

Evaluation Report: Violence Reduction Program at Nebraska Department of Correctional Services



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Executive Summary

Nebraska's LB 896, signed into law by the governor on April 19, 2022, called for the Nebraska Department of Correctional Services (NDCS) to evaluate the quality of clinical and non-clinical programs funded by the department. In 2023, the Nebraska Center for Justice Research (NCJR), located within the School of Criminology and Criminal Justice at the University of Nebraska-Omaha, was contracted to conduct these evaluations. NDCS selected its Violence Reduction Program (VRP) as the first clinical program for evaluation. This report summarizes the findings of NCJR's process evaluation, outcome evaluation, and cost-benefit analysis of VRP.

The NCJR evaluation team completed a process evaluation that included an examination of program materials and administrative documents, site visits, program session observations, staff interviews, and participant interviews. Some major takeaways of the process evaluation include:

- Staff enjoyed their roles as program facilitators and felt supported by the department, but resources were perceived to be extremely limited (e.g., number of staff dedicated to VRP).
- Participants appreciated program components designed to help them identify triggers to their violent behavior but felt the program materials were not always applicable or realistic.
- The screening process was not fully understood by staff or participants.
- The program suffered from 'drift', meaning its implementation has slowly reduced its fidelity to the model over time.

Following the process evaluation, NCJR examined VRP's effectiveness in preventing institutional misconduct and recidivism. Regarding misconduct behavior, we examined rates of violent, serious, and non-serious prison misconducts following programming, in contrast to a comparison group subjects with similar needs and characteristics. The comparison group included individuals that were recommended VRP but were not enrolled in the program. NCJR also examined recidivism outcomes following release. Recidivism measures included (1) NDCS reincarcerations and (2) felony or violent offense convictions. Although the study sample size, population examined, and statistical power was limited, our analyses revealed:

- VRP participants did not differ from the comparison group on institutional misconduct.
- VRP participants did not differ substantially from the comparison group on recidivism.¹
- VRP participants returned to prison at much higher rates than comparison group members.
- Overall, we find that NDCS' version of VRP does not provide the intended, positive effects.

In addition to the process and outcome evaluations, NCJR also conducted a cost-benefit analysis (CBA) of the VRP program. Our results indicate the VRP program produced a negative cost ratio, meaning that for every dollar invested in VRP the State of Nebraska lost an additional \$0.93 costs

¹ Statistical significance refers to the probability that the observed difference is not an actual difference, rather the difference is due to chance. The higher the probability, the more likely the difference observed is due to chance. This study sets "significance" levels at 0.05, or 5%, where below the threshold we claim the difference is not due to chance (and is a real difference). See the following for brief introductions to the concept of "statistical significance": <https://pubmed.ncbi.nlm.nih.gov/29083828/> https://www.investopedia.com/terms/s/statistically_significant.asp

related to increased rates of recidivism. Thus, we conclude that the VRP program, as currently applied, is *not a cost-effective investment* for NDCS specifically, or the State of Nebraska more broadly.

To adhere to LB 896 requirements, NCJR developed a three-category effectiveness rating scale for NDCS correctional programming, consisting of (1) Effective, (2) Promising, and (3) No Effects. Collectively, our findings demonstrate no appreciable impact of the VRP program. Therefore, NCJR's ranking of VRP is *No Effect in achieving the program's intended outcomes* of reducing violence.

We conclude this report with a set of recommendations for future use of VRP, and alternative programming that may be adopted by NDCS to address violent needs of the population. Although the results of the outcome evaluation suggests that an alternative program may be adopted by NDCS in place of VRP, the results and recommendations of this process evaluation should guide future implementation of either the VRP program or its replacement.

Finally, we note an additional finding related to the Nebraska Board of Parole's use of VRP as an indicator and/or criterion for 'parole readiness', for some individuals. While NCJR made considerable efforts to statistically balance comparison subjects with VRP participants prior to evaluating institutional, recidivism, and return outcomes, we note that *none* of the comparison group subjects received parole. That is, all comparison subjects were released to probation on post-release supervision (PRS) or via sentence termination (i.e. 'jam out').

However, while both VRP and comparison subjects committed roughly the same rate of new felonies, VRP participants returned to prison at a 30% greater rate. Given our finding of 'No Effects' for VRP, the greater return rate is likely not the result of ineffective programming and instead due to parole supervision itself. While our study was not specifically designed to evaluate the impact of parole release, as part of NCJR's ongoing efforts to evaluate program effects on public safety, recidivism, and prison crowding, we believe these findings merit further study and evaluation.

Table 1 presents commonly used acronyms in the current report.

Table 1. Commonly Used Acronyms

Acronym	Acronym Meaning
CVORT	Clinical Violent Offender Review Team
NCJR	Nebraska Center for Justice Research
NDCS	Nebraska Department of Correctional Services
PCL-R	Psychopathy Checklist-Revised
PSI	Pre-Sentence Investigation
STRONG-R	Static Risk Offender Needs Guide-Revised
UNO	University of Nebraska-Omaha
VRP	Violence Reduction Program
VRS	Violence Risk Scale
VRS-SV	Violence Risk Scale Screening Version

Introduction

The consequences of violence are substantial, threatening both public safety and institutional safety.^{1,2,3,4} As such, treatment for high risk incarcerated individuals, and particularly those at high risk for violence, is often a prerequisite to qualify for parole or release into the community.^{5,6} Thus, the absence of effective programming can hinder the flow of prisoners from facilities to the community, artificially or unnecessarily increasing prison populations.

Over the last several decades, states have developed responses to violence both in the community and within institutions. However, the methods used to respond to violence vary greatly. Interventions may include anger management programs, domestic violence programs, batterer interventions, and interventions consisting of general cognitive behavioral therapy. Each of these types of programs can take on different forms, modalities, and result in a variety of positive, mixed, and even negative findings.

The Nebraska Department of Correctional Services (NDCS) introduced programming geared toward the reduction of violence in 2007. The Violence Reduction Program (VRP) is a branded cognitive-behavioral treatment program designed to reduce the risk of violence in the community. This evidence-based practice is provided to selected persons in custody, forensic mental health facilities, or under supervision in the community.^{7, 8,9,10,11,b} VRP is one of multiple programs administered by NDCS to address incarcerated persons' needs prior to reentering the community. It is typically provided in a group setting for 1 to 2-hour sessions once per week.

Evaluation

Passed in 2022, Nebraska's LB 896 sought to ensure the effectiveness of institutional programs. This bill maintains that NDCS contract for the evaluation of their structured programming, which includes clinical treatment programs, non-clinical treatment programs, and other non-recreational programming administered within secure facilities. The statute requires that structured programming be evaluated for quality, including whether program participation reduces recidivism. In late 2022, NDCS contracted with the University of Nebraska at Omaha's (UNO) Nebraska Center for Justice Research (NCJR) unit to conduct the evaluation. The primary evaluation activities were centered around determining if programs are being delivered with fidelity and achieving their intended outcomes. VRP was identified by NDCS as the first program to be evaluated.

The goals of the current evaluation were to (1) determine the degree to which VRP programming was implemented as intended, (2) estimate the impact of VRP on institutional misconduct and recidivism, (3) estimate VRP's cost relative to the benefits gained from the program, and (4) provide an overall rating of program effectiveness. The report also includes recommendations of program areas that could benefit from modification of NDCS policy and practice. This report concludes with an analysis by an independent clinical expert, seeking to evaluate the evaluation and provide clinical recommendations to NDCS on violence programming moving forward.

^b The utilization of evidence-based practices (EBPs) is a crucial element of implementing successful programs within correctional institutions. EBPs are scientifically evaluated interventions, programs, and practices that claim—based on theory and supported by empirical evidence—a specific strategy will work with a target population to produce a desired outcome.¹¹ For example, the Violence Reduction Program (VRP) has been identified as an EBP provided to individuals identified as Medium-to-High Risk to commit violence (e.g., violent offenders; sexual offenders; people with mental health problems such as antisocial personality disorder and psychopathy; and forensic patients) with the goal of decreasing the frequency and intensity of violent behaviors. VRP has a facilitator training module, stated dosage for participants, and cognitive-based activities provided in a group setting and designed to allow participants to practice cognitive processes independently, with the facilitator(s), and with other group members. While an EBP by definition has evidence of effectiveness, following the steps outlined in the model is essential to continued effectiveness.

Why Conduct an Evaluation?

First, program evaluations can inform program implementors (e.g., NDCS) on whether a program is effective in achieving its goals (e.g., reducing violent behavior).^{12,13} If a program does not demonstrate effectiveness in the population of interest, an alternative program should be implemented in its place and subsequently evaluated for effectiveness. This process can assure that a program is not harmful (i.e., producing an iatrogenic effect) to program participants (e.g., increase violent behavior) and counterproductive.

Second, by periodically evaluating programs for fidelity and effectiveness, agencies can be confident that their programs will result in “improved offender lives, reduced recidivism, and increased public safety” (p.120).¹¹ Indeed, the goal of rehabilitative programs in corrections is to create lasting change in behavior, which is essential for improving quality of life for incarcerated individuals and creating safe institutional environments and communities upon their release.¹⁴

Finally, it is not uncommon to see practices implemented without fidelity, implemented in ways that drift from the original model, or changed so significantly that they lose their effectiveness. In reaction, seasoned justice researcher Elliott asserts, “[i]f we are to change this situation, we must be able to identify and implement interventions that are *known to work, that can be implemented at scale, with fidelity, and that are cost-effective*” (p.1,322).¹⁵ By ensuring that they have implemented only programs that are supported by evidence to work for targeted populations, NDCS can utilize its limited resources to improve individuals' lives and promote public safety.

Violence Reduction Initiatives

Correctional agencies frequently seek to deliver programs with established notoriety and proven effectiveness in reducing recidivism, including violent recidivism. In reviewing the existing literature, we found multiple violence reduction programs with goals similar to those of VRP. For example, the Serious and Violent Offender Reentry Initiative (SVORI) was initiated in 2003 and provided funding to 13 U.S. states. SVORI was designed to assist individuals returning from prison to address anger management, substance use, thinking errors, and life skills. SVORI was administered through a combination of social workers and parole officers as participants progressed through the program.¹⁶ Each SVORI-participating state used resources differently and delivered programming to a variety of population types. The variety of programming was intended as an ‘experiment’ to uncover best practices in reentry and violence reduction. Overall, participation in SVORI led to a reduction in arrest rates for adult males, females, and juveniles.¹⁷

In addition to the SVORI initiative, several states have offered cognitive-behavior modalities to similar correctional populations. For example, New York offered an Advanced Aggression/Cognitive-Behavioral Treatment (CBT) program to address violent correctional populations. The program encouraged individuals to identify root causes of violence, examine the consequences of their behavior, and create ‘individualized change plans’ to track their progress.¹⁸

The Alternative to Violence (AVP) program was adopted by several states (e.g., Maine, Oregon, Delaware, South Dakota). This program is conducted by trained volunteers and focuses on reducing interpersonal violence.^{19,20,21,22} The program helps participants develop skills to resolve conflicts without the use of manipulation, coercion, or violence. The program was not specifically designed for use with correctional populations, rather, it has been adopted more broadly, such as for use in schools and for general populations.¹⁶ Several studies evaluating the efficacy of Delaware’s implementation of the AVP program have found it to be effective in reducing violent recidivism for participants when compared to those who did not participate in the program.^{23,19}

Overall, violence prevention programs come in a few shapes and sizes, and have been delivered to a variety of correctional populations.^{19,21,22,25,26} Most take advantage of classic cognitive-behavioral approaches, attempting to help participants change thinking errors and patterns that previously led to the use of violence to solve problems. Generally, findings suggest programs such as AVP and SVORI, which utilize cognitive-behavioral therapeutic and social learning approaches to varying degrees, are well suited to be administered to violent offenders in correctional settings and tend to maximize²⁰ effectiveness when implemented with sufficient duration and fidelity.^{5,20,27}

The State of Evidence for Violence Programming

Research on the effectiveness of violence reduction and prevention programming in correctional settings has been generally mixed. The broadest study we found was Papalia and colleagues, who conducted a meta-analysis (i.e., an empirical study of studies) of psychological treatments for violent offenders in correctional and forensic mental health settings.⁵ In total, they assessed 27 studies from 1993-2017 conducted in Canada, U.S., New Zealand, UK, and Australia and included a number of treatment outcomes and modalities and control variables. Overall, treatments with violent offenders were found to significantly reduce violent and nonviolent recidivism. Papalia further found positive effects of intensive cognitive behavioral therapy (CBT). Finally, intensive multimodal CBT that incorporated relapse prevention, role-play, homework, interpersonal skills, and anger control appeared to be associated with larger reductions in violent recidivism than treatments not incorporating these components.⁵

Similarly, Dowden and Andrews' meta-analysis examined 35 studies of various violence reduction programs for males throughout the Canadian correctional system.²⁹ Findings revealed that correctional programs that more closely adhered to the risk-needs-responsivity principles were much more successful in reducing violence than those that did not. Furthermore, programs that were implemented using a behavioral or social learning foundation were significantly more successful than non-behavioral approaches in reducing recidivism among violent offenders.^{24,29} It is important to note that all studies were conducted in Canada, which has implications for generalizability to program administration in a different country.

Regarding more recent primary studies, Cortoni and colleagues evaluated the Violence Prevention Program (VPP).²⁵ VPP, like VRP, was designed for high-risk violent individuals (i.e., those convicted of two or more violent offenses and assessed as high-risk) and targets violent behaviors by using a series of social learning and behavioral modeling exercises. Programming focuses on increasing accountability and self-awareness of one's negative lifestyles and controlling violent tendencies. Specifically, evaluators Cortoni and colleagues compared VPP participants completers to a non-completer control group on recidivism rates at 6 and 12 months following the treatment period.²⁵ Findings suggest that when controlling for differences, VPP completers had lower rates of recidivism, compared to non-completers. Completers demonstrated a lower rate of returns to custody, a lower rate of any recidivism, and a lower rate of violent recidivism.

Another program targeting violence, the Violence Prevention Unit (VPU) in New Zealand, was assessed by Polaschek and colleagues.⁴ The VPU is a 28-week, cognitive-behavioral-based treatment program consisting of 3-hour group meetings four times per week, with individual interventions available for issues unable to be addressed through group. Evaluators Polaschek and colleagues found that participants had a relative recidivism reduction rate of nearly 50%, a very large reduction compared to other similar studies.⁴

Prior research has mostly focused on programs designed for males; however, more recent studies have assessed programming geared toward reducing violence among females as well. For example, Messina and Calhoun assessed the Beyond Violence (BV) model among females compared to a

waitlisted-control group.²⁶ They found that BV was a more suitable programming option for violent females due to gender-responsive framework. However, Kubiak and colleagues also assessed the 20-week BV, and found a very small, non-significant reduction in recidivism for completers.²⁷

Finally, the Washington State Institute for Public Policy (WSIPP) conducted a meta-analysis on violence reduction treatment.²⁸ Overall, treatment was found to modestly reduce subsequent crime. Using these findings, they then conducted a CBA adjusting to Washington costs. They found that, for every dollar spent, the associated benefits resulted in a \$0.07 saving.

To summarize the literature, the extant evidence is limited, where only a small number of well-controlled outcome studies on violence reduction programs have been completed. Overall, findings are incomplete with regard to the effectiveness of programs in reducing violence. Thus, we found a lack of consistent evidence regarding a singular effective strategy or brand-name program for reducing violence. However, research conducted in the past two decades suggests that cognitive behavioral approaches, implemented with fidelity, and with the requisite intensity for correctional populations, have shown the ability to reduce criminal thinking patterns and, in turn, violence.²⁹

The Violence Reduction Program

The Violence Reduction Program (VRP) is a branded clinical treatment program administered in secure facilities. It was designed to reduce the risk of violence among individuals in custody, forensic mental health facilities, or under supervision in the community. Developed by Wong and Gordon, the primary goals of VRP are to: (1) decrease the frequency/intensity of violent behaviors; (2) reduce or eliminate the antisocial beliefs and attitudes that support the use of aggression and violence; and (3) assist program participants in acquiring appropriate interpersonal and cognitive skills that have been shown effective in reducing the risk of recidivism, and in particular, violent recidivism.³⁰ The VRP curriculum utilizes cognitive-behavioral and social learning techniques to teach individuals to identify antisocial thinking patterns that lead to aggression, and substitute pro-social thoughts and actions that circumvent the antecedents of violent behaviors. Further, the VRP uses principles of the risk-need-responsivity (RNR) model to assess each participant's needs that facilitate behavior change, and the risks that lead to the problem behaviors. Adhering to the RNR model, VRP is meant to ensure participants are learning skills to identify and change behaviors related to engaging in violence.

NDCS began implementing VRP in 2007, with facilitator training and technical assistance follow-up provided by developers Gordon & Wong. The following is a description taken from the VRP training and curriculum manual regarding how the program is intended to be operated:

Prior to participating in VRP, each participant's risks and needs need are to be identified by a trained clinician administering the Violence Risk Scale (VRS).³⁰ The VRS is a validated psychological assessment consisting of questions and a scoring scheme that enable facilitators to identify potent risk factors for aggressive behavior that can be addressed via programming.^c After completing the assessment, participants should meet with facilitators to discuss the results and set goals that are meant to be achieved during the program to reduce their risk scores. Participants may also discuss individual needs that must be met to ensure that the program adequately addresses potential barriers to change. Once participants complete the program, they should be assessed with the VRS again to determine program effectiveness and determine if further treatment is required to minimize risk.

^c The VRS consists of six static (i.e., not changeable) and 20 dynamic (i.e., changeable through intervention) items assessed via a semi-structured interview with participants. Interviews commonly take 45 to 90 minutes, with up to over 60 minutes of prep and follow-up investigation by the assessor.

While VRP adheres to the evidence-based RNR model for correctional management, it also incorporates the Transtheoretical Model (TTM) to guide clinical assessment of progress. The TTM was developed to understand human behavior and how it changes.³¹ TTM focuses on describing 'Stages of Change' that all individuals go through to change their behavior. VRP utilizes the stages to customize treatment and determine success/progress. The stages include 'pre-contemplative', 'contemplative', 'preparation', 'action', and 'maintenance'.

A typical VRP session, provided in both individual and group settings, includes an ice-breaker activity, vignettes to identify negative behaviors, and a review of each session to summarize and clarify what was discussed.³⁰ Although VRP does not have a specific program length, participants typically complete the program within 12-14 months; however, this varies across settings. VRP is commonly sequenced in one-hour sessions every week. The program is designed for those with high needs such as violent offenders, sexual offenders, people with mental health problems such as antisocial personality disorder, psychopathy, and forensic patients.¹²

Participants are to receive session-, module-, and phase-evaluations throughout VRP. Following each phase, qualitative clinical assessments should be used to provide a more in-depth understanding of how participants are progressing. The assessments provided to participants are aimed at capturing their understanding of the VRP material and learning how to apply the skills they are gaining to their daily lives.

VRP has three main phases, including "Looking in the mirror" (Phase 1), "Breaking the cycle" (Phase 2), and "Relapse prevention" (Phase 3). Each phase consists of multiple activities designed to help participants identify their problem behaviors, take action to change, and learn how to maintain their change once the program has ended.³⁰ Each phase coincides with steps in the Stages of Change Model. The first stage is the 'pre-contemplation' stage is when participants are often dismissive of their problems and attempt to blame others as being responsible for their problems. The second is the 'contemplation' stage, where individuals recognize their problems, however, do not take actions to change. The 'preparation' stage is where individuals begin thinking about how to make changes to their thinking patterns and behaviors and take minor steps to do so. The 'action' stage features cognitive and behavioral change that is more frequent and consistent. Finally, the 'maintenance' stage is when individuals are maintaining their changes, do not commonly have relapses, and apply skills to other aspects of their lives.¹¹

Phase 1 focuses on participants becoming familiar with VRP and understanding their violent/aggressive behaviors. This phase accommodates individuals in the first three the stages of change (i.e., pre-contemplation, contemplation, and preparation).³⁰ This first phase provides participants with (1) an introduction to the program to understand the goals of VRP; (2) a VRS assessment to identify which behaviors need changes; (3) explanation of the treatment process and the methods that will be used; and (4) an understanding of the process of changing and how to overcome obstacles that might arise during the process.

Phase 2 provides participants with skills needed to change their violent behaviors. Generally, participants are typically in the action stage during Phase 2. Phase 2 has four subcomponents (1) helping participants understand and identify their behavior cycles, (2) identifying their internal links to their behavioral cycles including perception, thoughts, and feelings, (3) identifying their external links to their behavioral cycles, which focuses on high-risk situations such as substance use, and (4) developing an offence cycle for participants.³⁰

Lastly, Phase 3 actuates the maintenance stage of the of the change model and teaches participants to use their newly acquired skills in a variety of situations to minimize their risk of

returning to old habits and previous behaviors.³⁰ Participants learn how to (1) form positive connections to prevent relapses following VRP, (2) develop a relapse prevention plan by identifying their trigger and high-risk behaviors, and (3) discuss the effects of treatment completion.

Evaluation Design

On January 10, 2023, NCJR of UNO met with NDCS to discuss the goals of the VRP evaluation and to develop an evaluation plan. This meeting was attended by NDCS leadership, including senior members of the clinical staff team and NCJR research faculty/staff. During the meeting, a mixed methods evaluation plan was developed that included a process, outcome, and cost/benefit evaluation. Agreed-upon methods of data collection included interviews with NDCS staff and program participants, observations of programming, and analysis of institutional data. Institutional data was provided by NDCS research office and included program participant records, programming materials, and programming cost estimates. See Appendix II for methodological details.

Process Evaluation

This section presents the evaluation of procedure and fidelity to VRP's program model. The evaluation team interviewed staff, participants, and administrators, reviewed program materials, and observed programming. This section begins with a brief description of 'fidelity' in the context of program evaluation and a description of the current report's methodology. It is followed by a presentation of the results of the process evaluation, including observational findings, and participant and staff interviews. It concludes with recommendations on how to improve fidelity to VRP model.

Program Fidelity/Integrity

In order to fulfill the promise of EBPs, programs must be delivered with 'fidelity' or have 'integrity'.^{32,40} That is, the program must be delivered in the fashion in which it was originally designed. An example of a lack of fidelity is if a 'light' version of a program is delivered in place of the version described in the original design. Implementation research indicates that a lack of program integrity, or fidelity, can reduce an intervention's effectiveness.³³

Program fidelity is comprised of both the therapeutic environment and structural components of an intervention. Therapeutic environment refers to the nature and quality of interactions of program delivery – essentially a culture that embraces and encourages ethical treatment and positive change. It also includes components such as comfortableness of the programming space that has been shown to improve learning. Structural components refer to objective elements specific to the program, such as class-size, credentials and training of providers, and treatment dosage.³⁴ NCJR was able to assess components of program fidelity with data collected during site visits.

Process Evaluation Methods

To understand the multiple components of implementing a program within an institutional facility, the evaluation needed to utilize multiple methodologies. First, we reviewed program materials to familiarize ourselves with VRP. Equipped with this knowledge, we then sought information regarding structural components of the program. We interviewed staff regarding challenges of implementing the program, and program successes. We also interviewed participants to gain an understanding of their views of the usefulness of the program for addressing their violent tendencies and assisting their reentry process. We interviewed administrators to gain an understanding of the history of the program at NDCS, as well

as the implementation challenges and the successes of the program from their point of view. As the final component of the process evaluation, we observed sessions of the VRP programming itself to provide context for our evaluation activities and to complete a systematic assessment of the therapeutic environment of program delivery.

Process Evaluation Results

This section presents the results of site visit and program observations, a thematic analysis of NDCS staff interviews, and a summary of participants' satisfaction with the program.

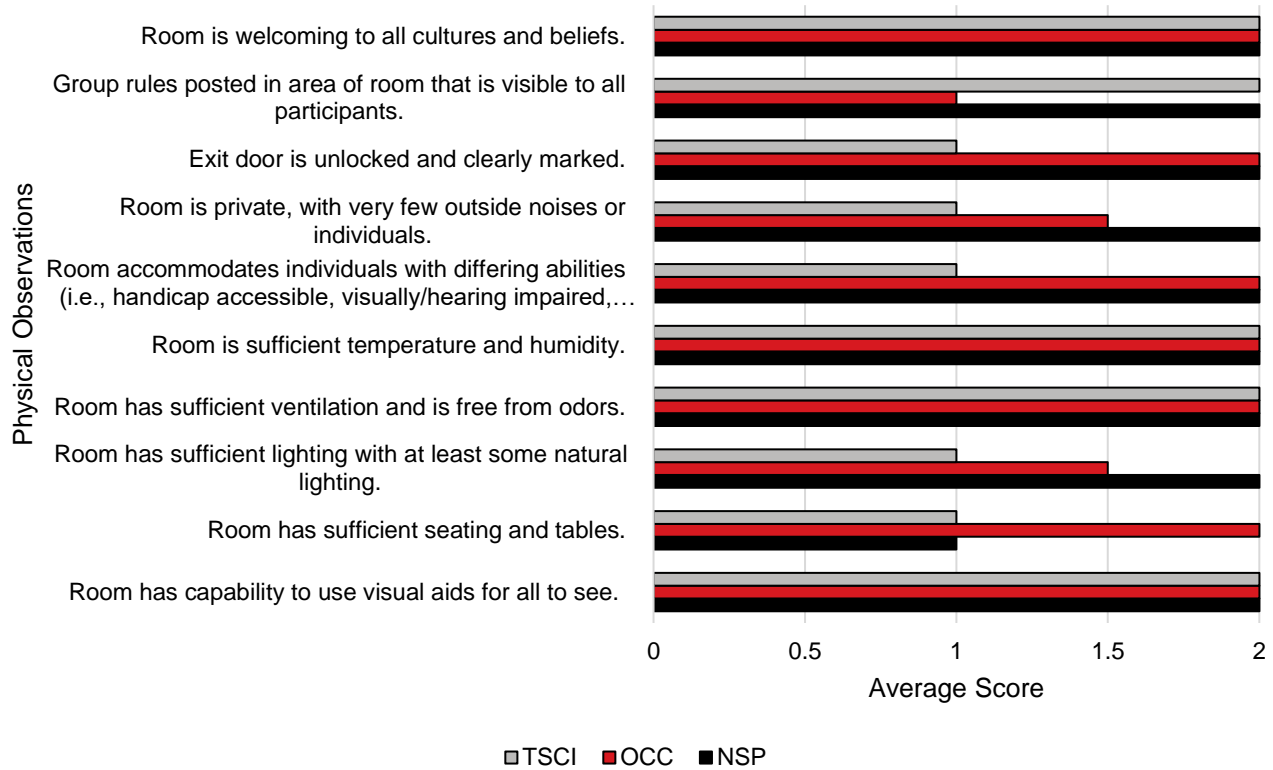
Site Visits: Assessing the Therapeutic Environment

We began the process evaluation by conducting site visits to each of the three NDCS facilities where VRP was offered: the Nebraska State Penitentiary, Omaha Correctional Center, and the Tecumseh State Correctional Institution.^d During the site visits (February and March of 2023), evaluators observed the VRP program provided to NDCS participants. NCJR evaluators completed standardized site observation checklists for each site of program delivery to assess the therapeutic environment in which the program is delivered. In general, the therapeutic environment includes the physical, environmental, and emotional safety of participants.^{35,36} This can include the appropriateness of the physical space, as well as the engagement and communication that occurs during the course of programming. The following sub-section focuses on metrics shown to affect the therapeutic environment. The data was collected by evaluators during site visits. Scores were averaged from two evaluators per site.

Assessing Physical Space. NCJR observed programming at three facilities and rated physical spaces on metrics derived from literature on therapeutic environments in prison.^{28,37,38,39} Per program directions, participants must verbalize their thoughts and emotions through exercises that were designed to modify cognition and behavior. For this to occur, programming must occur in a 'safe space' in all definitions of the phrase, which can be a difficult objective in the context of a correctional institution where residents might normally feel a need to 'keep one's guard up'.³⁹ Data from our observation checklists for the sites is presented in Figure 1. Scores are averaged from two evaluators at each observation. Ratings indicate 0 = 'not in place'; 1 = 'partially in place'; 2 = 'fully in place'. Higher scores represent a more therapeutic environment.

^d VRP is also occasionally offered at the Reception and Treatment Center and the Nebraska Correctional Center for Women but was not being offered at the time of evaluation data collection.

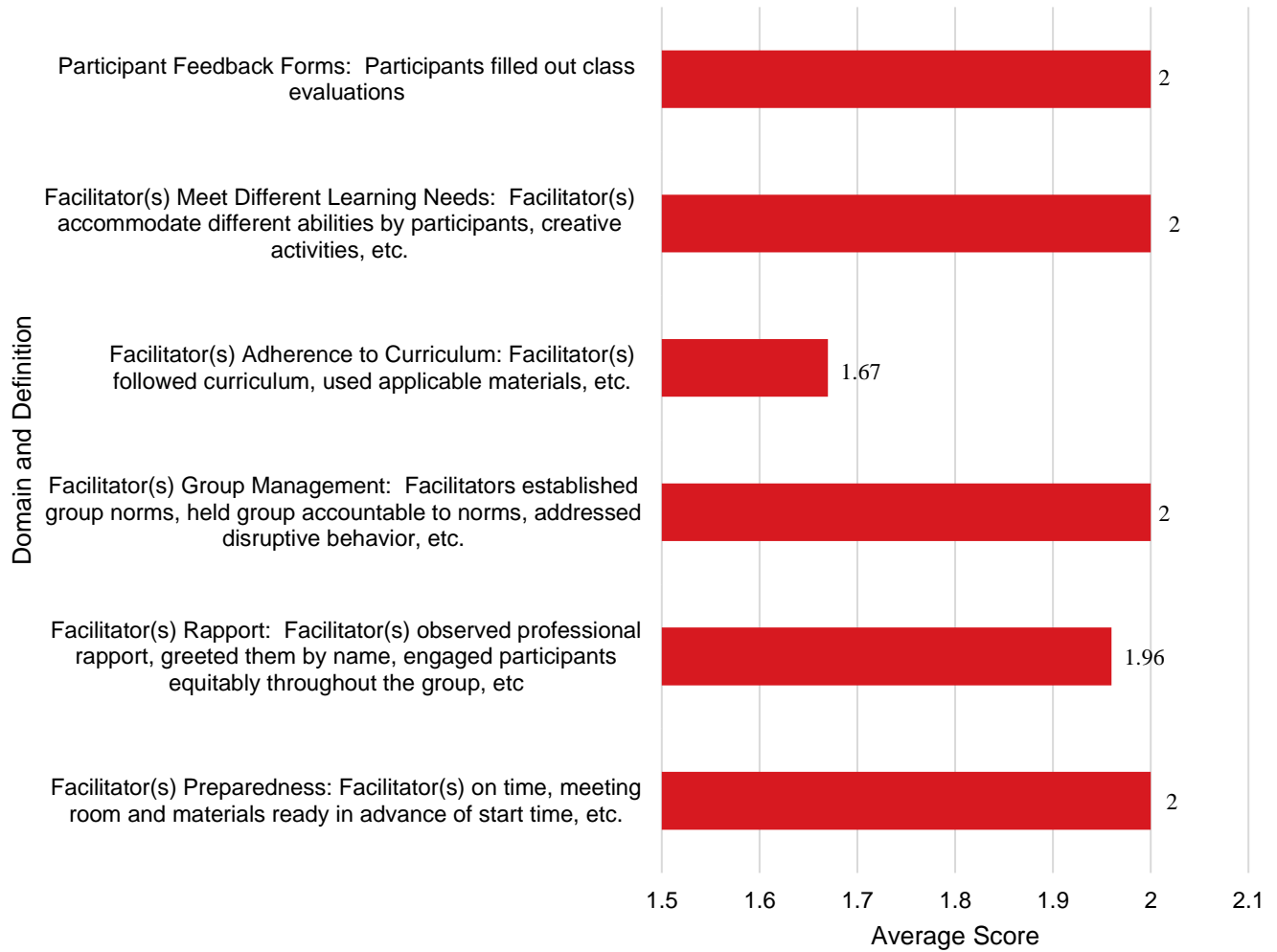
Figure 1. Physical Site Observations: Across Facilities



The Nebraska State Penitentiary (NSP) had the highest overall scores, with the only concern being a shortage of seating and tables. Tecumseh State Correctional Institution (TSCI) had the lowest scores of the three observed. Implications for these ratings are that the physical spaces have room for improvement at all locations, particularly tables and seating.

Figure 2 derives from a programming observation checklist that was averaged across all three facilities. Higher scores mean better adherence to best practices in program implementation regarding the therapeutic environment. The concepts measures center on trust in program fidelity and respecting others (i.e., participants and facilitators alike). Overall, participants and facilitators took steps to ensure a welcoming environment that was focused on respect of persons and adherence to rules of the facility and program. Facilitators occasionally went off-curriculum to address participant concerns unrelated to the program, or they utilized skillsets developed during their tenure.

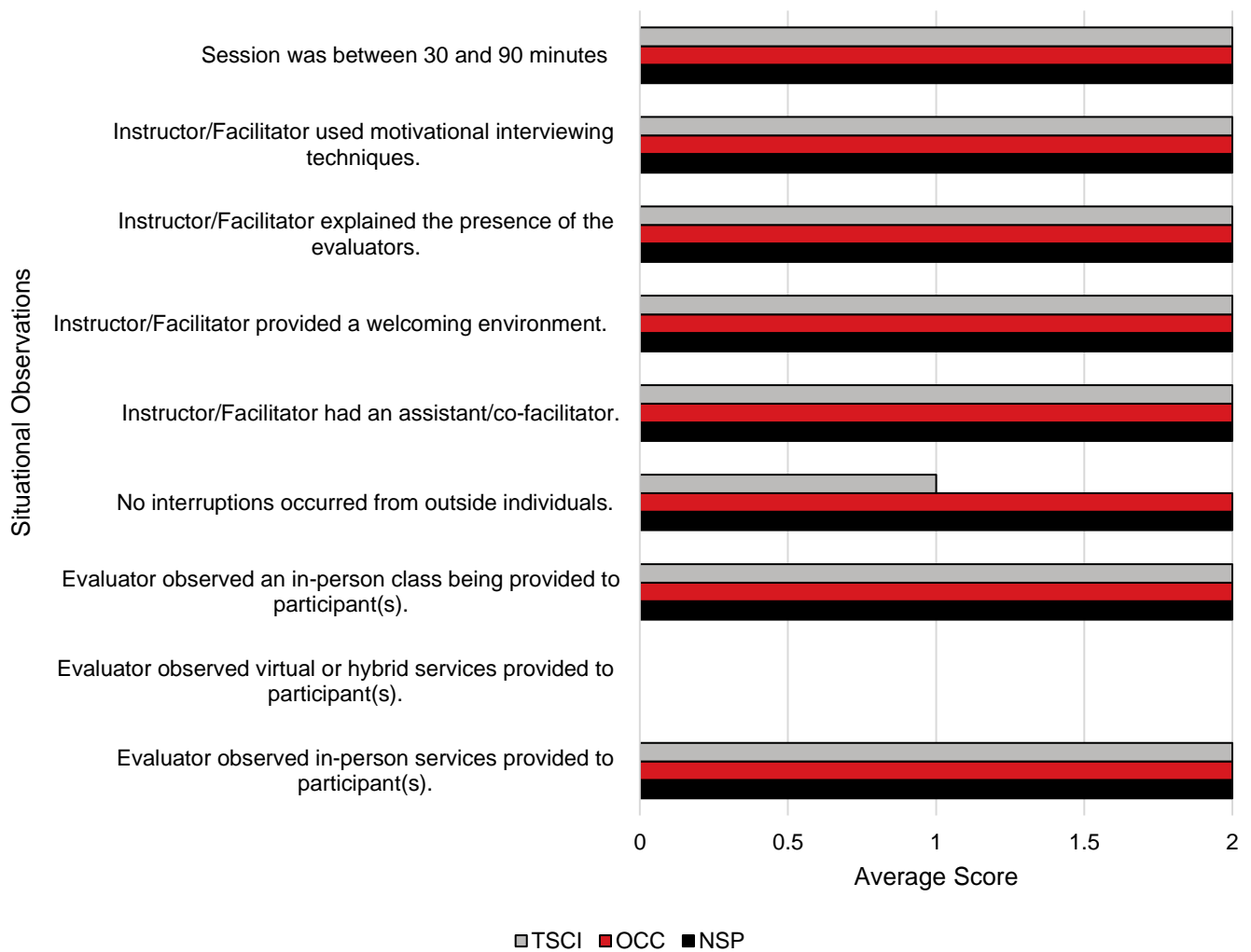
Figure 2. Programming Observation Checklist: All Facilities



Assessing Situational Components. Programming occurs within the therapeutic environment described above, but structural components of fidelity, such as facilitator preparedness and adherence to the curriculum, also impact program effectiveness.³⁴ Since VRP does not currently have an established fidelity checklist, we created a generic programming observation checklist to partially assess situational components of programming. As with the physical space observation checklist, higher scores represent higher levels of fidelity. Ratings indicate 0 = 'not in place'; 1 = 'partially in place'; 2 = 'fully in place'.

Figure 3 presents findings on situational observations. All sites scored high on situational observations, with only TSCI having some minor interruptions that are common in secured facilities. While this checklist does not rate fidelity to VRP model, its findings suggest NDCS creates a welcoming and treatment-friendly environment and culture for group sessions.

Figure 3. Situational Observations: Across Facilities



Interviews with NDCS Staff

Nine NDCS clinical staff worked to implement the VRP program during the first few months of 2023. The evaluation team had the opportunity to interview clinical leadership, the Clinical Violence Offender Review Team (CVORT), and program facilitators between February and April of 2023. The occupation titles and years of experience at NDCS are provided in Table 2 below.

Table 2. NDCS Clinical Staff Representation

Staff Identifier	Current Position	Years at NDCS
Staff #1	Clinical Treatment Manager for Violent Offense Services	20
Staff #2	Psychologist	12
Staff #3	Behavioral Health Practitioner One	5
Staff #4	Behavioral Health Practitioner	35
Staff #5	LIMHP Behavioral Practitioner IV	12
Staff #6	Licensed Mental Health Practitioner	4
Staff #7	Licensed Clinical Social Worker	4
Staff #8	Psychologist Supervisor	6
Staff #9	Chief Psychologist for Mental Health Services	5

During the interviews, staff were asked to describe the training they received that has equipped them with skills to manage components of the VRP program. Direct quotes are intentionally excluded in this report to protect the identity of staff members. Staff who had been with NDCS longer remember being trained on the VRP program and conducting assessments, while newer staff receive what was described as an apprenticeship or 'watch-and-learn' style of training for program facilitation. Most VRP staff indicated they would likely benefit from additional assessment training. Staff interviewed had educational backgrounds and professional licenses that provided a strong foundation for the work they do for the department.

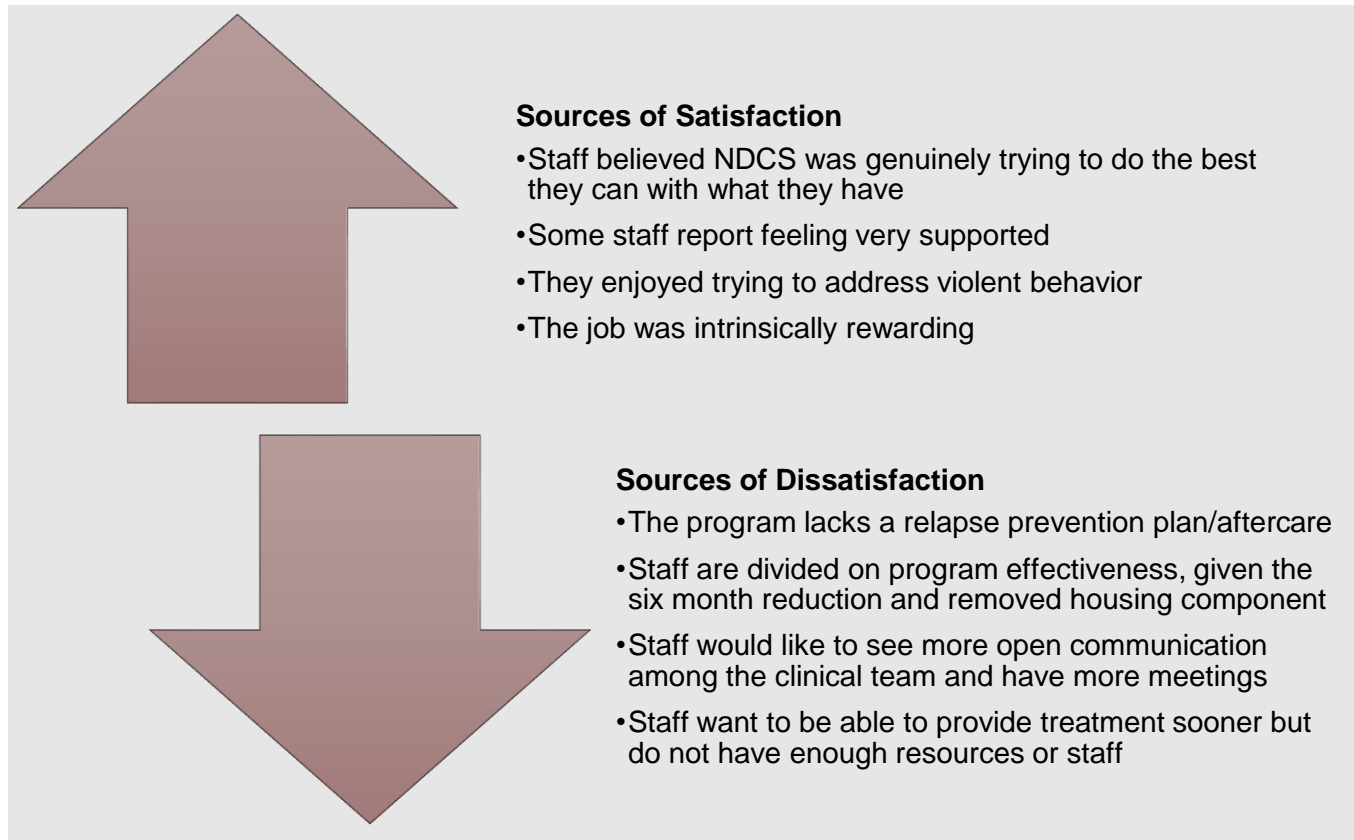
The staff were also asked how their performance with the program was evaluated by NDCS leadership. We provided examples to aid the staff, including program-related content in their annual evaluations, quality control units observing their work and interactions with program participants, or leadership reviewing survey data of participants who participated in their programs. All the staff we interviewed did not report any such evaluation, but instead reported that they believe they are effective in their efforts as a result of reflecting on the feedback they receive regularly from participants. Additionally, most staff members we interviewed were eager to participate in the evaluation process in order to receive additional feedback on their performance within the VRP program.

One of the things reported most (89%) from of the staff, on the one hand, is that they liked, or loved, their jobs. Reasons why they enjoyed their employment include having the opportunity to try and reduce violent behavior (55%), making a difference in the lives of participants (77%), and feeling supported in the work they do by NDCS overall (77%). On the other hand, staff also reported issues they were dissatisfied with their employment, mostly related to communication issues within the department. This issue in particular can be expected in any workplace setting to some degree.

A source of frustration reported by 55% of staff interviewed was a lack of communication. For example, add-on participants and roster changes were made with little-to-no explanation to the staff facilitating the programs, who were then left to navigate the negative repercussions of changes in group dynamics. Another example reported by staff was that eligibility assessment scores (e.g., VRS-SV) would be overridden by higher ranking clinical staff, but not explained to staff to learn or understand why the change was made. Many staff interviewed suggested more meetings with upper clinical management would be helpful to discuss and communicate challenges in programming. The last commonly

mentioned source of dissatisfaction reported by 22% of staff interviewed was not being able to serve as many participants as they would like in a timely manner. The reasons for staff satisfaction and dissatisfaction are visually represented in Figure 3.

Figure 3. Sources of Staff Satisfaction & Dissatisfaction



Regardless of job satisfaction, almost all program facilitators were concerned that their efforts were not effective without relapse prevention plans or a structured systematic aftercare program. Staff were also both unsure and divided in their perceptions of the effectiveness of the program following a reduction in the length of program delivery. Some were also concerned that VRP no longer included the housing unit component recommended for use by the VRP manual.

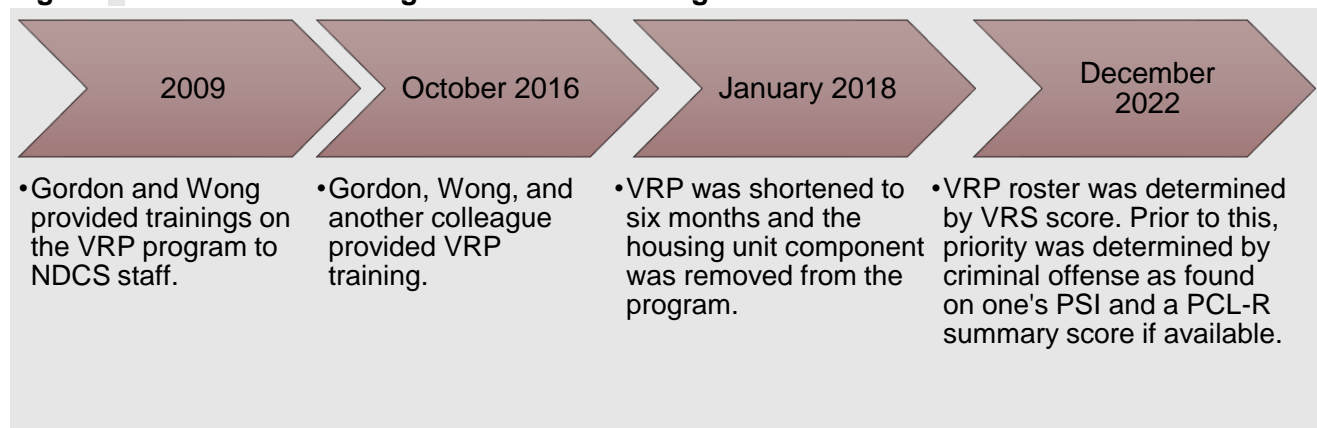
The Evolution Timeline of the VRP Program at NDCS

The evaluation team was provided with a robust history of the evolution of the VRP program when interviewing staff, attending evaluation meetings with administrators, interviewing former participants, and observing programming. Staff provided the richest information for evaluators to understand the evolution of the program. As previously stated, some staff were working for NDCS when the VRP program was adopted in 2007, and others were newer to the scene. CVORT members reported that screening eligibility had changed many times since the program's inception. In contrast, screening indicators utilized that remained unchanged included 1) index crimes of violence and 2) reports of

violent behaviors while institutionalized (e.g., recent threats or acts of violence towards others, involvement in security threat groups, possessed or used weapons).

While many programmatic changes were discussed by staff during interviews, select events (see Figure 4) likely had a substantial impact on program fidelity. For example, multiple individuals noted that booster training has not occurred recently. Indeed, two training courses were provided by Gordon and Wong to NDCS staff since adopting the program. One training was provided in 2009 and another in 2016. We assume staff may be better equipped to adhere to the program model when program training is fresh in their minds. Unfortunately, there were only two individuals still working with the department when the most recent training was held in 2016. This means most facilitators learned on the job or from one of these two facilitators. It is notable that prior research has indicated that reductions in training, and a lack of boosters, result in a drop in fidelity for any program over time.⁴⁰

Figure 4. VRP Timeline of Significant Event Changes



Another significant VRP program change was implemented in January of 2018, reducing the length of the program from twelve to six months, and removing the shared housing units component. While there may have been various reasons for making this transition, it is important to acknowledge that true program fidelity to the VRP program requires embracing the flexibility of timing and individual movement through the stages of change. Program facilitators discussed how some participants were able to move through the program in six months, whereas others need more time and feel left behind as the program cohort moves forward.

One of the last significant changes to occur was the move to determine VRP eligibility via the Violence Risk Scale (VRS), one assessment recommended by Wong and Gordon,³⁵ instead of the previous process of identifying a set of criminal offenses with a PSI and administration of a Psychopathy Checklist-Revised (PCL-R). Thus, with these changes in screening, the program may be treating different type(s) of participants over time.

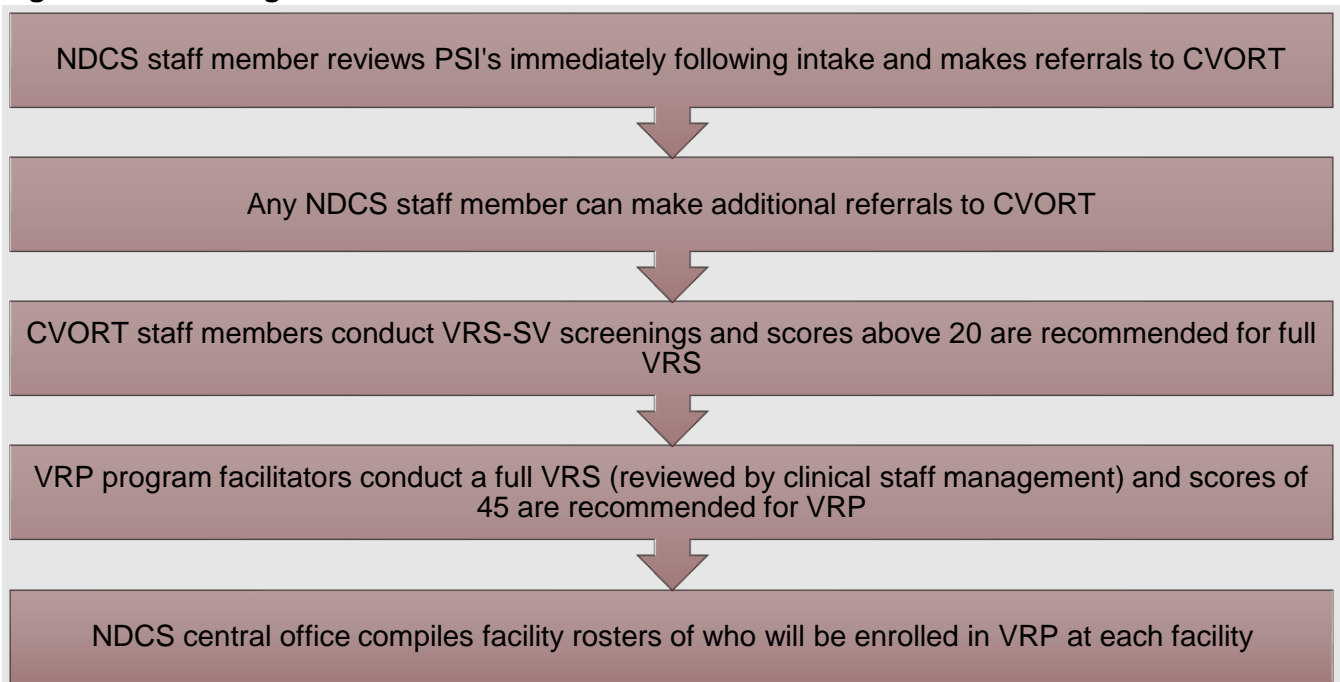
Assigning Participants to the VRP Program at NDCS

Interview data revealed that NDCS clinical staff make considerable efforts to ensure participants who could benefit from the program can receive VRP. Gordon and Wong claim the VRP program is most suitable for antisocial individuals with violent tendencies.⁴¹ To screen participants, an NDCS staff member reviewed all incoming individuals arriving at NDCS and made referrals to the CVORT review

board. The information reviewed was stated by staff to primarily derive from one's PSI, if available.^e Regardless, other NDCS staff were also allowed to make referrals to the CVORT review board, but the staff we interviewed indicated that this rarely occurred.^f

Members of the CVORT review board then reviewed the referral list to determine who should receive a VRS-SV screening. VRS-SV scores of 20 or above were recommended for the VRP program, absent some mitigating or aggravating circumstance. The VRS-SV was found to not be applied evenly to all participants across program implementation and facilities. Sometimes, in some years and some facilities, the VRS-SV was skipped and a full VRS was given. After reviewing the results of whichever assessment was provided, CVORT made a recommendation to offer the program to individuals scoring high enough. Individuals who did not score at least 45 were not typically offered the program. If offered and accepted, individuals without a VRS were then typically, but not always, given a full VRS to determine treatment goals.

Figure 5. VRP Assignment Process at NDCS



Seven out of the nine clinical staff members interviewed and responsible for aspects of the screening process reported feeling overwhelmed by their VRP assignment duties (77%), including screening

^e A PSI is a document typically compiled by a member of the Courts for purposes of bringing together all the historical criminal information on a convicted person, and can include police reports, victims' statements, criminal history record, and various other data such as anecdotal and aggregated information. In Nebraska, a PSI is typically conducted by a probation officer assigned to the court. PSIs are helpful in court to determine an appropriate sentence in accordance to law, but we could find very little evidence of it being used in other instances in other agencies. There is no mention of using PSIs in the VRP manual, but best practice is to review the best source of data available to make referrals for clinical review. The clinicians at NDCS viewed the PSI as the most reliable and comprehensive data source available.

^f While this question was asked of every staff interviewee, one staff member quantified it at 2%. Our outcome analysis shows the number is actually 5.5% - meaning just under 95% of individuals screened are not offered VRP.

referrals (i.e., PSI review), VRS-SV screenings, or full VRS assessment. Both the quantity of work required, and absence of proper assessment training contributed to this. Additionally, some staff felt that parts of the process were inefficient or unclear (33%). It was also observed that screening referrals made without assessments were at the discretion of a single staff member. It should be acknowledged that any program referral or recommendation made without assessment introduces an opportunity for bias (e.g., age, ethnicity, criminal offense, gender, nationality, and race) and should be avoided when possible.⁴⁰ On the other hand, making a referral based solely on assessment scores can allow participants to self-select into the program with the intention of using it to justify their parole. A balance of assessment scores and clinical judgement are required to identify the population best suited for any particular treatment program.

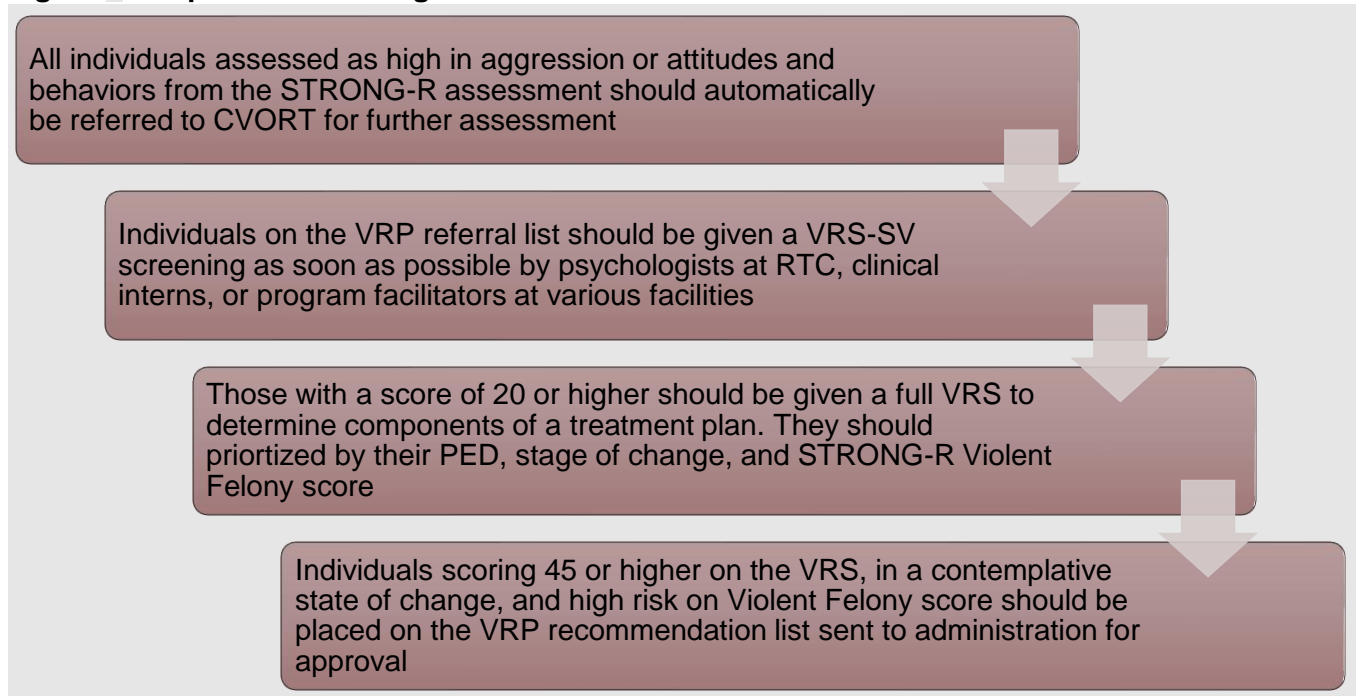
Assignment Recommendations

Following our evaluation of the assignment process, we determined NDCS would benefit from a set of assignment recommendations. First, a risk reduction treatment program should be complimented with an assessment and usage of the RNR model when treating violence prone individuals.⁴² The VRS assesses for both violent behavior and treatment readiness, but it is not manageable, nor necessary, for every individual admitted to NDCS. For feasibility reasons, other assessments may be used in combination with the VRS to gauge risk and needs, assuming such assessments are not limited to static factors that only predict risk. NDCS currently administers the STRONG-R at every intake. The instrument has been validated on the NDCS population and utilizes both static and dynamic factors to assess individuals' risk to reoffend generally and for violent recidivism specifically. We recommend it be used to determine who CVORT assesses with the more violence-specific VRS or VRS-SV. However, the STRONG-R assesses criminogenic needs across ten domains: Criminal History, Residential, Education, Employment, Peers, Substance Abuse, Mental Health, Family, *Aggression*, and *Attitudes & Behaviors*.⁴³ To make it specific to the target population, we recommend that individuals assessed as high needs in the *Aggression* domain or *Attitudes & Behaviors* domain be referred to CVORT for review and subsequently assessed via the VRS or VRS-SV to gauge violent behavior risk and treatment readiness. This would ensure eligibility is determined by needs assessed by an actuarial tool and a clinical review.

Priority for VRP participation should be given to individuals with an upcoming parole eligibility date (PED), a high classification on the STRONG-R's Violent Felony scale, and in the contemplative stage of change.^{12,44} This would allow priority to be determined by pragmatic, actuarial, and clinical considerations.⁹ Therefore, we propose a 'recommendation list' of eligible individuals, including metrics of priority considerations, be sent to NDCS administration to compile roster lists at each facility. We also recommend the administration include a review by a senior correctional officer to identify potential security threats within cohorts (i.e., rival gang members, victims and offenders in the same group). These additional steps should improve the overall group cohesiveness, limit the range of personalities/issues, and contribute to a therapeutic environment by increasing feelings of safety and security. The recommendation list and metrics of priority sent to NDCS administration should also those high on psychopathy, ensuring that NDCS administration does not place too many of these individuals in the same group that would impede program progression. These suggested changes outlined above are outlined in Figure 6.

⁹ VRP also incorporates the State of Change Model to assess progress towards intermediate goals. The State of Change Model suggests that individuals modify their anti-social behavior through a series of stages: pre-contemplative, contemplative, preparation, action, and maintenance. Limited resources are best allocated to individuals assessed as "contemplative" (i.e., one realizes their current behavior is not resulting in desirable outcomes and would be open to behavioral changes and guidance).

Figure 6. Proposed VRP Assignment Process for NDCS



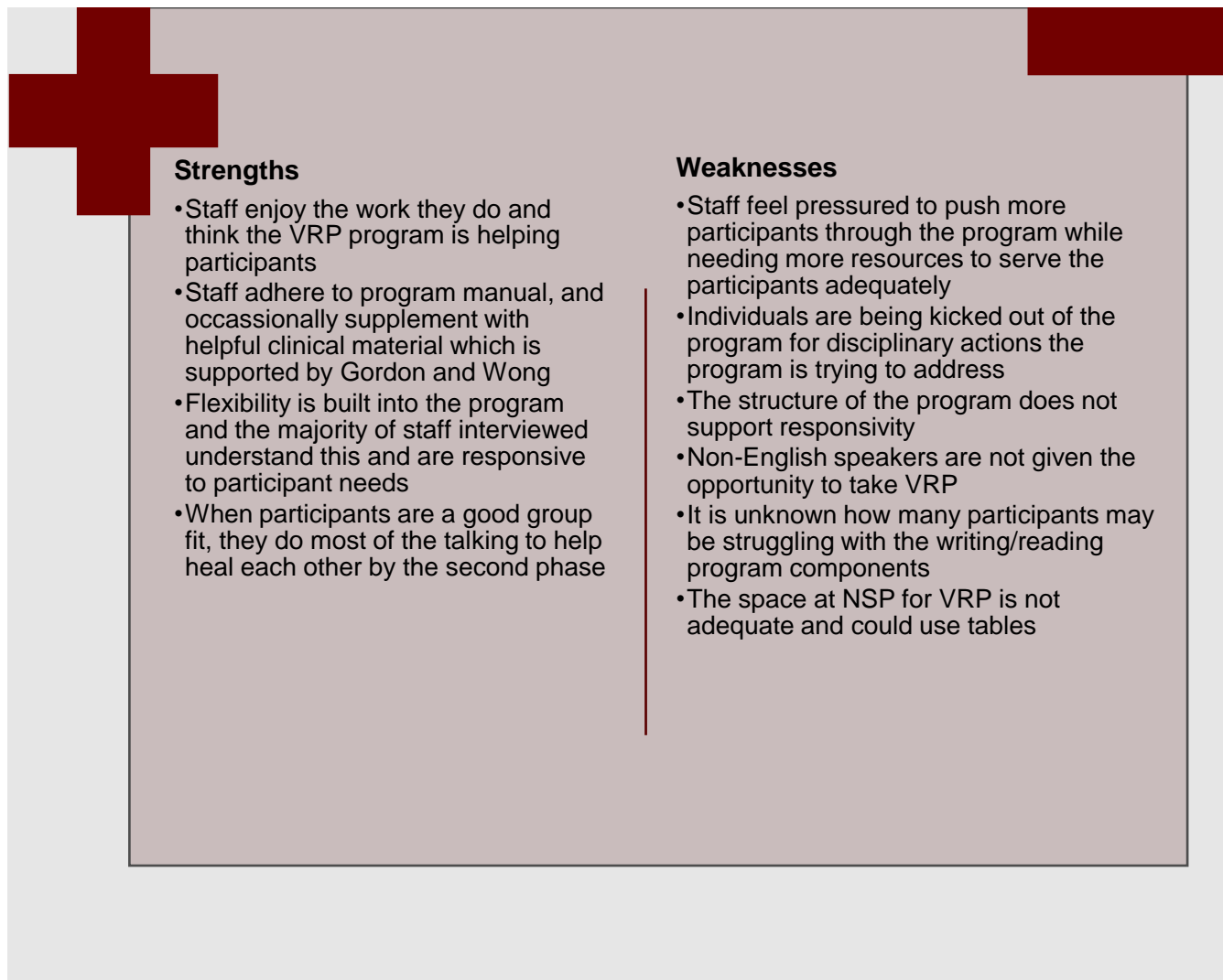
Strengths and Weaknesses of the VRP Program Implementation at NDCS

As indicated, to achieve similar outcome improvements, agencies should seek to implement the VRP program model as prescribed.^{45,46} While there are many strengths of the NDCS implementation of VRP that still remain, our process evaluation noted several weaknesses that have developed over time, potentially impacting program effectiveness. The strengths and weaknesses the evaluation team compiled from the staff interviews regarding the VRP program implementation at NDCS are summarized in Figure 7 below.

One of the major strengths of the VRP operating at NDCS is that 89% of interviewed staff enjoy their work with the VRP program and see changes happening for participants with whom they work. As such, there is considerable buy-in for the VRP by NDCS clinical staff. Additionally, all program facilitators (100%) reported using the VRP program manual that is occasionally supplemented with additional resources that are helpful to the unique needs of participants. For example, some staff mentioned using the domestic violence power and control wheel to help participants recognize unhealthy relationship behavior. Staff seemed unsure of whether this practice was permitted, but Wong and Gordon say interventions consistent with the VRP program content can be incorporated within VRP to expand learning.¹²

Flexibility to use outside resources is one way the staff demonstrated they were responsive to the needs of participants. All program facilitators also provided several examples of how they do their best to meet participants where they are to help them learn the material. Staff reported and evaluators observed participants helping each other learn and move through the material, which is indicative of participant buy-in with the program material and an appropriate therapeutic environment. Thus, another program strength is that the program facilitates a therapeutic environment where social reinforcement from peers is available to support pro-social behavior.

Figure 7. Summary of the Strengths and Weaknesses of VRP at NDCS



One staff member was concerned that NDCS as an organization did not have a clear goal for the VRP program. The staff member asked the evaluators, “(paraphrased) is the goal to get as many participants as possible through the program or to reduce the violent behavior of those who complete the program?” In the examples provided by this staff member and others, it appears these two goals cannot coexist without additional changes. While the opinion of one employee does not suggest a theme, it does encapsulate the concerning sources of program fidelity reported by other staff. For example, all interviewed staff (100%) felt pressured at one point or another to serve more participants yet also mentioned needing at least one of the following resources: more supplies (11%), larger program facilitation space at NSP (33%), more staff (33%), more competitive salaries to attract qualified/retain staff (44%), and additional time to assist participants who are not progressing through the stages of change and meeting program goals (55%). This pressure was experienced in a variety of ways due to facilities having different staffing dynamics, as well as differing staffing responsibilities and authority.

One reason NDCS may not be able to achieve higher program completion numbers is due to participants being removed from the VRP program when found guilty of behavioral misconduct. Unless a participant is actively and consistently preventing the progression of the VRP, this policy should be revisited, as Wong and Gordon claim lapses during the program should be used as opportunities to learn and interrupt dysfunctional cognitive behavioral patterns associated with violence.¹²

Staff also reported participants may not be improving or progressing through the program material due to struggling with the reading and/or writing portions of the program. NDCS historically tested reading comprehension and writing but staff reported these tests were often not available to view or conducted too late in the VRP assignment process. Lastly, staff indicated that more participants would have the opportunity to take VRP if the program was offered in additional languages (e.g., Spanish).

Interviews with Participants

We interviewed five former participants of VRP, each individually and inside an NDCS facility. This section presents the findings from a thematic analysis of those interviews. Figure 8 summarizes the participants' satisfaction and dissatisfaction.

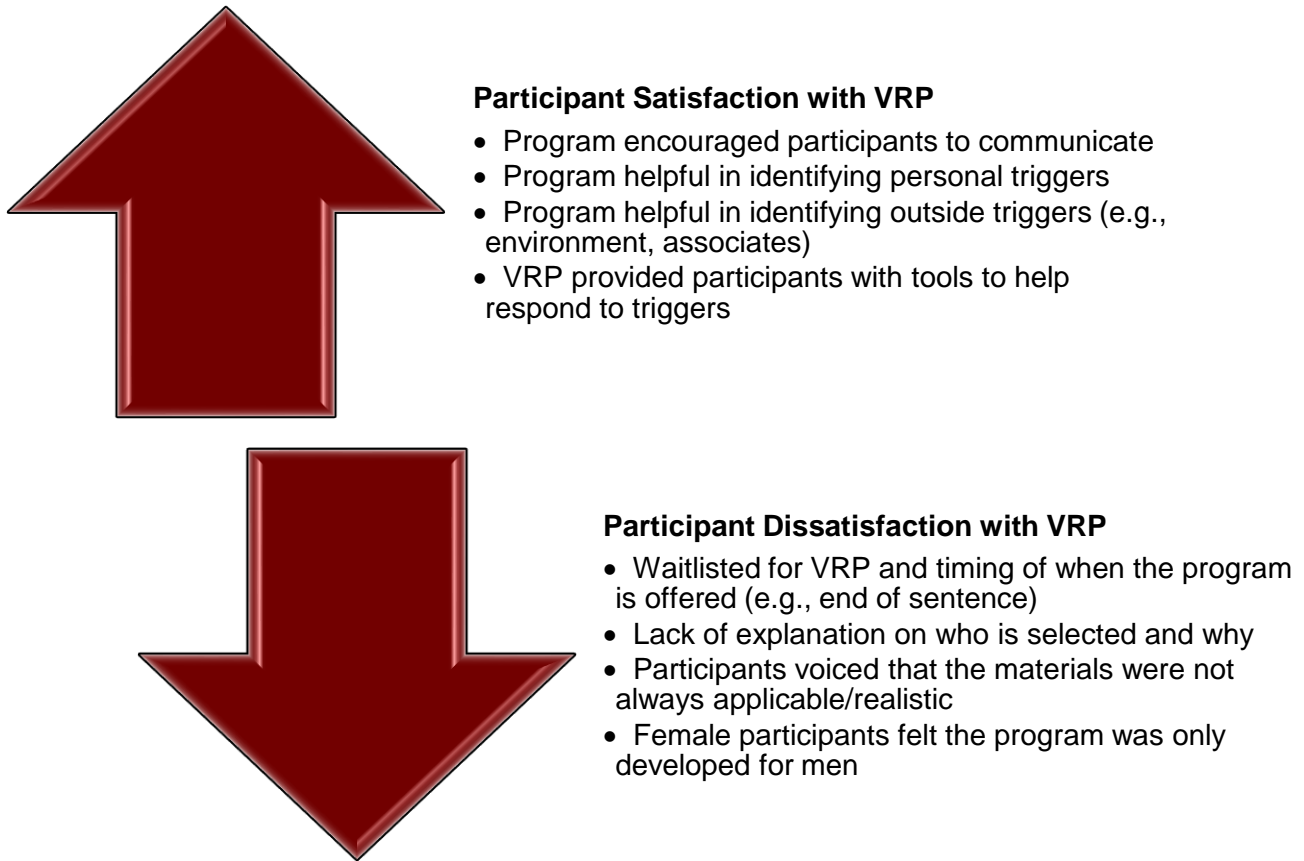
Participant Satisfaction.

Participants generally found VRP to be beneficial for several reasons. First, VRP participants discussed how the program encouraged communication. Nearly all participants expressed that the program allowed for reflection in order to identify some of the catalysts of their past violent behaviors. Discussing past trauma appeared to be especially helpful for some participants. Second, the program also helped participants recognize their current triggers to violent behaviors, such as associating with certain individuals and/or environments. For instance, interviewees discussed how other individuals under supervision and/or staff sometimes triggered feelings of frustration and/or rage, and how they were currently able to identify these triggers following VRP. Third, in addition to identifying these triggers, the program was able to provide participants with tools/skills to help respond appropriately to triggers in the hope of avoiding future conflicts and acts of violence. As one example, a participant mentioned how they now consider the consequences of responding to these triggers with violence, while previously they had not.

Of note, almost all participants mentioned the importance of being ready for change or necessity to being ready to fully participate in the program for VRP to ensure success. As one participant mentioned, "But the bottom line is if a person is not ready to change, they're not going to...". Further, participants mentioned the potential of misusing resources on those who are not yet ready for the program. For instance, another participant stated, "I feel like if you're ready to do it and change - like you're forcing people to do something they're not ready to do yet in their life. They're just going to skate by, and I feel like that's a big waste of money."

Overall, participants reflected on VRP as a positive and useful experience. Some shared the homework they completed within the program with loved ones and spoke about how they continue to use what they learned in the program. One interviewed participant stated, "I feel like this program really changed my life." Another stated, "Because I feel if I didn't take that class, I don't know where I'd be right now."

Figure 8. Sources of Participant Satisfaction and Dissatisfaction



Participant Dissatisfaction.

In contrast to these areas of satisfaction, participants expressed dissatisfaction with several aspects of the program. First, all participants voiced how long they and others had to wait to join VRP programming. Multiple participants stated that there was a waitlist and that accessing VRP was also an obstacle other individuals encountered. One participant stated, “It’s hard to get into, there’s so many people trying to get into the program.” Others suggested that it could take “six months” to “10 years” to get into the program. Some participants voiced that other individuals who were told they would be joining the program were still waiting.

Second, multiple participants voiced frustrations related to the timing of when VRP programming was offered, suggesting that they were placed in programming later in their sentence, when they are about to be ‘out the door.’ With this, participants felt that other individuals would benefit from accessing VRP earlier in their sentences. Third, participants often voiced frustration over the lack of explanation regarding staff decisions. For example, there appeared to be confusion surrounding why they were selected for VRP and/or who gets selected for VRP.

Fourth, our one female participant was concerned that VRP programming was developed and/or geared toward men. She indicated feeling like a ‘guinea pig’ because she was told the program hadn’t

been used with females previously – a detail that may not have been accurate and likely not clinically relevant information.

Fifth, specific to the VRP program material, multiple participants stated that the examples used within VRP were not realistic, limiting their ability to relate to the material. Finally, while not directly indicated, it appeared that at times the program and/or staff were not appropriately adhering to participant needs and/or individual characteristics, such as their learning/educational level and abilities. For instance, one participant reported that he had a second-grade education, and stated that he was ‘so nervous’ to participate in VRP, due to his writing abilities. Furthermore, one participant mentioned that English is not always the first language among program participants. The method in which the department addresses language barriers was not clear based on these or staff interviews.

Outcome Evaluation

A program’s outcome evaluation examines the period following programming to determine if the program resulted in its intended outcomes. The relevant question for this outcome evaluation is whether the VRP participants fared better than non-participants regarding institutional and community outcomes. The following section first briefly describes the outcome evaluation methodology. A full methodological description is available in Appendix II. The following section concludes with the results of the outcome evaluation.

Methodology

Outcome data was collected for all individuals screened by the clinical team for potential offering of VRP. Study measures used administrative sources for both institutional outcomes and community outcomes (i.e., recidivism). The data included program metrics and dates of participation, offering, and screening. It also included demographics and item-level data from the risk/needs assessment used by NDCS.^h

All analyses were limited to the time-period July 1, 2018, to September 28, 2022. This timeframe was selected for three reasons. First, meaningful policy changes (outlined in the process evaluation) occurred in January of 2018. Allowing for a six-month adjustment period, we sought to assess the current, modified VRP structure. Second, we wanted participants to have completed programming before our six-month lag period. A lag period in an evaluation follow-up is desirable to capture completed information, as data entry and court records rarely occur in ‘real-time’. Third, this timeframe included most individuals housed at NDCS having been administered the STRONG-R risk/need assessment that we used to improve the accuracy of the balancing procedure (see below).

Ideally, a randomized control trial would be implemented to assess program effects. However, this type of research design is often not ethically feasible. As a result, we utilized a statistical balancing procedure to equate VRP participants with selected control group subjects. Using an advanced balancing procedure, we simulated random assignment to VRP using 32 different measures, allowing the analyses to fairly compare VRP and control group subjects (see Appendix II).

^h The Static Risk and Offender Needs Guide Revised – Nebraska version (STRONG-R) contains 92 items assessing static and dynamic variables for risk and needs classification. This assessment is provided through a semi-structured interview within seven days of intake to the NDCS. It is scored in a computer program that provides summary risk/needs scores for each of 10 domains (Criminal History, Residential, Education, Employment, Family, Friends/Peers, Alcohol/Drug Use, Mental Health, Aggression and Attitudes & Behaviors). The overall risk model is gender-specific and can assess the risk for violent, property, drug, or general felonies. See Hamilton and colleagues (2016) for more details on the original STRONG-R, developed for the Washington State Department of Corrections.

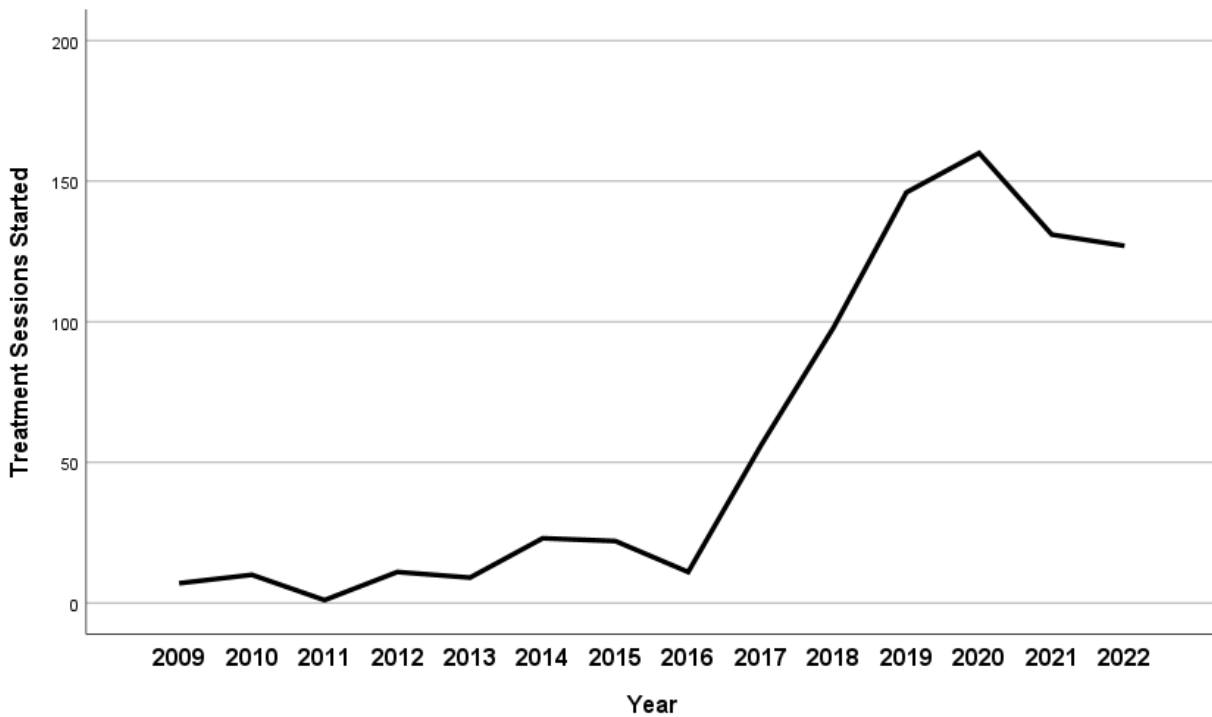
Outcome Measure Results

The following section presents the quantitative findings of NCJR's VRP outcome evaluation. We begin with a description of the participant and comparison group characteristics. Next, we examine institutional outcomes (i.e., violent, serious, & non-serious misconducts) and conclude with an examination of community outcomes (i.e., returns to prison, new felony convictions, & new violent felony convictions).

VRP Characteristics

Implementation of the VRP began in 2007. Between 2007 and March 2023, CVORT, the specialized mental health team responsible for screening individuals, conducted 1,748 screenings on 1,176 individuals. CVORT offered VRP to 95% of eligible individuals and the participant accepted enrollment 71% of the time. Of those offered, over 43% of individuals were offered VRP programming more than once. Treatment sessions began in 2009, resulting in 846 official 'starts' of programming for 610 individuals. Figure 9 describes the trends of starts across the years of implementation.

Figure 9. Frequency of Individuals Starting VRP Programming by Year



As indicated, participation in VRP increased substantially in 2017. As described in the process evaluation, this substantial uptick in participation was a result of the reduction of programming duration, reduced from 12 to 6 months. Therefore, by 2020 participation increased to over 150 annually, before reducing slightly in 2021 and 2022.

Sample Characteristics

Due to the substantive change in program implementation occurring in early 2018, and to increase the applicability of findings for current VRP provisions, we reduced the sampling frame, analyzing only participants of the most recent four and a half years of VRP implementation. Additionally, we excluded those who were still enrolled in programming at the time data was pulled to allow for a sufficient follow-up period to assess study outcomes.

Participants in the treatment group began their programming between July 1, 2018, and September 30, 2022 ($n_t= 434$). Several categories of participation and completion types were examined. Determination of the type of completion is made by the CVORT based on programming performance measures. For these measures, each individual is assessed at Phase 1, Phase 2, and Phase 3 by the facilitator or CVORT member and determined to be adequate, satisfactory, or were terminated or withdrew from the program. Types and proportions of participation and completions are presented in Table 3.

To be considered 'satisfactory', enrolled participants must have an average score of at least 85% overall and demonstrate no aggressive and/or violent behaviors, no substance abuse, and no disruptive behaviors demonstrated during group sessions. They must also demonstrate consistent compliance with staff directives and have no unexcused absences from the group.

To be considered 'adequate', enrolled participants must have an average score of at least 70% overall and demonstrate appropriate attendance. 'Unsatisfactory' is also a possible completion status and is assigned if the enrolled participant has an average score of less than 70% overall. Somewhat unexpectedly, 'unsatisfactory' was not observed in the current sample.

A participant is terminated from the program if a serious misconduct or crime is committed during treatment. However, a review of case notes showed that many times when an individual is terminated, the participant refuses to participate in sessions. This may be inflating terminated statuses and deflating the final completion status: withdrawn. Withdrawn is typically assigned when an individual is transferred to a new facility for any reason or is released to the community. Table 3 presents frequencies and percentages of types of completions by VRP participants.

Table 3. Types of Participation & Completion (n = 413)

	%	n
Satisfactory Progression	35.8%	138
Adequate Progression	40.4%	156
Terminated from Program	18.1%	70
Withdrawn from Program	5.7%	22

Participants and Non-Participants

To understand how VRP changed an individual's behavior due to programming, we needed a frame of reference in the form of a comparison group. We grouped non-completers who were screened and offered VRP by CVORT during the study period and examined their outcomes relative to the treatment group. Since the comparison group did not have a treatment completion date required to know when to start counting outcomes, we examined rates following the creation of an eligibility date. The treatment group's eligibility date was the date of program start, while the comparison group's eligibility date was the most recent offer date plus the average number of days from offer to treatment for the treatment group.

Table 4 provides demographic and other basic characteristics on both the treatment and comparison groups. Most items are similar across groups, excluding prior VRP offers. However, 19 of the 32 measures compared were significantly different between groups. To equate these differences, we included each measure in our balancing procedure.

Table 4. Demographics of VRP Treatment and Comparison Groups (unweighted)

	VRP Tx Group n _t = 413		Comparison Group n _c = 299	
	x/%	SD	x/%	SD
Eligibility Date	08/24/2020	(483.21 days)	02/22/2021	(431.24 days)
Prior VRP Offers	1.45	(1.87)	0.29	(0.59)
Prior VRP Refusals	0.71	(1.00)	0.20	(0.45)
Age	36.15	(9.82)	35.65	(10.51)
Male	99.03		98.89	
White	28.09		26.67	
Hispanic	14.29		13.33	
Black	47.94		51.48	
Other	9.69		8.52	
Prior Felonies	2.71	(1.67)	3.00	(2.58)
Prior Violent Felonies	1.97	(1.43)	2.17	(2.00)
Misconducts – Non-Serious	49.44	(69.67)	31.02	(46.74)
Misconducts – Serious	8.93	(18.98)	4.71	(8.11)
Days Incarcerated prior to Tx	1,474.18	(1,749.28)	1,452.16	(1,077.79)

Characteristics of persons in the VRP group and the comparison group are also presented in the ‘pre’ columns of Table A2 located in Appendix II. Table A2 includes measures of standardized differences between the treatment and comparison groups, and also contains the “post” balancing characteristics and standardized differences for both the treatment and comparison groups. The remaining analyses in this report utilize the *weighted* sample that effectively equates our VRP and comparison groups.

Institutional Outcomes

The first analysis following the balancing procedure examines institutional outcomes to understand how VRP changed an individual’s behavior due to programming. This included examining the rates of violent or serious prison misconducts following programming. These measures apply to all participants, with varying follow-up periods adjusted in our analyses by converting frequencies into 12-month rates.

As defined by NDCS, we categorized misconducts as either serious or non-serious and violent or non-violent. There were two individuals who escaped and were later returned to prison – these two individuals were removed from institutional outcome analyses for simplicity.

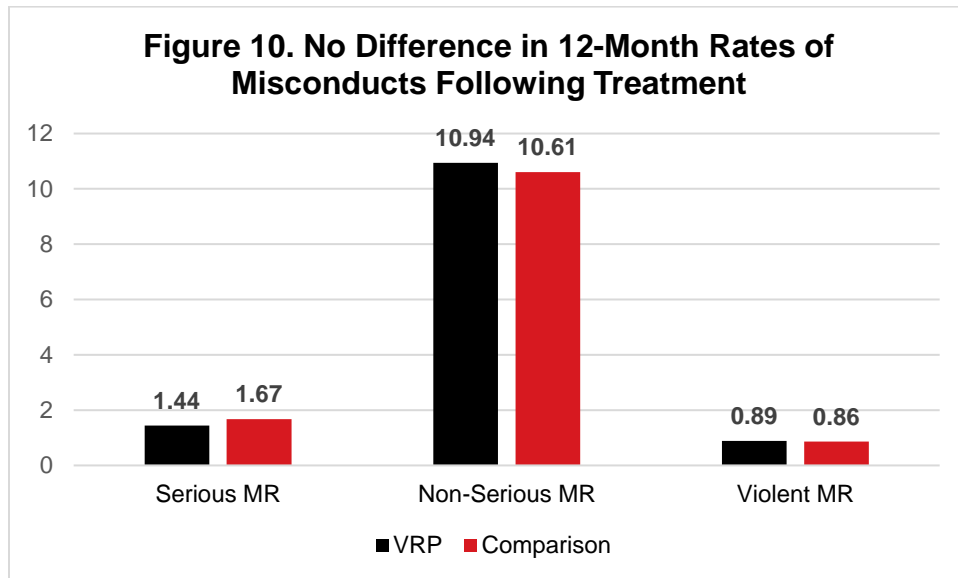
Figure 10 presents one-year rates of institutional misconducts following program completion, adjusted for the number of days (1) between program completion and release or (2) between program completion and date of data pull.ⁱ

Rate Formula: Number of guilty misconducts

ⁱ For those released, we divided the number of misconducts by the number of days between treatment completion and release date. For those not released, we divided the number of misconducts by the number of days between treatment completion and date of data pull (i.e., 3/28/2023). For the comparison group, we used the imputed pseudo treatment completion date.

(days after ÷ 365)

Findings revealed modest, yet non-significant differences between VRP and comparison subjects.^j Meaning, VRP subjects did not demonstrate substantial misconduct reductions following participation, compared to their control counterparts.



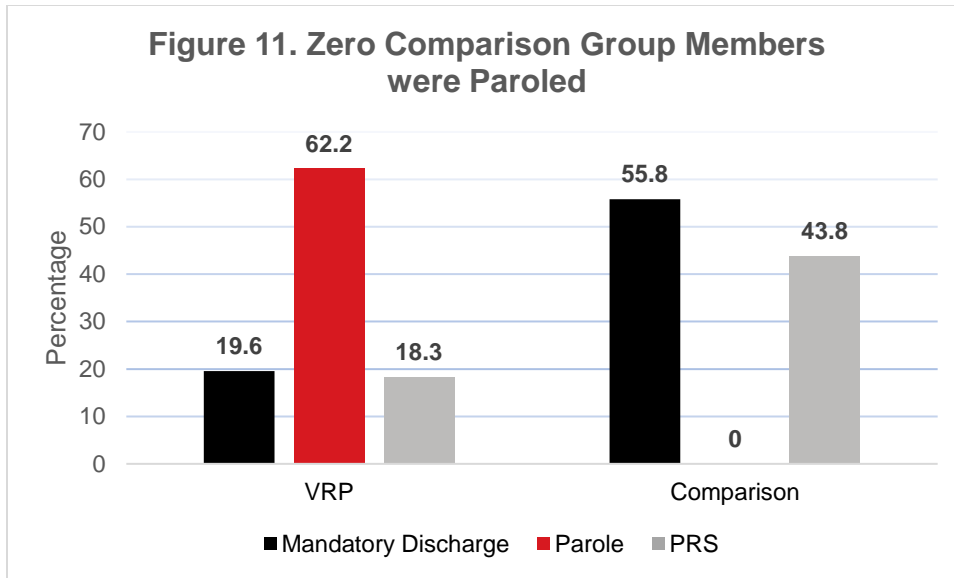
Community Outcomes

We then examined community outcomes following treatment completion.^k First, we present release types by group for context in Figure 11 ($n_i=164$; $n_c=144$).^l It is important to note that zero of our comparison group members were released on parole over the 4.5-year span. Meaning that comparison group subjects were only released via PRS or sentence termination (i.e., jam out). This has implications for VRP participants, as parole does not appear to be granted to comparison subjects, or those eligible but do not participate in VRP. However, parole is not a guarantee of successful reentry, where parolees present a greater likelihood of revocation than subjects on PRS or those released without supervision.

^j "Statistical significance" is a test to determine the confidence we have in the differences being true. The test requires p-values to be less than 0.05 to allow us to be 95% confident that the difference is real. This means there is more than a 5% probability that this observed difference is due to random chance.

^k A pseudo treatment completion date was created for the comparison group using an imputation procedure (see Appendix II).

^l There were six individuals ($n_i= 4$; $n_c=2$) who were deceased and subsequently removed from community outcome analyses.



Returns. Next, we compared the VRP and comparison group subjects' reincarcerations. Examining those released to the community (n=308), 35% of subjects were returned to prison. This excludes four individuals who were readmitted following an escape and six who were deceased. Of those returned, only four (5.0%) were returned following the commission of a new offense following successful completion of parole or discharged without supervision. Notably, the remaining 95% were returned to NDCS custody while on parole. Overall, the VRP group had a 40.9% NDCS return rate, while the comparison group fared much better, with a 9.0% return rate.^m This is a significant difference ($\chi^2 = 40.39$; $p < .001$), indicating those released on parole had a higher rate of prison returns.ⁿ

Convictions. Considering one can be indicted and convicted while in prison, we then examined if new convictions differed by group despite release status. We found that 8.5% of the sample were charged with a new felony following the study eligibility date. Results are presented in Table 5. While comparison group participants were convicted of 0.3% more new felonies compared to the VRP, the difference was not substantial or found to be statistically significant and thus, should not be attributed to the VRP programming.

Table 5. New Felony Convictions

	VRP	Comparison
None	372 (91.6%)	409 (91.3%)
One+	34 (8.4%)	39 (8.7%)
<i>Total</i>	<i>406 (100%)</i>	<i>448 (100%)</i>

p-value = 0.863

Next, we compared VRP with the comparison group on new felony convictions post-release. Study findings are provided in Table 6. When examining community releases, VRP participants recorded a 2% higher rate than the comparison group, yet again, the difference was not substantial and did not reach statistical significance. Thus, despite VRP participants possessing a greater rate of new offenses in contrast to comparison group subjects, this difference is not attributable to programmatic effects.

^m Balancing weight applied to all analyses in this section.

ⁿ Chi-square test for differences in categorical variables.

Table 6. New Felony Convictions (Releasees)

	VRP	Comparison
None	146 (89.0%)	131 (91.0%)
One+	18 (11.0%)	13 (9.0%)
<i>Total</i>	<i>164 (100%)</i>	<i>144 (100%)</i>

p-value = 0.571

As VRP is designed to prevent violence, we also compared new violent felony convictions while either incarcerated or in the community. New violent felony conviction findings are presented in Table 7. Again, while there was an observed difference between the VRP and comparison group, it is not substantial and did not reach statistical significance. Despite the VRP group possessing a 1.3% greater rate of violent felony convictions than the comparison group, this difference is not attributable to programmatic effects.

Table 7. New Violent Felony Convictions

	VRP	Comparison
None	372 (91.8%)	416 (94.3%)
One+	34 (8.4%)	32 (7.1%)
<i>Total</i>	<i>406 (100%)</i>	<i>448 (100%)</i>

p-value = 0.501

Finally, we examined the subsample of those released to the community for differences in violent felony convictions. Findings are provided in Table 8. Again, VRP participants committed a greater proportion of violent convictions following release, yet group differences did not reach statistical significance. Thus, group differences were not identified to be substantial, or as resulting from VRP participation.

Table 8. New Violent Felony Convictions (Releasees)

	VRP	Comparison
None	149 (90.9%)	131 (91.0%)
One+	15 (9.1%)	13 (9.0%)
<i>Total</i>	<i>164 (100%)</i>	<i>144 (100%)</i>

p-value = 0.971

Outcome Evaluation Conclusion

Overall, the VRP participants fared slightly worse than the comparison group on most outcome measures, with the exception of 'serious misconducts' and 'new felony convictions'. However, the difference between groups for all outcomes was small and did not reach statistical significance. It is

also important to note that our findings were constrained by small sample sizes and are likely underpowered as a result. Therefore, statistical significance is difficult to achieve. With that said, the magnitude of effect sizes for outcome comparisons were negligible and groups all differed by less than 2%. A similar concern is that we only analyzed the population identified for CVORT review and could not include others in NDCS who could have benefited from VRP or helping increase our comparison group size, and therefore closeness of match/balance. While it is difficult to infer the effects of the program on future populations, we are confident in identifying 'No Effect' for the population receiving NDCS' application of VRP programming, given the number of outcomes evaluated.

The lone exception to the pattern of non-significant findings was the 'returns' outcome. The rate of returns to prison was found to be statistically significant and substantial, revealing over 40% of VRP participants returned to prison, while only 9% of non-VRP individuals returned to prison. However, this is likely because no comparison group subjects were granted parole and over 60% of VRP participants were granted parole. Therefore, our findings indicate that while participation in parole appears to increase an individual's likelihood of returning to prison, we found no evidence that the VRP program helped individuals refrain from criminal, or violent criminal, behaviors in the facility or community. Coincidentally, we also did not find evidence that VRP contributed to negative effects for program participants. However, the analysis revealed that a collaboration between parole and NDCS could result in an institutional strategy designed to educate VRP participants on how to improve their chances of succeed on parole.

Cost-Benefit Analysis

Next, a cost-benefit analysis was conducted to examine the financial effects of VRP. Cost-benefit analysis (CBA) is an economic tool that allows policymakers to make informed decisions about the effectiveness of programs, framing investment in program cost through dollars saved via participants reduced outcomes. This form of analysis allows policymakers to compare the monetary benefits to

costs of a program, where, if identified, outcome benefits outweigh the program costs, the investment is deemed 'cost-effective'.

Due to data constraints, the cost-benefit analysis examines only new felony charges and is limited to those who were released to the community. There were 330 individuals in our 884-person sample released during the study period (37.3%). VRP completers comprised 53% of this sample (n=175), while 46.9% (n=155) were comparison subjects.

CBA findings are presented in Table 13.^o A description of the methods adopted by WSIPP and the way they were adapted for the current evaluation are described in Appendix III.

Table 13. Cost-Benefit Analysis

	VRP	Comparison
Implement VRP Cost per participant	\$1,424.91	\$0.00
Recidivism Cost per participant ^p	\$1,726.11	\$390.44
Recidivism Rate	23/175=13.14%	14.17/154.84=9.15%
C/B Ratio	1: -0.937	

According to our estimates, the VRP program costs NDCS approximately \$137,400.00 per year to implement. This translates to a cost of \$1,424.00 per participant. Accounting for the costs of new felony charges for the comparison group (broken down by cost per crime type), for every dollar NDCS invested in VRP, the state spends an additional \$0.94 as compared to the control group. This finding translates to a loss on investment to the State of Nebraska via the NDCS implementation of VRP.

Rating Program Effectiveness

The evaluation activities described above were conducted to assist in rating the VRP implemented at NDCS. As outlined in LB 896, NCJR developed a rating classification schema (adapted from Crime Solutions and the National Institute of Justice). To this end, we provide a classification of the NDCS implemented version of the VRP.

We categorized programs and/or practices into three possible levels that include: 'Effective', 'Promising', and 'No Effects', which is based on the program strength of evidence and its ability to achieve its intended goals.⁴⁷ 'Effective' programs have demonstrated strong evidence that they will achieve intended goals; 'Promising' programs have demonstrated some supportive evidence in achieving intended goals; while programs with 'No Effects' have demonstrated substantial evidence that they will not achieve intended goals, and/or may result in harmful consequences.

Using this rating classification schema, we outline each classification criterion in Table 14. NCJR assessed VRP at NDCS on program fidelity, evaluation data findings, and previous research associated with the program. For the present evaluation, the VRP has been assessed and classified as having 'No Effects'.

^o While the Outcome Evaluation used 19 new felonies for the VRP group, the CBA used 23. This is because the Outcome Evaluation used a binary 'new felonies' measure and the CBA used a count of 'new felonies'. Counts of felonies reflects a realistic cost to the justice system and victims' tangible losses, while for the outcome evaluation we were only interested in if someone caught a new felony charge.

^p The cost-benefit structure of this report is an adaptation of the 2014 Washington State Institute for Public Policy Benefit-Cost Model (WSIPP) in their evaluation of public policy related examinations.

Table 14. NCJR Evaluation Rating Classification Schema

	No Effects *	Promising **	Effective ***
Program Fidelity	This program is not being implemented with fidelity or does not have fidelity guidelines.	This program is mostly being implemented with fidelity (70% of components) and is expected to have favorable outcomes.	This program is being implemented with fidelity and is expected to have favorable outcomes.
Evaluation Data	The evaluation team has not collected evaluation data that would suggest favorable outcomes.	The evaluation team collected some evaluation data that would suggest favorable outcomes.	The evaluation team has collected evaluation data that should result in favorable outcomes.
Additional Research	Little to no research suggests this program would have favorable outcomes.	Some peer reviewed research suggests this program would have favorable outcomes if implemented with fidelity.	Multiple studies suggest this program would have favorable outcomes if implemented with fidelity.

The evaluators assessed VRP implementation fidelity using four core components commonly used in the field: adherence, exposure, participant responsiveness, and quality.⁴⁸ Adherence refers to the program’s ability to follow the intervention protocol, exposure refers to adequate dosage, responsiveness refers to addressing participant needs, and quality refers to the condition of program delivery.⁴⁹ Using process evaluation results, the evaluators determined that VRP’s implementation fidelity is lacking adherence, exposure (e.g., dosage), and participant responsiveness. Specifically, based on noted changes to the intended program model, the VRP is not being implemented with sufficient fidelity to the model outlined by the program developers. While many of the identified alterations to the VRP model were the result of NDCS resource strictions, population size and need, and bandwidth, nevertheless, programming has changed considerably from the model design.

With *adherence*, it is our understanding that NDCS has used program materials as a guide in developing the VRP. The VRP was designed to be implemented in a residential community with a group therapy component to cover educational material that is reinforced by facility staff outside of group therapy hours. Since VRP is not operating in a residential facility at NDCS, NCJR identifies the NDCS version of the program provides participants with less *exposure* relative to the model program developers intended. VRP is designed to be particularly *responsive* to participant needs by allowing participants to catch-up on material that individual participants may struggle to comprehend or missed for some reason. Additional downtime between program phases is intended to allow providers and peers to assist participants in processing difficult material. It is also intended by Gordon and Wong to allow for more assessment and improved case planning. While this element of the VRP has not yet been substantiated in the research to be a critical component to the program’s effectiveness, its significant reduction, coupled with the non-significant program findings leads us to conclude that the program has been sped up and drifted from its original structure. The process evaluation data suggests that program facilitators feel pressured to get participants through the material, but in doing so feel they

are unable to treat participants according to the outlined program model. With that said, based on key process evaluation findings, we find some support that the program is being delivered with considerable *quality* by staff engaging many of the participants observed and interviewed. Nevertheless, after compiling all study evidence, the program is rated '*No Effects*' in the category of program fidelity, as VRP does not meet 75% of fidelity component criteria.

Additionally, the outcome evaluation did not reveal significant associations that would suggest the program is achieving intended goals of reducing violence and recidivism.

Lastly, in the category of 'additional research', the VRP program was rated as 'promising'. Our review identified several studies cited that would support the decision to adopt VRP (or a similar CBT-based program) with an aim of reducing future violent offenses for those meeting outlined program needs. However, when combining all the evaluation components and established classification criteria, the ratings of all components lead NCJR to classify VRP as having '*No Effects*' in achieving intended outcomes.

Discussion

In compliance with LB 896, NCJR conducted an evaluation of the Violence Reduction Program (VRP) implemented at NDCS. The goal was to evaluate services provided by NDCS to determine the quality of implementation, program effectiveness in preventing misconduct and recidivism outcomes, and the program's cost-effectiveness. To fulfill this mandate, NCJR conducted a process evaluation, outcome evaluation, and cost-benefit analysis of the first program, VRP. VRP is an evidence-based branded cognitive-behavioral intervention program provided to groups of individuals assessed as having a high risk for violence in the community. VRP's goal is to develop cognitive processes that support non-violent thinking patterns and behaviors.

Summary of Process Evaluation Findings

When implementing evidence-based programs (EBPs) such as VRP, services must be delivered with fidelity to the program model to produce designed effects (i.e., in this case, reduce violence). In order to replicate effective outcomes, local implementations of an EBP must be evaluated to identify if the program is implemented as intended. Programs found to drift from their outlined model can exhibit reduced effectiveness achieving its goals.

To evaluate the implementation of the VRP, NCJR first reviewed program materials to obtain a full understanding of the program to be implemented. Next, NCJR interviewed NDCS staff to understand the challenges and successes experienced while delivering the program. NCJR also interviewed participants to understand their perceptions of effectiveness for addressing their violent tendencies and assisting their reentry to the community. Finally, NCJR observed VRP programming sessions to thoroughly understand program delivery and its therapeutic environment.

Site observations indicated slight variations across NDCS facilities regarding the physical environment where programs were delivered. In short, the physical environment was rated higher (i.e., more appropriate for program delivery, based on clinical treatment best practices) at OCC and NSP, and lower at TSCI. However, TSCI was still within typically acceptable ranges for such a program to be delivered in a prison setting. Next, program situational observations received high scores for all facilities, with some noted exceptions at TSCI. Finally, observations indicated that facilitators are *implementing treatment sessions with an acceptable level of fidelity*, with the lowest score reflecting adherence to the VRP curriculum outlined in the VRP manual.

Interviews with NDCS program staff revealed that a large majority (89%) enjoy their jobs and feel supported by NDCS administrators (77%). Additionally, staff found their jobs intrinsically rewarding,

leading many to express a general desire to improve VRP and other components of their work. Staff viewed a major strength of the program was the embedded flexibility to address the individual needs of participants as they move through program material. A secondary strength was that the program allowed participants to interact and share experiences and thought processes, which was perceived by NDCS staff as an essential component to facilitate pro-social interpersonal discourse and maintain individual change.

Interviews with NDCS program staff also revealed concerns about the effectiveness and fidelity of the program, given changes made by NDCS regarding program length, methods of delivery, method of screening, and the lack of an aftercare component. Some staff also reported feeling pressured by NDCS to pass more participants through the program, despite what they viewed as a lack of adequate resources to provide the program as designed. Moreover, there was dissatisfaction that individuals could be removed from the program by NDCS supervision staff for committing actions that fall within the purview of the program itself. This situation is not unique to NDCS, but rather to the field of corrections in general. Finally, some staff were slightly concerned with program content. Concerns centered around the way in which the program was written, not necessarily the quality, value, or applicability of the content itself. Examples included how some participants struggled with the reading level required to meaningfully complete the program and that the program was not translated/delivered in alternative languages (i.e., Spanish). Other concerns with the program included outdated programming examples or interpersonal exercises.

NCJR also interviewed participants to gauge their feelings on and perceptions of the program. Most were generally satisfied with the program, including that it: (1) encouraged communication, (2) helped them to identify personal triggers, (3) assisted in identifying outside triggers, and (4) provided them with tools to help respond to these triggers.

In contrast, participants also expressed some dissatisfaction with the program regarding: (1) waitlists and timing of VRP during their sentence, (2) inadequate explanation for how participants are selected, (3) perceptions that some program materials were not applicable to real life, and (4) perceptions that some materials had unrealistic examples or role-play activities. Finally, the one female participant NCJR interviewed was concerned about the gender responsiveness of program materials. *Importantly, although the results of the outcome evaluation might suggest to some that an alternative program to the VRP should be adopted by NDCS to rehabilitate individuals assessed at high risk for committing violence, the results and recommendations of this process evaluation should guide future implementation regardless of if the program is retained or replaced.*

Summary of Outcome Evaluation Findings

NCJR also examined the program's impact on misconduct and recidivism. Outcome data was collected for all individuals screened by the clinical team (i.e., CVORT) for potential offering of VRP. Data included administrative data on both institutional and community outcomes. Data spanned from the program's implementation in 2007 through March 2023. Over this span, over 1,600 program participants were offered VRP programming. Over 71% of the time programming was offered, the participant accepted enrollment. Of those offered, over 43% of individuals were offered VRP programming more than once. Treatment sessions began in 2009, resulting in 846 official 'starts' of programming for 610 individuals.

Regarding *institutional outcomes*, our analyses of recent participants found no significant or substantial differences in serious, non-serious, or violent misconducts between the VRP group and the balanced comparison group. Regarding community outcomes, the *VRP participants were the only group to be paroled*, and less likely to receive a mandatory discharge or post-release supervision. In addition, the VRP treatment group was significantly and substantially more likely to return to prison as compared to the control group, which is primarily due to a higher rate of revocations experienced by those released

on parole⁹ When excluding the findings on 'returns', the differences observed between the groups on all other outcomes were assessed were negligible. Thus, *we found no evidence that the VRP program helped individuals refrain from violent behaviors in the facility or community, nor did we find evidence that VRP increased rates of negative outcomes.* However, while we can say that the program was not effective for the population served with the current version of the NDCS VRP program, the study's small sample size and restricted population of comparison group subjects limited our ability to infer our findings to future participants or alternate versions of violence reduction programming.

Summary of the Cost-Benefit Analysis

A cost-benefit analysis was conducted to understand the financial impact of VRP. Due to data constraints, the cost-benefit analysis examined only new felony charges and was limited to those who were released to the community. We also limited costs to NDCS salaries and the cost of new crimes, broken down by type of crime. Crime costs were calculated using an established cost matrix and adjusted to 2023 dollars and Nebraska cost of living. Costs only included police costs, court costs, and tangible victim costs. The VRP program cost NDCS approximately \$137,400.00 per year to implement. Given the number of participants, implementing VRP cost NDCS \$1,424.00 per participant. Accounting for the costs of new felony convictions, for every dollar NDCS invests in VRP, the state spent an additional \$0.94 on program participants as compared to the control group. This finding indicates a *loss on investment to the State of Nebraska.* Thus, and we do not identify cost savings for VRP.

Summary of Program Effectiveness

LB 896 also required the evaluation to rate the program on effectiveness. The current report rates VRP as having '*No Effects*'. Regarding program fidelity or integrity, as described above, VRP achieved the lowest rating, as it (1) does not meet study established criteria for fidelity, (primarily regarding program screening, dosage/duration, and absence of therapeutic community housing), and (2) the outcome evaluation data did not reveal significant associations that would suggest the program is achieving intended goals. A notable exception was the acceptable fidelity found when observing facilitators leading programming groups. While prior research of the VRP would indicate the program as a '*promising*' practice *the current evaluation, using the established rating scale, identified the VRP as having 'No Effects'.*

Recommendations for the Implementation of Violence Programming at NDCS Facilities

NCJR recommends the following:

1. While we cannot claim that the VRP program originally designed by Gordon and Wong program would have no effect if implemented as intended, the current program model has experienced 'drift'. We recommend the program be provided at its original dosage in its intended therapeutic communal structure. This might involve providing programming earlier, within a residential structure housing mostly those in the program. The additional dosage of programming and exposure to other participants should allow for interpersonal skillsets to be practiced more frequently and for a longer duration. We also recommend adding an 'aftercare' programming component at the work-release center or while on community supervision. Aftercare has been shown to encourage the maintenance of program impact as participants undergo their process of reentry into the community.

⁹ Significantly higher rates of return for VRP participants is likely the result of community supervision, as zero comparison group subjects were paroled.

2. We found NDCS to be, at the time of data collection, using the PSI and misconduct reports to determine who is screened by CVORT (in addition to the rare instance of a staff referral). We recommend this practice be abandoned, as it is in violation of the RNR model. The risk, need, responsivity model (RNR) is an evidence-based framework for correctional population management. RNR calls for the use of an established, actuarial assessment to drive programmatic determinations, including assisting clinicians to determine program eligibility. At the time of the evaluation data collection, NDCS administered a validated actuarial assessment (i.e., the STRONG-R), at intake. The assessment included specialized scores for violence in the community. It also included specialized scores in the domains of *Aggression* and *Attitudes & Behaviors*. We recommend that individuals scoring high need on either of these two domains be screened by CVORT for VRP and/or other violence/anger-related programming. When comparing the validity and reliability of PSI and misconduct reports with actuarial scores derived from assessments like the STRONG-R's *Aggression* and *Attitudes & Behaviors* domains measuring risk for reincarceration and the STRONG-R's summary risk score for reincarceration for a violent felony, the actuarial assessment's domains are empirically, clinically, and theoretically more appropriate to use to determine eligibility. "Appropriate" in this case means a domain (i.e., set of similar questions that sum to a score) that has theoretically and empirically demonstrated to significantly predict recidivism in the community – the exact outcome VRP seeks to reduce. If NDCS, in the future, adopts a different actuarial risk assessment provided to everyone at intake, we recommend that one or two of the most appropriate domain scores from that assessment be used to determine who is assessed by CVORT. Using actuarial domain classifications further omits potential bias from CVORT's assessment on who should be offered the program, as victim statements and details of the crime/misconduct are excluded – which is not always the case when using PSI or misconduct reports. Finally, we recommend NDCS use the domain scores to track changes in an individual's needs over time; and use them to evaluate program effects in the future.
3. Once referred to CVORT, we recommend CVORT administer the VRS-SV or a similar actuarial tool to assist in the determination of who is offered the program. The cut points between "yes, let's make a referral" and "no, no referral" should be reexamined annually via a quality control process implemented by NDCS in conjunction with CVORT. Every evaluation of the program thereafter should include a local validation effort on the VRS-SV to ensure it is providing the best possible identification of violent risk during the referral process.
4. If an individual accepts treatment, we recommend CVORT administer a VRS or similar actuarial tool to the highest risk individuals and those with multiple other criminogenic needs. The assessment can be used to direct individual treatment plans or determine clinical success, if applicable.
5. We recommend that NDCS continue the practice of giving priority to those soonest to be released to the community (i.e., PED). RNR asserts that priority for offering cognitive-behavioral interventions (e.g., VRP) should be given to individuals with a possibility of entering the community sooner. We also recommend a clinical determination by CVORT be considered for priority decision and included on a 'recommendation list' provided to NDCS administration for the purposes of creating therapeutic cohorts. The clinical determination should identify the individual's likely stage of change, with contemplative individuals being given priority. Finally, we recommend the STRONG-R Violent Felony scale be used to determine priority in conjunction with the stage of change and PED.
6. We recommend additional attention be given to staff *delivering* the program to ensure that they have received adequate facilitator training, training boosters, and are assessed for

characteristics such as active listening skills, empathy, cultural responsiveness, and a belief that individuals can change.

Table 15. Alternatives to the Violence Reduction Program

	Programs	Active States	Research Support?
Branded	Achieving Change through Value-Based Behavior (ACTV): A program dedicated to addressing domestic violence by fostering a paradigm shift in relationship dynamics.	IA	Yes ^{50, 51}
	Advanced Aggression/Cognitive-Behavioral Treatment (CBT): Tailored to the criminogenic needs and referrals of individuals, this intervention empowers participants to reflect on their previous violent actions, pinpoint underlying causes, assess the repercussions, and devise personalized strategies for mitigating future violent behavior.	NY	Yes ⁵²
	Alternatives to Violence Project (AVP): Aims to empower individuals for nonviolent living through affirmation, respect, community building, cooperation, and trust. Developed in prison by people with lived experience, AVP offers three hands-on workshops in nonviolence and conflict resolution.	DE ME OR SD	Yes ⁵³
	Moral Reconciliation Therapy (MRT): A evidence-based, cognitive-behavioral intervention designed to elevate moral reasoning, improve decision-making capabilities, and promote pro-social behavior.	CO IA KY	Yes ⁵⁴
	Thinking for a Change 4.0 (T4C): A comprehensive cognitive-behavioral change initiative that integrates insights from cognitive restructuring theory, fosters social skills development, and emphasizes the acquisition and application of problem-solving skills.	IA	Yes ⁵⁵
	Serious and Violent Offender Reentry Initiative Program (SVORI): The curriculum tackles key contributors to recidivism, including anger management, thinking errors, substance abuse, and life skills, as well as facilitating employment readiness.	TX	Yes ^{56,57}
Homegrown	Batterer’s Intervention: Aimed at addressing and preventing domestic violence by working with individuals identified as perpetrators of intimate partner violence. The group focuses on holding these individuals accountable for abusive behavior, promoting behavioral change, and striving to ensure the safety of victims.	MI	Not evaluated in MI
	Violence Prevention: Programs that aim to reduce or eliminate the frequency of violent behaviors in a variety of environments, such as domestic settings, communities, schools, and places of work.	MI	Not evaluated in MI

7. We recommend CVORT consider the appropriateness of programming for the learning, comprehension and reading levels of potential participants. We also recommend NDCS translate the curriculum into Spanish. Finally, participants ought to be assigned to a trained facilitator who is fluent in Spanish.
8. Finally, if it is not feasible to adjust the VRP based on these recommendations, we recommend that NDCS consider providing an alternative program. If a replacement program is implemented or developed, we recommend an internal or external evaluator be involved in initial and continued implementation to ensure fidelity to the model (i.e., whichever model is decided to be implemented). Possible branded program alternatives to VRP are provided in Table 15 below.

Limitations and Suggestions for Future Evaluation

As with any evaluation, there are some limitations to consider. First, the study could not determine if the program is actually serving the population it was intended to serve. The data analyzed only included individuals who were screened by CVORT. This leaves the remainder of the NDCS population's eligibility and appropriateness for the program unknown. Therefore, we could not assess the validity of the enrollment procedure (i.e., CVORT screening) outside of the program implementation-focused analyses contained in the process evaluation interviews. It was stated by multiple NDCS staff that 'all' individuals are screened for VRP in some fashion. Future evaluations should examine program screening procedures to a greater extent by including an analysis using data from the full population of potential participants. This would ensure the right population receives violence reduction programming.

Regarding staff interviews, the small sample size and the power dynamics of the participants was a limitation. Staff may have been hesitant to share issues and procedures detrimental to participants or facilitators due to fear of termination. Expanding the sample size to include staff who have previously worked on VRP, adjacent administrators and clinicians, case managers, and potentially staff who are not employed with NDCS might reduce this limitation.

In our reading of the program materials, the program lacks a fidelity instrument meant to keep the program on track with its implementation. We did not develop a tool to collect data for this evaluation, as we were tasked with a retrospective study design. Future evaluations (or NDCS) could develop a 'fidelity tool' for VRP (or an alternative program) and prospectively track program model integrity and quality assurance. The data gathered could be used to improve/clarify implementation policy and prevent drift over time.

The cost-benefit analysis (CBA) in the current report does not include expected increases in tax revenue.⁵⁸ These values are more difficult to calculate than simple salary and crime costs and would require considerably more investment to maximize the accuracy of the CBA estimates. While perhaps outside the scope of a CBA, future evaluations could work with the Nebraska Crime Commission, the Nebraska State Auditor's office, or the Nebraska Department of Labor to understand how tax revenue and additional cost-benefit metrics to provide more robust estimates.

All evaluations in criminal justice settings suffer from the limitation that there is no central database in the United States that collects all the data required to capture the full scope potential criminal charges, convictions, and returns. The current evaluation is limited to the state of Nebraska and does not include federal or other states' charges, convictions, or returns, nor does it include incarceration in a county jail. Future evaluations should seek a more nuanced accounting of recidivism offenses to determine a rate of desistance or acceleration of criminal activities.

Finally, while we deployed an advanced statistical balancing procedure to equate the VRP and comparison group (i.e., entropy balance), these procedures are only as strong as the measures included. While the balancing procedure used is a sufficient substitution for a randomized control trial (RTC), omitted variable bias is always a concern when using balancing procedures. This limitation was reduced by the evaluators' collection and use of extensive data collected via NDCS. However, future evaluations should seek to expand the available data used to balance groups or attempt to deploy an RTC to better isolate program effects.

Conclusion

The current report provided a comprehensive examination of the Violence Reduction Program (VRP). Evaluators analyzed program design, program implementation, institutional outcomes, a basic cost-benefit analysis, and a program rating. It is through the totality of these findings that in this instance VRP was categorized as having '*No Effects*' in achieving intended outcomes. The report does not imply that VRP is a flawed program. To the contrary, based on prior evaluations of the program, the designed VRP model holds promise in reducing violent behaviors in the community. However, VRP in this setting, over time, has drifted from the original program design set forth by Gordon and Wong.⁷ While we cannot conclude that VRP would be more/less effective than the program's original design, we have identified that the current version of the program lacks empirical evidence of violence reduction via participation. We provided several recommendations for improvements that can be applied to violence reduction programming specifically and NDCS clinical programming in general.

Appendix I – Process Evaluation Detailed Observation Scores

Table A1 presents the site-specific scores on our generic Site Observation Checklist. Scores for this VRP evaluation are generally toward the high end of the scales. However, this list should not be considered a fidelity checklist for VRP, rather it is a generic site observation checklist informed by best practices derived from implementation science.

Table A1. Site Observation Checklist: Across Sites^r

Domain	NSP	OCC	TSCI
<i>Physical Space Observations</i>			
Room has capability to use visual aids for all to see.	2.00	2.00	2.00
Room has sufficient seating and tables.	1.00	2.00	1.00
Room has sufficient lighting with at least some natural lighting.	2.00	1.50	1.00
Room has sufficient ventilation and is free from odors.	2.00	2.00	2.00
Room is sufficient temperature and humidity.	2.00	2.00	2.00
Room accommodates individuals with differing abilities (i.e., handicap accessible, visually/hearing impaired, etc.).	2.00	2.00	1.00
Room is private, with very few outside noises or individuals.	2.00	1.50	1.00
Exit door is unlocked and clearly marked.	2.00	2.00	1.00
Group Rules posted in area of room that is visible to all participants.	2.00	1.00	2.00
Room is welcoming to all cultures and beliefs.	2.00	2.00	2.00
<i>Situational Observations</i>			
Evaluator observed in-person services provided to participant(s).	2.0	2.00	2.00
Evaluator observed virtual or hybrid services provided to participant(s).	N/A	N/A	N/A
Evaluator observed an in-person class being provided to participant(s).	2.00	2.00	2.00
No interruptions occurred from outside individuals.	2.00	2.00	1.00
Instructor/Facilitator had an assistant/co-facilitator.	2.00	2.00	2.00
Instructor/Facilitator provided a welcoming environment.	2.00	2.00	2.00

^r NSP Evaluator Comments: Facilitator indicated wanting table; Room has bathroom and water fountain that participants used. OCC Evaluator Comments: Room set up accordingly for group discussion and allowed proper spacing for all participants; participants had a clear line of view to both facilitators and one another. Observed some references to guidelines/rules, but were not all encompassing; one wall was a window and you could see people walking by; I did not see any group rules. TCSI Evaluator Comments: No tables provided for participants. No natural light in room. No signage in room for exit. Noise can be an issue when individuals/staff are in adjacent hallway.

Instructor/Facilitator explained the presence of the evaluators.	2.00	2.00	2.00
Instructor/Facilitator used motivational interviewing techniques.	2.00	2.00	2.00
Session was between 30 and 90 minutes	2.00	2.00	2.00

Notes: 0 = not in place; 1 = partially in place; 2 = fully in place. Scores averaged from two evaluators; comments provided by two evaluators.

Appendix II – Evaluation Methodology

We conducted a process, outcome, and cost-benefit evaluation to examine the VRP. While NDCS has administered VRP since 2007, we focused our evaluation on the more recent term of July 1, 2018, to December 31, 2022.⁵

Data

Data for the process evaluation were provided by NDCS during the kickoff meeting in December 2022 and at various times during the spring/summer of 2023. These included program materials, eligibility criteria, and program policy changes.

Data for the outcome evaluation were first provided by NDCS on March 28, 2023. Data included all clinical data collected by the Violent Offense Services team, lifetime criminal admissions and convictions, and lifetime prison misconduct records. Risk and needs data were provided for participants by an NDCS-contracted third-party vendor. NDCS transferred the data to UNO via a secure file transfer site. Data tables were matched, deidentified, and stored securely at the university. Necessary additional data was provided by NDCS on July 11, 2023, using the same secure file transfer protocol.

Data for the cost-benefit analysis was provided by NDCS on August 30, 2023. The team needed to adjust the data to conform with accepted measures for crime and justice cost-benefit analyses. This included adjusting for inflation from known crime costs and adjusting for cost of living from the state of Washington (where the known crimes costs derive) to the state of Nebraska, as NDCS costs were provided in 2022 Nebraska metrics.

Human Subjects Protection

This project was deemed “not research” by the University of Nebraska Omaha’s contracted Institutional Review Board (IRB), housed at the University of Nebraska Medical Center. Therefore, there was no IRB protocol reviewed by a certified human protections board. However, considering the evaluation includes analysis of protected personal identifying information, along with interviews with a protected population (i.e., prisoners), we included additional protections. All interviewees signed a consent to participate form that explained the risks and benefits of participation. All terms were reviewed carefully with each participant (i.e., staff or prisoner) prior to their signing. All participants were provided with a copy of the consent form. Zero staff and zero prisoners declined to participate following a review of the consent form. Finally, all empirical data were transferred securely via a secure file transfer site and saved to a firewall and password protected encrypted drive following deidentification of all personal identifiers.

Sample

We limited the sample to those with a study eligibility date between July 1, 2018, and December 31, 2022. Study eligibility was calculated by using the most recent screening date by CVORT. The resulting sample had individuals who had refused the program, some who had accepted the program and not started, some who had accepted the program and received some of the program, and some who had accepted the program and completed the curriculum. The former two types of participants were deemed the comparison group, and the latter two types of participants were considered the treatment group. This resulted in an almost 50/50 split in the sample.

⁵ This ensured full risk/need information would be available to help the analysis simulate random assignment; but the term also coincides with a department-initiated change in the VRP curriculum.

Analytic Strategies

For the process evaluation, we interviewed key NDCS administrators assigned to the Violent Offense Services Team (CVORT), along with NDCS facilitators of the program. We also interviewed six randomly selected incarcerated completers of the VRP. Data was collected via audio recording, interviewer/observer notes, and procurement of program materials from NDCS staff. For the interviews, a semi-structured interview protocol was developed with insight from the evaluation plan developed during the kickoff meeting. We reviewed participant flow through the VRP with interviewees and asked about how they would make the program and procedures better. All interviews were conducted at an NDCS facility or via conference call and ranged from 20-90 minutes. We also drew interview content from lengthy conversations with VRP developers Gordon and Wong. A programming observation form was developed after a review of best practices in correctional programming. Data was compiled and compared to original program materials from VRP.

For the outcome evaluation, we adopted an *intent-to-treat design*, examining all individuals who were screened by CVORT. We conducted a missing data analysis and determined that the missing data was completely at random. Therefore, we conducted a multiple imputations procedure with random forests to estimate the missing data. This procedure also created a pseudo treatment completion date for the comparison group. There were twelve individuals with imputed dates that were after their actual release date – these individuals were removed from all outcome evaluation analyses.

Further, two separate analyses were conducted to estimate the degree to which the program affected participants' lives.^{t,u} The first set of analyses estimates the treatment effects of VRP on institutional misconducts, and as such, the main dependent variable is instances and severity of misconducts. Misconducts were classified as serious, non-serious, violent, and non-violent. "Serious" was defined by NDCS and "Violent" was defined by the misconduct category description. To account for the different amounts of time individuals spent incarcerated following program completion, we examined a 6-month rate of misconducts. The effects that VRP had on institutional outcomes were examined using a Fishers exact test. There were no significant differences found between the treatment and comparison group following program completion.

The second analysis examined the instance of reincarceration and conviction for new felonies. For reincarceration, the treatment group fared worse than the comparison group, though not significantly. Interestingly, no one in the comparison group was released to parole over the 4.5 years studied. Further, tests were conducted to determine if the instance of a new felony or violent felony differed between the treatment and comparison groups. For both those released into the community and those who were not, the treatment group fared marginally worse, but no significant differences were found.

^t Prior to analysis, we conducted an entropy balancing procedure to simulate random assignment and reduce the differences between the comparison group and treatment group. Entropy balancing is an increasingly popular method for matching control and comparison groups in quasi-experimental research (McMullin & Schonberger, 2022). This method reweights covariates that are theoretically related to treatment enrollment so key parameters (e.g., mean, variance, skewness) of these variables are equivalent between the treatment and control groups (Hainmueller & Xu, 2013). This results in a comparison group that is roughly identical to the treatment group on relevant variables, allowing for robust examinations of treatment effects. Another advantage of this method over other matching procedures is that it does not require a large data set and has been shown to be an effective approach in eliciting treatment effects in social science research (MacDonald & Donnelly, 2017; Perry & Schleifer, 2018).

^u An imputation procedure was used to develop a pseudo treatment completion date for the comparison group. We used a random forests procedure to impute treatment completion date and missing values from the selected STRONG-R assessment. STRONG-R items were also used as predictors. The random forests procedure included race, age, study eligibility date, days incarcerated during treatment stint, prior juvenile commitments, time since last conviction, number of prison misconducts, number of serious interpersonal prison misconducts, annual prison visitations, relationship with someone who was the victim of domestic violence, pro-social family members, participation in drug/alcohol treatment program, anger/frustration tolerance, consequential thinking patterns, impulse control, aggression with others, problem solving skills, accepts responsibility for antisocial behavior, goal setting skills, readiness to change, and belief in success.

Balancing Procedure

Considering random assignment was not possible and the study is retrospective, we needed to apply a strategy to minimize the differences between the treatment and comparison groups. To be able to fairly compare the two groups, we employed a two-step process. First, the treatment group included only individuals who started VRP programming between 2018 and 2023. The comparison group included only individuals who CVORT screened and offered programming, but never started programming for multiple reasons. Second, we compared the two groups on demographics, items measured by the STRONG-R as risks to reincarceration, and various dates relevant to admission and screening. There were considerable differences between the groups (19 of 32 variables examined had statistically significant standardized differences).

To simulate random assignment and reduce the differences between the comparison group and treatment group, we conducted an entropy balancing procedure. Entropy balancing is an increasingly popular method for matching control and comparison groups in quasi-experimental research.^{59,60} This method creates a weight based on covariates that are theoretically related to treatment enrollment so key parameters (e.g., mean, variance, skewness) of these variables are equivalent between the treatment and control groups.⁶¹ This results in a comparison group that is roughly identical to the treatment group on relevant variables, allowing for robust examinations of treatment effects. Another advantage of this method over other matching procedures is that it does not require a large data set and has been shown to be an effective approach in eliciting treatment effects in social science research.⁶²

We therefore utilize the NDCS's risk/needs assessment along with basic programming details and demographics to weight the sample. All individuals were given a specific weight that empirically minimizes the differences between the two groups. The weight is then applied when conducting all analyses. Table A2 presents the pre balance and post balance descriptive statistics for both the treatment and comparison groups.^v

^v The number of subjects in the comparison group changes as a result of the balance, but this is only a statistical artifact of the procedures. Individuals were not 'created'.

Table A2. Descriptive Statistics Pre and Post Entropy Balance

Prior Measure	Pre Balance				Post Balance			
	Comp %/M (SD)	Tx %/M (SD)	STD Diff	p-value	Comp %/M (SD)	Tx%/M (SD)	STD Diff	p-value
Eligibility Date	02/08/2021 (435.05 days)	08/26/2020 (483.21 days)	36.07 *	.000	11/01/2020 (410.16 days)	08/26/2020 (483.21 days)	14.94	0.052
Prior VRP Offers	0.3 (0.59)	1.46 (1.88)	83.42 *	0	1.14 (1.13)	1.46 (1.88)	20.56 *	0.005
Prior VRP Refusals	0.2 (0.45)	0.71 (1.01)	65.63 *	0	0.57 (0.72)	0.71 (1.01)	16.14	0.033
Age	35.65 (10.28)	36.16 (9.82)	5.03	0.522	35.85 (10.23)	36.16 (9.82)	3.02	0.700
Male	98.89	99.03	1.4	0.856	99.06	99.03	0.26	0.972
White	26.67	28.09	3.18	0.684	28.7	28.09	1.35	0.859
Hispanic	13.33	14.29	2.76	0.725	13.91	14.29	1.09	0.886
Black	51.48	47.94	7.07	0.365	48.35	47.94	0.81	0.915
Other	8.52	9.69	4.05	0.606	9.05	9.69	2.18	0.775
Prior Felonies	3 (2.59)	2.72 (1.67)	13	0.111	2.84 (2.37)	2.72 (1.67)	6.24	0.440
Prior Violent Felonies	2.18 (2.01)	1.98 (1.43)	11.45	0.157	2.11 (2.1)	1.98 (1.43)	7.33	0.366
Misconducts – Non-Serious	31.02 (46.75)	49.44 (69.68)	31.05 *	0	44.64 (51.35)	49.44 (69.68)	7.85	0.300
Misconducts – Serious	4.72 (8.12)	8.94 (18.99)	28.91 *	0	8.43 (16.43)	8.94 (18.99)	2.86	0.710
Days Incarcerated prior to Tx	1,077.79 (1,820.45)	1,474.19 (1,749.29)	22.2 *	0	1,357.61 (1,789.97)	1,474.19 (1,749.29)	6.59	0.401
Juvenile Commitments	0.34 (0.55)	0.41 (0.68)	10.27	0.127	0.39 (0.62)	0.41 (0.68)	2.66	0.731
Days Since Last Conviction	2.78 (1.24)	2.27 (1.21)	41.59 *	0	2.42 (1.3)	2.27 (1.21)	12.4	0.116
Prison Misconducts	1.72 (1.27)	2.14 (1.19)	34.53 *	0	2 (1.18)	2.14 (1.19)	11.58	0.139
Serious Interpersonal Misconducts	1.1 (0.87)	1.32 (0.85)	25.82 *	0	1.25 (0.87)	1.32 (0.85)	8.79	0.262
Prison Visitations	-0.23 (0.89)	-0.39 (1.13)	15.85	0.011	-0.34 (1)	-0.39 (1.13)	4.52	0.558
Domestic Violence Perpetrator	0.06 (0.22)	0.05 (0.22)	3.51	0.334	0.06 (0.21)	0.05 (0.22)	2.26	0.771
Pro-Social Family	0.51 (0.45)	0.62 (0.46)	25.05 *	0	0.59 (0.43)	0.62 (0.46)	7.32	0.346
Alcohol/Drug Treatment	0.27 (0.4)	0.18 (0.37)	21.02 *	0.004	0.22 (0.36)	0.18 (0.37)	8.78	0.261
Homicide Conviction	0.18 (0.35)	0.05 (0.22)	41.7 *	0	0.09 (0.25)	0.05 (0.22)	16.09	0.043
Anger/Frustration Tolerance	0.1 (0.85)	-0.04 (0.89)	16.33	0.036	0.03 (0.79)	-0.04 (0.89)	8.08	0.296
Consequential Thinking	0.04 (0.73)	-0.21 (0.71)	35.45 *	0	-0.11 (0.62)	-0.21 (0.71)	15.18	0.049
Impulse Control	-0.73 (1.73)	-1.25 (1.69)	30.14 *	0	-1.07 (1.64)	-1.25 (1.69)	10.53	0.177
Interpersonal Skillsets	-0.41 (1.34)	-0.61 (1.43)	14.23	0.058	-0.54 (1.43)	-0.61 (1.43)	4.39	0.575
Applies Appropriate Solutions	-0.12 (0.31)	-0.22 (0.41)	26.67 *	0	-0.19 (0.38)	-0.22 (0.41)	8.93	0.249
Accepts Responsibility for Anti-social Behavior	0.53 (0.45)	0.44 (0.48)	18.38	0.001	0.47 (0.44)	0.44 (0.48)	5.36	0.490
Realistic Goals	-0.08 (0.27)	-0.18 (0.38)	29.78 *	0	-0.14 (0.35)	-0.18 (0.38)	10.19	0.188
Readiness to Change	-0.09 (0.79)	-0.39 (0.9)	35.59 *	0	-0.3 (0.88)	-0.39 (0.9)	10.6	0.175
Belief in Success	-0.67 (0.84)	-0.87 (0.87)	23.61 *	0	-0.8 (0.79)	-0.87 (0.87)	8.14	0.294
Summary:	n=270	n=413	18/32 (56.25%)	21/32 (65.62%)	n=449.72	n=413	1/32 (3.12%)	4/32 (12.5%)

Appendix III – Cost Benefit Analysis Details

We conducted a cost-benefit analysis (CBA) to determine the return on investment (ROI) gained by implementing VRP. We found that VRP costs the state an additional \$0.94 for every dollar spent on implementation. The current appendix presents background of how why the CBA is being conducted, followed by our description of calculating costs to implement VRP, a description of how we calculated crime costs from original costs contained in WSIPP's 2014 report, and a description of our final calculations.

Background

Nebraska's LB 896 required NDCS programs be evaluated with a CBA to determine their ROI. As a template, NCJS drew from a Washington State Institute for Public Policy (WSIPP) report conducted in 2014 that detailed procedures for a government program evaluation. A leading local government research center, WSIPP has conducted extensive evaluations of criminal justice and other related government institutions for the purpose of informing agencies and government leaders as to the effectiveness of their programming efforts. We adopted their methodology for conducting the following CBA.

Calculating Cost to Implement VRP

For our cost-benefit analysis, the Nebraska Department of Correctional Services (NDCS) provided estimates pertaining to staff costs in terms of time investiture. NDCS calculated hours worked by VRP staff to be 4,856 hours annually over a four-year span. The average hourly wage was calculated by NCJR confirming salaries for eight verified VRP staff using a public record search.⁶³ Salaries were totaled and then averaged to represent a standard hourly rate of \$28.30. The average annual number of staff hours worked by VRP staff over the four-year period was estimated to be 4,856 hours. This equated to a projected average annual staff operating cost of \$137,424.80 over the four-year study period.²³

Calculating Crime Costs

A cost benefit analysis Next, we calculated the cost of specific types of crimes in 2022 Nebraska dollars. Following WSIPP's calculations, we use seven categories: Murder, Felony sex crimes, Robbery, Aggravated assault, Felony property, Felony drug, and Misdemeanor.

The WSIPP Report – 2014

The original WSIPP report contained projected costs using both operating and capital costs for seven criminal offense types across eleven sectors in the criminal justice system.⁵⁸ For the purposes of this cost-benefit-analysis, three of the eleven sectors were not selected as they all pertained to juvenile justice-related costs and are outside the scope of this evaluation. The remaining eight sectors were *courts and prosecutors*, *police*, *adult jail*, *adult local supervision*, *adult state prison*, *adult post-prison supervision*, *victim costs (tangible)*, and *victim costs (intangible)*. The seven criminal offense types included for our analysis were homicide, felony sex crimes, aggravated assault, robbery, felony drug, felony property, and misdemeanors. Furthermore, the marginal operating costs per type of crime contained in the WSIPP report were used as the basis of the calculations in the cost-benefit analysis (see Table A3 below).

²³ No adjustments were made to salaries (i.e., inflation, COLA).

Data

All cost expenditure data contained in the 2014 WSIPP report were obtained by WSIPP researchers through the Washington State Auditor (WSA). The WSA collected expenditures either directly from all local jurisdictions or data accessed through national/federal repositories. Data from all 39 counties within Washington state was collected for each criminal justice sector. The majority of the cost expenditure data collected for the WSIPP report concluded in 2008 and subsequently, all annual dollar amounts collected were adjusted by WSIPP in their report to reflect 2009 values utilizing the United States Implicit Price Deflator for Personal Consumption Expenditures from the U.S. Department of Commerce (Washington Economic and Revenue Forecast Council).

This is the rationale behind converting monetary values to 2009 dollars. Additionally, time-series analyses were conducted for all sectors. Time series analyses are a widely accepted method of analyzing cross-sectional data and uniquely suited to identify changes and trends over time.⁵⁸

Cost Sources

WSIPP obtained costs on Washington police, Courts and prosecutors, county/regional jails, pre-prison community supervision, state prisons, post-prison community supervision, victim costs (tangible), and victim costs (intangible). For the current report, we only estimate the costs to police, courts and prosecutors, and tangible victim costs.²⁴

WSIPP's police operating costs were obtained from all local city and county police expenditure data collected from 1994 to 2008, with crime prevention being the only category that was excluded from their analysis. Arrest data from 1994 to 2007 was also obtained through the National Archive of Criminal Justice Data maintained by the University of Michigan (1993 was unavailable at the time of the study), which was used to calculate an average arrest cost.

WSIPP obtained courts and prosecutor data from the United States Bureau of Justice Statistics annual survey: *Justice Expenditure and Employment Extracts* (2006). Data related to local county court and prosecutor expenditure data were collected for the years 1994 to 2008. Court data includes the costs of court administration, superior courts, and county clerks. Regarding expenditure data, the following expenses were excluded: district courts, law library-related expenditures, and indigent defense. Prosecutor data includes costs for administration legal and legal services. Excluded expenditures for prosecutors include facilities-legal services, consumer affairs-legal services, crime victim and witness program-legal services, and child support enforcement-legal services.

The 2014 WSIPP report further projected tangible victim costs. The tangible victim costs consisted of medical and mental health care expenses, property damage and losses (if applicable), and loss of future earnings incurred by crime victims.⁶⁴

Table A3 is used as foundational costs and derives from WSIPP's report (2014).

Some felonies in the examined NDCS data were classified as 'other' categories, which does not directly correspond to one of the crime types identified by WSIPP. As a solution, we averaged the base costs of felony property and felony drug crimes for these 'other' crimes.

Adjusting for Inflation

To account for inflation costs, costs of crime, according to WSIPP's extensive report (see Table A3), were adjusted using the Bureau of Labor Cost (BLC) Inflation Calculator, which is easily accessible and

²⁴ Additional information on costs to other agencies and WSIPP's estimated intangibles is provided in Appendix III for readers to calculate additional costs and apply it to our calculated benefits for themselves.

free to use online. Offense type and criminal justice sector costs from the 2014 WSIPP report were inputted into the BLC Inflation Calculator individually. Inflation adjustment from June 2009 to June 2022, calculations reflected an inflation rate of approximately 37.38% for all cost of crime values. An example of the inflation cost calculations are presented below in Figure A1.

	Murder	Felony sex crimes	Robbery	Aggravated assault	Felony property	Felony drug	Misdemeanor	Year of estimate
Police	\$670.00	\$670.00	\$670.00	\$670.00	\$670.00	\$670.00	\$670.00	2009
Courts and prosecutors	\$152,378.00	\$18,770.00	\$9,865.00	\$4,877.00	\$201.00	\$201.00	\$201.00	2009
Juvenile local detention	\$20,293.00	\$20,293.00	\$20,293.00	\$20,293.00	\$20,293.00	\$20,293.00	\$20,293.00	2009
Juvenile local supervision	\$5,200.00	\$5,200.00	\$5,200.00	\$5,200.00	\$5,200.00	\$5,200.00	\$5,200.00	2009
Juvenile state institution	\$36,743.00	\$36,743.00	\$36,743.00	\$36,743.00	\$36,743.00	\$36,743.00	\$36,743.00	2009
Juvenile state supervision	\$3,927.00	\$3,927.00	\$3,927.00	\$3,927.00	\$3,927.00	\$3,927.00	\$3,927.00	2009
Adult jail	\$21,469.00	\$21,469.00	\$21,469.00	\$21,469.00	\$21,469.00	\$21,469.00	\$21,469.00	2009
Adult local supervision	\$1,861.00	\$1,861.00	\$1,861.00	\$1,861.00	\$1,861.00	\$1,861.00	\$1,861.00	2009
Adult state prison	\$12,722.00	\$12,722.00	\$12,722.00	\$12,722.00	\$12,722.00	\$12,722.00	\$12,722.00	2009
Adult post prison supervision	\$1,861.00	\$1,861.00	\$1,861.00	\$1,861.00	\$1,861.00	\$1,861.00	\$1,861.00	2009
Victim costs (tangible)	\$737,517.00	\$5,556.00	\$3,299.00	\$8,700.00	\$1,922.00	\$0.00	\$0.00	2009
Victim costs (intangible)	\$8,422,000.00	\$198,212.00	\$4,976.00	\$13,435.00	\$0.00	\$0.00	\$0.00	2009

Figure A1. Inflation Rate Calculation Example

Inflation Rate Calculation Example – Victim Costs (Tangible)

$$\begin{array}{rclcl}
 \$756,994.00 & \times & 1.3738 & = & \$1,039,958.36 \\
 \text{Washington} & & \text{Rate of Inflation} & & \text{2022 Adjusted Cost} \\
 \text{Initial 2009 cost} & & \text{(06/09 – 06/22)} & &
 \end{array}$$

Table A4 presents the result of these inflation calculations. Note that costs associated with jails, prisons, community supervision (pre or post), and juvenile-related sectors are NOT included in our

CBA. Neither are intangible victim costs included. Shaded rows represent the cost sectors included in our Nebraska CBA and are summed in the “relevant total” row.^{25,26}

Table A4. Marginal Operating Costs Adjusted for Inflation (2009 dollars to 2022 dollars)								
	Murder	Felony sex crimes	Robbery	Aggravated assault	Felony property	Felony drug	Misdemeanor	Adjusted
Police	\$913.97	\$913.97	\$913.97	\$913.97	\$913.97	\$913.97	\$913.97	2022
Courts and prosecutors	\$207,863.03	\$25,604.67	\$13,457.12	\$6,652.85	\$274.19	\$274.19	\$274.19	2022
Juvenile local detention	\$27,682.24	\$27,682.24	\$27,682.24	\$27,682.24	\$27,682.24	\$27,682.24	\$27,682.24	2022
Juvenile local supervision	\$7,093.46	\$7,093.46	\$7,093.46	\$7,093.46	\$7,093.46	\$7,093.46	\$7,093.46	2022
Juvenile state institution	\$50,122.14	\$50,122.14	\$50,122.14	\$50,122.14	\$50,122.14	\$50,122.14	\$50,122.14	2022
Juvenile state supervision	\$5,356.93	\$5,356.93	\$5,356.93	\$5,356.93	\$5,356.93	\$5,356.93	\$5,356.93	2022
Adult jail	\$29,286.45	\$29,286.45	\$29,286.45	\$29,286.45	\$29,286.45	\$29,286.45	\$29,286.45	2022
Adult local supervision	\$2,538.64	\$2,538.64	\$2,538.64	\$2,538.64	\$2,538.64	\$2,538.64	\$2,538.64	2022
Adult state prison	\$17,354.43	\$17,354.43	\$17,354.43	\$17,354.43	\$17,354.43	\$17,354.43	\$17,354.43	2022
Adult post prison supervision	\$2,538.64	\$2,538.64	\$2,538.64	\$2,538.64	\$2,538.64	\$2,538.64	\$2,538.64	2022
Victim costs (tangible)	\$1,006,067.26	\$7,579.09	\$4,500.26	\$11,867.91	\$2,621.85	\$0.00	\$0.00	2022
Victim costs (intangible)	\$11,488,682.27	\$270,386.45	\$6,787.90	\$18,327.05	\$0.00	\$0.00	\$0.00	2022
Total	\$12,845,499.47	\$446,457.12	\$167,632.18	\$179,734.72	\$145,782.95	\$143,161.09	\$143,161.09	2022
Relevant total	\$1,214,844.26	\$34,097.73	\$18,871.34	\$19,434.73	\$3,810.01	\$1,188.16	\$1,188.16	2022

Geographical Cost-of-Living Adjustment.

After adjusting crime costs for inflation, a separate adjustment was necessary to account for the difference in cost-of-living between Washington and Nebraska. In 2022, the state of Washington had a cost-of-living 14.2% higher than the national average (114.2%) whereas Nebraska’s cost of living for 2022 was 8.1% lower than the national average (91.9%) which equates to a 22.3% gap between Washington and Nebraska. Cost-of-living rates were provided by Statista.com. Statista’s estimates are based on six cost metrics including housing, utilities, groceries, transportation, healthcare goods and services across 273 participating national markets. An example of the cost-of-living calculations are depicted in Figure A2 below. 27

²⁵ The remaining rows are provided for the reader to calculate any combination of costs they desire.

²⁶ Inflation adjustments for 2022 were not necessary, as they already represent a 4-year average of salaries (i.e., 2018-2022). The 4-year average was desirable to stabilize the differential amounts of time NDCS staff spent on the program per year.

²⁷ Cost of living adjustments for Nebraska salaries were not necessary, as they already represent Nebraska-based costs.

Figure A2. Washington to Nebraska Cost of Living Adjustment

Washington to Nebraska Cost of Living Adjustment (2022)
Victim Costs (Tangible)

$$\begin{array}{rclcl}
 \$1,039,958.36 & \times & .919 & = & \$955,721.73 \\
 \text{Washington Initial Cost} & & \text{Nebraska Cost of Living} & & \text{2022 Cost w/Adjustments for Inflation \& Cost of Living}
 \end{array}$$

Table A5 depicts the adjusted costs for cost-of-living difference between Washington and Nebraska.

Table A5. Marginal Operating Costs Adjusted for Cost-of-Living (Washington to Nebraska)

	Murder	Felony sex crimes	Robbery	Aggravated assault	Felony property	Felony drug	Misdemeanor	Adjusted
Police	\$735.49	\$735.49	\$735.49	\$735.49	\$735.49	\$735.49	\$735.49	2022
Courts and prosecutors	\$167,273.31	\$20,604.81	\$10,829.33	\$5,353.74	\$220.65	\$220.65	\$220.65	2022
Juvenile local detention	\$22,276.69	\$22,276.69	\$22,276.69	\$22,276.69	\$22,276.69	\$22,276.69	\$22,276.69	2022
Juvenile local supervision	\$5,708.31	\$5,708.31	\$5,708.31	\$5,708.31	\$5,708.31	\$5,708.31	\$5,708.31	2022
Juvenile state institution	\$40,334.72	\$40,334.72	\$40,334.72	\$40,334.72	\$40,334.72	\$40,334.72	\$40,334.72	2022
Juvenile state supervision	\$4,310.87	\$4,310.87	\$4,310.87	\$4,310.87	\$4,310.87	\$4,310.87	\$4,310.87	2022
Adult jail	\$23,567.65	\$23,567.65	\$23,567.65	\$23,567.65	\$23,567.65	\$23,567.65	\$23,567.65	2022
Adult local supervision	\$2,042.92	\$2,042.92	\$2,042.92	\$2,042.92	\$2,042.92	\$2,042.92	\$2,042.92	2022
Adult state prison	\$13,965.61	\$13,965.61	\$13,965.61	\$13,965.61	\$13,965.61	\$13,965.61	\$13,965.61	2022
Adult post prison supervision	\$2,042.92	\$2,042.92	\$2,042.92	\$2,042.92	\$2,042.92	\$2,042.92	\$2,042.92	2022
Victim costs (tangible)	\$809,611.05	\$6,099.11	\$3,621.49	\$9,550.45	\$2,109.88	\$0.00	\$0.00	2022
Victim costs (intangible)	\$9,245,270.58	\$217,587.70	\$5,462.42	\$14,748.30	\$0.00	\$0.00	\$0.00	2022
Total	\$10,337,140.11	\$359,276.79	\$134,898.40	\$144,637.66	\$117,315.70	\$115,205.82	\$115,205.82	2022
Relevant total	\$977,619.85	\$27,439.42	\$15,186.31	\$15,639.68	\$3,066.02	\$956.14	\$956.14	2022

As seen in the 'Relevant totals' row of Table A5 that only includes police, courts and prosecutors, and tangible victim costs, the costs are presented in Table A6. Table A6 includes a calculation for an 'other' category not provided by WSIPP but included in Nebraska data. For the "other" category, we averaged the felony property and felony drug relevant totals.

Table A6. Crime Costs in 2022 Nebraska Dollars

Crime Type	Cost
Robbery	\$15,186.31
Drug	\$956.14
Assault	\$15,639.68
Other	\$2,011.08
Property	\$3,066.02

Following these adjustments, each cost was applied to each crime committed by both the treatment and comparison groups and presented in Table A7. Only those who were released are assessed⁶⁵ for costs. The costs of treatment (calculated above) were \$1,424.91.

Table A7. Calculating Costs and Benefits

	Treat	Comparison
Raw Total Recidivism Cost	\$302,069.59	\$60,455.493833
Raw Total Treatment Cost	\$249,359.25	0
Effective N	175	154.840255
Constrained N	175	175
Constrained Total Recid Cost	\$302,069.25	\$68,327.00
Constrained Total Treat Cost	\$249,359.25	0

Finally, Table A8 provides the cost-benefit rate calculation. The recidivism rate was 13.14% for the treatment group and its constrained recidivism cost was \$302,069.25 and when divided by number of participants (n=175), the per-participant cost of recidivism was \$1,726.11. For the comparison group, the recidivism rate was 9.15% and when divided by 154 and adjusted for sample size, the constrained recidivism cost was \$68,237.00.

Table A8. Calculating Cost-Benefit Ratio

	Treat	Comparison
Recidivism Cost	\$1,726.11	\$390.44
Treatment Cost	\$1,424.91	0
Recidivism Rate	23/175=13.14%	14.17/154.84=9.15%
Cost-Benefit Ratio	1 : -0.937	

The Cost-Benefit Ratio (CBR) was calculated as:

$$(Treatment (\$1,726.11) - Comparison (\$390.44)) \div Program Cost (\$1,424.91) = 0.9373$$

This CBR calculation results in a **\$0.94** loss for every dollar invested in VRP. These losses only apply to police, courts, and tangible victim costs, which is a conservative measure of losses to the state and ignores intangibles lost to victims. Ultimately, the cost of re-jailing, community supervision, prison, and the more subjective intangible losses to victims are not included. If including these costs to Nebraska and victims, the loss would be higher for this CBA. We sought this conservative estimate as the sectors included are the most applicable prior to discretion-laden state decision-making that would assign a punishment for one's crime.

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