCJS and CJI to develop the <i>“Commonwealth of Virginia, Roadmap for Evidence-Based Practices in Community Corrections.”</i> The Roadmap is a guiding document for directors and managers on the integration of evidence-based practices in community corrections.</p>
2011	<p>The action plan used to guide the Steering Committee’s work was updated. This plan was completed by the Phase I and II agencies and DCJS representatives and facilitated by The Carey Group.</p>

	The M-OST/OST was incorporated into PTCC.
2012	<p>DCJS hired a new statewide EBP Coordinator.</p> <p>DCJS coordinated an EBP Kick-Off meeting for the agency directors at the remaining 17 sites and reviewed implementation planning activities, including organizational assessments and available resources.</p> <p>DCJS purchased “The Carey Guides” in electronic and paper versions for all local probation agencies to enhance supervising officers’ ability to focus on criminogenic risk factors for recidivism during supervision contacts through structured exercises.</p>
2013	<p>DCJS issued policy and procedural guidance for implementing Case Planning and Differential Supervision Levels in the Phase I and II sites.</p> <p>Performance measures were adopted for local probation.</p> <p>A baseline recidivism study pre-EBP implementation was conducted.</p>
2014	<p>The remaining 17 sites began implementing EBPs.</p> <p>Phase I and II sites established EBP implementation goals and activities for next steps in local probation.</p>

The Phase I sites that began the EBP implementation process in 2005 and 2006 are:

- Blue Ridge Community Corrections
- Chesterfield/Colonial Heights Community Corrections
- Colonial Community Corrections
- Hampton/Newport News Criminal Justice Agency
- Henrico Community Corrections
- Lynchburg Community Corrections
- OAR/Jefferson Area Community Corrections
- Old Dominion Community Corrections
- Piedmont Court Services – Mecklenburg County
- Rappahannock Community Corrections

The Phase II sites that began the EBP implementation process in 2010 are:

- Culpeper County Criminal Justice Services
- Fairfax County GDC court Services Division
- Halifax/Pittsylvania Court Services
- New River Community Corrections & Pretrial Services
- Northern Neck Community Corrections
- Piedmont Court Services
- Portsmouth Community Corrections & Pretrial Services
- Prince William Office of Criminal Justice Services
- Riverside Criminal Justice Agency
- Virginia Beach Office of Community Corrections & Pretrial Services

Implementation Research and Model

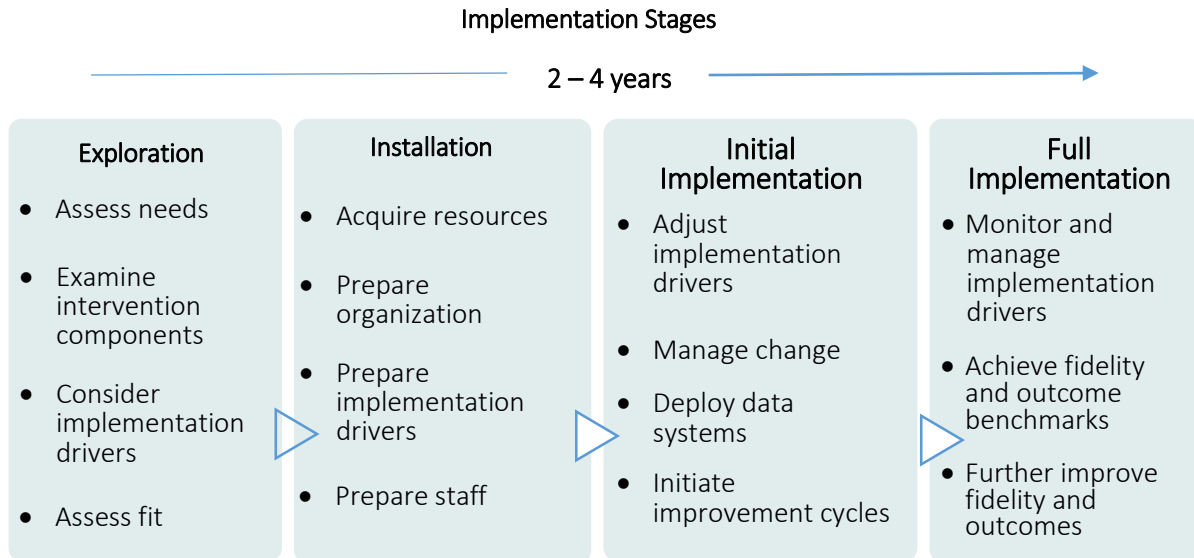
Currently, very little is known about the processes required to effectively implement evidence-based programs on a statewide or national scale. The National Implementation Research Network was established to create a research base for the implementation of processes and practices that promote evidence-based programs. In 2005, researchers conducted an extensive literature review of over 700 research articles across a variety of disciplines including mental health, social services, juvenile justice, education, early childhood education, employment services and substance abuse prevention and treatment that focused on implementation (Fixsen et al., 2005). The goal of the literature review was to synthesize what is known about the relevant components and conditions of implementation that make efforts successful (Fixsen et al., 2005). The review found that implementation is most successful when:

- Carefully selected practitioners receive coordinated training and coaching and frequent performance assessments;
- Organizations provide the infrastructure necessary for timely training, skillful supervision and coaching, and regular process and outcome evaluations;
- Communities and consumers are fully involved in the selection and evaluation of programs and practices; and
- State and federal funding avenues, policies, and regulations create a hospitable environment for implementation and program operation (Fixsen et al., 2005).

Stages of Implementation

As a result of this initial research and contributions from subsequent studies, researchers identified certain stages of implementation (Fixsen et al., 2005; Bertram, R.A., Blase, K.A., & Fixsen, D.L., 2013). *Figure 2* summarizes the two to four-year implementation process. Although the visual suggests a linear progression through the stages of implementation, external forces (e.g., staff turnover, changes in state policies or funding levels, etc.) may require that some stages be revisited.

Figure 2: Stages of Implementation



In the model above, “implementation drivers” are broken into three categories:

Competency Drivers: The mechanisms that develop, improve, and sustain one’s ability to implement an intervention. The key competency drivers are:

1. *Selection of staff:* Recruiting and hiring staff with the skills and abilities that are prerequisites or specific to the EBPs you wish to implement. Ensuring new hires and existing staff are clear about the job requirements and that job descriptions are explicit about tasks that support EBPs.
2. *Training:* Training provides information on the EBPs, including the theory and value of the EBPs, and the major concepts and skills needed to support the EBPs.
3. *Coaching:* While the skills needed to support EBPs can be introduced in training, they are learned on the job with the assistance of a qualified and skilled coach who helps supports the adoption of new skills.
4. *Performance Assessment:* Performance assessment in this context refers to measuring the degree to which EBPs have been implemented as intended.

Organization Drivers: The mechanisms that create and sustain hospitable organizational and system environments. The key organization drivers are:

1. *Decision Support Data System:* Establishing an automated method of collecting process data (e.g., fidelity data) and outcome data (e.g., impact on probationers). To be helpful, the data needs to be collected, analyzed, and reported regularly and made available so that progress can be acknowledged and needs can be identified and addressed.
2. *Facilitative Administration:* Ensuring that the internal processes, policies, and rules a probation agency has control over support the implementation of EBPs. Facilitative administration drivers also proactively solicit feedback about how to make the day-to-day work of line staff more effective and less burdensome.
3. *Systems Intervention:* Focusing on reducing barriers and enhancing support for EBPs within the external policies, environments, and systems that interface with the probation agencies.

Leadership Drivers: The mechanisms that focus on providing the right leadership strategies to guide the change management process and support organizational functioning. There are two types of challenges a leader may encounter: technical problems, for which technical leadership is needed to address these challenges, and adaptive problems, for which adaptive leadership is needed. The key leadership drivers are:

1. *Technical Leadership:* Technical problems are those where there is clear agreement on the issues at hand and clear solutions. Directors can more easily address technical problems by stating the problem, gathering the resources needed to address the problem, assigning tasks, and monitoring the completion of tasks.
2. *Adaptive Leadership:* Adaptive challenges are those situations in which there are different points of view on the issues and different possible solutions. Directors must have the ability to reconcile legitimate, yet competing, perspectives among staff that arise during a process that requires staff to possibly change values, practices, or professional relationships within agencies. To address adaptive challenges, directors need to be comfortable addressing conflict and patterns of behavior that are intended to derail initiatives. Directors also need to be able to develop consensus across different points of view and support staff in identifying the problems and solutions, versus resolving the issues for them.

Survey Approach and Background of Survey Instruments

Overview

The implementation literature and the Integrated Model define a number of factors at the staff, agency and community level that impact how effectively an agency can implement EBPs. NCSC sought to measure these factors by using a multi-level survey strategy to reach four categories of respondents:

- Local probation directors and supervisors at each of the 37 Community Corrections agencies in Virginia.
- Probation officers who supervise probationers at each of the 37 Community Corrections agencies.
- Directors, supervisors, and treatment staff at substance abuse, mental health, and domestic violence treatment providers who provide services to probationers throughout Virginia.
- Judges, magistrates, prosecutors, defense attorneys, law enforcement, and other stakeholders throughout Virginia who interface professionally with Community Corrections agencies.

While each survey was tailored to the different respondent, many components were the same across surveys; this allowed responses to be compared across respondent type. The surveys employed “skip logic” to allow respondents to only see questions related to their specific role. Participation was voluntary and all respondents were assured that their individual responses would be kept confidential.

Survey Content

The following tables show the areas explored in the surveys broken out by staff, organization, and system-level measures. The NCSC project team chose to use validated measures from existing surveys, whenever possible, to maximize the integrity of the results. The tables also show the instrument used to measure the concepts. The instruments are described in the following section. Where “NCSC” is noted, it means the NCSC evaluation team developed the questions because it was determined that existing tools did not adequately measure the concept.

Table 2 shows the staff-level measures contained in the surveys.

Table 2: Staff-Level Measures

<i>Staff-Level Measures</i>	<i>Instrument Used</i>
Probation Staff Role Orientation	
Subjective Role Orientation	SROSS
Strategy Scale	SROSS
Probation Staff Attributes and Attitudes	
Growth	TCU ORC - CJ
Influence	TCU ORC - CJ
Adaptability	TCU ORC - CJ
Burnout	TCU SOF - CJ
Job Satisfaction	TCU SOF - CJ
Probation Staff EBP Skills	
Critical Thinking Skills	EBPSA
Teamwork Skills	EBPSA
Interviewing Skills	EBPSA
Use of Positive Reinforcement	EBPSA
Strength-Based Approach	EBPSA

Table 3 shows the organization-level measures contained in the survey.

Table 3: Organization-Level Measures

<i>Organization-Level Measures</i>	<i>Instrument Used</i>
Director Leadership	
Director Leadership	TCU SOF - CJ
Encourages Innovation	TCU STL
Demonstrates Innovation	TCU STL
Institutional Resources	
Offices	TCU ORC - CJ
Staffing	TCU ORC - CJ
Equipment	TCU ORC - CJ
Motivation for Change	
Pressure to Change	NCSC
Organizational Climate	
Clarity of Mission and Goals	TCU ORC - CJ
Staff Cohesion	TCU ORC - CJ
Staff Autonomy	TCU ORC - CJ
Openness of Communication	TCU ORC - CJ
Staff Stress	TCU ORC - CJ
Openness to Change	TCU ORC - CJ
Training	
Training Utilization – Individual Level	TCU SOF - CJ
Training Utilization – Agency Level	TCU SOF - CJ
Training Needs	NCSC

EBP Adoption	
Screening and Assessment	NCSC
Case Planning and Treatment Interventions	NCSC
Sanctions and Incentives	NCSC
Drug and Alcohol Testing	NCSC
Quality Assurance	NCSC

Table 4 shows the system-level measures contained in the survey.

Table 4: System-Level Measures

<i>System-Level Measures</i>	<i>Instrument Used</i>
Service Availability	NCSC
Agency Relationships	NCSC
Community Corrections Relationship with Substance Abuse Treatment Providers	NCSC
Community Corrections Relationship with Mental Health Treatment Providers	NCSC
Community Corrections Relationship with Anger Management/BIP Txt Providers	NCSC
Stakeholder and Treatment Provider Relationship with CCS	NCSC
Collaboration	
Collaboration and Partnerships	NCSC
Barriers to Collaboration	NCSC
Service and Probation Barriers	
Barriers to Successful Completion of Local Probation	NCSC
Barriers to Substance Abuse Treatment	NCSC
Barriers to Mental Health Treatment	NCSC
Barriers to Anger Management/BIP Treatment	NCSC

Survey Instruments

This section describes the existing, validated instruments used in the surveys.

Organizational Readiness for Change – Criminal Justice (TCU ORC-CJ)

The TCU Organizational Readiness for Change – Criminal Justice (TCU ORC-CJ) includes measures of organizational traits that research has shown significantly influence the ability to introduce new practices (Lehman et al., 2002). The TCU ORC-CJ includes a number of scales that fall into four major domains: needs and pressures, resources, staff attributes, and climate. The NCSC evaluation team selected scales from the TCU ORC-CJ to measure motivational factors such as pressures to change. Program resources were evaluated in regard to office facilities, staffing levels, and training. Organizational dynamics were measured through scales that examined staff attributes (growth, influence, and adaptability) and climate (clarity of mission, cohesion, autonomy, communication, stress, and openness to change). The scales selected for this study can be found in *Table 5*. Each question was

scored on a five-point Likert scale ranging from “Strongly Disagree” to “Strongly Agree” and then multiplied by 10 for a possible range of scores from 10 to 50 with 50 being the best possible response. One version of the survey was designed for staff (TCU ORC-CJ-S) and another for agency supervisors and directors (TCU ORC-CJ-D). *Table 5* below shows the internal consistency (*Alpha*) and mean for the TCU ORC-CJ scales used.

Table 5: Selected Composite Scales used from the TCU Organizational Readiness for Change - CJ

<i>Tool</i>	<i>Alpha</i>	<i>Mean</i>
Institutional Resources		
Offices (four items)	.62	33.2
Staffing (six items)	.70	31.4
Equipment (seven items)	.60	30.9
Staff Attributes		
Growth (five items)	.62	35.6
Influence (six items)	.79	35.9
Adaptability (four items)	.66	38.2
Organizational Climate		
Clarify of Mission and Goals (five items)	.70	35.3
Staff Cohesion (six items)	.84	34.3
Staff Autonomy (five items)	.57	35.2
Openness of Communication (five items)	.80	32.5
Stress (four items)	.90	32.7
Openness to Change (five items)	.73	33.4

Survey of Organizational Functioning – Criminal Justice (TCU SOF-CJ)

The TCU Survey of Organizational Functioning – Criminal Justice (SOF-CJ; Broome, et al., 2007) is an expanded version of the TCU Organizational Readiness for Change (ORC) that is designed to assess program needs, resources, staff attributes, organizational climate, job attitudes, and workplace practices. The NCSC evaluation team selected the Job Attitude scales to more fully assess perceptions of agency leadership, job satisfaction, and burnout. Each question was scored on a five-point Likert scale ranging from “Strongly Disagree” to “Strongly Agree” and then multiplied by 10 for a possible range of scores from 10 to 50 with 50 being the best possible response. Only probation officers were asked the TCU SOF-CJ questions. *Table 6* shows the internal consistency rating (*Alpha*) and mean for the TCU SOF-CJ scales used.

Table 6: Selected Composite Scales from the TCU Survey of Organization Functioning - CJ

	<i>Scale</i>	<i>Alpha</i>	<i>Mean</i>
Job Attitudes			
	Job Burnout (six items)	.74	24.1
	Job Satisfaction (six items)	.78	40.3
	Director Leadership (six items)	.90	37.9
	Training Utilization – Individual (four items)	.79	N/A
	Training Utilization – Program-level (three items)	.81	N/A

TCU Survey of Transformational Leadership (TCU STL)

The TCU Survey of Transformational Leadership (STL) (Edwards, et.al, 2010) is a self-administered survey instrument given to program staff that measures staff perceptions of program leadership. Two sub-scales from the TCU STL were selected for inclusion in the Virginia study. Probation officers had the opportunity to respond to eight questions about their agency director’s ability to encourage innovation and seven questions about their agency director’s ability to demonstrate innovation. Each question is scored on a five-point Likert scale ranging from “Strongly Disagree” to “Strongly Agree” and then multiplied by 10 for a possible range of scores from 10 to 50 with 50 being the best possible response (agreement that their director frequently, if not always, displays the behavior in question). Only probation officers were asked the TCU STL questions. *Table 7* shows the internal consistency rating (*Alpha*) and mean for the TCU STL.

Table 7: Selected Composite Scales from the TCU Survey of Transformational Leadership

	<i>Scale</i>	<i>Alpha</i>	<i>Mean</i>
TCU Survey of Transformational Leadership			
	Encourages Innovation (eight items)	.92	29.5
	Demonstrates Innovation (seven items)	.86	26.1

Evidence-Based Practice Skills Assessment (EBPSA)

The Evidence-Based Practice Skills Assessment (EBPSA; Crime and Justice Institute at Community Resources for Justice, 2010) was designed to determine how often probation staff demonstrate the skills deemed necessary to successfully implement evidence based practices. The EBPSA is designed to be administered to supervisors and probation officers. The results of the assessment are reported at a team level and can be used to identify the following:

- The skill sets staff already demonstrate that support EBP implementation; and
- The gaps in skills that staff are experiencing that may inhibit successful implementation of EBP.

The full EBPSA has 139 questions and ten sub-scales. Five of the ten sub-scales from the EBPSA were used in this survey. Respondents were asked to respond to questions using 5-point Likert-type items

ranging from “1 = Not at all” to “5 = Always.” *Table 8* shows the internal consistency rating (*Alpha*) and mean for the EBPSA scales.

Table 8: Selected Composite Scales from the Evidence-Based Practice Skills Assessment for Criminal Justice Organizations

<i>Scales</i>	<i>Alpha</i>	<i>Mean</i>
Evidence-Based Practice Skills Assessment for Criminal Justice Organizations		
Strength-Based Approach (nine items)	.79	3.5
Use of Positive Reinforcement Techniques (five items)	.77	4.1
Critical Thinking (seven items)	.76	4.0
Teamwork (eleven items)	.87	3.9
Interview Skills (nineteen items)	.92	4.1

Subjective Role Orientation and Strategy Scale (SROSS)

The Subjective Role Orientation and Strategy Scale (SROSS; Fulton, et al., 1997) is a survey instrument designed to measure how probation officers perceive the inherent conflict in the roles they play: On the one hand, probation officers are expected to be law enforcers, but there is also a need for them to help probationers change their behavior in order to reduce recidivism. The literature on best practices recommends that probation officers apply a balanced approach, providing probationers with both supervision and case management.

Each question asks the probation officer to rate his or her orientation between two extremes. There are two subscales within the SROSS. One is the subjective role scale and the other is the strategy scale. The subjective role scale measures what officers believe they do, and the strategy scale asks them how they believe they do it. An officer’s score can range from 7 to 42 on the Subjective Role Scale and from 4 to 24 on the Strategy Scale. Lower scores reflect a stronger focus on the provision of service, rehabilitation, and strategies that promote probationer change according to the principles of effective intervention. Higher scores emphasize the roles and strategies associated with enforcement and control. Scores approximating the mean are indicative of a balanced approach to supervision – that is, both assistance and control roles and strategies are incorporated into probationer supervision. *Table 9* shows the internal consistency rating (*Alpha*) and mean for the Subjective Orientation and Strategy Scale.

Table 9: Scales from the Subjective Role Orientation and Strategy Scale

<i>Scale</i>	<i>Alpha</i>	<i>Mean</i>
Subjective Orientation and Strategy Scale		
Subjective Role Scale (seven items)	.88	24.5
Strategy Scale (four items)	.78	14.0

Deployment of the Survey

The surveys were deployed online at one pilot site on May 5, 2014, and statewide around May 15, 2014. The surveys closed on June 20, 2014. Agency directors were sent an email with links to three online surveys: (1) the survey for probation directors/supervisors and staff, (2) the survey for stakeholders, and (3) the survey for treatment providers. Probation directors were asked to distribute the survey links to the appropriate individuals. This approach was used as some directors expressed concerns about providing the email addresses of stakeholders to NCSC, and because they believed response rates would be improved by a personal email from the director requesting participation. The survey instructions allowed stakeholders and treatment providers to forward the survey link to other staff in their organization. As a result, NCSC does not know how many people were given the opportunity to complete the survey and is not able to calculate a survey completion rate for treatment providers or stakeholders.

The survey was deployed using the Virginia Department of Criminal Justice Services' survey platform. The staff and director surveys were lengthy with a great deal of "skip logic" that allowed NCSC to control the survey content seen by the respondent based on their role or answers to specific questions. Some agencies reported that the survey crashed mid-way through the administration and they had to start over. The survey reportedly worked best with a particular internet browser but not all agencies had administrative rights to install that browser on their computer. In many instances, when the issue was reported to NCSC, staff members were able to recover and restore the survey so the respondent could continue. Incomplete surveys were included in the analysis when NCSC staff could ensure the integrity of the survey and where there were valid responses to the survey. The staff and director surveys took approximately 45 minutes to an hour to complete. The stakeholder survey took approximately 10 to 15 minutes to complete, and the treatment survey took approximately 10 to 20 minutes to complete, depending on the array of services provided by the agency.

Completion Rates for the Survey

A total of 591 respondents completed the survey. Because participation was voluntary, each survey respondent was initially asked to affirm they were willing to complete the survey. The survey questions were not shown if the individual declined to participate. Only two of the 593 survey respondents declined to participate (survey decline rate of 0.3%). A total of two hundred and twenty-nine (229) probation officers, agency supervisors and directors completed the survey. Seventy-six (76) treatment providers completed the survey. Treatment providers may serve more than one Community Correction agency as many serve multiple jurisdictions; therefore, the 76 respondents resulted in 193 survey responses. Two hundred and eighty-six (286) surveys were completed by other stakeholders at the local or state level. As with treatment providers, stakeholders may serve more than one Community Corrections agency. Therefore, the 286 stakeholder respondents resulted in 339 survey responses. *Table 10* below shows the number of surveys completed at each site.

Table 10: Number of Completed Surveys by Local Probation Agency

	<i>Total # of Community Corrections responses</i>	<i>Total # of treatment responses</i>	<i>Total # of stakeholder responses</i>	<i>Total Responses</i>
Alexandria CJS	3	3	1	7
Arlington CCP	3	3	0	6
Blue Ridge Court Services	8	0	6	14
Chesapeake Bay Area CC	0	8	0	8
Chesapeake CC	6	8	16	30
Chesterfield/Colonial Heights CC & PT	16	11	27	54
Clinch Valley Comm. Action Program	0	2	5	7
Colonial CC	8	7	12	27
Court CC	3	2	6	11
Culpeper County CJS	4	2	8	14
Fairfax County GDC – CSD	18	4	7	29
Fauquier County – Adult Court Services	7	6	19	32
Fifth Judicial District CC	4	8	3	15
Halifax/Pittsylvania Court Services	6	3	15	24
Hampton/Newport News CJ Agency	9	8	7	24
Hanover CC	3	6	3	12
Henrico County CCP	0	4	2	6
Loudoun County CC	10	3	0	13
Lynchburg CC & PT	5	5	12	22
Middle Peninsula Probation & Pretrial	5	4	12	21
New River CC & PS	7	2	7	16
Norfolk CJ Services	8	6	0	14
Northern Neck CC	1	5	3	9
OAR/Jefferson Area CC	11	17	33	61
Old Dominion Court Services	4	3	7	14
Petersburg CC	5	1	4	10
Piedmont Court Services	0	4	11	15
Piedmont Court Services - Mecklenburg	5	1	6	12
Portsmouth CC & PT Services	4	9	7	20
Prince William Office of CJ Services	22	5	14	41
Rappahannock Regional Jail	11	6	13	30
Richmond Div. of Adult Programs	5	3	12	20
Riverside CJA	5	4	18	27
Rockingham-Harrisonburg CSU	5	10	15	30
Southside CC	4	8	11	23
Southwest VA CC	10	4	17	31
Virginia Beach CC & PT Services	4	8	0	12
State Total	229	193	339	761

As noted above, a total of 229 local probation staff surveys were completed. The survey link was provided to each agency director and they were asked, in turn, to provide the link to any supervisor (if applicable) and all staff who serve full-time or part-time as local probation officers. Administrative staff and full-time pretrial officers did not receive the survey. Thirty-three (33) of the 37 local probation

agencies completed the survey with four agencies not participating. The participation rate of probation staff statewide was 78.4 percent, meaning that 78.4 percent of the eligible probation staff participated in the survey. *Table 11* shows the completion rate by agencies.

Table 11: Completion Rates by Local Probation Agency

<i>Agency</i>	<i>Total # of staff surveys distributed</i>	<i>Total # of staff surveys completed</i>	<i>Completion Rate %</i>
Alexandria CJS	10	3	30%
Arlington CCP	3	3	100%
Blue Ridge Court Services	8	8	100%
Chesapeake Bay Area CC	3	0	0%
Chesapeake CC	6	6	100%
Chesterfield/Colonial Heights CC & PT	20	16	80%
Clinch Valley Comm. Action Program	3	0	0%
Colonial CC	10	8	80%
Court CC	9	3	33%
Culpeper County CJS	4	4	100%
Fairfax County GDC – CSD	21	18	86%
Fauquier County – Adult Court Services	8	7	88%
Fifth Judicial District CC	4	4	100%
Halifax/Pittsylvania Court Services	6	6	100%
Hampton/Newport News CJ Agency	20	9	45%
Hanover CC	3	3	100%
Henrico County CCP	Unknown	0	Unknown
Loudoun County CC	12	10	83%
Lynchburg CC & PT	5	5	100%
Middle Peninsula Probation & Pretrial	5	5	100%
New River CC & PS	9	7	78%
Norfolk CJ Services	9	8	89%
Northern Neck CC	3	1	33%
OAR/Jefferson Area CC	11	11	100%
Old Dominion Court Services	4	4	100%
Petersburg CC	5	5	100%
Piedmont Court Services	Unknown	0	Unknown
Piedmont Court Services - Mecklenburg	5	5	100%
Portsmouth CC & PT Services	4	4	100%
Prince William Office of CJ Services	24	22	92%
Rappahannock Regional Jail	11	11	100%
Richmond Div. of Adult Programs	13	5	38%
Riverside CJA	5	5	100%
Rockingham-Harrisonburg CSU	5	5	100%
Southside CC	4	4	100%
Southwest VA CC	10	10	100%
Virginia Beach CC & PT Services	10	4	40%
State Total	292	229	78.4%

Demographics of Survey Respondents

The typical Community Corrections respondent was female (64.6%), white (68.1%), non-Hispanic or Latino/a (83.5%), and between the ages of 36 and 50 (47.7%) (*Table 12*). The typical treatment respondent was also female (64.5%), white (81.6%), non-Hispanic or Latino/a (92.1%), and between the ages of 51 and 60 (40.8%). Stakeholders were typically male (58%), white (84.3%), non-Hispanic or Latino/a (85.7%), and between the ages of 46 and 60 (47.9%).

Table 12: Demographics of Survey Respondents

	<i>Community Corrections survey respondents N = 229</i>	<i>Treatment survey respondents N = 76</i>	<i>Stakeholder survey respondents N = 286</i>
Gender			
Male	73 (32.9%)	26 (34.2%)	166 (58.0%)
Female	148 (64.6%)	49 (64.5%)	106 (37.1%)
Prefer not to answer	8 (3.5%)	1 (1.3%)	14 (4.9%)
Race			
White/Caucasian	156 (68.1%)	62 (81.6%)	241 (84.3%)
Black/African American	43 (18.8%)	11 (14.5%)	14 (4.9%)
Other	2 (0.09%)	2 (2.6%)	1 (0.35%)
Prefer not to answer	28 (12.2%)	1 (1.3%)	30 (10.5%)
Ethnicity			
Hispanic or Latino/a	6 (2.6%)	3 (3.9%)	3 (1.1%)
Not Hispanic or Latino/a	191 (83.5%)	70 (92.1%)	245 (85.7%)
Prefer not to answer	32 (14.0%)	3 (3.9%)	38 (13.3%)
Age			
20-25	12 (5.2%)	0	2 (0.7%)
26-30	24 (10.5%)	6 (7.9%)	12 (4.2%)
31-35	27 (11.8%)	4 (5.3)	17 (5.9%)
36-40	32 (14.0%)	2 (2.6%)	22 (7.7%)
41-45	51 (22.3%)	10 (13.2%)	35 (12.2%)
46-50	26 (11.4%)	7 (9.2%)	44 (15.4%)
51-55	17 (7.4%)	14 (18.4%)	51 (17.8%)
56-60	17 (7.4%)	17 (22.4%)	42 (14.7%)
61 or older	15 (6.6%)	15 (19.7%)	47 (16.4%)
Prefer not to answer	8 (3.5%)	1 (1.3%)	14 (4.9%)

Educational and Professional Background of Survey Respondents

The typical Community Corrections respondent had earned a Bachelor's Degree (64.7%) or a Master's Degree (22.7%) (*Table 13*). The typical treatment respondent had earned a Master's degree (77.6%).

The majority of stakeholder respondents held a law degree (50.3%), reflecting the participation of judges, prosecutors and defense attorneys.

Table 13: Highest Educational Degree Earned – All Survey Respondents

	<i>Community Corrections survey respondents N = 229</i>	<i>Treatment survey respondents N = 76</i>	<i>Stakeholder survey respondents N = 286</i>
Highest Education Degree Earned			
High School Diploma/GED	4 (1.7%)	1 (1.3%)	25 (8.7%)
Some College	2 (0.9%)	1 (1.3%)	5 (1.7%)
Associate’s Degree	16 (7.0%)	0	16 (5.6%)
Bachelor’s Degree	148 (64.7%)	8 (10.5%)	47 (16.4%)
Master’s Degree	52 (22.7%)	59 (77.6%)	34 (11.9%)
Law Degree	2 (0.9%)	0	144 (50.3%)
Ph.D. or Ed.D.	1 (0.4%)	6 (7.9%)	6 (2.1%)
Blank	4 (1.7%)	1 (1.3%)	9 (3.1%)

Staff Level Measures

Profile of Staff Survey Respondents

The majority of respondents to the staff survey were local probation officers (55.9%) followed by probation officers who also had pretrial officer duties (17.0%). Fourteen percent (14%) of the respondents were directors and 13.1 percent were supervisors. *Table 14* summarizes the role of staff survey respondents.

Table 14: Role of Community Corrections Staff

<i>Role</i>	<i># of Respondents N = 229</i>	<i>% of Respondents</i>
Director	32	14.0%
Supervisor	30	13.1%
Local probation officer	128	55.9%
Local probation and pretrial officer with split duties	39	17.0%

As *Table 15* reflects, the majority of staff respondents in all three categories (directors, supervisors and probation officers) were in their current role for 5 to 10 years, suggesting a great deal of staffing stability and lack of turnover within Community Corrections in Virginia. There is also stability in terms of staff working in the field—as *Table 16* reflects, most staff have worked in the field for 10 years or longer.

Table 15: Time in Current Position and Field – Community Corrections Staff

	<i>Probation Directors N = 32</i>	<i>Probation Supervisors N = 30</i>	<i>Probation Officers N = 167</i>
Length of Time in Current Position			
Less than 1 year	3 (9.4%)	2 (6.7%)	26 (15.6%)
1-2 years	5 (15.6%)	5 (16.7%)	28 (16.7%)
3-4 years	3 (9.4%)	4 (13.3%)	21 (12.3%)
5-10 years	7 (21.9%)	10 (33.3%)	54 (32.3%)
11-15 years	2 (9.4%)	6 (20.0%)	21 (12.6%)
16-20 years	5 (15.6%)	0 (0.0%)	13 (7.8%)
21-25 years	1 (3.1%)	1 (3.3%)	1 (0.6%)
26-30 years	1 (3.1%)	1 (3.3%)	1 (0.6%)
31-35 years	2 (6.3%)	0 (0.0%)	0 (0.0%)
36-40 years	0 (0.0%)	0 (0.0%)	0 (0.0%)
41 years or more	2 (6.3%)	1 (3.3%)	0 (0.0%)
Blank	0 (0.0%)	0 (0.0%)	2 (1.2%)

Table 16: Length of Time in Current Field – Community Corrections Staff

	<i>Probation Directors</i> <i>N = 32</i>	<i>Probation Supervisors</i> <i>N = 30</i>	<i>Probation Officers</i> <i>N = 167</i>
Length of Time in Current Field			
Less than 1 year	0 (0.0%)	0 (0.0%)	6 (3.6%)
1-2 years	1 (3.3%)	4 (13.3%)	13 (7.7%)
3-4 years	0 (0.0%)	0 (0.0%)	19 (11.4%)
5-10 years	0 (0.0%)	0 (0.0%)	47 (28.1%)
11-15 years	3 (10.0%)	7 (23.3%)	43 (25.8%)
16-20 years	9 (30.0%)	9 (30.0%)	18 (10.8%)
21-25 years	5 (16.7%)	7 (23.3%)	11 (6.5%)
26-30 years	6 (20.0%)	2 (6.7%)	5 (3.0%)
31-35 years	5 (16.7%)	0 (0.0%)	2 (1.2%)
36-40 years	1 (3.3%)	0 (0.0%)	1 (0.6%)
41 years or more	0 (0.0%)	0 (0.0%)	1 (0.6%)
Blank	0 (0.0%)	1 (3.3%)	1 (0.6%)

Table 17 reflects the caseload size reported by survey respondents. The majority of directors and supervisors (60%) do not carry an active caseload. For those probation directors and supervisors who do carry a caseload, the caseload size was typically between one and 20 probationers. About 26 percent of local probation officers report carrying a caseload of 81-100 probationers, and about 25 percent of officers with split duties that also include pretrial duties report caseloads between 61 and 80 probationers.

Table 17: Caseload Size

<i>Caseload Size</i>	<i>Probation Director/Supervisor</i> <i>N = 62</i>	<i>Local Probation Officer</i> <i>N = 128</i>	<i>Local Probation & Pretrial Officer</i> <i>N = 39</i>
No Caseload	37 (60.0%)	N/A	N/A
1-20	10 (16.1%)	3 (2.3%)	3 (7.7%)
21-40	6 (9.7%)	4 (3.1%)	5 (12.8%)
41-60	4 (6.4%)	9 (7.0%)	4 (10.3%)
61-80	3 (4.8%)	27 (21.1%)	10 (25.6%)
81-100	2 (3.2%)	34 (26.6%)	7 (17.9%)
101-120	0 (0.0%)	11 (8.6%)	4 (10.3%)
121-140	0 (0.0%)	17 (13.3%)	3 (7.7%)
141-160	0 (0.0%)	12 (9.4%)	1 (2.6%)
161+	0 (0.0%)	7 (5.5%)	1 (2.6%)
Missing Data	0 (0.0%)	4 (3.1%)	1 (2.6%)

Approximately 40 percent of those officers who carry an active probation caseload report carrying a specialized caseload (Table 18). The most common type of specialized caseload included probationers charged with domestic violence offenses (54.0%) or probationers diagnosed with a mental health disorder (48.7%) (Table 19).

Table 18: Specialized Caseload in Community Corrections

<i>Specialized caseload?</i>	<i>Staff Carrying Caseload N = 192</i>	<i>% of Caseload Type</i>
No specialized caseload	116	60.4%
Specialized caseload of some type	76	39.6%

Table 19: Type of Specialized Caseload

<i>Type of Specialized Caseload</i>	<i>Specialized Caseload Type N = 76</i>	<i>% of Specialized Caseload Type*</i>
Non-English speaking probationers	10	13.2%
Probationers charged with domestic violence offenses	41	54.0%
Probationers who reside in a specific geographic region	11	14.5%
Probationers with a mental health disorder	31	48.7%
Probationers with a substance abuse disorder	26	34.2%
Felony-level probationers	13	17.1%
Probationers enrolled in a specialty court (e.g. drug court)	3	3.9%
DUI Probationers	10	13.2%
Other	26	34.2%

*Will not equal 100% as the same officers may carry multiple types of specialty caseloads

Probation Officer Role Orientation

A balanced approach to supervision – one that incorporates both surveillance and treatment approaches – is associated with reductions in recidivism and lower rates of probation violations (Fulton et al., 1997; Whetzel et al., 2011). Critical to successfully implementing a balanced approach is an attitudinal shift by probation officers from being solely surveillance-oriented to embracing their role in facilitating rehabilitation and behavioral change (Fulton et al., 1997; Lowenkamp et al., 2013). The Subjective Role Orientation and Strategy Survey (SROSS) was designed to measure the extent to which officers have adopted a balanced approach to supervision (Fulton et al., 1997).

The Subjective Role Orientation scale asks probation officers to rate terms associated with control and assistance tasks and social worker versus law enforcer roles. Scores for the 7-item Subjective Role Orientation scale can range from 7 to 42 with a “balanced” score being 24.5. The Strategy Scale measures officer buy-in to strategies aimed at promoting long-term behavioral change versus strategies aimed at short-term probationer control. Scores for the 4-item Strategy scale range from 4 to 24 with a “balanced” score being 14. Lower scores reflect a stronger focus on the provision of services, rehabilitation and EBPs; higher scores reflect an emphasis on the roles and strategies associated with enforcement (Fulton et al., 1997).

The scores on the SROSS are found in *Table 20*. Local probation officers in Virginia view themselves as having adopted a relatively balanced approach to supervision, trending just slightly towards a case worker/social work orientation: the statewide average score was 23.9 and the “balanced” score is 24.5.

On the strategy scale, local probation officers trend towards a treatment orientation with an average statewide score of 10.4 compared to the “balanced” score of 14. There were no regional differences to note or statistically significant differences between the EBP and non-EBP sites.

Table 20: Subjective Role Orientation and Strategy Scale Scores

<i>Scale</i>	<i>State Average</i>	<i>EBP Average</i>	<i>Non-EBP Average</i>	<i>Standard Deviation</i>
Subjective Role Orientation: Measures the extent to which probation officers have adopted a balanced approach to supervision as measured by their ratings of terms associated with control and assistance tasks and social worker versus law enforcer roles. A “balanced” Subjective Role Orientation score is 24.5.	23.9	22.6	23.9	1.94
Strategy Scale: Measures probation officer support for strategies aimed at promoting long-term behavioral change versus strategies aimed at short-term offender control. A “balanced” Strategy Scale score is 14.	10.4	9.5	10.9	1.53

Probation Staff Attributes and Attitudes

Implementing evidence-based practices requires more than just adopting new techniques and programs. It requires a change in values and new skills (Vera, 2013). The existence of certain staff attributes within the organization (e.g., a sense of personal success and perceived opportunities for growth) and certain staff skills (e.g., critical thinking and communication skills) can influence probationer engagement and are associated with reduced recidivism (Gendreau et al., 2004; Broome, 2007; CJI et al., 2010; Lerch et al., 2011). Common barriers to implementing evidence-based practices in the correctional setting include insufficient training, lack of resources, and low tolerance for change (Lehman et al., 2012). A 2013 survey of criminal justice leaders found that a lack of buy-in from staff was, after funding, the second most common reason why programs fail to achieve their goals (Labriola, M., Gold, E., Kohn, J., 2013).

Findings related to probation staff’s attributes and attitudes are found in *Table 21* below and are shown in terms of response scales from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral. Directors appear to value and make use of opportunities to advance their own professional goals (35.9) and report they have influence on staff and are willing to share knowledge with staff (38.8). Staff report they have the ability to adapt to new ideas (39.1), and also report low rates of burn-out and high rates of job satisfaction (38.0). There were no regional differences of note.

There were a number of interesting findings related to specific scales. Directors and supervisors from EBP sites report higher scores on the Growth ($p > .05$) and Influence ($p > .10$) scales than directors and supervisors from non-EBP sites. Caseload size had a significant impact on probation officers’ scores on the burnout and adaptability scales ($p > .05$): an increase in caseload size (particularly above 100 and 120) is positively associated with higher scores on the burnout scale and lower scores on the adaptability scale. The age of probation officers and the length of time they have worked in the probation field are related to the scores on the Job Satisfaction Scale ($p > .05$). That is, the older the

staff, the higher they rated their job satisfaction; but an increase in the length of time in the field was related to lower job satisfaction scores. The scores on these two items were not connected to job role.

Table 21: Probation Staff Attributes and Attitude Scales

<i>Scale</i>	<i>State Average</i>	<i>EBP Average</i>	<i>Non-EBP Average</i>	<i>Standard Deviation</i>
Growth reflects the extent to which Directors and Supervisors value and make use of opportunities to advance their own professional growth.	35.9	38.1*	32.9	6.06
Influence assesses the Director’s/Supervisor’s perception of their level of influence on other staff and their willingness to share information/knowledge with staff.	38.9	39.6**	37.8	3.83
Adaptability refers to the ability of staff to effectively adapt effectively to new ideas and change.	39.1	39.5	38.4	2.48
Burnout measures the staff’s self-reported sense of inefficiency, emotional exhaustion and disillusionment with one’s work.				
NOTE: A lower score on this scale is better.	22.0	21.4	22.7	4.66
Job Satisfaction measures staff’s general satisfaction with their job and work environment.	38.0	38.0	38.0	4.48

*Significant difference at $p > .05$

**Significant difference at $p > .10$ level

Probation Staff EBP Skills

The survey of EBP skills measured interview skills, the use of positive reinforcement, the use of a strength-based approach, and teamwork skills. An essential component of a supervision strategy based on behavioral change is a positive relationship between the probationer and the supervising officer. Strong, positive working relationships based on mutual respect, openness, and honesty can increase the probationers’ compliance and decrease recidivism (Vera, 2013; Robinson, 2005). Certain interviewing techniques are associated with improved outcomes – for instance, motivational interviewing techniques have been found to improve probationer retention and engagement in treatment programs, enhance probationers’ motivation to change and reduce offending (McMurrin, 2009; Walters et al., 2007). Adopting a style that is collaborative, empathetic, and respectful – in addition to asking open-ended questions, avoiding arguments, using reinforcing change talk and using reflective statements – encourages a probationers’ motivation for change (Bogue and Nandi, 2012; Alexander et al., 2008; Walters et al., 2007).

Acknowledging and rewarding probationer compliance has been shown, in some studies, to correlate with successful probation completion (Wodahl et al., 2011). Positive reinforcement techniques can include words of praise from a probation officer or supervisor, a token of appreciation (e.g., a certificate of achievement), a tangible reward (e.g., a gift certificate or bus voucher), or an adjustment in the conditions of supervision (e.g., reduced drug testing or earned discharge credit) (Gendreau et al., 2004;

Solomon, 2008; Carey, 2009). Higher successful completion rates are achieved when positive reinforcement is used with greater frequency than sanctions. Research suggests a ratio of four rewards to every sanction may produce the best results (Wodahl et al., 2011; Gendreau, 1996).

Probationers are more likely to comply with a supervision plan they helped develop and agree to complete (Taxman et al., 2004). A strength-based approach to supervision engages the probationer as a partner in the supervision process and draws upon the probationer’s skills, capabilities, interests, and positive character traits. Incorporating these positive qualities into the case plan – rather than just focusing on the probationer’s weaknesses or criminogenic needs – is an important strength-based technique. Working with the probationer as a partner helps to build a strong, positive relationship, which is associated with enhanced probationer motivation and improved outcomes (Solomon, 2008; Clark, 1997; Page, 2011).

Findings on the select EBPSA scales are shown in *Table 22* and discussed below in terms of response scales from 1 to 5 with 1 being “Not at All,” 5 being “Always,” and 3 being neutral or “Sometimes.” Local probation officers in Virginia see themselves as having strong interviewing skills (4.3), as using a strength-based approach with clients (4.4), as using positive reinforcement techniques (4.3), as having strong teamwork skills (4.2), and as critical thinkers (4.3). The average scores at the state level showed little variation across sites. There were no differences between EBP and non-EBP site averages and no regional differences to note. The age of staff is positively associated with higher scores on the Interviewing Skills scale and the Positive Reinforcement scale ($p > .05$). The older the probation officer, the higher their scores on these two scales.

Table 22: Probation Staff EBP Skills

<i>Scale</i>	<i>State Average</i>	<i>EBP Average</i>	<i>Non-EBP Average</i>	<i>Standard Deviation</i>
Interviewing Skills: Measures the extent to which probation officers express empathy, avoid labeling and blaming, believe a probationer can change, believe a probationer is responsible for choice, and uses “change talk.”	4.3	4.3	4.2	.32
Strength-Based Approach to Working with Clients: Measures the extent to which probation officers identify strengths of probationers, use strengths to motivate probationers, accept that solutions are different for each probationer, look for strengths in the probationer’s family and community, and look for the probationer to participate in planning.	4.4	4.5	4.3	.27
Use of Positive Reinforcement Technique: Measures the extent to which probation officers use four positives to every negative, provide genuine feedback, and catch probationers when their behavior is acceptable.	4.3	4.4	4.3	.30
Teamwork Skills: Measures the extent to which probation officers demonstrate decision-making, conflict resolution,	4.2	4.1	4.2	.30

pursuit of professional development, and accountability to the team.

Critical Thinking: Measures the extent to which probation officers identify problems and their cause, formulate potential solutions, collect information, analyze information and develop final solutions.

4.3 4.3 4.2 .28

Organization Level Measures

Assessing an organization’s readiness to change involves assessing the factors that are associated with successful innovation implementation (Simpson, 2002; Lerch et al., 2011). A highly functioning organization, measured in terms of having adequate resources and an organizational climate that supports innovation and growth, is more likely to successfully implement evidence-based practices and engage probationers (Courtney, et al. 2007; Simpson, 2002). The likelihood of adopting new interventions may be greater when staff perceive the need to improve, the organization promotes professional growth, and there is a clear sense of mission (Fuller et al., 2007; Broome et al., 2007).

Director Leadership

Burns (1978) conceptualized transformational leaders as highly interactive individuals who work closely with their staff to build a shared vision. Transformational leaders can inspire staff to let go of their traditional ways of doing business and try new things (Podsakoff, et al., 1990). Transformational leaders can also produce strategic organizational change (Waldman, Javidan, & Varella, 2004), alter staff perceptions of EBPs (Aarons, 2006), increase staff satisfaction (Judge & Piccolo, 2004), reduce stress and burnout (Seltzer, Numerof, & Bass, 1989), and reduce employee turnover (Bycio, Hackett, & Allen, 1995; Martin & Epitropaki, 2001).

Findings for Director Leadership are found in *Table 23* below and are shown in terms of response scales from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral. Local probation officers in Virginia view their directors as reasonably strong leaders who encourage innovation. Officers rate their directors slightly lower in terms of the extent to which they demonstrate innovation. While the average scores at the state level showed some variation across sites, there were no significant differences between EBP and non-EBP sites.

Table 23: Director Leadership

<i>Scale</i>	<i>State Average</i>	<i>EBP Average</i>	<i>Non-EBP Average</i>	<i>Standard Deviation</i>
Director Leadership: Measures the extent to which probation officers view their director as someone who encourages them to do their job well, treats them with respect, provides well-defined performance goals and emphasizes new ideas.	36.9	36.8	37.0	6.79
Encourages Innovation: Measures the extent to which probation officers view their director as someone who attempts to improve the program, encourages ideas other than his or her own and handles mistakes respectfully.	37.5	37.5	37.6	6.14
Demonstrates Innovation: Measures the extent to which probation officers view their director as someone who tries new and different ways of doing things, seeks new opportunities, challenges staff to consider new ways of doing things and takes bold action.	33.3	34.1	32.4	4.93

Institutional Resources

Adequate resources are essential to the successful adoption of EBP (Lehman et al, 2012). The actual and perceived need for resources is predictive of, and associated with, using training in the future (Bartholomew et al, 2007). Programs rated by staff as having sufficient available resources often have staff members who are more engaged (Simpson & Flynn, 2007).

Findings for Institutional Resources are found in *Table 24* below and are shown in terms of response scales from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral. Local probation officers in Virginia view the availability of resources to support their work in a positive light, with the office environment (38.4) and equipment (39.0) scoring particularly high. Local probation officers’ perceptions of staffing, while lower, were still positive (34.2).

Table 24: Institutional Resources

<i>Scale</i>	<i>State Average</i>	<i>EBP Average</i>	<i>Non-EBP Average</i>	<i>Standard Deviation</i>
Offices assesses the adequacy of office equipment and physical space.	38.4	38.7	35.4	8.76
Staffing measures the overall adequacy of staffing levels and skills.	34.2	34.7	33.5	5.03
Equipment evaluates the adequacy and use of computerized systems and equipment.	39.0	40.5	37.2	3.29

Pressure for Change

Successful EBP implementation is dependent on the support of leaders at multiple levels including agency directors, funders, judges, and other stakeholders (Klein & Sorra, 1996). Evidence-based practices are more likely to be adopted when directors and supervisors support and exert “pressure” for change (Simpson, 2002) and when the innovation is consistent with organizational culture (Henggeler et al., 2002). To be effective, influential entities, particularly directors and supervisors, must promote innovation from within an agency organization (Simpson, 2002) and be tolerant of risk (Judge et al., 1999).

Findings related to staff members’ perceptions of pressure for change are shown in *Table 25*. Pressure for change is discussed below in terms of response scales from 1 to 5 with 1 being “Strongly Disagree,” 5 being “Strongly Agree,” and 3 being neutral. The majority of respondents indicate that they perceive DCJS and probation directors and supervisors as the drivers of change when it comes to the implementation of EBPs in Virginia.

Table 25: Source of Pressure for Change

<i>Source of Pressures for Change</i>	<i>State Average N = 33</i>
DCJS	4.1
Probation supervisors and directors	3.5
Probation Officers	2.8
Judge	2.7
General Assembly	2.5
Prosecutors	2.5
Community Criminal Justice Board (CCJB) members/similar planning organizations	2.4
City/County government	2.3
Community action group	2.1
Probationers at your agency	2.0

Organizational Climate

Findings related to the organizational climate are found in *Table 26* below and are shown in terms of response scales from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral. For this scale, responses from probation directors/supervisors and probation officers were compared to see how similar or different they perceive the work environment. Overall, probation directors, supervisors and probation officers view the organizational climate in a positive light. However, on every scale where all three groups replied, directors and supervisors were more positive in their ratings than officers.

Table 26: Organizational Climate

<i>Scale</i>	<i>State Average</i>	<i>EBP Average</i>	<i>Non-EBP Average</i>	<i>Standard Deviation</i>
Clarity of Mission and Goals: Measures staff awareness of agency mission and clarity of its goals.				
All Staff	38.5	38.4	38.6	3.52
Probation Directors/Supervisors	39.7	39.5	40.0	5.55
Local Probation Officers	35.9	36.0	35.8	3.14
Staff Cohesion: Assesses the perceived level of trust and cooperation among staff members.				
All Staff	38.8	38.4	39.3	4.51
Probation Directors/Supervisors	40.9	39.6	42.4	5.45
Local Probation Officers	35.6	35.3	36.0	4.46
Staff Autonomy assesses the perceived freedom and latitude staff members have in doing their jobs.				
All Staff	38.3	37.2	36.7	4.35
Probation Directors/Supervisors	38.5	38.4	38.6	4.96
Local Probation Officers	35.7	36.1	35.2	4.71
Openness of Communication measures the perceived adequacy of information networks to keep staff informed and the presence of bidirectional interactions with leadership.				
All Staff	36.4	37.4	35.3	5.95
Probation Directors/Supervisors	39.6	40.1	39.0	4.58
Local Probation Officers	34.4	34.8	33.9	7.33
Stress evaluates the reported level of strain, stress and role overload exists within an agency.				
Local Probation Officers	30.1	29.6	30.7	7.00
NOTE: A lower score on this scale is better.				
Openness to Change measures attitudes about agency openness and efforts in keeping up with changes that are needed.				
All Staff	35.3	35.1	35.5	5.21
Probation Directors/Supervisors	37.2	36.4	38.0	5.07
Local Probation Officers	34.4	34.7	33.9	5.72

Training

Providing extensive and ongoing training to all staff facilitates the implementation of EBPs (Taxman, 2008). Officers who receive quality training on risk-need-responsivity-based intervention skills and techniques develop stronger relationships with their probationers and achieve lower recidivism rates than officers who do not receive training (Bourgon et al., 2011; Lowenkamp et al., 2013; Fulton et al., 1997; Taxman, 2008). Further, probation officers trained in the skills of effective correctional programming use these skills more often and produce lower recidivism rates than untrained officers (Bonta et al., 2010).

In Virginia, a number of trainings associated with EBPs have been developed. *Table 27* shows the percentage of probation staff who report completing each of the training courses. In addition to the trainings below, 59 percent of the probation respondents indicate they have attended a VCCJA statewide conference and 15 percent report they have attended an American Probation and Parole Association Conference. Thirteen percent (13%) of the respondents indicate they are an EBP trainer in their agency, 6 percent indicate they have attended the EC/MS Train the Trainer class, 10 percent indicate they have attended the MOST/OST Train the Trainer class, and 10 percent report they have attended the Case Planning Coaches training.

Table 27: Statewide Completion Rates for EBP Training Courses

<i>EBP Training Course</i>	<i>Percent of Respondents Who Have Completed the Training</i> <i>N = 212</i>
EBP 101 at Basic Skills	46%
Motivational Interviewing (less than 8 hours)	57%
Effective Communication/Motivational Strategies	71%
MOST/OST Risk Assessment Training	67%
Case Planning Training	53%

Training Needs

Evidence suggests that in order for training to be effective, it must be perceived as relevant to the staff's needs and be delivered with competence. As such, staff and directors from local probation agencies were asked about current training needs. *Table 28* indicates that a significant percentage of probation staff believe their agencies would benefit from more information about effective mental health treatment (85%), effective supervision of special populations (82%) and effective substance abuse treatment (78%).

Table 28: Staff and Director's Perception of Training Needs

	<i>Percent of Respondents Indicating they "Agree" or "Strongly Agree" this training is needed</i> <i>N = 212</i>
Staff at your agency would benefit from more information about...	
Effective mental health treatment.	85%
Supervising special populations.	82%
Effective substance abuse treatment.	78%
Effective domestic violence treatment.	75%
Information about effective drug testing practices.	69%
Using the OST and M-OST effectively.	71%

Survey respondents were invited to provide open-ended comments about their training needs. Below are some of the local probation staff's comments:

- Any training that could provide state or national certification.
- Agencies should participate in the same crisis intervention training as police and deputy sheriffs to improve their understanding of the public mental health system.
- Case plan training and case planning training refresher (noted by several respondents)
- Training for new employees in our agency is lacking. There aren't any policies or procedures in place for in-house training and there isn't a designated staff member for training.
- There is a need for a "train the trainer" course in substance abuse education, anger management and other educational courses that could be taught in the office during normal hours.
- How to get along with each other.
- Boundary issues (noted by several respondents).
- Effectively integrating the use of the Carey Guides into case planning and supervision strategies.
- Home visit safety.
- Sex offender training.
- Staff could benefit from more training that is specific to motivating clients to achieve specific goals related to risk reduction (EPICS or similar).
- We have too many training sessions now. The required training, paperwork, etc. is often useless and time consuming.
- Field Training Officers (FTO's) would be of great assistance once new officers hit the ground. To be showed the ropes in a class room is one thing. Courts are different from place to place and expect officers to adapt to their practices. FTO's could help new officers blend in and adapt instead of being handed the job and told you're trained now so go do it.
- Confidentiality and ethics.

Training Utilization

Findings related to training utilization are found in *Table 29* below and are shown in terms of response scales from 10 to 50 with 10 being "Strongly Disagree," 50 being "Strongly Agree," and 30 being neutral. Training utilization at the individual level measures the staff's perception of how often new ideas and techniques are discussed, adopted, and supported by agency directors. Local probation staff gave moderately high ratings (34.9) for individual-level training utilization, with EBP sites having significantly higher ratings than non-EBP sites. Training utilization at the program level measures how frequently staff try new ideas learned in workshops and how often staff encourage other staff to try new techniques or ideas. Local probation staff gave moderately high ratings (34.0) for program-level training utilization, with EBP sites having significantly higher ratings than non-EBP sites.

Table 29: Training Utilization (Program and Individual Level)

<i>Scale</i>	<i>State Average</i>	<i>EBP Average</i>	<i>Non-EBP Average</i>	<i>Standard Deviation</i>
Training Utilization – Individual Level measures staff's perception of how often new ideas and techniques are discussed, adopted, and supported by agency directors.	34.9	36.3*	31.1	4.27
Training Utilization – Program Level measures how frequently staff try out new ideas and techniques learned in	34.0	35.3*	30.5	6.53

a workshop or in other ways, and how often the staff encourage other staff to try that new technique or idea.

*Significant at the $p < .05$ level.

Barriers to Training

A majority of staff did not agree that any of the suggested barriers hampered access to training (Table 30). However, nearly half of the staff agree that workload and pressures at their probation agency keep motivation for new training low and over half report that the budget does not allow most staff to attend professional conferences.

Table 30: Barriers to Training

	<i>Percent of Respondents Indicating they "Agree" or "Strongly Agree" this is a barrier N = 203</i>
The workload and pressures at your probation agency keep motivation for new training low.	45%
The budget does not allow most staff to attend professional conferences annually.	37%
Topics presented at recent training workshops and conferences have been too limited.	22%
Training activities take too much time away from delivery of probation agency services.	23%
It is often too difficult to apply skills/information learned at workshops so they will work in this probation agency.	13%
The quality of trainers at recent workshops and conferences has been poor.	8%

Training Preferences

A single workshop session (even if intensive and multi-day) is unlikely to produce positive results without some sort of follow-up. In contrast, more staff will use the new skills in their work environment when training is bolstered by modeling, role-playing, ongoing coaching and booster sessions (Lowenkamp et al., 2012; Bourgon et al., 2011; Lerch et al., 2011). Research has found that staff who receive individualized feedback and attend refresher courses demonstrate a better understanding of the skills (Bonta et al., 2010). Using coaches and external facilitators on-site at an agency to help staff use material learned in training sessions has also proven effective (Fixsen et al., 2002). Continuous agency-based training helps ensure that staff have the time and support needed to apply new skills in their real-world environment (Lerch, et al., 2009).

Consistent with the literature, a strong majority of all probation staff (72%) indicate that they would like to receive in-house coaching following specialized training (Table 31). In addition to the data shown below, 83 percent of the staff and directors indicate they would find it helpful to participate in a cross-agency forum to exchange training ideas.

Table 31: Training Style Preferences

<i>Training Style Preferences</i>	<i>Percent of Respondents Indicating they "Agree" or "Strongly Agree"</i>
	<i>N = 212</i>
In-house coaching following specialized training would be useful.	72%
Specialized training made available over the Internet would be useful.	64%
Intensive full-day training on special topics is an effective workshop format.	65%
Training workshops should include role playing and group activities.	57%
General introductory sessions on multiple topics is an effective workshop format.	41%

EBP Adoption

Local probation officers, supervisors and directors were asked a series of questions about specific EBP practices to establish a baseline assessment of EBP adoption within local probation agencies in Virginia. Answer options were “yes,” “no,” or “uncertain.” Some agencies showed variation in responses within the agency, suggesting a lack of clarity or certainty about current agency practices.

Screening and Assessment

Evidence-based screening and assessment protocols can help probation officers match each probationer to an intervention of appropriate type and intensity. Administration of an empirically-based and validated risk and needs assessment tool is the foundation of effective screening and assessment. Risk assessments measure the likelihood that a defendant will reoffend, and needs assessments identify a person’s criminogenic needs (i.e., factors that are strongly correlated with criminal behavior, such as drug addiction, anti-social attitudes and associates, lack of problem-solving skills, lack of education, or lack of job skills). Modern assessment tools measure both static (those things that can’t be changed such as age, criminal history, etc.) and dynamic (those that can be changed such as drug addiction, anti-social attitudes, etc.) risk factors.

The results of the screening and assessment process should determine who receives services and what services should be provided. Probationers assessed at medium to high risk to reoffend are more likely to benefit from a correctional intervention than those assessed at low risk to reoffend (Andrews, 2006; Lowenkamp, Latessa, and Holsinger, 2005; Lowenkamp, Latessa, and Holsinger, 2006). Research suggests that delivering intensive supervision and programming to low-risk probationers can be counterproductive. Intensive interventions risk disrupting already established pro-social behaviors, activities, or relationships (such as jobs, school, parenting, or religious observances). Moreover, placing low-risk probationers in programming alongside high-risk probationers risks exposing low risk probationers to individuals with more entrenched anti-social attitudes. In doing so, agencies can, in fact, increase a low-risk probationers’ likelihood of offending (Lowenkamp & Latessa, 2004).

Probation officers should use the screening and assessment results to (1) assign the probationer to an appropriate supervision level (low, medium, or high intensity); (2) define the goals of intervention based on the individual’s needs; and (3) craft individualized case plans to guide supervision, programming and interventions (Bonta et al, 2008; Bourgon et al, 2011). The best assessment tools evaluate the individual’s dynamic or changeable risk factors and needs. Therefore, they should be re-administered routinely to determine whether current assignments and plans are still appropriate (Vera, 2013; Carey, 2010). Over the course of treatment, the needs of probationers may change. Mental health and trauma symptoms are often masked by substance use so some symptoms may not be apparent until after the individual achieves sobriety. Probationers may also experience improvements in some areas. Reassessment can help track such improvements, allowing for adjustments to the case plan. As initial needs are targeted and improved upon, new needs may emerge. Reassessment can occur either at regularly scheduled intervals or based on a precipitating event. For example, a risk assessment instrument can be conducted at six month intervals to determine if modifications in dosage and intensity or phase advancement are appropriate, or at relapse to inform case plan adjustments.

As of June 30, 2013, 20 of Virginia’s local probation agencies screen and assess risk and needs using a validated tool: the Modified Offender Screening Tool (M-OST) and the Offender Screening Tool (OST). The M-OST is an initial screening tool used to identify those probationers who are low risk and those who require further assessment. In FY2013, there were 23,752 new cases referred to local probation agencies, of which 18,660 were assessed using the M-OST (DCJS, 2014). In FY2013, approximately 65 percent of Virginia’s local probation population was assessed as low risk and 35 percent needed further assessment to determine risk (DCJS, 2014). For those individuals scoring as low risk, limited supervision strategies were employed. Those probationers who required further investigation were assessed using the OST. From the group of probationers scoring between three and eight on the M-OST in FY2013 (6,507), 4,472 were subsequently assessed with the OST (DCJS, 2014). Of those assessed using the OST, 75 percent were identified as being medium risk for reoffending and 4 percent scored as being high risk for reoffending (DCJS,2014). The OST also assesses a probationer’s need for treatment or intervention in the areas that are associated with risk factors for reoffending. *Table 32* documents the needs of FY2013 local probationers identified as medium or high risk to reoffend (DCJS, 2014):

Table 32: OST Domain Needs identified for FY2013 Placements on Local Probation

<i>OST Domain*</i>	<i>Risk Factor(s) Measured</i>	<i>Some Level of Need</i>
Attitude**	Pro-criminal Thinking Temperament	62.2%
Family and Social Relationships**	Pro-social Peer Associations Family and Marital Relationships Leisure Activities	95.0%
Alcohol Use	Substance Abuse	35.9%
Drug Use	Substance Abuse	62.3%
Education	Education	62.4%
Vocational/Financial	Employment Financial Stability	82.6%
Physical & Medical	Stabilization Factor	90.0%
Mental Health	Responsivity Factor	34.2%
Residence	Stabilization Factor	76.7%

*Domains and risk factors are reported in order of predictive strength for reoffending.

NCSC surveyed each agency to determine the extent to which probation staff report using various EBPs related to screening and assessment. All of the agencies report a high rate of compliance with screening and assessment evidence-based practices (see *Table 33*) except in the area of re-assessment. Only 55.9 percent of agencies report the capacity to re-assess at appropriate intervals to determine changes in risk/needs.

Table 33: Screening and Assessment Evidence-Based Practices

<i>Evidence-Based Practice</i>	<i>State % of agencies who agree N = 33</i>	<i>EBP % of agencies who agree N = 18</i>	<i>Non-EBP % of agencies who agree N = 15</i>
Probationers are screened within 30 days after placement on probation to identify risk level.	81.9%	97.6%	63.0%
Probationers are assessed within 60 days after placement on probation to identify criminogenic risk/needs.	77.7%	97.5%	53.9%
The results of the empirically supported assessment tools inform supervision levels (the frequency with which probationers are required to report).	74.6%	95.0%	50.0%
The results of the empirically supported assessment tools inform treatment plans (e.g. referrals to treatment).	73.5%	86.7%	57.6%
Re-assessment is available and conducted at appropriate intervals to determine changes in risk/needs.	55.9%	65.7%	44.1%

Case Planning and Treatment Interventions

Case planning is a cornerstone of community supervision (Bonta et al, 2008). An effective case planning approach is based on an empirical assessment of the probationer’s risk of reoffending and criminogenic needs. Resources should be directed to those who are at medium to high risk of reoffending, and programs and interventions should be assigned based on the probationer’s criminogenic needs. For best results, the case plan should address four to six criminogenic needs (Latessa, 2010; Domurad, 2009).

While case planning hinges on accurately identifying and targeting the criminogenic needs of the probationer, the case plan should also incorporate the probationer’s strengths. This ensures that an intervention does not disrupt or interfere with protective factors (i.e., the factors that are correlated with positive behavior, such as employment and family relationships) (Vera, 2013). Further, compliance with case plan increases when the probationer is involved in developing their own plans – this includes engaging the probationer in the process of goal identification and in developing a “behavioral contract” (the case plan), which outlines the steps the probationer will take to attain the agreed upon goals (Taxman, 2008; Solomon, 2008). Over time, as circumstances change, the case plan must be adjusted; it is a dynamic document that must be revised regularly (Taxman, 2008).

Local probation staff report a moderate to high rate of compliance with case planning and treatment evidence-based practices, but EBP sites were much stronger than non-EBP sites. Nearly all of the sites (94.5%) report that the court allows the agency to refer probationers for treatment services based on the results of screening and assessment; however, more than three-quarters of all sites (78.1%) report that the court specifies the treatment and intervention services that the probationer must complete. Eight-four percent (84.5%) of the EBP sites say that their case plans identify appropriate interventions based on the probationer’s risk and needs, but only 51.6 percent of non-EBP sites say the same. Three-

quarters of the EBP sites (77.2%) say that their case plans target at a minimum the two most significant criminogenic needs, but less than half (41.1%) of the non-EBP sites are doing the same. About 80 percent of the EBP sites (81.4%) prepare case plans that identify the probationers' strengths and draw upon them as assets, but only half of the non-EBP sites (51.3%) report doing the same. Only 53.7 percent of all sites prioritize probationers for participation in programs and services based on their level of risk and needs.

Table 34: Case Planning and Treatment Evidence-Based Practices

<i>Evidence-Based Practice</i>	<i>State % of agencies who agree N = 33</i>	<i>EBP % of agencies who agree N = 18</i>	<i>Non-EBP % of agencies who agree N = 15</i>
The court specifies the treatment and interventions services probationers are required to complete at the time of referral (versus allowing probation to determine treatment needs) (Reverse Code)	78.1%	72.1%	85.4%
The court allows your agency to refer probationers for treatment services based on the results of screening and assessment.	94.5%	95.0%	94.0%
Your probation agency has the ability to add <u>drug testing</u> to a probationer's condition of supervision if a need is identified during screening or assessment.	94.8%	95.2%	94.4%
Your probation agency has the ability to add <u>alcohol testing</u> to a probationer's condition of supervision if a need is identified during screening or assessment.	92.7%	95.2%	89.8%
Case plans (for medium and high risk probationers) identify programmatic interventions appropriate for probationers based on their assessed level of risk and criminogenic needs.	69.6%	84.5%	51.6%
Case plans are updated to reflect changes in probationers risk and needs, and to document improvement and progress made.	62.1%	69.1%	53.8%
Probationers receive feedback on their progress addressing their risk/needs.	81.3%	86.6%	74.9%
Case management plans target the 2 most significant criminogenic needs at a minimum.	60.8%	77.2%	41.1%
Case management plans identify probationer's strengths and draw upon these as assets.	67.7%	81.4%	51.3%
Probationers are prioritized for participation in programs and services based on level of risk and needs.	53.7%	57.8%	48.8%

Sanctions and Incentives

Using sanctions and incentives to respond to non-compliance and compliance with supervision requirements is an effective strategy to modify and reinforce behavior. Supervision strategies that use both sanctions and rewards are most effective at modifying behavior (Wodahl et al., 2011; Marlowe &

Kirby, 1999; Marlowe, 2012). Non-compliant behavior is most likely to be reduced when sanctions are clearly articulated and consequences are swift, certain, consistent, and parsimonious (Hawken & Kleiman, 2009; Taxman, 1999; Wodahl et al., 2011; Solomon, 2008). Higher successful probation completion rates are achieved when incentives – or rewards – are used in proportionally higher numbers than sanctions. Research suggests that a ratio of four rewards to every sanction produces the best results (Wodahl et al., 2011; Gendreau, 1996).

To best ensure that sanctions and rewards are used in a consistent and swift manner, many probation agencies use a matrix or grid to inform their responses to both positive and negative behavior (APPA, 2013). Structured grids provide officers with guidance on the appropriate and proportionate reinforcement or punishment for a particular behavior. Probation directors should work with judges, prosecutors, and other stakeholders to develop a range of supported options and new procedures for employing incentives and graduated sanctions that are tailored to probationers' level of criminogenic risk and identified need. Probation officers should actively participate in the process of designing graduated responses to technical violations. By involving probation officers in this process, probation directors ensure that probation officers understand the reasoning behind department actions. This will help agencies promote the consistent, effective, and transparent application of graduated responses.

Table 35 summarizes local probation agency compliance with best practices associated with the use of sanctions and incentives. Local probation staff report employing progressive sanctions to address non-compliance (76.5%), having written policies and procedures related to non-compliance issues (84.2%) and the ability to request early release for probationers who are compliant with all court-ordered requirements (85.8%). Only half of the agencies report that they maintain a matrix of sanctions for non-compliance (49.1%), use a wide and creative range of sanctions (49.9%), and that probationers are informed in advance of possible sanctions and incentives (46.0%).

Table 35: Sanction and Incentive Evidence-Based Practices

<i>Evidence-Based Practice</i>	<i>State % of agencies who agree N = 33</i>	<i>EBP % of agencies who agree N = 18</i>	<i>Non-EBP % of agencies who agree N = 15</i>
Your probation agency maintains a matrix of sanctions for non-compliance.	49.1%	56.3%	40.6%
Your probation agency has policies and procedure that outlines which violations are to be reported to the court.	84.2%	85.0%	83.1%
Your probation agency uses a wide and creative range of sanctions in response to non-compliance.	49.9%	55.0%	43.8%
Probationers are informed in advance, in writing, of the sanctions they may receive as a result of non-compliance.	46.0%	49.3%	42.1%
The response to violations increase in severity based on repeated non-compliance.	76.5%	76.8%	76.0%
The court allows your agency to request early release from supervision upon completion of requirements.	85.8%	94.0%	75.9%
Your agency has established processes to recognize a probationer's compliance with program requirements (e.g. reduced reporting requirements, praise, certificates, etc.)	63.7%	70.0%	56.2%

Drug and Alcohol Testing

Drug and alcohol testing is an effective monitoring strategy for defendants with a history of illicit drug use or a substance abuse disorder and is used by the most effective and cost-efficient programs (Hawken & Kleiman, 2009; Marlowe, 2012; Marlowe, 2010). Drug and alcohol testing helps identify those probationers who are in need of more intensive interventions and holds probationers accountable (Cary, 2011). Drug and alcohol testing should only be conducted on those individuals who are assessed as having a substance abuse issue. If the probationer is not diagnosed as a substance abuser, monitoring or treating him or for substance abuse may be counterproductive (APPA, 1991; Lowenkamp & Latessa, 2004).

It is critical that a probation agency’s drug and alcohol testing process produce accurate results in an expeditious time frame that allows probation officers to address continued drug or alcohol use (Cary, 2011). Research has found that drug courts that receive their test results back within 48 hours have higher graduation rates (Carey, 2008). While this research has only been conducted in a drug court environment, it’s reasonable to presume that the research applies to probation.

To produce accurate and reliable drug and alcohol testing results, probation agencies should:

- Clearly communicate testing expectations and procedures to the probationer (through conditions of probation or a court order) (Hawken & Kleiman, 2009; APPA, 1991);
- Perform drug and alcohol testing on a random basis with a limited window between notification and specimen collection (Marlowe, 2010);

- Incorporate occasional weekend testing, as those are the days when drug and alcohol use are most likely to occur;
- Use same-gender witnessed collection;
- Test for drugs that are commonly used in the agency’s service area and are detectable using the chosen testing method;
- Use an accepted screening and confirmation process (Robinson & Jones, 2000; APPA, 1991);
- Use a cutoff level that maintains forensic evidentiary standards (Robinson & Jones, 2000; APPA, 1991); and
- Test for dilution and monitor for tampering (for instance, by testing for creatinine) (Robinson & Jones, 2000).

The majority of agencies report that they believe their drug and alcohol testing practices are generally effective at detecting drug use (78.2% for alcohol and 91.5% for drugs) and 87.7 percent report having written policies and procedures related to drug and alcohol testing (see *Table 36*). However, the majority of agencies are not currently using some key drug and alcohol EBPs such as occasional weekend testing (14.4% of agencies) and employing a standardized system for randomizing testing frequency (39.6% of agencies).

Table 36: Drug and Alcohol Testing Evidence-Based Practices

<i>Evidence-Based Practice</i>	<i>State % of agencies who agree N = 33</i>	<i>EBP % of agencies who agree N = 18</i>	<i>Non-EBP % of agencies who agree N = 15</i>
Your probation agency's <u>drug testing</u> practices are generally effective at detecting drug use.	91.5%	90.4%	92.9%
Your probation agency's <u>alcohol testing</u> practices are generally effective at detecting alcohol use.	78.2%	77.5%	79.1%
Specimen collection for probationer drug tests is always observed by same gender staff members.	73.3%	73.9%	72.6%
Drug and alcohol testing for probationers is occasionally conducted on weekends at your probation agency.	14.4%	22.0%	5.2%
Your probation agency uses a standardized system for drug and alcohol testing to randomize testing frequency.	39.6%	43.3%	35.0%
Your probation agency has standard written policies and procedures that outline drug and alcohol testing procedures.	87.7%	93.1%	81.3%
Your probation agency has standard written policies and procedures that outline how <u>diluted and adulterated screens</u> are to be handled.	62.5%	67.5%	56.5%
Your probation agency has standard written policies and procedures that outline how <u>missed screens</u> are to be handled.	61.9%	66.1%	56.8%
Your probation agency screens samples for dilution and adulteration.	69.3%	72.3%	65.7%

Table 37 reports the types of drug and alcohol testing routinely performed by the agency and also the types of drug and alcohol testing an agency has the ability to conduct. “Routinely” was defined as 75 percent or more of the time. Practically all of the agencies test for marijuana (100%), cocaine (100%), and opiates (97%). Only 67 percent test for methamphetamines, just over half (55%) test for alcohol,

and only 27 percent test for oxycodone. Only a small percentage of agencies test for the other listed drugs.

Table 37: Types of Drug and Alcohol Testing Conducted

<i>Drug/Alcohol Test</i>	<i>% of agencies who routinely test for this drug (75% or more of the time)</i>	<i>% of agencies who have the ability to test for this drug</i>
THC	100%	100%
Cocaine	100%	100%
Opiates	97%	97%
Methamphetamines	67%	91%
Alcohol	55%	94%
Amphetamines	42%	76%
Benzodiazepines	36%	79%
Oxycodone	27%	64%
PCP	18%	79%
Ecstasy	9%	42%
Methadone	9%	52%
Barbiturates	6%	48%
EtG Alcohol testing	6%	15%
Synthetic marijuana	3%	24%
Propoxyphene	0%	9%
Prescription drug abuse panel	0%	6%
Bath Salts	0%	6%

Quality Assurance

Self-evaluation is a principle of effective intervention (Gendreau et al., 2004) and probation agencies that incorporate quality assurance measures are more likely to achieve reductions in recidivism (Lowenkamp et al., 2006). Quality assurance measures include assessing whether officers are using the assessment tool reliably and consistently; evaluating whether officers are using the skills on which they were trained; reviewing whether probationers are receiving supervision and treatment appropriate to their level of risk and need; and measuring the agency’s outcomes (e.g., successful probation completions, number of technical violations, recidivism, etc.) (Howe and Joplin, 2005). Quality assurance also includes evaluating employees for performance and providing them with constructive feedback (CJI, 2009).

Successful quality assurance programs incorporate the following principles (Howe and Joplin, 2005):

- Staff at all levels are committed to measuring quality;
- Measureable outcomes are identified and defined;
- Staff have access to an efficient case management system; and

- The data is used to improve policies and procedures. Better outcomes are associated with programs that use statistics to make appropriate modifications (Carey et al., 2008).

Table 38 shows all the quality assurance EBPs measured on the baseline survey. EBP sites generally show significantly higher scores on the quality assurance measures than non-EBP sites, although all sites report that there is a commitment to view less-than-desirable results as an opportunity to improve and most sites report that they are sharing information within their agency. Three-quarters of the EBP agencies (75.6%) use data to analyze whether they are meeting established performance targets, but about half or less than half of the EBP sites report that they have the capacity to deliver relevant training (58.3%) or measure their case outcomes (43.8%). Non-EBP sites report significant weaknesses in their capacity to deliver training, measure their outcomes, and collect data.

Table 38: Quality Assurance Evidence-Based Practices

<i>Evidence-Based Practice</i>	<i>State % of agencies who agree N = 33</i>	<i>EBP % of agencies who agree N = 18</i>	<i>Non-EBP % of agencies who agree N = 15</i>
Your probation agency has the internal capacity to deliver initial and booster training for EBPs.	43.9%	58.3%	26.7%
Your probation agency has the current capacity to measure your performance in the implementation of EBPs.	44.4%	57.4%	28.9%
Your probation agency has the current capacity to measure your case outcomes and recidivism.	32.0%	43.8%	17.8%
Your probation agency has an implementation manual or strategic plan in place related to EBP.	49.2%	46.8%	52.2%
Your probation agency is clear about all DCJS guidelines and implementation memos for EBP implementation.	78.7%	85.9%	70.0%
Your probation agency has a process in place to collect data at the case and agency level to measure the impact of your work.	54.5%	65.5%	41.3%
You use case and probation agency level data to compare your agency and system performance with established targets.	64.3%	75.6%	50.7%
There are continual feedback loops within your probation agency to ensure that information is shared, mutually understood, and collaboratively discussed.	66.3%	67.2%	65.2%
There is a commitment to view less-than-desirable results as opportunities to improve.	97.0%	94.1%	100.0%

System-Level Measures

Stakeholder Respondents

The stakeholder respondents included judges from the Circuit Court (5.2%), the General District Court (8.0%), and the Juvenile & Domestic Relations Court (4.9%); prosecutors from the Commonwealth's Attorney's Office (19.2%); and local government representatives (10.8%). See *Table 39* for a full list of stakeholder respondents by occupation.

Table 39: Stakeholder Respondents

<i>Agency</i>	<i># of Respondents</i> <i>N = 286</i>	<i>% of Respondents</i>
Circuit Court Judge	15	5.2%
Circuit Court Clerk's Office	9	3.1%
Circuit Court – Unknown	2	0.7%
General District Court Judge	23	8.0%
General District Court Clerk's Office	17	5.9%
General District Court – Unknown	1	0.3%
Juvenile & Domestic Relations Court Judge	14	4.9%
Juvenile & Domestic Relations Court Clerk's Office	9	3.1%
Magistrate's Office	16	5.6%
Sheriff's Department	12	4.2%
Police Department	15	5.2%
Regional Jail	12	4.2%
Commonwealth's Attorney's Office	55	19.2%
Victim-Witness Office	6	2.1%
Local Government Representative	31	10.8%
Defense Attorney/Private Attorney	12	4.2%
Public Defender	15	5.2%
State Probation & Parole	6	2.1%
Juvenile Probation/Juvenile Court Services Unit	4	1.4%
Office of the Executive Secretary	1	0.3%
Citizen Representation	2	0.7%
Other ²	9	3.1%

² Includes 1 Hospital, 1 Regional Criminal Justice Board, 2 Schools, 2 Social Services, 1 United Way Re-Entry Program and 1 Victim Advocate, 1 Non-Profit Agency

Treatment Respondents

The majority of treatment respondents (59.2%) were employed by the Community Services Board (CSB), 18.4% were domestic violence/anger management treatment providers and 10.5% were private substance abuse and mental health providers. *Table 40* shows a breakdown of all treatment providers.

Table 40: Treatment Respondents

<i>Treatment Agency</i>	<i># of Respondent N = 76</i>	<i>% of Respondents</i>
Community Services Board Staff	45	59.2%
Domestic violence/Anger Management Txt Provider	14	18.4%
Private Agency - both Substance Abuse and Mental Health	8	10.5%
Private Mental Health Treatment Provider	3	3.9%
Private Substance Abuse Treatment Provider	2	2.6%
Other	4	5.3%
Total	76	100.0%

Collaboration

The criminal justice and behavioral health systems are composed of an array of leaders (many of whom are elected) and a range of agencies that serve overlapping, and sometimes opposing, purposes. Despite this structure, successful criminal justice and behavioral health leaders recognize that they cannot fulfill their duties by acting independently. Collaboration enhances the capacity of each agency to achieve common goals and makes possible that which could not be achieved alone (Duran, 2007; Carter, 2005). Better outcomes appear to be associated with enhanced collaboration; for instance, drug courts where most agency staff attend drug court meetings and court sessions tend to produce lower recidivism rates (Carey et al., 2005; Carey et al., 2008). Many communities identify collaboration and consensus building as key to achieving successful outcomes (Justice Policy Institute, 2013).

Collaboration is more than just exchanging information and sharing resources; it means coming together to develop policies, solve problems, and implement innovative solutions. Collaborating with other system stakeholders can help eliminate duplication, identify and address any barriers, and create a shared vision that supports the transition to evidence-based practices (CJI, 2004). Most importantly, collaboration across agencies increases the likelihood that probationers receive appropriate supervision and treatment services based on the risk-need-responsivity principles (Solomon, 2008).

Some essential elements of collaboration include: sharing a common vision; clarifying roles and responsibilities; creating open and frequent communication; establishing respect, trust, and integrity among collaborators; sharing data; and holding each other accountable (CJI, 2004; Carter, 2005).

Relationship with the Courts

Local probation agencies are dependent on the courts to provide referrals, support agency policies and procedures and respond to probationer non-compliance once internal responses have been exhausted. *Table 41* shows the local probation staff's perception of the court's timeliness, flexibility of court orders and the court's willingness to follow the recommendations of the supervising probation officer with respect to violation proceedings. Response options were from 1 to 5 with 1 being "Not at All," 5 being "Always," and 3 being neutral or "Sometimes." Local probation staff are generally positive about the level of support they receive from the courts in all of the domains examined.

Table 41: Local Probation Staff's Perception of the Courts

	<i>General District Court</i>	<i>Juvenile & Domestic Relations Court</i>	<i>Circuit Court</i>
Your agency receives new referral information from the court in a timely fashion.	4.5	4.2	3.6
The court ordered conditions of supervision from the court provide sufficient flexibility to meet the individual needs of probationers.	3.9	4.0	3.9
Capias or show cause requests are acted upon swiftly by the court (within a week of request).	3.8	3.6	3.5
In most instances, the court follows the recommendations of the supervising probation officer with respect to violation proceedings.	4.0	3.9	3.8

CCS Perceptions of Treatment Services

Local probation officers work regularly with a variety of treatment providers in their service area making referrals to treatment and monitoring treatment compliance. Local probation most frequently refer for substance abuse and mental health education and treatment services as well as batterer intervention services. The majority of local probation agencies work primarily with their CSB for substance abuse and mental health services although some agencies (approximately half) also use private providers for some substance abuse and mental health services.

Perceptions of Substance Abuse Treatment Services

Local probation staff were asked about the quality of their professional relationship with substance abuse treatment providers in their service area. As *Table 42* shows, local probation officers view their relationship with private substance abuse treatment providers more positively than their relationship with the CSB substance abuse treatment providers. The fact that local probation officers perceive that the substance abuse treatment services in their community have limited effectiveness at meeting the

needs of probationers may be the result of lack of treatment availability, long waiting lists, lack of affordability, or other issues related to responsiveness.

Table 42: Local Probation Staff’s Perceptions of Substance Abuse Treatment Services

	<i>% of probation staff who agree with the following statements related to substance abuse treatment services – CSB</i>	<i>% of probation staff who agree with the following statements related to substance abuse treatment staff – private substance abuse treatment providers</i>
	<i>N = 32</i>	<i>N = 16</i>
The substance abuse treatment services offered in my community are effective at meeting the needs of probationers.	54%	70%
You trust the professional judgment of the substance abuse treatment staff.	79%	94%
The substance abuse treatment staff trusts your professional judgment.	73%	95%
The information you receive from the substance abuse treatment staff is accurate.	84%	99%

Perceptions of Mental Health Treatment Services

Local probation staff are generally positive about mental health treatment services in their community, although the perceived effectiveness of mental health treatment services provided by the CSB is somewhat low (44%). Again, this low rating may not be a reflection of the perceived quality of services but may indicate a lack of treatment availability, long waiting lists, lack of affordability, or other issues related to responsiveness. The majority of local probation staff report that they trust the professional judgment of their mental health treatment providers and believe the mental health treatment providers trust their professional judgment (see *Table 43*).

Table 43: Local Probation Staff’s Perceptions of Mental Health Services

	<i>% of probation staff who agree with the following statements related to mental health treatment services – CSB</i>	<i>% of probation staff who agree with the following statements related to mental health treatment services – private mental health treatment providers</i>
	<i>N = 32</i>	<i>N = 9</i>
The mental health treatment services offered in my community are effective at meeting the needs of probationers.	44%	72%
You trust the professional judgment of the mental health treatment staff.	76%	78%
The mental health treatment staff trusts your professional judgment.	73%	78%
The information you receive from the mental health treatment staff is accurate.	80%	89%

Perceptions of Batterer Intervention Programs

Local probation staff are positive about the Batterer Intervention Programs in their community (see *Table 44*). More than three-quarters of local probation staff report that the information they receive from batterer intervention programs is accurate (89%), they trust the professional judgment of the batterer intervention program staff (88%) and they believe the services provided by the batterer intervention programs meet the needs of probationers (80%). Batter Intervention Programs are highly structured and typically follow published standards which may lead to more positive ratings by local probation staff.

Table 44: Local Probation Staff’s Perceptions of Batterer Intervention Programs

	<i>% of probation staff who agree with the following statements related to Batterer Intervention Programs</i>
	<i>N = 33</i>
The batterer intervention programs offered in my community are effective at meeting the needs of probationers.	80%
You trust the professional judgment of the batterer intervention program staff.	88%
The batterer intervention program staff trusts your professional judgment.	84%
The information you receive from the batterer intervention program staff is accurate.	89%

Stakeholder’s Perceptions of Community Corrections

Having the support of judges, prosecutors and other stakeholders, such as treatment providers, is particularly critical if a probation department is to succeed in fully implementing EBPs. Probation department transformations can only be realized if judges, prosecutors, and other key agencies support new practices by providing resources and enforcing new policies. A critical aspect of gaining buy-in is a perceived sense of mutually shared long-term goals and trust in the agency’s staff and the agency’s work. *Table 45* shows the average of all responses on a scale from 1 to 5 with 1 being “Strongly Disagree,” 5 being “Strongly Agree,” and 3 being neutral. The responses suggest that stakeholders and treatment respondents have a positive view of Community Corrections agencies and that they trust the information they receive from local probation staff.

Table 45: Stakeholder and Treatment Provider’s Perceptions of Community Corrections Services

	<i>Stakeholder respondents</i>	<i>Treatment respondents</i>	<i>All respondents combined</i>
The information you receive from Community Corrections is accurate.	4.3	4.5	4.4
The information you receive from Community Corrections is timely.	4.1	4.5	4.3
Community Corrections adds value to my community.	4.4	4.6	4.5
The purpose of Community Corrections is to protect public safety.	4.2	4.5	4.4
Community Corrections supports evidence-based practices.	4.2	4.3	4.3

Barriers to Supervision

All survey respondents were asked to identify barriers that may prevent a probationer from being successful on supervision. *Table 46* shows the average of all responses on a scale from 1 to 5 with 1 being “Strongly Disagree,” 5 being “Strongly Agree,” and 3 being neutral. The majority of respondents identify probationer-level barriers such as the probationer not having transportation (3.8) and a lack of interest and motivation on the part of the probationer (3.7). Community-level barriers, such as lack of clean and sober housing (3.6) and lack of employment/jobs in the community (3.6) were also identified as barriers to successful probation completion.

Table 46: Barriers to Supervision

<i>Measure</i>	<i>Average Score</i>	<i>Standard Deviation</i>
Probationer-Level Barriers		
Lack of interest and motivation of the probationer	3.7	.24
Lack of skills of the probationer	3.3	.28
Lack of transportation	3.8	.35
Organizational-Level Barriers – Treatment Access		
Cost prohibitive treatment services/Lack of funding for treatment	3.5	.40
Lack of substance abuse treatment program options/providers	2.9	.33
Lack of mental health treatment program options/providers	3.2	.35
Waiting lists are too long	3.2	.43
Lack of flexible hours for treatment	2.9	.32
Distance is too great to access services	3.0	.35
Organizational-Level Barriers – Supervision		
Not enough sentencing options	2.8	.25
Ineffective drug and alcohol testing	2.4	.21
Ineffective supervision in the community	2.4	.28
Language Barriers	2.8	.47
Community-Level Barriers		
Lack of employment training/jobs in the community	3.6	.35
Lack of public transportation	3.5	.48
Not enough affordable housing in the community	3.5	.38
Not enough clean and sober housing options in the community	3.6	.42
Cultural norms of this community do not support the goals of probation	2.7	.34

Barriers to Supervision: Respondent Comments

Survey respondents were invited to provide open-ended comments about perceived barriers to supervision. Below are some of the comments respondents provided.

Barriers to supervision (CCS Staff and Director Comments):

- *Our community could benefit for more collaborative treatment and criminal justice partnerships such as mental health courts/dockets and adult drug courts. Also, a deeper understanding by stakeholders of risk assessments and risk-based decision-making at all levels of the criminal justice system. Additionally, a broader understanding of the purpose of the jail and how alternative programs and risk-based decision-making can make more effective use of that valuable space allowing opportunities to manage appropriate offenders in the community.*
- *One barrier is a lack of understanding of the risk/need principle and its importance as it relates to improved supervision strategies and reduced recidivism. Not having the data to support my understanding and strong belief in this principle has been somewhat of a barrier. I am anticipating that receiving the long awaited results from the recidivism study and the probationer and organizational surveys will be most useful to me in better informing staff,*

stakeholders and treatment providers that evidence based practices is the right way to continue moving forward!

- *I feel that there is a small, but sufficient, gap in the bridges that have been built between the agency I work for and outside allied professionals. This gap causes a barrier because if we are not free to communicate with all allied professionals in our service area, and express a willingness to work with them, enhance our probationer's treatment and collaborate/exchange ideas, then we have fewer, outside agencies, that understand who we are and what we do. Also, if this barrier is in place, there may be a misunderstanding of what type of outcome we are looking for with each client. There has to be open communication and ideas flowing from our agency to outside allied professional agencies to ensure that our clients receive the best treatment/services while on probation supervision.*
- *A day reporting center would be excellent. Home monitoring is limited and the stigma of being an offender limits access to opportunities such as jobs.*
- *There are different attitudes of prosecutors and judges in the different counties.*
- *This jurisdiction needs to explore options like Mental Health and Drug Courts. There are individuals placed on local probation who would benefit more from those options.*
- *Some jurisdictions mandate court-ordered obligations that may not be readily available in a transferring jurisdiction. Not all court orders have "any validated objective assessment deemed necessary" therefore giving the Office(r) the ability to make educated/experienced and reasonable recommendations in the best interest of the client.*
- *Judges and Commonwealth Attorneys in our community tend to view probation as another form of punishment, rather than a rehabilitative endeavor, which impacts our ability to fully implement EBP, due to stakeholder attitudes.*
- *Not enough sentencing options. Our General District Court fails to support its probation officers by not allowing them to determine and enforce assessments/treatment options that are best for their clients.*
- *The prevalence of plea bargaining, particularly in domestic violence cases, diminishes defendants' access to a fair trial based on the facts of the case. When the individual reports to the probation office he/she feels like they were not heard and they have little understanding of what transpired in court.*
- *In our jurisdiction, our CSB generally handles everything. We have other private providers; however, we receive one story from clients and another from providers and when you have multiple clients advising of one thing but the program advising of another, you have to take time to investigate things which general upsets your providers because they feel as if you are taking the client's words of the programs. Then we have court orders with high expectations, like a client must complete inpatient treatment, when there is no funding.*

Barriers to supervision (treatment):

- *Not enough Mental Health/Drug Courts.*

Barriers to supervision (stakeholders):

- *Legislature's distrust of the judiciary using their discretion, especially in deferred dispositions.*
- *I think a day reporting center in lieu of jail and more affordable home electronic incarceration.*
- *In our counties, I would like to see sentencing options that included longer-term residential treatment for serious substance abuse offenders. Due to the severe backlog in transitioning prisoners from local jail to state facilities, we lack effective programs to deal with people for an 18 month-30 month period of time, which is necessary. If we impose that sort of sentence, they*

will serve it all in our local jail and never get the benefit of programs. If we had greater employment options in our community and motivated probationers, that might solve some of this problem, but in the end we still need residential treatment facilities.

- *Due to their environmental background, many probationers lack education/resources and have no meaningful sense of personal responsibility (e.g. a high school dropout without a nurturing figure/role model who has no marketable skills and no driver's license but has a number of children by multiple partners.)*
- *Recovery houses/group homes usually meet neighborhood resistance.*
- *Funding. The jurisdictions agreed to fund Community Corrections at a level based on an agreed upon formula. The jurisdictions then do not live up to their commitment and fund the agency at that level. Each jurisdiction should either fund the agency at the agreed upon level, or start their own program.*
- *Our county is tough on crime. With this noted, we have worked over the years to help them understand the benefits of treatment. They are becoming more open to the idea.*
- *What drug treatment options do we have? There is no inpatient program, there are no long-term programs. The things we used to have are closed.*
- *Being a rural county, there are transportation issues. Getting from our rural areas to the closest city for any service/treatment is difficult for many, especially those without a driver's license to begin with. While the probation departments have been great with scheduling appointments out here, if there are any programs they have to do, they have to go into the city. That is difficult for many. Although I said that we have access to services that is only through sending the person to local or state probation. The only service available in our county is our CSB.*
- *In my jurisdiction the Judges do not seem to respond as positively to programs as they could and therefore a lot of our clients end up just serving jail time and then probations, which causes problems with work, life and other issues. We need more programs that will help with job skills and positive movement forward for them as they exit incarceration. Our mental health support is terrible and there are several clients that don't have living arrangements after being released with mental health problems and therefore they either lose their medications, or are victims of theft of their medication. There is no transportation to a local community service board for more medication.*
- *More mental services are needed and must be vectored to those offenders who are identified by law enforcement and others as being in need of those services.*
- *It is difficult to comment with certainty, however, from an observational standpoint, it would appear that there is a lack of interest and commitment by certain stakeholders to follow-through on new ideas. Perhaps it is the competition for time among the participants. Perhaps it is the lack of interest. It takes the right people, with the right talent, right motivation, right personality, etc. to enjoy collaborative purpose and success. The inflexibility or unwillingness of local CCJBs to get rid of "dead" wood and to invite new persons with energy and focus will continue to hamper the local effort to provide a secure pretrial and post-trial environment. I could go on, however, sadly and with great disappointment, I'm afraid I'm just wasting my time and yours.*
- *I think there is a lack of alternative punishment in this community. I think inpatient substance abuse programs or stringent outpatient programs would be a great resource for this community.*
- *City funding vs. state funding - doesn't seem to be much competition for funds, and therefore there is less emphasis on quality.*

- *Inadequate funding prevents implementation of a drug court; sentencing options available in other geographic areas and jurisdictions are not available here. A poor job market contributes to the inability of probationers to complete supervision.*
- *Regarding the desire for more sentencing options, our community would benefit from more intensive drug rehabilitation services, both inpatient and out-patient (such as are available in jurisdictions with Drug Courts), primarily to help prevent drug addicts from relapsing and re-offending, that is, from committing property crimes and selling drugs in order to finance their addiction. The court having the ability to sentence a defendant to a state-funded, long-term residential rehabilitation option (6-12 months) would be especially beneficial.*
- *A grant had been obtained for a Crisis Assessment Center but we were unable to work out jurisdictional issues between police departments so the grant was returned.*
- *One of the recurring issues we face is the transfer of probation (mostly with state probation) due to our proximity bordering two states (Maryland and West Virginia).*

Treatment Availability

The risk-need-responsivity model is premised on the idea that probationers are assessed and then assigned to services based on the seriousness of their risk of recidivism and criminogenic needs (Taxman et al., 2013; Bonta et al., 2010). Having an array of effective, evidence-based programs and treatment services that meet the needs of the probationer population is critical to fully implementing the model. Placing probationers in treatment services that are inadequate will produce, at best, a slight improvement and, at worst, actually worsen outcomes (Lowenkamp and Latessa, 2004). Given that treatment resources can be limited in some communities, placing probationers in appropriate services can prove challenging (Taxman et al., 2013). Understanding existing gaps in treatment availability and working collaboratively with stakeholders and treatment providers to address these gaps can improve outcomes for probationers.

Screening and Assessment

Local probation staff indicate moderate availability of substance abuse evaluations (62%). Access to mental health evaluations is limited because of lengthy waiting lists (38%), while access to sex offender evaluations is limited due to cost (46%) (see *Table 47*).

Table 47: Assessment and Evaluation Services

	<i>Substance Abuse Evaluations</i>	<i>Mental Health Evaluations</i>	<i>Sex Offender Evaluations</i>
Available and our needs are met by existing providers	62%	23%	23%
Available but wait lists can be lengthy	23%	38%	0%
Available but not affordable for all probationers	0%	15%	46%
Not available but needed	15%	23%	8%
Not available but not needed	0%	0%	23%

Education and Treatment Groups

Access to education and treatment groups such as cognitive-behavioral treatment groups and shoplifter prevention groups is adequate, with the majority of sites indicating that their agency's needs are met by existing providers (see *Table 48*). Access to parenting classes is more limited due to lengthy waiting lists (23%) and lack of affordability (8%).

Table 48: Education and Treatment Groups

	<i>Cognitive Behavioral Treatment Groups</i>	<i>Parenting Classes</i>	<i>Shoplifter's Prevention Groups</i>
Available and our needs are met by existing providers	77%	46%	85%
Available but wait lists can be lengthy	8%	23%	15%
Available but not affordable for all probationers	0%	8%	0%
Not available but needed	8%	15%	0%
Not available but not needed	8%	8%	0%

Substance Abuse Education and Treatment Services

Local probation staff largely report that their agency's need for substance abuse education groups and outpatient substance abuse treatment services are met by existing treatment providers, although wait lists can be lengthy for outpatient substance abuse treatment (*Table 49*). Residential substance abuse treatment is available, but staff report there are either lengthy waiting lists (31%) or a lack of affordability for residential treatment (23%).

Table 49: Substance Abuse Education and Treatment Services

	<i>Substance Abuse Education Groups</i>	<i>Substance Abuse Treatment: Outpatient</i>	<i>Substance Abuse Treatment: Residential</i>
Available and our needs are met by existing providers	69%	46%	23%
Available but wait lists can be lengthy	31%	38%	31%
Available but not affordable for all probationers	0%	8%	23%
Not available but needed	0%	8%	15%
Not available but not needed	0%	0%	8%

Substance Abuse Support Services

Table 50 indicates that local probation staff believe they have sufficient access to peer support groups such as AA/NA. Perceptions about the availability of medication-assisted treatment (MAT), such as methadone or suboxone, varies among respondents. Only 31 percent of probation staff report their needs are met by existing providers, 23 percent reported they do not have access to MAT but it is needed, 15 percent reported MAT is available but wait lists are lengthy, 15 percent reported it is available but not affordable, and 15 percent reported MAT is not available and not needed.

Table 50: Substance Abuse Support Services

	<i>Substance Abuse Peer Support Groups (AA/NA)</i>	<i>Medication Assisted Treatment (e.g. Methadone, Suboxone, etc.)</i>
Available and our needs are met by existing providers	85%	31%
Available but wait lists can be lengthy	0%	15%
Available but not affordable for all probationers	0%	15%
Not available but needed	15%	23%
Not available but not needed	0%	15%

Mental Health Treatment and Support Services

Local probation officers report difficulties with accessing mental health treatment services primarily because of lengthy waiting lists – especially in accessing outpatient mental health treatment (46%) or inpatient mental health treatment programs (31%) (*Table 51*). Less than one third of respondents report that their agency’s needs are met by existing providers.

Table 51: Mental Health Treatment Services

	<i>Psychiatric Services (psychotropic medication)</i>	<i>Mental Health Treatment Outpatient</i>	<i>Mental Health Treatment Inpatient</i>
Available and our needs are met by existing providers	31%	31%	23%
Available but wait lists can be lengthy	23%	46%	31%
Available but not affordable for all probationers	15%	8%	15%
Not available but needed	15%	15%	15%
Not available but not needed	15%	0%	15%

Anger Management and Domestic Violence Services

Table 52 shows local probation staff report limited services for domestic violence victims due to lengthy waiting lists (46%). The affordability of batterer intervention programs is a concern for 33 percent of respondents.

Table 52: Anger Management, Batterer Intervention Programs, and Domestic Violence Counseling

	<i>Anger Management Classes</i>	<i>Batterer Intervention Programs</i>	<i>Domestic Violence Counseling (for victims)</i>
Available and our needs are met by existing providers	69%	42%	31%
Available but wait lists can be lengthy	15%	17%	46%
Available but not affordable for all probationers	15%	33%	8%
Not available but needed	0%	0%	15%
Not available but not needed	0%	8%	0%

Job Skills Training and GED Prep Services

Sixty two percent (62%) of local probation officers report that job skills training is not available but needed (*Table 53*). Thirty-one percent (31%) of local probation officers report that GED prep services is a service that is not available but needed.

Table 53: Job Skills Training and GED Prep Services

	<i>Job Skills Training</i>	<i>GED Prep Services</i>
Available and our needs are met by existing providers	8%	46%
Available but wait lists can be lengthy	8%	0%
Available but not affordable for all probationers	8%	8%
Not available but needed	62%	31%
Not available but not needed	15%	15%

Housing Services

Housing services are a significant need according to local probation staff, with 62 percent of local probation staff reporting temporary housing for the homeless is needed and 46 percent reporting clean and sober housing is not available but needed (*Table 54*).

Table 54: Housing Services

	<i>Temporary Housing for the Homeless</i>	<i>Clean and Sober Housing</i>
Available and our needs are met by existing providers	0%	0%
Available but wait lists can be lengthy	23%	23%
Available but not affordable for all probationers	0%	15%
Not available but needed	62%	46%
Not available but not needed	15%	15%

Trauma Treatment and Couple’s Counseling/Family Therapy

The perceived need for trauma treatment and couple’s counseling/family therapy varies among respondents. Twenty-three percent (23%) of local probation staff report their trauma treatment needs are met by existing providers, 31 percent report trauma treatment is not available but needed, and 31 percent report trauma treatment is not available and not needed (Table 55). Twenty-three percent (23%) of local probation officers report that couple’s counseling/family therapy is not available but is needed, while 31 percent report couple’s counseling/family therapy is not available and not needed.

Table 55: Trauma Treatment and Couple’s Counseling/Family Therapy

<i>Treatment Availability</i>	<i>Trauma Treatment</i>	<i>Couple's Counseling/Family Therapy</i>
Available and our needs are met by existing providers	23%	15%
Available but wait lists can be lengthy	8%	8%
Available but not affordable for all probationers	8%	23%
Not available but needed	31%	23%
Not available but not needed	31%	31%

Service Needs: Respondent’s Open-Ended Comments

Survey respondents were invited to provide open-ended comments about service needs. Below are some of the comments respondents provided.

Service Needs (CCS Staff and Director Comments):

- *There are very limited services and they are only for very indigent clients. You must be a resident of our city to receive services.*
- *Our mental health agency only serves the seriously mentally ill. This can be an issue for others who need counseling and not seriously mentally ill.*
- *Mental Health and substance abuse both offer assessments but not evaluations.*
- *Our county and our regional areas has considerable resources available for the criminal offender population, and for those not fortunate enough to have the best ability to care for themselves or pay for the services they need.*
- *Services in my community are limited when it comes to substance abuse treatment for our heroin and cocaine using clients. It is hard to find help for these clients; especially those clients without health insurance and limited finances.*
- *We have a CSB that works with us, but the wait list is long. We have private providers for the JDR referrals.*
- *Our agency needs to establish a list of resources, know more about available resources, and be able to trust resources are providing appropriate services.*
- *We cover five jurisdictions and two are in rural areas in which services are not available or are sub-par. Treatment providers are needed in these areas for BIP or DV groups. We only have one agency for those two counties which limits the options available for our clients and they don't*

offer a DV program. Also, the community services board in our area has a long waiting list for mental health services for clients which can be problematic when a mental health evaluation is needed for an indigent client.

- *We need more resources.*
- *Attempting to get substance abuse evaluations, and mental health evaluations within our county is a battle. The Community Services Board is very hard to work with. Our county lacks many services that would be beneficial to our probationers.*
- *Wait times at the CSB can be lengthy. There are not a lot of options for mental health and substance abuse in this area.*
- *Most of the services we have are provided by facilitators that we have come from other cities to our agency to provide the treatment. Most of the outside resources are limited and not affordable to most clients.*
- *This area is in desperate need of homeless housing and mental health inpatient treatment. We no longer have a detox center and it is desperately needed. Our services are bleak. I have a client sleeping in his car, on constant alert, because there are waiting lists for services. This is horrible.*
- *We are working with our CCJB, our CSB, and the Sheriff's Dept. to improve mental health care for severely mentally ill inmates in the adult detention center.*
- *We need more services for mental health. All areas need to encourage certification for BIP providers.*
- *Our area consists of 6 rural counties with not a lot of resources. Our CSB has 3 offices in our area, but they are short staffed and unable to offer services quickly. All other service providers are private and expensive.*
- *Our CSB does not have the trained and qualified staff to provide services that are needed in our area. We are a small rural area and many times probationers who have the funds have to go out of the area to receive some services.*
- *A major challenge I run into is consistent availability and affordable treatment for individuals with a mental health issue. This can be true of long term needs as well as short term needs. An individual is able to secure an evaluation in a reasonable amount of time however the treatment aspect is usually lacking. The challenges my clients seem to face is the cost of treatment and the frequency in which they are able to attend a group or meet with a counselor one on one. I believe this is often due to cost and not enough counselors or clinicians available to offer more appointments.*
- *Since we serve a rural area as well as non-rural areas, the availability is different between counties.*
- *We live in a very rural area and transportation is an issue. Most of the time, our probationers have to plan appointments around other people's schedules.*
- *The limited services that are available are usually afforded to those individuals who either are indigent, have no regular income or already receive some type of assistance. For those individuals who would fall in the low medium to medium income levels, those that work hard to take care of their families and pay their bills, they are usually the ones who cannot afford services but are rarely given any type of waivers or consideration. This is likely the case scenario in most places. Many probationers who would willingly participate in services, such as counseling/treatment for substance abuse or family/marital issues don't often get to do so because they cannot afford it. In addition to this issue, the other most pressing problems we have in this area is transportation - no public transportation and the few cab companies charge 'an arm and a leg'. Many probationers do not have operator's licenses or the ability to pay*

someone to transport them to services. Lastly, for many services offered in this area, they do not offer evening or weekend services and many again cannot afford to continue missing time from jobs to get to the appointments Monday - Friday day time hours. So, in conclusion, we have issues with limited services, services that are not affordable to middle income, no public transportation, and limited service hours.

- Treatment Groups are available and provided in house. Housing remains a serious challenge in this community and there are no year-round emergency shelters in this large, suburban community.
- We are not therapists and should be referring people to therapists or programs, not conducting them in-house or as part of EBP compliance. We are actually doing a disservice to our clients "acting as if we are Cognitive Therapists" without training as certified therapist or counselors. Additionally, no training has ever been conducted that has been presented by anyone at the misdemeanor level. We should not be keeping cases open for lengthy periods of time. EBP case planning, etc., should be for state probation or in prisons for people with lengthy time to address EBP issues.
- While not everyone can afford the domestic violence programs, clients usually enjoy and benefit from them once enrolled. Love to see more local options for detox and acute mental health care. Clients often have to find treatment out of county and out of the area.
- Clients don't get the services they need for their mental health and are left untreated and un-medicated causing them to re-offend. This is with us even trying to assist them with getting services through CSB. I feel that CSB is not servicing our client's needs at all which is frustrating.
- Not only is service availability an issue; but equally important is the amount of communication between the probation agency and service provider. If there is a lot of availability but poor communication between the probation agency and service provider, that service is of limited value.
- We truly do need affordable services in the four jurisdictions that we serve. Cost is a huge barrier to services for a large number of our clients. The second most common barrier is waiting lists for services. It is very frustrating to have clients who are willing to do services but they are unaffordable or if the client can figure out how to pay then he/she must wait for services.
- We have a wonderful Batterer Intervention Program that covers all of our jurisdictions and is a collaborative effort with Domestic Violence Probation Officers. We have been able to offer some indigent slots and to help with other needed services while probationers attend group.
- The service availability for this agency is very limited due to financial issues. Mental Health services are desperately needed. There is limited transportation to the facilities that are available.
- A residential drug treatment facility is needed in Southwest Virginia.
- Very unreliable and cancel appointments last minute, often!!!
- Long term residential drug and alcohol treatment at an affordable fee.

Service Needs (Stakeholders):

- A program to help probationers get employment and integrated back into the workforce. It becomes a vicious cycle for them to remain of good behavior when they can't find employment to motivate them to stay on the right path.
- Job Search.
- In home alcohol monitoring. Better mental health treatment.
- Neurocognitive assessments.

- *My impression is that we would benefit greatly from 28 day, and longer, inpatient substance abuse treatment programs for the indigent. Most defendants don't have the funds for such programs. There are several long term programs, which appear to be religious based, which don't suit everyone, and space appears to be limited. We could also use more halfway houses to ease recently released prisoners back into the community. If such a program also had a work component it would be beneficial.*
- *Day reporting center as an alternative to jail.*
- *All of the services that are available but not always affordable create problems for indigent defendants.*
- *In-Patient substance abuse treatment (affordable for probationers). In-patient mental health treatment affordable for probationers.*
- *Shelter Care.*
- *More prevention services are needed.*
- *For our area, there are a number of different agencies performing various services. It would be better to consolidate services in some way.*
- *Public transportation is very limited. Adequate employment opportunities for those with limited education is limited.*
- *We have a problem with our regional jail not dispensing prescribed medications to our inmates, particularly mental health medications.*
- *Counseling (not related to impaired mental health.)*
- *The above services are "available", because my jurisdiction is rural and there is no public transportation, it is extremely difficult for my probationers to have "real" access to these programs.*
- *Inpatient substance abuse treatment and temporary housing*
- *I do not want to see medications substituted (a/k/a Suboxone). Rather, I would like to see substantive treatment options to deal with chronic abusers of drugs that will get them off of drugs, not just give them another one to take.*
- *Need some type of program for integrating inmates back into community. Need some type of half-way house to provide structure until probationers can be placed back into the community.*
- *Transportation services, residential housing placements.*
- *SCRAM bracelets to help monitor probationers with alcohol problems.*
- *Our reentry council is doing a great job a looking at the future in this area and hopefully business skills can be taught that will help overcome barriers to reentry.*
- *Rural counties have limited access to substance abuse, mental health services, transportation, job assistance, and housing for homeless probationers.*
- *Literacy programs; job mentoring programs.*
- *Psychiatric services including medication management for juveniles and adults.*
- *Our Drug Court is successful, but because of the size of our jurisdiction, we hover around the threshold minimum class size of 25. The Va. Supreme Court Drug Court guidelines need to allow flexibility or consider funding tiers for smaller programs. We have a new non-profit with plans to develop separate men's and women's facilities which offers housing and substance abuse treatment centers for homeless persons. Several cities have contributed funds for planning, and the entity also receives staffing and technical support from the Planning Council and coalition support from the regional homeless task form. This agency now needs commitments from cities for capital and ongoing operational funds in order to build the men's facility in 2016. More importantly, this agency needs state support for capital and operational funds. So many of our incarcerated population re-enters society without homes to*

return to, without the medications that they received in jail and certainly without jobs to return to. This agency ensures that they re-enter clean and sober, develop lasting recovery behaviors, have housing and job readiness training to become self-sufficient.

- We need to expand our re-entry services as well as active monitoring of probationers.
- Work release program.
- Transitional housing for inmates rejoining society.
- Housing for homeless and those with low income. Our client population is very transient primarily due to lack of suitable housing, particularly since many are banned from public housing due to their prior criminal histories. Additionally, the available options for residential treatment for substance abuse and mental health issues is extremely limited, and many times the only options available for the court is incarceration.
- Inpatient drug treatment programs (NOT our current vendor!!!!) Inpatient treatment programs that will help the dual-diagnosed folks.
- Adequate mental health evaluation and placement available in a timely fashion appropriate accommodations for elderly/sick inmates at the city jail with responsive staff to acute medical needs and proper medication.
- We have residential treatment programs in our area, but have learned that one is closing. This will be a great loss.
- Need more mental health treatment facilities.
- Job training and support for an entire year after probationers are employed, to assist them with the transition and stabilizing in employment.
- Anger management and batterers intervention groups are not readily available; there are usually long waiting lists.
- Adequate supply of jobs to match with qualifications of probationers.
- We have almost no mental health treatment available for the indigent, and if someone cannot get their medication and cannot afford it, there is one and only once place we have to make sure they get it – jail. The drug treatment options we have are a joke. Everyone wants us to divert people from jail to treatment but no one wants to actually pay to have the treatment available.
- There need to be more counseling resources for domestic violence victims that are affordable and accessible immediately without an extended wait list or not hearing back for days. Speedy intervention is incredibly important.
- Employment and housing.
- Mental health treatment and placing is horrible.
- Educational settings, job skill training, placement facilities.
- Anger management for non-domestic violence probationers.
- Counseling programs for probationers who are non-English speaking are limited, and often have long waiting lists, especially for batterer intervention, anger management, and mental health services. There is also a gap in gender specific services for female probationers in domestic violence areas.
- There is a strong need for domestic abuse housing in our county.
- Housing assistance, job training, inpatient substance abuse counseling, inpatient mental health counseling.
- Programs for Veterans.
- More reliance on first time offender status. Currently, because of the Commonwealth vs. Hernandez it has created roadblocks for first offender status.
- Mental Health dockets, reentry programs, and temporary/full-time housing to assist.

- *There is no mental health treatment available unless the probationer has a serious, diagnosed mental health disorder. Individual treatment for trauma victims or support groups does not exist. Statistically, we know the rates for physical, sexual and child abuse are high amongst probationers, but we have nothing to address it. Many probationers are self-medicating or doing other harmful behaviors because of the underlying abuse, yet we have nothing to address it or even screen for it.*
- *The need for transitional housing in our area is extremely important. Displacing returning citizens into other localities does not assist with re-connecting individuals to services and support in this area and have a negative impact on success rates.*

Quality Assurance

Having an MOU/MOA that defines the expectations between agencies is an important quality assurance measure. An MOU/MOA can outline how quickly probationers will be seen upon being referred, the types of information to be exchanged (missed appointments, treatment non-compliance, etc.), the timeframe in which information should be exchanged and the types of services that will be provided, including the curriculum used, if any. *Table 56* indicates that the majority of programs do not have quality control measures in place or an MOU/MOA with their treatment providers. Local probation agencies are more likely to have an MOU or MOA with their substance abuse providers (55%) than with their mental health treatment providers (9%). The majority of agencies have a standard release of information form.

Table 56: Quality Assurance Measures

	<i>Substance Abuse Treatment Providers</i>	<i>Mental Health Treatment Providers</i>	<i>Batterer Intervention Treatment Programs</i>
Your agency has a written MOU/MOA with specific treatment providers you refer to.	55%	9%	33%
Your agency has quality control measures in place to determine if service providers are providing evidence-based programming.	24%	24%	12%
Your agency has a standard release of information that allows for an exchange of information about treatment progress, attendance, drug and alcohol screens, etc.	92%	94%	93%

Information sharing between CSB substance abuse treatment providers and local probation is a challenge across the state with 48 to 61 percent of local probation agencies reporting they receive timely information about probationers’ progress and compliance with substance abuse treatment from their local CSBs. Information sharing was somewhat stronger between local probation agencies and private substance abuse treatment providers (see *Table 57*).

Table 57: Information Received from Substance Abuse Treatment Agencies

	<i>Substance Abuse Treatment Providers - CSB</i>	<i>Substance Abuse Treatment Providers – Private Treatment Providers</i>
You receive notice of missed treatment appointments within two weeks of their occurrence.	48%	70%
You receive notice of treatment completion within two weeks of completion.	60%	93%
You receive notice of the probationer's non-compliance within two weeks of the behavior (to include positive drug or alcohol screens).	58%	79%
Your probation agency receives results on all assessments from substance abuse treatment providers.	61%	80%

Less than 50 percent of local probation agencies that use the CSB as their primary mental health treatment provider report getting timely information about the mental health services probationers receive. A larger number of local probation officers (between 59% and 85%) report receiving timely information from private mental health treatment providers (see *Table 58*).

Table 58: Information Received from Mental Health Treatment Agencies

	<i>Mental Health Treatment Providers - CSB</i>	<i>Mental Health Treatment Providers – Private Treatment Providers</i>
You receive notice of missed mental health treatment appointments within two weeks of their occurrence.	40%	59%
You receive notice of mental health treatment completion within two weeks of completion.	44%	85%
You receive notice of the probationer's non-compliance within two weeks of the behavior (to include positive drug or alcohol screens).	41%	75%
Your probation agency receives results on all assessments from mental health treatment providers.	52%	78%

Information sharing between local probation agencies and batterer intervention programs is moderately strong with three quarters of local probation agencies reporting that they receive information about missed appointments, treatment completion, assessment results, and monthly status reports in a timely fashion (see *Table 59*).

Table 59: Information Received from Batterer Intervention Programs

	<i>Batterer Intervention Programs</i>
You receive notice of missed treatment appointments within two weeks of their occurrence.	77%
You receive notice of treatment completion within two weeks of completion.	83%
You receive notice of the probationer's non-compliance within two weeks of the behavior (to include positive drug or alcohol screens).	79%
You receive a copy of the completed domestic violence assessment within ten days.	65%
You receive, at a minimum, monthly status reports from the domestic violence treatment provider(s).	78%

Table 60 reflects that types of information local probation officers provide to treatment providers about probationers. Forty-six percent of local probation agencies share risk assessment results with substance abuse treatment providers and 54 percent of local probation officers share positive drug and alcohol results with substance abuse treatment staff within two weeks of occurrence. Only 47 percent of local probation officers share positive drug and alcohol results with mental health treatment staff. Approximately half of local probation officers report new arrests to treatment staff within two weeks of occurrence.

Table 60: Information Provided to Treatment Agencies

	<i>Substance Abuse Treatment Agencies</i>	<i>Mental Health Treatment Agencies</i>	<i>Batterer Intervention Programs</i>
Your probation agency shares risk assessment results with substance abuse treatment providers.	46%	55%	n/a
You report positive drug or alcohol screens to substance abuse treatment staff within two weeks of occurrence.	54%	47%	n/a
You report new arrests to treatment staff within two weeks of occurrence.	46%	44%	55%

Appendix

Table 61: Virginia’s Local Probation Performance Measure Logic Mode

Inputs	Activities	Outputs	Short-Term Outcomes	Long-Term Impacts
Case Level	Identify probationer risk level and criminogenic needs	% of probationers screened using the M-OST according to state standards	% of probationers successfully completing supervision	% of probationers with a new conviction 12, 24 and 36 months after completing supervision
Risk and needs of probationer	Link case plans to risk/need levels and monitor compliance	% of probationers screened as medium to high risk who are assessed using the OST per state standards	% of probationers with a technical violation while under supervision	% of agencies that show a positive trend in the results of the EBP Implementation Model Compliance Assessment over time
Agency Level	Hire staff who exhibit key skills	% of medium to high risk probationers with a case plan addressing at least the top 2 criminogenic needs	% of probationers with non-compliant behavior while under supervision	% of agencies that show a positive trend in the results of the Best Practices survey over time
Skills of staff	Build and reinforce skills (e.g. motivation) through targeted training	% of cases compliant with the contact standards mandated by the probationer’s risk score	% of probationers with a new arrest while under supervision	
Supervision levels and probation conditions	Align key agency policies and practices to research (drug testing, sanctioning and supervision levels)	% of agencies that include adherence to EBPs in their employee performance evaluations	% of agencies that complete the EBP Implementation Model Compliance Assessment annually	
Internal and external organizational structures, management techniques, and culture	Accurate and comprehensive data entry into PTCC	% of agencies completing the Survey of Organizational Functioning at least every other year and developing a plan to address areas of concern	% of clients rating their overall experience with probation as positive, per the probation services survey	
PTCC data entry of performance measures	Map existing community programming to criminogenic needs	% of agencies conducting a probation services survey twice a year	# of new services added in the community to address service gaps	
System Level	Educate stakeholders and garner support for the use of evidence based practices within the local CJ system	% of agencies completing the Best Practices survey annually & developing a plan to address areas of concern	% of CCJBs developing a plan to address gaps in the community resources map	
Availability of programming and services	Training and infrastructure support from DCJS for performance measurement	% of CCJBs completing the community resources map and developing a plan to address gaps in needed services		
Level of collaboration and judicial support				
PTCC capacity to measure performance				

Table 62: Virginia Community Corrections Agencies by Region and EBP Status prior to 2014

Official Agency Name	Region	EBP site?
Blue Ridge Court Services	Central	Yes
Chesterfield CC&PT Services	Central	Yes
Colonial Community Corrections	Eastern	Yes
Culpeper County CJS	Northern	Yes
Fairfax County GDC-Court Services Division	Northern	Yes
Halifax/Pittsylvania Court Services	Central	Yes
Hampton/Newport News CJ Agency	Eastern	Yes
Henrico Co. CCP	Central	Yes
Lynchburg CC & PT Services	Western	Yes
New River CC&PT Services	Western	Yes
Northern Neck CC	Central	Yes
OAR/Jefferson Area CC	Central	Yes
Old Dominion Court Services	Northern	Yes
Piedmont Court Services	Central	Yes
Piedmont Court Services-Mecklenburg Co.	Central	Yes
Portsmouth CC & Pretrial Services	Eastern	Yes
Prince William Office of CJ Services	Northern	Yes
Rappahannock Regional Jail	Northern	Yes
Riverside CJA	Central	Yes
Virginia Beach Office of CC & PT Services	Eastern	Yes
Alexandria CJS	Northern	No
Arlington CCP	Northern	No
Arlington Co. Sheriff's Ofc. (Pretrial)	Northern	No
Chesapeake Bay Area CC	Eastern	No
Chesapeake CC	Eastern	No
Clinch Valley Comm. Action Program	Western	No
Court Community Corrections	Western	No
Fauquier Co. Office of Adult Court Services	Northern	No
Fifth Judicial District CC	Eastern	No
Hanover CC	Central	No
Loudoun County CCP	Northern	No
Middle Peninsula Probation & Pretrial	Eastern	No
Norfolk CJS	Eastern	No
Petersburg CC	Central	No
City of Richmond Division of Adult Programs-Probation	Central	No
Rockingham-Harrisonburg CSU	Northern	No
Southside CC	Eastern	No
Southwest VA CC	Western	No

Table 63: Breakdown of Questions for Scales used in the Survey

Subjective Role Orientation Scale

SOURCE: Subjective Role Orientation and Strategy Scale

Scores for the 7-item Subjective Role Orientation scale can range from 7 to 42 with a “balanced” score being 24.5.

<i>Measure</i>	<i>State Average</i>
As a probation officer, your primary obligation is to rehabilitate the offender (1) to enforce supervisory conditions (6).	3.5
Your primary concern as a probation officer is to monitor offender compliance (1) to rehabilitate the offender (6).	3.4
Which best describes your role as a probation officer, police officer (1) to social worker (6).	2.8
Your most appropriate role with offenders is as an advocate (1) to supervisor (6).	3.5
The most essential part of a probation officer’s job is counseling (1) to enforcing (6).	3.3
Your primary function as a probation officer is enforcement (1) to intervention (6)	3.8
Your function as a probation officer most closely approximately law enforcement (1) to intervention (6).	3.4
Total for Scale	23.9

Strategy Scale

SOURCE: Subjective Role Orientation and Strategy Scale

Scores for the 4-item Strategy scale range from 4 to 24 with a “balanced” score being 14.

<i>Measure</i>	<i>State Average</i>
The most important aspect of your job is intervention (1) to surveillance (6).	2.9
The most important part of your job is monitoring (1) to counseling (6).	3.2
The most effective way to change behavior is through positive reinforcement (1) to punitive sanctions (6).	2.2
Case supervision should be designed to regulate behavior (1) to change behavior (6).	2.2
Total for Scale	10.4

Staff Attributes

Growth – Asked only of Directors and Supervisors

SOURCE: TCU Survey of Organizational Readiness for Change – Director Version

Response scales range from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
Your agency encourages and supports professional growth.	42.5
You read about new techniques and treatment information each month.	32.1
You have enough opportunities to keep your management skills up-to-date.	37.5
You regularly read professional articles or books on EBP for recidivism reduction.	31.7
You do a good job of regularly updating and improving your skills.	36.2

Influence – Asked only of Directors and Supervisors

SOURCE: TCU Survey of Organizational Readiness for Change – Director Version

Response scales range from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
You frequently discuss new supervision ideas with staff.	36.8
Staff generally regard you as a valuable source of information.	40.7
Staff readily implements your ideas for changing agency procedures.	37.1
Staff seek your opinion about cases or situations related to supervision.	39.9
Staff readily follow your leadership.	39.9
You are viewed as a strong leader by the agency staff.	38.7

Adaptability

SOURCE: TCU Survey of Organizational Readiness for Change

Response scales range from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
You are willing to try new ideas even if some staff are reluctant.	42.4
Learning and using new procedures is easy for you.	38.9
You are sometimes too cautious or slow to make changes. (Reverse Code)	34.9
You are able to adapt quickly when you have to shift focus	40.1

Burnout

SOURCE: TCU Survey of Organizational Functioning - CJ Version

Response scales range from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
You feel overwhelmed by paperwork.	30.2
You feel like you aren’t making a difference.	23.2
You feel that it is a real effort to come into work.	16.4
You feel depressed.	19.1

You feel tired.	28.6
You feel disillusioned and resentful.	20.9
You feel that talking to offenders is a waste of time.	15.7

Job Satisfaction

SOURCE: TCU Survey of Organizational Functioning - CJ Version

Response scales range from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
You are satisfied with your present job.	37.6
You would like to find a job somewhere else. (Reverse Code)	34.4
You feel appreciated for the job you do.	33.8
You like the people you work with.	41.3
You give high value to the work you do here.	42.1
You are proud to tell others where you work.	39.8

Interviewing Sub-Scale

SOURCE: NIC Evidence-Based Practice Skills Assessment Questionnaire

Response scales range from 1 to 5 with 1 being “Not at all,” 5 being “Always,” and 3 being “Sometimes.”

<i>Measure</i>	<i>State Average</i>
You rephrase or repeat back to probationers to make sure you heard what they said.	4.0
You make sure you acknowledge with probationers when they make a positive change, no matter how small it is.	4.4
You end your interviews by asking probationers if they have anything else they want to say or clarify.	4.5
When you ask probationers questions, you make sure you word them so they have to give more than a “yes” or “no” response.	4.0
You consciously use body language to let probationers know you are listening.	4.2
You let probationers know you’re listening by nodding your head and keeping eye contact.	4.5
You listen for statements that tell you a probationer is willing to change their behavior.	4.3
If a probationer is ambivalent, you try to present both sides of the issue for clarification.	4.0
At the end of any interview, you summarize the major points to make sure you and the probationer have the same understanding.	4.3
You clarify what a probationer means if you don’t understand what she or he said to you.	4.6
You pay attention to your body language when you’re interacting with probationers.	4.2
You learn a lot about probationers by asking open-ended questions.	4.3
When you interview probationers, you summarize what they’re saying from time to time to make sure you understand what you’re hearing.	4.1

You let the probationer know you understand what they're feeling.	4.0
You pay attention to statements that probationers make that tell you they recognize they have a problem.	4.3
You ask questions that allow probationers to tell their story in their own words.	4.3
You affirm the strengths of probationers to help give them confidence to tackle the difficult issues.	4.2
You are sincere when you give compliments to probationers about the changes they are making.	4.6
You reflect back to the probationer what you think she or he is feeling.	4.0

Strength-Based Approach to Working with Clients

SOURCE: NIC Evidence-Based Practice Skills Assessment Questionnaire

Response scales range from 1 to 5 with 1 being "Not at all," 5 being "Always," and 3 being "Sometimes."

<i>Measure</i>	<i>State Average</i>
All probationers have strengths and assets.	4.4
Probationers should take part in planning what treatment or services they will receive.	4.3
The work with probationers should be solution-focused.	4.4
The approach to probationers must be flexible because they vary in what they need.	4.6
Focusing on the strengths and assets of our probationers helps to find ways to engage probationers in their programs.	4.4
Probationers have knowledge and skill that can be tapped to resolve issues.	4.1
It is important for us to understand the aspirations of our probationers.	4.4
Probationers are more motivated if they've been involved in decisions about their treatment.	4.3
Helping probationers to see their strengths gives them confidence in addressing their issues in a positive way.	4.4

Use of Positive Reinforcement Techniques

SOURCE: NIC Evidence-Based Practice Skills Assessment Questionnaire

Response scales range from 1 to 5 with 1 being "Not at all," 5 being "Always," and 3 being "Sometimes."

<i>Measure</i>	<i>State Average</i>
You believe it is important to affirm the positive things that probationers do.	4.7
You do a good job of giving positive feedback to your probationers.	4.3
You emphasize the positive things probationers do much more than focusing on their mistakes.	4.0
You believe your work is more effective when you emphasize the positive behavior probationers achieve.	4.2

Teamwork Skills

SOURCE: NIC Evidence-Based Practice Skills Assessment Questionnaire

Response scales range from 1 to 5 with 1 being “Not at all,” 5 being “Always,” and 3 being “Sometimes.”

<i>Measure</i>	<i>State Average</i>
You are willing to offer feedback to your co-workers	4.2
You are willing to address conflicts that may arise with co-workers.	4.0
You do a good job at resolving conflicts with others.	3.9
You are willing to offer help to your co-workers.	4.5
You accept responsibility for our agency’s goals.	4.5
You are committed to implementing team decisions/team goals.	4.4
There is a high level of trust between you and your co-workers.	4.0
You value the different ideas, opinions and work styles your co-workers have.	4.2
You are willing to ask your co-workers for help.	4.2
You do a good job of holding your co-workers accountable for the commitments they made.	3.8

Critical Thinking

SOURCE: NIC Evidence-Based Practice Skills Assessment Questionnaire

Response scales range from 1 to 5 with 1 being “Not at all,” 5 being “Always,” and 3 being “Sometimes.”

<i>Measure</i>	<i>State Average</i>
You use logic and objectivity when thinking through issues.	4.3
You rely on valid and reliable information when making decisions	4.5
You keep well informed about trends in the field.	4.0
You look at all possible alternatives when looking at issues.	4.2
You are open to new ideas.	4.3
You take enough time to consider all of the information when making decisions	4.3
You are willing to reassess your own views about your work.	4.3

Leadership

Director Leadership

SOURCE: TCU Survey of Organizational Functioning - CJ Version

Response scales range from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
Your agency director inspires others with his or her plans for this agency for the future.	34.9
My agency director leads by example.	35.9
Your agency director insists on only the best performance.	37.9

Your agency director treats each staff member as an individual with different needs, abilities, and aspirations.	39.2
Your agency director takes time to listen carefully to and discuss people's concerns.	37.8
Your agency director encourages new ways of looking at how we do our jobs.	38.0
Your agency director gives special recognition to others' work when it is very good.	36.3
Your agency director provides well-defined performance goals and objectives.	36.3
Your agency director emphasizes using new ideas, services, administrative techniques, etc., before most other agency supervisors do.	36.0

Encourages Innovation

SOURCE: TCU Survey of Transformational Leadership and NCSC added

Response scales range from 10 to 50 with 10 being "Strongly Disagree," 50 being "Strongly Agree," and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
Your agency director attempts to improve the program by taking a new approach to business as usual.	37.7
Your agency director positively acknowledges creative solutions to problems.	37.5
Your agency director encourages ideas other than own.	37.2
Your agency director is respectful in handling staff member mistakes.	39.1
Your agency director encourages staff to try new ways to accomplish their work.	37.7
Your agency director asks questions that stimulate staff members to consider ways to improve their work performance.	36.8
Your agency director does not criticize program members' ideas even when different from own.	37.7

Demonstrates Innovation

SOURCE: TCU Survey of Transformational Leadership and NCSC added

Response scales range from 10 to 50 with 10 being "Strongly Disagree," 50 being "Strongly Agree," and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
Your agency director accomplishes tasks in a different manner from most other people.	31.8
Your agency director tries ways of doing things that are different from the norm.	32.4
Your agency director identifies limitations that may hinder organizational improvement.	33.4
Your agency director challenges staff members to reconsider how they do things.	35.0
Your agency director takes bold actions in order to achieve program objectives.	32.4
Your agency director searches outside the program for ways to facilitate organizational improvement.	34.9
NCSC: Your agency director monitors the use of evidence-based practices by line staff in probation.	36.9

Adequacy of Resources

Offices

SOURCE: TCU Survey of Organizational Readiness for Change plus additional NCSC Questions

Response scales range from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
Your offices and equipment are adequate at your probation office.	38.1
The offices in your probation agency are adequate for conducting offender supervision.	38.5
The offices in your probation agency allow the privacy needed for supervision of probationers.	37.0
Your probation agency provides a comfortable reception/waiting area for probationers.	39.9
NCSC: Your office space is designed to provide a reasonable degree of safety for agency staff.	33.2
NCSC: There is adequate space at your agency for drug and alcohol testing to be conducted.	37.3
NCSC: There is adequate meeting space at your agency to conduct classes/groups for probationers.	34.8

Staffing

SOURCE: TCU Survey of Organizational Readiness for Change

Response scales range from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
There are enough probation officers at your agency to meet current probationer needs.	30.9
A larger support staff is needed to help meet your agency’s needs. (Reverse code)	28.7
Frequent probation officer turnover is a problem for your agency. (Reverse code)	34.9
Probation officers at your agency are able to spend enough time with probationers.	34.5
Support staff at your probation agency have the skills they need to do their jobs	36.9
Probation staff at your agency are well-trained.	39.5

Equipment

SOURCE: TCU Survey of Organizational Readiness for Change and NCSC

Response scales range from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
Probationer assessments (OST/MOST) at your agency are usually conducted using a computer.	31.1
Computer problems are usually repaired promptly at your agency.	38.8
Most probationer records at your agency are computerized.	39.3
You have a computer to use in your personal office space at work.	45.1
Computer equipment at this agency is mostly old and outdated. (Reverse code)	39.3

Staff at your agency feels comfortable using computers.	42.4
More computers are needed at your agency for staff to use. (Reverse code)	37.2
NCSC: PTCC provides you with the information you need as a probation officer to do your job.	38.4

Organizational Climate Measures

Clarity of Mission and Goals

SOURCE: TCU Survey of Organizational Readiness for Change

Response scales range from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
Some probation officers get confused about the main goals for this probation agency. (Reverse Code)	33.7
Probation officers understand how your probation agency fits into the criminal justice system in your community.	41.6
Your duties are clearly related to the goals of this probation agency.	41.9
Your probation agency operates with clear goals and objectives.	40.5
Management has a clear plan for this probation agency.	35.4

Staff Cohesion

SOURCE: TCU Survey of Organizational Readiness for Change

Response scales range from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
Probation agency staff gets along very well at your agency.	37.2
There is too much friction among probation staff at your agency. (Reverse Code)	38.8
It is difficult for probation staff to work together at your agency because of conflicting goals and priorities. (Reverse Code)	40.0
“Turf issues” between your probation agency and other agencies inhibit collaboration in our jurisdiction. (Reverse Code)	41.2
Probation staff always works together as a team at your agency.	38.9
Probation agency staff are always quick to help one another when needed.	39.5
Mutual trust and cooperation among probation staff in this agency is strong.	37.8
All probation agency staff do their fair share of work.	37.3

Staff Autonomy

SOURCE: TCU Survey of Organizational Readiness for Change

Response scales range from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
Supervision planning decisions for probationers at your agency often have to be revised by a supervisor. (Reverse Code)	35.9
Management in your agency fully trusts line staff’s professional judgment.	38.4
Probation staff are given broad authority in supervising probationers at your agency.	38.4
Probation staff often try out different techniques to improve their effectiveness at your agency.	34.9
Probation staff are given too many rules in your agency. (Reverse Code)	37.3

Openness of Communication

SOURCE: TCU Survey of Organizational Readiness for Change

Response scales range from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
Ideas and suggestions from probation staff are usually considered at your agency.	39.4
The formal and informal communication channels at your agency work very well.	38.0
Probation staff is always kept well informed at your agency.	37.3
More open discussions about probation issues are needed at your probation agency. (Reverse Code)	29.4
Probation staff always feel free to ask questions and express concerns at your probation agency.	38.0

Staff Stress

SOURCE: TCU Survey of Organizational Readiness for Change

Response scales range from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
Probation staff are under too many pressures to do their jobs effectively at your probation agency.	26.1
Probation staff often show signs of stress and strain at your probation agency.	32.4
The heavy workload at your probation agency reduces effectiveness.	30.3
Probation staff frustration is common in your agency.	32.2

Openness to Change

SOURCE: TCU Survey of Organizational Readiness for Change

Response scales range from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
Novel supervision ideas by probation staff are discouraged. (Reverse Code)	36.6
It is easy to change procedures in your probation agency to meet new expectation.	34.2
You frequently hear good probation staff ideas for improving supervision.	34.4
The general attitude in your probation agency is to use new and changing technology.	33.8
You are encouraged in this probation agency to try new and different techniques.	37.5
Probation agency staff feel comfortable promoting different ideas or suggestions, even if they conflict with established policy or practice.	33.0
Your director is open and willing to try new ideas or ways of doing things.	38.0
Innovative actions and initiatives undertaken by probation staff are highly valued.	35.5
Probation staff generally feel comfortable discussing mistakes, errors, or problems with supervisors and managers.	33.6
Most probation staff in your agency believe that they can have open discussions with supervisors and managers about work-related difficulties or problems.	33.6
The management style emphasizes trying new approaches and experimentation.	35.1
Things change very easily and quickly—your probation agency is very responsive to situations that require change.	33.4

Training

Training Content Preferences

SOURCE: TCU Survey of Organizational Readiness for Change

Response scales range from 1 to 5 with 1 being “Strongly Disagree,” 5 being “Strongly Agree,” and 3 being “Uncertain.”

<i>Measure</i>	<i>State Average</i>
Staff at your agency would benefit from more information about effective substance abuse treatment.	3.9
Staff at your agency would benefit from more information about effective mental health treatment.	4.1
Staff at your agency would benefit from more information about supervising special populations.	4.0
Staff at your agency would benefit from more information about effective domestic violence treatment.	3.8
Staff at your agency would benefit from more information about effective drug testing practices.	3.7
Staff at your agency would benefit from more information about using the OST and MOST effectively.	3.8

Training Utilization – Individual Level

SOURCE: TCU Survey of Organizational Readiness for Change

Response scales range from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
When you attend trainings, how often do you try out the new interventions or techniques learned?	37.6
Are your probationers interested or responsive to new ideas or materials when you try them?	33.0
In recent years, how often have you adopted (for regular use) new interventions or techniques from a training?	35.2
When you have adopted new ideas into your offender supervision, how often have you encouraged other employees to try using them?	33.7

Training Utilization – Program Level

SOURCE: TCU Survey of Organizational Readiness for Change

Response scales range from 10 to 50 with 10 being “Strongly Disagree,” 50 being “Strongly Agree,” and 30 being neutral.

<i>Measure</i>	<i>State Average</i>
When you attend trainings, how often do you try out the new interventions or techniques learned?	32.0
Are your probationers interested or responsive to new ideas or materials when you try them?	34.9
In recent years, how often have you adopted (for regular use) new interventions or techniques from a training?	35.2

Barriers to Training

SOURCE: TCU CJ Survey of Program Training Needs

Response scales range from 1 to 5 with 1 being “Strongly Disagree,” 5 being “Strongly Agree,” and 3 being “Uncertain.”

<i>Measure</i>	<i>State Average</i>
The workload and pressures at your probation agency keep motivation for new training low.	3.1
The budget does not allow most staff to attend professional conferences annually.	3.0
Topics presented at recent training workshops and conferences have been too limited.	2.7
The quality of trainers at recent workshops and conferences has been poor.	2.3
Training activities take too much time away from delivery of probation agency services.	2.6
Training interests of probation agency employees are mostly due to job requirements.	3.4
It is often too difficult to apply skills/information learned at workshops so they will work in this probation agency.	2.5

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