

EVALUABILITY ASSESSMENTS OF THE CIRCLES OF SUPPORT AND ACCOUNTABILITY (COSA) MODEL

CROSS-SITE REPORT

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ABSTRACT

According to the U.S. National Reentry Resource Center (NRRC) at least 95% of state prisoners are released back to their communities after a period of incarceration. Both criminal justice agencies and the general public are conscious of the issue of sex offenders returning to the community because of the potentially negative biological and psychiatric outcomes for victims (e.g., Andersen et al., 2008; Chen et al., 2010). Circles of Support and Accountability (COSA) is a restorative justice-based reentry program for high-risk sex offenders with little or no pro-social support. There have been no rigorous large-scale outcome evaluations of COSA conducted to date. A weighted average of three significant estimated reductions attributable to COSA from smaller evaluations suggest a reduction of 77% in sexual recidivism. However, because of the varying quality of these studies it could be argued that this figure should be considered only an estimate of effectiveness. Therefore, at this time there is not enough evidence to confidently state that COSA is proven to be effective in reducing sexual recidivism.

This report outlines an evaluability assessment of COSA across five sites with the goal of assessing the readiness of COSA provision in the U.S. for rigorous evaluation. The assessment aimed to clarify program intent, explore program reality, examine program data capacity, analyze program fidelity, and propose potential evaluation designs for future evaluation. An 'intended model' was developed, adapted from the Correctional Services Canada model (CSC, 2002; 2003) that sought to illustrate the espoused theory of COSA. COSA program reality was established via site visits to five locations delivering, or intending to deliver, COSA programs in the U.S.: Fresno, CA; Denver, CO; Durham, NC; Lancaster, PA; and Burlington, VT. During these site visits in-person interviews were

conducted with key program personnel, other stakeholders, and any documented materials related to COSA policies and procedures were collected.

All of the sites have implemented versions of the CSC model, adapted to suit their needs. The site reports suggest that VT-COSA alone could be considered to have high program fidelity, with COSA Fresno and COSA Lancaster demonstrating adequate fidelity, and Colorado COSA and COSA Durham demonstrating low fidelity. It is concluded that there are five potential obstacles that need to be addressed in order to conduct a successful experimental evaluation of COSA: (1) choice of outcomes; (2) significant differences in program implementation; (3) core member selection issues; (4) sample size, site capacity, and low baselines of recidivism; and (5) ownership of data. It is concluded that there is no methodological or ethical reason why a randomized control trial of COSA provision in the U.S. could not be conducted. The obstacles to an RCT are all such that they can be addressed with a combination of realistic tightening of program implementation, rigorous experimental control, and an increase in real-world resources. Finally, three action recommendations for future evaluative activity are presented: (1) conduct an experimental evaluation of the Vermont COSA program alone; (2) conduct an experimental evaluation that combines the Vermont COSA and COSA Fresno programs; or (3) allow the fledgling sites to develop and conduct a multi-site evaluation of COSA in the future.

EXECUTIVE SUMMARY

According to the U.S. National Reentry Resource Center (NRRC) at least 95% of state prisoners are released back to their communities after a period of incarceration. Both criminal justice agencies and the general public are often particularly conscious of the issue of sex offenders returning to the community because of the potentially negative biological and psychiatric outcomes for victims (e.g., Andersen, Tomada, Vincow, Valente, Polcari, & Teicher, 2008; Chen et al., 2010). Due to these negative outcomes, criminal justice responses to sex offender reentry have typically involved tightening supervision for sex offenders. Conversely, the base rate of recidivism for sex offenders is lower than is often expected at around 12.4%. There is also a growing interest in using restorative justice approaches with this population, which redirect society's punitive response to crime with the aim of increasing public safety through reconciliatory action between offenders, victims, and the community (Sullivan & Tifft, 2005)

Circles of Support and Accountability (COSA) is a restorative justice-based community reentry program for high-risk sex offenders with little or no pro-social community support. COSA originated in 1994 in response to the release of Charlie Taylor, a high-profile, high-risk, repeat child sex offender in Hamilton, Ontario, Canada. A 'Circle of Support' was arranged - a select group from the church congregation maintaining daily contact with Taylor (Hannem & Petrunik, 2004). Taylor did not reoffend and the program was extended in Canada, and similar programs grew in, among other places, the United Kingdom, the Netherlands, and the U.S. There have been no rigorous large-scale outcome evaluations of COSA conducted to date. Some small-scale outcome evaluations have been published that vary in quality. A weighted average of the three significant estimated

reductions suggest that COSA may be responsible for a reduction of 77% in sexual recidivism. However, because of the varying quality of these studies in terms of retroactive and imperfect matching of samples, the integrity of statistical analyses, and the lack of statistically significant results, it could be argued that this figure should be considered only an estimate of effectiveness. Therefore, at this time there is not enough evidence to confidently state that COSA is proven to be effective in reducing sexual recidivism.

This report outlines an evaluability assessment of COSA across five sites with the goal of assessing the readiness of COSA provision in the U.S. for rigorous evaluation. Evaluability assessments examine the demand for information that might come from a large-scale evaluation and seek to match supply with demand by proposing designs that are feasible, relevant and useful. The assessment aimed to clarify program intent, explore program reality, examine program data capacity, analyze program fidelity, and propose potential evaluation designs for future evaluation.

An 'intended model' was developed that sought to illustrate the espoused theory of COSA. A logic model was developed to define the three key problems that COSA seeks to address: (1) the increased frequency of recidivism for high-risk sex offenders; (2) the lack of formal supervision for offenders who have completed their sentences in full; and (3) the lack of social capital and community support for returning sex offenders. A model of COSA program operations, adapted from a model developed by Correctional Services Canada (CSC, 2002; 2003), was also developed that outlined stakeholders and operations. The stakeholders form four broad categories: COSA project staff, service users, formal criminal justice organizations, and community service providers. COSA operations involved five phases: (1) establishing the COSA team and program; (2a) Core Member enrolment; (2b)

volunteer enrolment; (3) forging the Circle; (4) ongoing support; (5) dissolution of the Circle.

COSA program reality was established via site visits to five locations delivering, or intending to deliver, COSA programs in the U.S.: Fresno, CA; Denver, CO; Durham, NC; Lancaster, PA; and Burlington, VT. During these site visits in-person interviews were conducted with key program personnel, other stakeholders, and any documented material related to COSA policies and procedures was collected. Data was collected and analyzed using a fidelity item measurement tool that examines 41 items across 10 fidelity categories, including management, model, operations, outcomes, staff, Core Members and volunteers and a data item tool that examined the availability of 23 key data variables.

In summary, all of the sites have implemented versions of the CSC model, adapted to suit their needs. Only COSA Fresno appeared to be running the program in the absence of formal parole or probation supervision in the community. Management structures and financial and operational security differed between sites. Fidelity scores at the sites were (in descending order): Vermont COSA - 86%; COSA Fresno - 58%; COSA Lancaster - 52%; Colorado COSA - 27%; and COSA Durham - 24%. The site reports suggest that VT-COSA alone could be considered to have high program fidelity, with COSA Fresno and COSA Lancaster demonstrating adequate fidelity, and Colorado COSA and COSA Durham demonstrating low fidelity (due mainly to their lack of capacity).

It is concluded that there are five potential obstacles that need to be addressed in order to conduct a successful experimental evaluation of COSA. Firstly, a myopic focus on recidivism may not adequately measure the success of COSA as in some circumstances the detection of a new offense by the Circle may be a marker of program success. Secondly,

significant differences in program implementation could represent key differences in the population from which samples might be drawn, namely grass-roots versus institutional models and fully-completed versus supervised Core Members. Thirdly, there are concerns regarding the systematic selection of highly-motivated offenders and the apparent flexibility in the application of selection criteria. Fourthly, the low capacity at sites, and thus the small populations from which to draw numbers of COSA-eligible participants, combined with the low rates of recidivism expected for both COSA Core Members and controls, may make the detection of any observable effects of COSA more difficult. Finally, in many instances key data, particularly for the Core Member, were not solicited, collected, or reported by the COSA programs. The site reports also noted that both the quality of the relationships between the program and their criminal justice partners and the importance of program stability would need to be addressed for successful evaluation.

It is concluded that there is no methodological or ethical reason why a randomized control trial of COSA provision in the U.S. could not be conducted. The obstacles to an RCT are all such that they can be addressed with a combination of realistic tightening of program implementation, rigorous experimental control, and an increase in real-world resources. It was concluded that there are no major benefit to the use of non-experimental studies over a randomized control trial for the evaluation of COSA. Consequently, three action recommendations for future evaluative activity are presented: (1) conduct an experimental evaluation of the Vermont COSA program alone; (2) conduct an experimental evaluation that combines the Vermont COSA and COSA Fresno programs; or (3) allow the fledgling sites to develop and conduct a multi-site evaluation of COSA in the future.

INTRODUCTION

According to the U.S. National Reentry Resource Center¹ (NRRC) that during 2010 a total of 708,677 prisoners were released back from state and federal prisons into their communities. They estimate that at least 95% of state prisoners are released back to their communities after a period of incarceration. In 2012 23% of offenders returned to prison as a result of violating terms of supervision and 9% returned to prison after being reconvicted of a new crime. Both criminal justice agencies and the general public are often particularly conscious of the complex issue of sex offenders returning to their communities because of the potentially negative biological and psychiatric outcomes for victims (e.g., Andersen, Tomada, Vincow, Valente, Polcari, & Teicher, 2008; Chen et al., 2010).

Due to these negative outcomes, criminal justice responses to sex offender reentry have typically involved tightening supervision for sex offenders and the introduction of specific and stringent registration, notification, and residency restrictions. Currently, all 50 U.S. states and the District of Columbia have registration and community notification laws for sex offenders residing in the community (Lasher & McGrath, 2012; Zevitz, 2006). Registration refers to the filing of sex offenders' identifying information with local law enforcement while notification refers to the release of this information to the public (Lasher & McGrath, 2012). Many states and local municipalities have also enacted residency restrictions for sex offenders. Residency restrictions refer to laws prohibiting sex offenders from living within certain distances from schools, daycare centers, or other community structures where children may congregate (Chajewski & Mercado, 2009).

¹ <http://csgjusticecenter.org/nrrc/facts-and-trends/>.

Conversely, the base rate of recidivism for sex offenders is lower than is often expected. Recent recidivism data from 73 studies and 35,522 offenders demonstrate an observed overall sexual recidivism rate of 12.4%, with a 10-year rate of 16.6% (Helmus, Hanson, Thornton, Babchishin, & Harris, 2012). It should be noted, however, that sexual victimization is consistently found to be one of the most under-reported of all violent crimes by both adults and children (Finkelhor, Hotaling, Lewis, & Smith, 1990; Tjaden & Thoennes, 2000; 2006). Despite low re-offense rates, many jurisdictions have adopted the containment model for sex offender community management (English, 1998; 2004) - a victim-focused, multi-agency approach that combines case evaluation, risk assessment, sex offender treatment, and intense community surveillance.

Yet, amid the increases in the scope and intensity of the criminal justice system's supervision of sex offenders, there has also been a growing interest among academics, criminal justice practitioners, and faith groups in using restorative justice approaches with this population. Restorative justice is a philosophy that aims to redirect society's punitive response to crime with the aim of increasing public safety through reconciliatory action between offenders, victims, and the community (Sullivan & Tifft, 2005). Bazelmore and Maruna (2009: p. 377) cite the three core principles of restorative justice as: (1) the *principle of repair* - the primary goal of any restorative intervention is to repair the harm caused by crime to the greatest extent possible; (2) the *principle of stakeholder involvement* - victims, offenders and communities should have the opportunity for active involvement in the justice process as early and as fully as possible; and (3) the *principle of transformation in community and government roles* - as justice systems have assumed more responsibility for crime and harm communities and individuals have lost their capacity to respond

effectively, and thus the relative roles and responsibilities of government and community need to be reexamined and in some cases reversed. Interventions offered by non-correctional enterprises may be better positioned to respond to individual characteristics and circumstances when providing offender treatment and management than correctional organizations (Wilson & Yates, 2009). Wilson and Yates cite Circles of Support and Accountability as an example of this form of non-correctional restorative program.

Circles of Support and Accountability

Circles of Support and Accountability (COSA) is a restorative justice-based community reentry program for sex offenders deemed to be at the highest risk of reoffending and with little or no pro-social community support. COSA traces its roots back to 1994, forming in response to the release of Charlie Taylor, a high-profile, high-risk, repeat child sex offender. Having grown up in institutional care, Taylor spent most of his time in prison and each time reoffended within weeks of being released (Bates & Wilson, 2013). Taylor was due to be released in Hamilton, Ontario, and having served his entire sentence in prison, would be released without formal criminal justice supervision in the community. Having noted his status as a "marginalized man with few life skills and a persistent sexual interest in children" (p. 27), his prison psychologist reached out to the pastor of a small Hamilton Mennonite congregation, the Rev. Harry Nigh (Wilson, McWhinnie, & Wilson, 2008) for assistance. A 'Circle of Support' was hastily arranged, in which a select group from the church congregation assisted Taylor in finding housing, welcomed him to church services and social functions, and set up a series of daily contacts (Hannem & Petrunik, 2004).

As Wilson et al. (2008) describe, a short time later a similarly high-profile, high-risk repeat child sex offender, Wray Budreo, was approaching the end of his sentence and was due for release in Peterborough, Ontario. A colleague of Rev. Nigh's, Rev. Hugh Kirkegaard, a community corrections chaplain, decided on a similar approach and formed a similar Circle for Budreo. Following anecdotal reports of the success of the COSA approach (neither Taylor nor Budreo were convicted of a subsequent sexual offense), the Mennonite Central Committee of Ontario, with the community chaplaincy division of the Correctional Services Canada, obtained funding to pilot COSA to develop, promote, and implement the approach across Canada (Hannem & Petrunik, 2004).

According to the Correctional Services of Canada model (Correctional Services Canada: CSC, 2002; 2003), the mission statement of COSA is: "[to] substantially reduce the risk of future sexual victimization of community members by assisting and supporting released individuals in their task of integrating with the community and leading responsible, productive, and accountable lives" (CSC, 2002: p. 12). A description of the CSC model is provided in a later section of this report. There have been no rigorous large-scale outcome evaluations of COSA conducted to date. Some small-scale outcome evaluations have been published that vary in quality. Four outcome studies that report comparisons in the sexual re-offense rate of COSA Core Members versus control subjects have been identified (Bates, Williams, Wilson, and Wilson, 2013; Duwe, 2013; Wilson, McWhinnie, Picheca, Prinzo, & Cortoni, 2007; Wilson, Cortoni, & McWhinnie, 2009). In 2007, Wilson et al. compared 60 COSA Core Members from Ontario, Canada, with a matched control sample of 60 offenders released at the end of their sentence, matched on risk-category and date of

release, but who did not participate in COSA, over a 4.5 year follow up. They found a significant reduction in sexual recidivism of 70%.

Wilson et al. (2009) conducted a replication of the 2007 study with an unrelated sample 44 COSA Core Members and of 44 similar offenders not involved in COSA. They found a significant reduction in sexual recidivism of 83%. Wilson et al. (2009) report this reduction as resulting from a chi-square distribution test. However, because of the small number of recidivists, the statistical assumptions of that chi-square test are compromised by including cells with an expected count of less than 5. Under these circumstances standard statistics textbooks recommend the use of Fisher's Exact Test to analyze a contingency table. An re-analysis of the contingency tables in Wilson et al., 2009 for the purpose of this evaluability assessment shows that the Fisher's Exact Test is non-significant ($p = .055$).

Wilson et al. (2009) also presented a 3-year fixed comparison analysis, controlling for differences in risk assessment scores between the two groups (18 COSA participants and 17 non-CSSA controls), that reported no sexual recidivism in the COSA group compared with 5 in control sample. Further significant reductions in violent offending (82%) and any offending (83%) were also reported. It should be noted that the methodology used to provide the 3-year fixed analysis had the effect of reducing the number of participants in the sample. In both studies the authors state that prior treatment was matched, but the methods by which this was done was not described in any detail, except the statement that, "few of the men in either group studied here had completed treatment before release" (p. 418). It is also not explained in either study why the control

sample did not participate in COSA. If it was because they were not suitable candidates then the argument could be made that they do not represent an adequate control sample.

Bates et al. (2013) compared 71 Core Members on the COSA South East program in the U.K with a sample of 71 sex offenders broadly matched on risk status and community follow-up. They report a significant reduction in sexual offending of 75% over a 4.5 year follow-up. The control group in the Bates et al. study was matched with a sample of offenders who were referred to COSA, but were not accepted. Like the studies by Wilson and colleagues (Wilson et al., 2007; Wilson et al., 2009) this raises questions about significant confounding differences between the experimental and control groups and the validity of the findings, as the post-release conditions of each of the groups were not discussed in detail. Therefore little information could be sought about, for example, the levels of community supervision between the two groups, or what 'supervision as usual' may have involved.

In 2013, Duwe published an experimental analysis of the effectiveness of COSA, comparing 31 Core Members from the Minnesota COSA (MnCOSAs) program with a matched control sample. Duwe's study was the first (and to-date, only) study to prospectively randomly assign participants to either an experimental (COSA) group or a control (no-COSA) group, due to a surplus in Core Member places compared to volunteers available to provide Circles. This randomization procedure used by Duwe aimed to resolve the issue of potential differences between the retrospectively matched COSA and control groups reported in the previous studies. However, the author reported a non-significant reduction in sexual recidivism over a 2-year follow-up, with only one control participant being reconvicted of a further sexual offense compared to zero in the COSA group. A significant

reduction of 40% in re-arrests (for any offense) was found for the COSA group compared to the control group. A Cox regression model found that participation in MnCOSA significantly reduced the chance (hazard ratio) of re-arrest by 62%, of technical violation revocations by 72%, and any re-incarceration by 84%, but no significant reductions in the chance of reconviction or new offense re-incarcerations.

Other studies have reported program variables aside from recidivism. For example, Wilson, Picheca, and Prinzo (2007) surveyed 24 COSA Core Members about their experiences. They found that two-thirds of their sample agreed that the Circle had helped them adjust to the community on release, 92% reported a sense of support and acceptance by others after starting the program, and approximately two-thirds suggested that they would have returned to crime had the program not existed. In a descriptive study of the Hampshire and Thames Valley Circles program in the United Kingdom, Bates, Macrae, Williams, and Webb (2012) reported descriptive differences in dynamic risk scores for Core Members, between the time of forging the Circle to the time study data was collected. They suggest that COSA was responsible for improvement in emotional well-being in the majority of Circles (70%). Improvements in engagement in age-appropriate relationships, links with family and support networks, and access to employment or education were each reported in 50% of Circles. It is, however, difficult to establish how improvements were objectively measured in order to ascertain whether they could be attributable to the COSA program, beyond the researcher's judgment of file information².

A weighted average of the three significant estimated reductions attributable to COSA suggest that the program may be responsible for a reduction of 77% in sexual

² "Each file was examined to identify which criminogenic factors pertaining to the Core Member had been addressed by HTV Circles work and to explain briefly how this had been achieved" (Bates et al., 2011: p357).

recidivism for COSA Core Members versus controls, with an average follow-up time of 4 years. Given the varying quality of these studies in terms of retroactive matching of experimental and control samples, imperfect methods for matching, the integrity of statistical analyses, and the lack of statistically significant experimental results, it could be argued that this figure should be considered only an estimate of potential effectiveness. At this time there isn't enough evidence to suggest that COSA is proven to be effective in reducing recidivism in sex offenders. This is not to disparage the previous studies, which were conducted with samples taken as COSA was developing; rather that it is time the approach is comprehensively and systematically evaluated.

EVALUABILITY ASSESSMENT

This report outlines an evaluability assessment of COSA across five sites with the goal of assessing the readiness of COSA provision in the U.S. for rigorous evaluation. In program evaluation there is a need to balance the feasibility and cost of evaluation against the likely benefits (Wholey, 2004). In designing sound evaluations, evaluators need to identify a number of elements: questions to answer, evaluation criteria, data to collect, and methodologies to adopt. Successful evaluation design also requires program readiness - the program needs to be implemented in such a way that its anticipated outcomes can be evaluated. Flawed program design has been slated as a major impediment to useful evaluation, and often poor outcomes believed to be program failures can, in actuality, be a result of the program not being implemented as designed (Van Voorhis, Cullen, & Applegate, 1995). Van Voorhis et al. (1995) also note that another common problem is that in many evaluations outcome data are reported with no clear indication as to what the program did to achieve those results.

Evaluability assessments examine the demand for information that might come from a large-scale evaluation and seek to match supply with demand by proposing designs that are feasible, relevant and useful. They assess the extent to which measurable objectives exist, whether they are shared by key stakeholders, and whether a reasonable program structure is in place with sufficient resources to achieve goals and objectives, (Trevisan, 2007; Wholey, 2004). This assessment proposed the following specific evaluation goals, based on those outlined by Wholey (2004):

- **Clarify program intent** - map a COSA program model (the 'espoused theory') to identify and document intended program operations, based on the development of the CSC COSA model;
- **Explore program reality** - examine COSA program operations in action on site to identify and document actual COSA program activities;
- **Examine program data capacity** - inspect and document the capacity of the selected COSA program sites for data collection, management and analysis in support of further evaluation;
- **Analyze program fidelity** - assess the congruence between intended program logic and actual program operations, deriving initial conclusions about the fidelity of program implementation; and
- **Propose potential evaluation designs** - report on the readiness for further evaluation activities at each selected COSA site and identify potential evaluation challenges at each site.

Clarifying program intent

The first stage of assessment is to understand the COSA logic model in order to establish how the selected sites intend to implement COSA. The stated goals, objectives, design, and operation of COSA will be investigated through examination of documentation such as operation manuals, handbooks, training documents, policy documents, etc. Written program documentation is a key to establishing a program's espoused theory – the interventions and activities in which it claims to engage (Argyris, 1982). While structural

details of COSA may differ between providers, the core model should not (Clarke, 2011). If the sites are expected to follow a standardized COSA model, a goal of this assessment will be to compare the standardized intended model to the espoused model at each site, attending to any local deviations or 'innovations' to the standardized model (Durlak & DuPre, 2008). It was therefore important to establish whether any intended model is fully defined and documented in such a way that it guides all activities across the organization, establishing both a restorative justice context and that all aims, objectives, and procedures related to COSA are clearly defined.

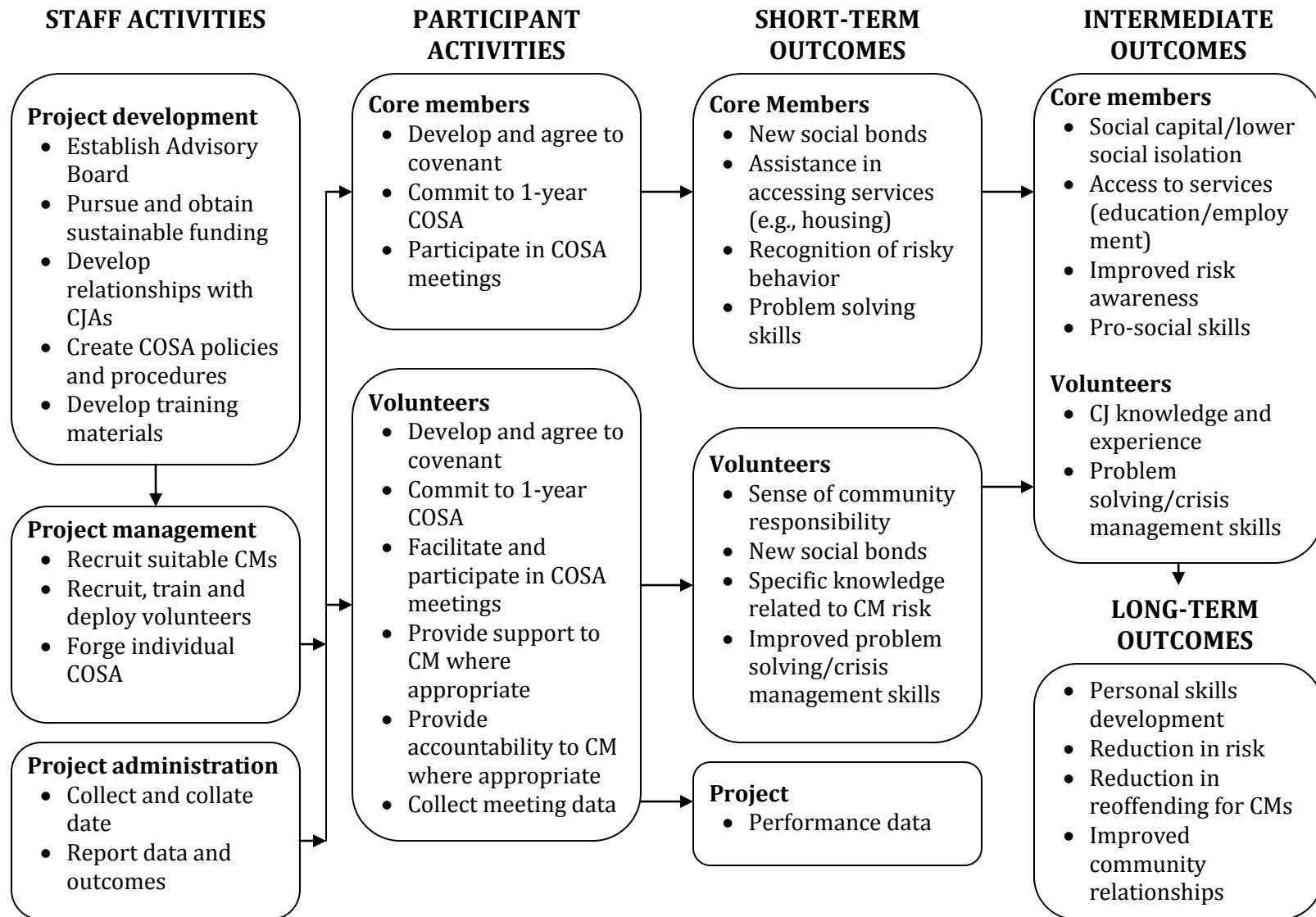
COSA logic model

Logic models are plausible and rational illustrations of how a program should work, under certain environmental conditions, to solve the identified problem that it was developed to address (Bickman, 1987). Elements typically included in a logic model are (see Wholey et al., 2004):

- **Resources** - human, financial, and partnership resources needed to support the program.
- **Activities** - the action steps necessary to produce program outputs.
- **Outputs** - the products, goods, and services provided to the customer or participants.
- **Customer reach** - the customers and partners served.
- **Outcomes** - changes or benefits resulting from activities and outputs. For each of these and the short-term, intermediate-term, and long-term outcomes related to them.

In order to develop the logic model for COSA (see Figure 1 below) it is necessary to clearly define the problem and its context. In COSA there are three basic criminal justice issues being addressed. The first is the increased frequency of recidivism for high-risk sex offenders being released into the community. The overarching goal of COSA is to "substantially reduce the risk of future sexual victimization of community members by assisting and supporting released individuals in their task of integrating with the community and leading responsible, productive, and accountable lives." The second issue is that that many of these offenders will have completed their sentence in full following periods of incarceration and therefore are not subject to formal criminal justice supervision. As the COSA development document (CSC, 2003) points out, there are few services available that specifically dealt with the unique needs of high-risk sex offenders being released having completed their sentence and with no formal supervision in the community, and COSA can fill that intervention gap.

Figure 1. An intended COSA logic model.



The third issue is the consequent lack of social capital and community support for these individuals after the time spent away from their home and communities and the stigma related to public perceptions of sex offenders. Social capital can be defined as, "the aggregate of the actual or potential resources that are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance or recognition" (Bourdieu 1985, p. 248). COSA identifies a lack of social capital as a distinct obstacle to successful re-entry and seeks to increase social capital by encouraging the creation of community networks that can provide effective support and guardianship and model pro-social behaviors. These pro-social behaviors reduce social isolation by teaching the Core Member how to initiate and maintain trusting relationships with adults and by improving self-efficacy by encouraging a belief in the human ability to change (Wilson, Picheca, & Prinzo, 2007).

The COSA process model

There seemed little reason to re-invent the wheel in developing a model of COSA for this assessment. The vast majority of the developed COSA programs identified by the authors appear to be based upon the Correctional Services Canada model (CSC 2002; 2003) developed by, among others, Andrew McWhinnie, David Dyke, Evan Heise, and Robin Wilson. This model has been adapted in a number of locations to provide COSA under varying legislative and political contexts, including those in the U.K., the Netherlands, and the U.S. The following sections synthesize (and in places adjust) the model on the whole as it is described in two key documents: the 2003 *Guide to Project Development* (CSC, 2003)

and the 2002 *Guide to Training Potential Volunteers* (CSC, 2002). This synthesized model, created for the purpose of this evaluability assessment but based on the CSC model, is referred to throughout this report as the 'intended model'.

Wilson and McWhinnie (2010) described the CSC COSA model as consisting of two concentric interpersonal circles surrounding a Core Member (an offender): (1) an inner circle of four to six professionally-facilitated community volunteers who act as a supportive community to whom the Core Member agrees to be accountable; and (2) an outer circle of professionals (e.g., therapists, probation, law enforcement) who provide expert guidance on areas including, but not limited to, offender behavior, offender management principles, the legal and criminal justice contexts. In addition, many COSA projects may include a steering group of local professionals who provide operational support and a designated Circles Coordinator who manages operations. Although the model explains the philosophy and hierarchy of COSA, it does not fully explain COSA in terms of development, operation, and the roles of its consumers and providers.

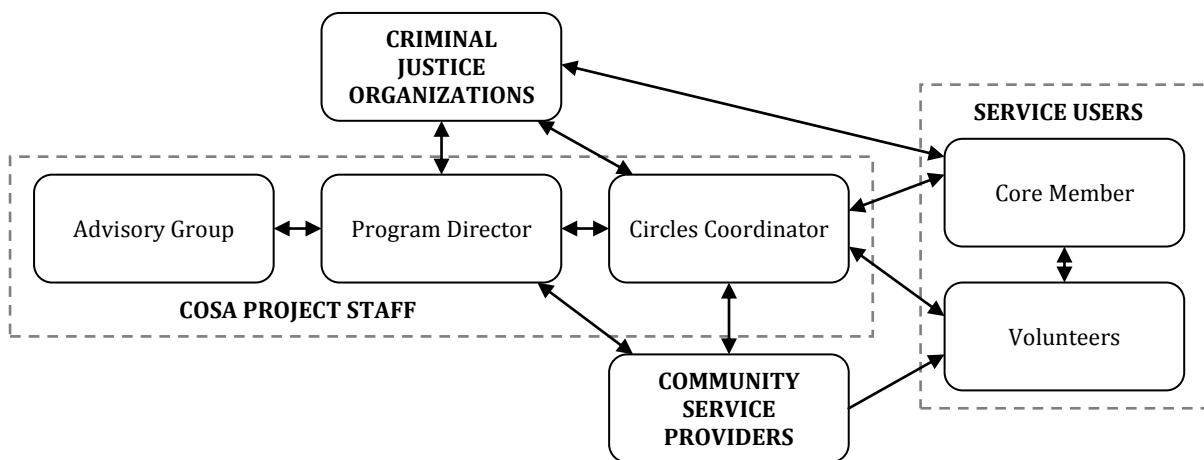
To illustrate an intended model of COSA, the following sections separate the elements of the model into two components: *people* and *processes*. The people are the various stakeholders involved in the operation of COSA, either acting on behalf of the various organizations involved or taking part in the program itself (i.e., the customers it serves). The processes are the operational procedures that take place to get from conception of COSA to the dissolution of the first Circle.

There are four groups of stakeholders (for each of which a single name has been chosen in order to maintain clarity throughout the report). These players can be categorized depending on either their organization or their role. The first group is the COSA

project staff, which includes the Advisory Group, the Program Director, and the Circle Coordinator. These staff will typically represent a community justice organization. The second group is the service users, which includes the Core Member and the volunteers. The third group is the specific criminal justice staff or organizations (the referrers) that include the Department of Corrections (DOC), the parole/probation departments and local police forces. The fourth group is the community service providers, such as survivor advocacy groups, lawyers, treatment providers/psychologists, social workers, healthcare professionals, educational professionals, and faith-based organizations.

Figure 2 presents a schematic diagram of the anticipated way in which these four groups will combine to provide COSA. The arrows show the lines of communication as they relate to the development of the COSA program and of individual Circles.

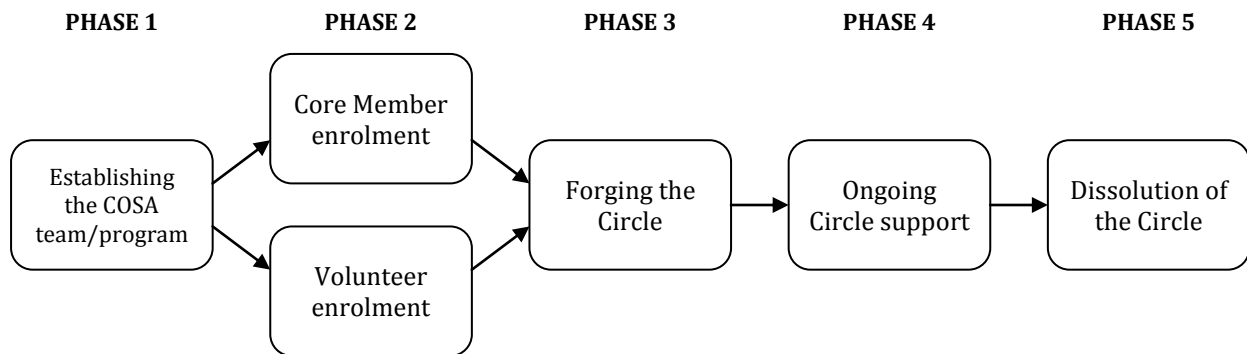
Figure 2. An anticipated COSA management structure.



The fulcrum of the anticipated management structure is the Program Director. The Program Director is typically an individual working in a community criminal justice

organization that provides restorative justice and/or offender reentry services. They require knowledge of the COSA philosophy and application, sex offender reentry, and a general knowledge of the criminal justice system. This individual is likely to be overseen by an Executive Director of their organization. The Program Director is typically the face of the program for the media and the person responsible for ensuring the program has sufficient insurance and liability cover. The Program Director oversees the five phases of the COSA program process (see Figure 3): (1) establishing the COSA team and program; (2a) Core Member enrolment and (2b) volunteer enrolment; (3) forging the Circle; (4) ongoing support; (5) dissolution of the Circle. The following sections outline each of the phases of the model in turn.

Figure 3. The five phases of the COSA program process.



Phase 1: Establishing the COSA team and program

The first phase of the process is to appoint the various members of the COSA team and to establish the program in the local community, and is the role of the Program Director. This involves four key processes: (1) appoint an Advisory Group; (2) appoint a

Circle Coordinator; (3) train staff; and (4) publicize the COSA program in the community.

The first role of the Program Director is to establish an Advisory Group. The Advisory Group provides oversight, accountability, and professional support to the COSA program. It should consist of representatives from as many of the community service providers as possible (Department of Corrections, Sex Offender Assessment/Management Boards, Parole, Probation, treatment providers, survivor advocates, etc.). These individuals typically make up the 'outer circle'³.

The second role of the Program Director, with the support of their organization and the Advisory Group is to hire a Circle Coordinator. The role of the Circle Coordinator is to ensure that the operational policies and procedures established by the Program Director and the Advisory Group are being implemented in practice. The Circle Coordinator is responsible for convening and facilitating Circle meetings, arranging appointments with consultants, liaising with the criminal justice agencies, and conducting orientations with the regional coordinator. The Circle Coordinator will also attend Circles meetings where necessary to establish and maintain process dynamics - stimulating dialogue, posing questions, maintaining the focus of the meeting, and ensuring balanced participation. The Circle Coordinator is the individual who sits between the two concentric Circles ensuring that there is reciprocal communication.

Finally, to establish the COSA team's credentials, it is recommended that the Program Director and the Circle Coordinator attend training from outside consultants, experts in COSA development and implementation. It is also recommended that they schedule exploratory visits to other sites that are successfully implementing the program.

³ In the early stages the Advisory Group is likely to have limited membership as the Program Director seeks to establish further professional links, but the group can be added to throughout the process.

Once the COSA team is established, the next phase is to advertise the program to key community stakeholders and build solid relationships in the community.

The Program Director and the Circle Coordinator will produce, arrange, and deliver a series of orientation sessions to publicize the program with key community stakeholders. All and any interested parties should be encouraged to attend, but should target two key groups. Regional professionals need to be targeted as potential referrers of Core Members to the program and to identify interested individuals who can be added to the Advisory Group. All reentry programs need the support of the criminal justice system and the Program Director and Circle Coordinator are required to establish relationships with key stakeholders from whom Core Member referrals will be sourced. The general public needs to be targeted not only to educate them on the problems related to sex offender re-entry and the methods by which COSA seeks to solve those problems, but also as a method by which to recruit potential volunteers.

The Program Director can choose to hire external expert consultants to deliver these orientation sessions at first, before the COSA staff begins delivering sessions themselves. In the CSC model, the orientation sessions last between 1.5 and 3 hours and provide an overview of the history, purpose, core values, philosophy, and structure of COSA. Having established a team and promoted the program to both the local public and regional professionals, the Program Director should then seek to identify and enroll service users.

Phase 2a: Core Member enrolment

The second phase of the process is to enroll the two categories of COSA service users: the Core Members and the Circle volunteers. Potential Core Members are those offenders who are due to be released back into the community following a period of incarceration. The enrolment process for Core Members involves five stages: (1) referral; (2) case review; (3) screening; (4) file review; and (5) acceptance.

In the referral stage candidates for COSA are identified by the Department of Corrections⁴ (DOC). Candidates can also be identified by other parties, such as prison welfare groups, families of offenders, etc. The DOC, however, is typically engaged in release planning for inmates and will have access to both the inmate themselves and data related to them. The DOC will then assess inmates due for release for their needs in the community, their potential harm to victims, and their willingness to participate in the program. In order for the DOC to present information about a potential Core Member to COSA they discuss the potential referral with the inmate and request they sign a confidentiality agreement. This is followed by a case review in which the 'selection team' (DOC, Program Director, and Circle Coordinator) confirm the release date, verify the inmates conditions of release, and discuss the DOC's assessment of risk in the community.

Following successful case review, the selection team begins the screening phase. For inmates to be suitable for COSA, certain criteria should be met⁵. The fundamental criteria are that the inmate:

⁴ State agencies can have a variety of official names, but this report uses the term 'Department of Corrections' here to refer to any state agency that oversees the incarceration of individuals convicted of crimes, for the purposes of clarity and consistency.

⁵ It is implied in the CSC model documentation that COSA is a program for *adult* sex offenders and not juveniles. The CSC model also does not address gender, but there appears to be little reason why COSA would not be suitable for male, female, or transgender Core Members.

- has completed their sentence and is returning to the community with no formal criminal justice supervision;
- is high-risk and high-need (and possibly high-profile);
- has little or no pro-social support in the community;
- is motivated to achieve an offense-free life;
- is willing to agree to the covenant; and
- is willing to commit to a one-year Circle.

The intake process should begin approximately 90 days prior to the inmate's release from incarceration. The selection team meets with the inmate and over a series of visits introduces the COSA program and the support it provides, learns the inmate's personal circumstances and plans on release, obtains the release of inmate information, and obtains informed consent to recommend the inmate to the COSA Advisory Group. A final file review is carried out, while potential volunteers for the Circle are identified and educated about the inmate. Finally, there is acceptance from both parties, at which point the selection team completes a COSA needs assessment, a release plan, a relapse prevention plan, and begins developing a covenant.

Phase 2b: Volunteer enrolment

At the same time as the Core Member is being enrolled, the Program Director and Circle Coordinator are also responsible for the enrolment of volunteers. Circles are typically made up of one Core Member and 4-7 fully-trained and professionally-facilitated

community volunteers. COSA volunteers are typically recruited from orientation audiences, local faith organizations, volunteer recruitment centers, or via word-of-mouth or media outlets. The volunteers' role is to meet with the Core Member, to covenant, and to 'walk daily in friendship' with the Core Member (CSC, 2003: p. 11).

There are five stages to the volunteer enrolment process: (1) core training; (2) application; (3) interviews; (4) criminal records check; and (5) skills training. After they have attended one of the orientation sessions the volunteer is invited to attend one of the core training workshops. In the early stages of COSA project development, this is another area in which it is recommended that the Program Director invite external consultants to deliver the training sessions until the Program Director and local professionals have been equipped with the skills to do so. The core training takes 6 hours: two sessions lasting 3 hours. It provides an overview of the criminal justice system as it relates to both sex offenders and offender reentry, legislation specific to sex offenders, and provides an understanding of sexuality, sexual deviance (e.g., paraphilia), and sexual offending. It involves presentations, videos, and role-play exercises. After attending core training and agreeing to participate in COSA, then the volunteer is invited to complete and submit an application form, resume, and three references (two from community members in good standing and one from a professional who knows them). Suitable applicants are then invited to an interview.

This interview allows the Program Director and Circle Coordinator to identify candidates who meet the volunteer criteria. The volunteer is required to demonstrate stability and residence in the community in which a COSA can to be formed so that they can attend meetings regularly. They are also expected to commit to a one-year Circle duration

in that location. Other personal criteria include (but are not limited to) personal maturity, experience of problem-solving, and general awareness of criminal justice issues. Volunteers are expected to have a balanced lifestyle with interests outside of COSA, a balanced perspective in being able to recognize the needs of both victims and offenders, and to be non-judgmental in terms of being able to work with Core Members with a variety of offense types and potentially alternative sexual orientations to the volunteer's own. The potential volunteer should not have any unresolved victimization issues. That is not to say that prior victimization excludes an individual from becoming a volunteer, but that the individual would need to ensure that the experience of volunteering for COSA does not trigger any difficult emotions for them. Finally, it is recommended that the pool of volunteers have a mix of age groups to provide a variety of perspectives.

If these criteria are met the volunteer is subjected to a criminal records check. Individuals with criminal records are not excluded from enrolling as volunteers but the Program Director and Circle Coordinator are encouraged to further interview those individuals to ensure that they are not likely to endorse pro-offending thinking or minimize behaviors instead of holding the Core Member properly accountable. Once the criminal record checks are filed suitable applicants are invited to participate in the skills training sessions. These are four 3 hour sessions (12 hours in total) over two full days. These sessions provide an understanding of the long-term effects of institutionalization, dynamic risk factors and offense cycles in sex offending, relapse prevention plans, accountability, Circle logistics (e.g., meeting practices), Core Member needs and appropriate volunteer responses to those needs, victim advocacy, and personal boundary-setting and self-care. After a final screening, successful applicants are officially enrolled as trained volunteers.

Phase 3: Forging the Circle

Once Core Members and volunteers have been identified and enrolled and Circles can be developed. Circle development involves two processes: covenanting and engaging in Circle contact. The first task for the Circle, with the support of the Circle Coordinator, is to develop the covenant. The covenant is the foundational document of COSA. It is a non-legally-binding agreement between the volunteers and the Core Member that establishes the norms and behaviors appropriate to the group, clarifies the expectations of the Circle, and defines the consequences for failing to meet those expectations. All are expected to commit to a 1-year Circle duration. Confidentiality is ensured and the ethos of 'no secrets' is enshrined - individuals within the Circle cannot share secrets or initiate and maintain friendships that are unknown to the rest of the Circle.

The volunteers agree to assist in practical living needs, to demonstrate open and honest communication, to work in consensus with the rest of the Circle, and to consult the Circle before others on matters related to the Core Member. The Core Member agrees to live by the terms of the covenant, to live an offense-free life, and to notify the Circle if they are having difficulty doing so. The Core Member agrees to respect personal boundaries, to be open and honest, to share information such as relapse prevention plans and offense cycles with the Circle, to adhere to their conditions of release, and to cooperate with the criminal justice authorities.

The second task is to engage in Circle contact, through regular scheduled Circle meetings. Circle meetings occur at least once a week in the initial stages, although in complex cases daily contact is recommended. The first 4-6 weeks are particularly intense

and this intensity could decrease over time, and so frequency of contact can be reduced if the Core Member is making progress. Meetings are held in pre-arranged locations in the community and are attended by all members of the Circle. Group cohesion is the key and leadership and decision-making is non-hierarchical and based on group consensus. In the early stages of the Circle the Circle Coordinator also attends meetings to take notes and facilitate discussion, until these responsibilities can be safely passed to a volunteer.

Temporary attendees, such as psychologists, police officers, parole/probation officers, chaplains, or researchers, may be invited to attend meetings if agreed by all members of the Circle.

A Circle meeting typically involves each member of the Circle 'checking in' and discussing their week, ending with the Core Member. Volunteers inquire about the Core Member's progress and will discuss their concerns. Should the Core Member disclose any concerning or unusual behavior to Circle members then the Circle will discuss this, hold the Core Member accountable, and support the Core Member in addressing those behaviors. In the event of the Core Member disclosing behaviors that contravene any of their conditions of release or that could potentially place community members in danger, then the Circle will request that the Core Member disclose this information to their Parole or Probation Officer of their own volition. If the Core Member refuses to do so then the Circle will report the behavior immediately to the Circle Coordinator, who will contact the Core Member's Police or Parole Officer.

In exceptional circumstances the Circle can meet without the Core Member (e.g., if Circle is not functioning effectively or if the Core Member is in custody or is physically

incapacitated). In most cases the Circle will inform the Core Member that they are meeting without them (the 'no secrets' policy).

Phase 4: Ongoing Circle support

Once the Circle has been established and is fully-functioning it is the responsibility of the Circle Coordinator and Program Director to provide ongoing support. This includes (but is not limited to: (1) Circle management; (2) record keeping; and (3) volunteer support.

The implementation of Circle policies and procedures are managed by the Circle Coordinator. This includes the scheduling of regular contact between the Circle volunteers and the Core Member, either in terms of group meetings or individual contact. There is ongoing re-appraisal of the covenant and the Core Member's conditions of release, to ensure that these are being recognized and respected. Circle dynamics and communication between the inner and outer circles are monitored, and enhanced where necessary, by the Circle Coordinator. Finally, the Circle identifies and deals with problems and obstacles to successful reentry and potential crisis situations encountered by the Core Member.

Records are maintained with file information such as offense cycles, covenants, court orders, important Circle decisions, and communications with affiliated professionals being securely filed and stored. Circle specific data such as attendance, inception dates, meeting dates and durations, critical incident dates, concerns, goal achievement, and outcomes will also be collected. Reporting of data is also necessary, with the Advisory Group receiving periodic updates. Similarly, external funders are likely to expect reports of

the program's achievements. Finally, data should be made available for research and evaluation activities.

Finally, it is recommended that ongoing support also be provided to volunteers. This includes the opportunity to provide regular feedback and to discuss their experiences and concerns to the COSA team. Further skills training should be offered to allow volunteers to increase their competency in supporting the Core Member, such as crisis management, group dynamics, or local employment and housing procurement procedures. This helps to keep the volunteers informed, healthy, safe, and motivated, which aids retention.

Phase 5. Dissolution of the Circle

The final phase of the COSA model is the dissolution of the Circle. There are three broad outcomes for Circles. Firstly, the Circle can be disbanded through mutual consent and the official bonds between the Core Member and their Circle become unofficial (but may endure if the Core Member and volunteers wish). Secondly, the life cycle can be extended. The principal lifespan of a Circle is one year, however if ongoing support beyond one year is beneficial for a Core Member then extensions can be negotiated. Volunteers who do not wish to extend their commitment further can be replaced if necessary, dependent on the needs of the Core Member. Thirdly, the Circle can be disbanded due to the Core Member breaking the covenant. If action is taken against a Core Member by a criminal justice agency (e.g., is rearrested), the Circle Coordinator will call a debriefing session where a plan for the future of the Circle is developed. In instances where the Core Member is re-institutionalized, the Circle makes a decision whether to continue to provide support. If the Core Member is returning to the community then serious decisions need to

be made regarding the potential effect of disbanding the Circle on community safety - and usually the Circle is encouraged to work through the violation. Finally, if the Circle is disbanded then the appropriate authorities should be informed.

Summary of the intended model

The above sections outline an effort to comprehensively clarify COSA program intent - an 'espoused theory' of COSA. From an analysis of the popular CSC COSA model (CSC, 2002; 2003) these sections outline: (1) the mission, aims, and objectives of COSA; (2) an anticipated management structure; and (3) the intended operational processes by which the various stakeholders develop the COSA program, through the establishment, maintenance, and dissolution of individual Circles and the recruitment, support and retention of service users.

EXPLORING COSA PROGRAM REALITY

Effective programs employ specific activities and interventions known to produce desired outcomes (intervention effectiveness) and implement those interventions with high fidelity to the program model (implementation fidelity) (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). A program may select or design evidence-based interventions⁶ but implement them poorly, leading to high intervention effectiveness, but low implementation fidelity. Conversely, a program may select or design poor interventions, but actually implement them well leading to low intervention effectiveness, but high implementation fidelity. Table 1 summarizes these possibilities. The goal of program improvement is to establish effective intervention and high intervention fidelity (Table 1: upper left-hand quadrant) as this is the condition that maximizes desired outcomes.

Table 1: Interaction between intervention effectiveness and implementation fidelity.

		Implementation fidelity	
		High	Low
Intervention effectiveness	Effective	Good intervention Good implementation	Good intervention Poor implementation
	Ineffective	Poor intervention Good implementation	Poor intervention Poor implementation

⁶ This report has noted that, at this time, the previous research does not establish COSA as an evidence-based intervention. In this context, high intervention effectiveness relates to the adoption by sites of a comprehensive and consistent espoused theory of COSA.

The matrix of program elements in Table 1 served as the guide for data collection regarding COSA implementation. During each site visit, key staff and volunteers were interviewed, and documents related to operational policies and procedures were reviewed to collect data on how the program-in-action met each of the elements outlined. In addition, patterns of case-flow were documented in order to estimate how many Core Members are enrolled at each site annually, which has important implications for the statistical power of any future outcome evaluation. As part of this support for the use of a randomized control trial (RCT) in an outcome evaluation was examined.

Data collection methods

Data were collected via site visits to five locations delivering, or intending to deliver, COSA programs in the U.S.: Fresno, CA; Denver, CO; Durham, NC; Lancaster, PA; and Burlington, VT (See Appendix A for a map of locations). COSA projects at these sites have different names and acronyms that are often geographically specific. For consistency, they are referred to in this report as COSA Fresno, Colorado COSA or CO-COSA, COSA Durham, COSA Lancaster, and Vermont COSA or VT-COSA.

During these site visits in-person interviews were conducted with key program personnel - Regional Directors, Local Project Coordinators, representatives of the referring criminal justice agencies (DOC, Parole, or Probation), and volunteers. Other key interested parties were also interviewed wherever possible, including members of the Board of Directors, steering group/advisory board members, and other government agencies (e.g., Sex Offender Assessment/Management Boards). Any documented material related to COSA policies and procedures were also requested.

Of the five sites visited, two could be regarded as established programs (COSA Fresno and VT-COSA), with 10 or more Circles currently in operation. One was a newly-established program (COSA Lancaster), with Circles in operation, but less than five. Two were fledgling programs (CO-COSA and COSA Durham), with Circles in development, but none in operation. Individual site reports are available that include findings on program fidelity, which are summarized in the following section.

Data was collected and analyzed using a fidelity item measurement tool (see Appendix 1) and a data item measurement tool (see Appendix 2). The fidelity item measurement tool examines 41 items across 10 fidelity categories, including management, model, operations, outcomes, staff, Core Members and volunteers. There is no definitive consensus on what constitutes high program fidelity, but evidence suggests fidelity levels of 60% and greater (i.e., 60% match between program intent and program reality) are associated with strong outcomes (Durlak & DuPre, 2008; Latessa & Lowenkamp, 2006). Thus, programs with an implementation score approaching or exceeding 60% were considered to be well-implemented. The data item tool examined whether 23 key data variables were either available on-site, available from an external source (e.g., DOC, Parole, Probation, etc), or not available. Copies of all and any relevant policy, procedure, training, or communicative documentation were collected electronically or in hard-copy form.

Site report summaries

The following sections briefly outline program reality at each of the five sites, fidelity scores, and recommendations relating to the ability of each site to participate in evaluative activity.

COSA Fresno

COSA Fresno is operated by the Center for Peacemaking and Conflict Studies (CPACS) at the Fresno Pacific University, California. According to a 2008 CASOMB report, approximately 67,700 registered adult sex offenders lived in California's communities at that time, roughly 75% of whom have fully-completed their sentence and are not under any formal criminal justice supervision. COSA Fresno is based on the CSC model (CSC, 2002; 2003), adapted where necessary to operate within the context of sex offender reentry in California. COSA Fresno currently has 25 Circles in operation. At the time of the site visit COSA Fresno was described as operating beyond capacity. COSA Fresno was awarded a fidelity score of 58%.

COSA Fresno deviates from the intended model in a number of ways. Firstly, some Core Members have not completed their sentence in full and are returning to the community under a combination of COSA and formal parole supervision. Secondly, volunteer applicants' are not subjected to an official criminal records check and personal references are not checked. Data collection is limited to those gleaned from volunteer application forms and interviews, Circle meeting notes, and information collected during Core Member referral and intake. There are two key obstacles to evaluation at COSA Fresno. The first is that there is concern for the financial viability of the site in the long-term. The second, related to the issue of limited capacity, is the potential sample size available.

In conclusion, operations at COSA Fresno are impressive given the limited resources available. It is concluded, however, that only with significant investment in the site could

these methodological issues and obstacles can be resolved in a short enough period of time for COSA Fresno to be considered equipped to contribute to rigorous experimental evaluation. If investment were possible, then it would be recommended that COSA Fresno be included in any evaluative activity related to the effectiveness of COSA in the U.S., either as a single site or as part of a multi-site evaluation.

Colorado COSA

Colorado COSA (COCOSA) is a non-profit organization, funded by the Colorado Department of Corrections and seeking additional private funding. During the past four years Colorado has been reforming criminal justice practices. This has led to approximately \$25 million dollars being reallocated from the corrections budget to funding for intervention programs. Colorado COSA (COCOSA) uses an adapted version of the CSC model (CSC, 2002; 2003) that also draws from materials collected from COSA programs in Fresno (CA), Alaska, Vermont, and the United Kingdom. COCOSA is in the initial stages of developing their first COSA Circles. Colorado COSA was awarded a fidelity score of 27%.

The COCOSA model appears to deviate from the intended model in a number of ways. Firstly, selected Core Members have not completed the whole of their sentence and are in the community under a combination of COSA, and Parole or Probation supervision. Secondly, there appears to be a degree of flexibility in the criteria for Core Member selection. It was not possible to assess data management because the project is still in development.

It is clear that the project is well-resourced (both in terms of finance and personnel), has a strong model in place, and has learned valuable lessons from its first unsuccessful

incarnation. It is concluded, however, that at this time Colorado COSA cannot be considered to be operating at a sufficient capacity that would allow it to positively contribute to rigorous evaluation.

COSA Durham

COSA Durham is funded in part by the Durham County Criminal Justice Resource Center (CJRC) and located in Durham Congregations in Action (DCIA). According to recent North Carolina Department of Justice statistics approximately 272 registered sex offenders reside in communities in the Durham, NC region. The COSA model established at COSA Durham is an adapted version of the Correctional Services Canada model (CSC, 2002; 2003). At the time of the site visit, COSA Durham was in the program development stage and not operating any Circles. COSA Durham was awarded a fidelity score of 24%.

The anticipated COSA Durham model appears to deviate from the intended model in a one key way. Selected Core Members may not have fully completed the whole of their sentence and all returning sex offenders are subject to 5 years post-release supervision. It was not possible to assess data management because the project is still in development. The key obstacle to evaluation is that the site is currently at very low capacity.

Nonetheless, it is clear that the project is well-resourced (both in terms of finance and personnel), has a strong model in place, and has learned valuable lessons from its first unsuccessful incarnation. It is concluded, however, that at this time COSA Durham cannot be considered to be operating at a sufficient capacity that would allow it to positively contribute to rigorous evaluation.

COSA Lancaster

COSA in Lancaster, Pennsylvania, is operated by the Center for Community Peacemaking (CCP). According to the Pennsylvania State Police, there are approximately 785 registered sex offenders residing in the community in Pennsylvania. COSA Lancaster uses an adapted version of the CSC model (CSC 2002; 2003). Three months into this second iteration of the program, COSA Lancaster currently has three Circles in operation. COSA Lancaster was awarded a fidelity score of 52%.

COSA Lancaster deviates from the intended model in a number of ways. Firstly, selected Core Members have not completed the whole of their sentence and are returning to the community under a combination of COSA and formal parole and probation supervision. Secondly, there appears to be flexibility in the criteria for Core Member selection. Thirdly, at present the establishment of the project team has not yet been fully achieved. The state of data collection, management and storage is a serious concern, but should be balanced with the short time in which the site has been in operation. The key obstacle to evaluation is that the site is currently at very low capacity.

Nonetheless, COSA Lancaster has been successful in forging their first Circles and appears to have been successful in maintaining these. It is concluded, however, that at this time COSA Lancaster cannot be considered to be operating at a sufficient capacity that would allow it to positively contribute to rigorous evaluation.

Vermont COSA

Vermont COSA is managed by the Vermont Department of Corrections (DOC) from their offices in Williston, Vermont. As of June 2012, the Vermont DOC reported a total of

1,212 registered sex offenders, 55% of whom reside in the community on parole, probation, intermediary sanctions, or as part of a re-entry scheme. Vermont COSA (or VT COSA) was formed in 2005 using funds from a Serious Violent Offenders Reentry Initiative grant. The DOC facilitates around 50 Circles per year on current resources and funding. Vermont COSA was awarded a fidelity score of 86%.

VT COSA was found to deviate from the intended model in a number of ways. Firstly, VT COSA is managed centrally by the Vermont DOC, which has implications for COSA activity. Secondly, selected Core Members have not completed their sentence in full and are returning to the community under a combination of COSA and formal parole supervision. Thirdly, there appears to be some flexibility in the criteria for Core Member selection. The quality of data and data systems at VT COSA are excellent. The only obstacle to evaluation for VT COSA may be the potential sample size available.

It is concluded that these methodological issues and obstacles can be resolved and that Vermont COSA can be considered equipped to contribute to rigorous experimental evaluation. Vermont COSA could be evaluated either as a single site or as part of a multi-site evaluation.

Summary: Assessment of program reality

In summary, all of the sites have implemented versions of the Correctional Services Canada (CSC, 2002; 2003) model, adapted to suit their needs. Only COSA Fresno appeared to be running the program in the absence of formal parole or probation supervision in the community. At the other four sites COSA was implemented as a method of augmenting traditional criminal justice authority supervision with community support and peer-led

pro-social modeling. Financial and operational security differed between sites. All of the sites except COSA Lancaster had been provided with central government funding to develop their program. Management structure also differed between sites, with some sites running on a small part-time staff due to a lack of resources and other sites being able to employ full-time staff to develop policy and oversee operations. Some were housed in large local or state government organizations whereas others were housed in smaller community-based organizations.

In conjunction to this report, the five related site reports present provide the individual findings at each site during this evaluability assessment. Fidelity scores at the sites were (in descending order): Vermont COSA - 86%; COSA Fresno - 58%; COSA Lancaster - 52%; Colorado COSA - 27%; and COSA Durham - 24%. These fidelity scores represent the percentage of 100 fidelity items that were observed in program reality. The site reports suggest that VT-COSA could be considered to have high program fidelity, demonstrating both a good intervention with good implementation. Two sites are reaching scores that suggest adequate implementation (COSA Fresno and COSA Lancaster). COSA Fresno and COSA Lancaster were considered to have good implementation but a poor intervention, due to a lack of formal policies and procedures. It is recommended that these sites focus on formalizing their aims and objectives and making the intended COSA delivery more prescribed and consistent. CO-COSA and COSA Durham were considered to have a good intervention but poor implementation - essentially because they had no Circles in progress. It is recommended that these sites focus on ensuring the quality and consistent delivery of their intended programs as they begin to forge Circles.

KEY FINDINGS AND LESSONS LEARNED

This section draws together the findings and provides conclusions on the ability of the sites to engage in a larger evaluation, what form that evaluation may take, and what obstacles exist to successful evaluation.

What would an evaluation of COSA measure?

The key research question that an evaluation of COSA would seek to answer is whether COSA program is effective. The long-term aims of COSA are the development of personal skills, reductions in criminogenic risk, and reductions in reconvictions (particularly sexual reconvictions). Previous outcome studies, however, have focused on reductions in reconviction⁷. A myopic focus on recidivistic outcomes seems though to disregard the other aims, increasing social capital and reducing risk levels. COSA also seeks to increase pro-social behavior in the Core Member. The aim is to assist the Core Member in developing personal skills such as self-management and interpersonal communication skills that would consequently assist them in increasing their social capital and decreasing their perceived level of criminogenic risk. These improvements could be addressed with a well-designed evaluation plan, where a theory of change in pro-social behavior could be developed and measured as an outcome. A single focus on recidivism neglects the accountability principle of COSA and its positive effects in the community. As discussed later in this section, in some cases even reconvictions could theoretically be considered program successes and effective evaluation would need to account for this.

⁷ It should be noted that other studies of COSA have reported intermittent data on non-recidivism outcomes for Core Members.

A number of program variables would need to be controlled in an evaluation of COSA. These include Circle-related variables, such the dosage of COSA (i.e., whether contact with the Circle is weekly, monthly, annually, and how long those frequencies were in place), the number of volunteers per Circle, and the duration of the Circle. Core Member variables would need to be included, such as demographic information and psychological data, such as motivation, decision-making skills, pro-offending cognitions, etc. Volunteer variables would also need to be included, such as their communication skills, empathy, and problem-solving abilities. Finally, it would also be beneficial to include some environmental data, such as regional crime rates for sites and information about the institutions from which the Core Members are released.

The following section outlines potential evaluation designs for COSA. Firstly, it will assess the possibility of using experimental methodology, namely a randomized controlled trial (RCT). Secondly, it will examine the possibility of using quasi-experimental designs as an alternative to an RCT. In general, RCTs are thought to produce more credible estimates of program effects than quasi-experimental designs, but RCTs are often more difficult to implement (Reichardt & Mark, 2004).

Could experimental methodology be used?

Randomized controlled trials involve the random assignment of people to either an intervention or control group, allowing evaluators to draw direct causal inferences about the effectiveness of the intervention, and have been the method of choice in medical effectiveness for many decades (Shadish, Cook, & Campbell, 2002). In spite of the practical challenges of conducting them, RCTs are widely viewed as the 'gold standard' for program

evaluation (Weisburd, 2010) and are increasingly desired, even expected, by evaluation sponsors. There have been, however, few RCTs of sex offender programs, leading many to call for the employment of well-controlled RCTs (e.g., Hanson et al., 2009; Harris et al., 1998; Losel & Schmucker, 2005; Marques et al., 2005).

The benefits and ethics of conducting RCTs with sex offender populations is a somewhat controversial topic in the sex offender treatment community. In a 2007 paper, Marshall and Marshall criticized RCTs for being scientifically elegant, but of little relevance to practitioners. The authors argued: (1) RCTs lack administrative support; (2) the requirements for manualization and standardization in RCTs stifle clinical responsivity and creativity; (3) they are unable to control all possible variables related to the program, the offender, and each of their environments; and (4) RCTs are unethical because they don't allow potential victims to provide informed consent and treatment cannot be offered to the control group because of the long-follow up times typically required of studies of recidivism outcomes. In reply, Seto et al. (2008) argued although there are many difficulties in the implementation of RCTs, they are the only way the field can develop credibility and an evidence-base for practice and prevention, and that the problems can only be overcome by conducting RCTs and learning from the process.

Certainly, if an RCT of COSA were proposed, there would need to be some discussion of the ethical implications of creating a control sample of COSA-suitable sex offenders released into the community without COSA. As with any under-researched intervention, at this time it is simply not known whether COSA works (otherwise there would be less need to evaluate it the first place). Indeed, COSA may even be iatrogenic. Thus, there is no present basis for saying that any individual would be helped or harmed by being denied

COSA in the context of an RCT. Also, as the majority of the sites identified for the evaluability assessment are operating in conjunction with traditional Parole and Probation practice, the alternative to COSA is not 'no intervention' but 'supervision as usual'. The control group proposed would simply represent those with ongoing formal supervision for all other sex offenders. It is also unlikely that the sites would have the resources to provide Circles for all COSA-eligible offenders even if it were desired. Therefore, there are likely to be COSA-suitable offenders on 'waiting lists' that would make a suitable control sample for an RCT.

What COSA-related obstacles to experimental evaluation exist?

It is concluded that there are five potential obstacles that need to be addressed in order to conduct a successful experimental evaluation of COSA: (1) choice of outcomes; (2) significant differences in program implementation; (3) core member selection issues; (4) sample size, site capacity, and low baselines of recidivism; and (5) ownership of data.

Choice of outcomes

The first concern is what to include as the outcome(s) of any planned evaluation. Those studies conducted so far (Bates et al., 2013; Duwe, 2013; Wilson et al., 2007; Wilson et al., 2009) have used recidivism as the outcome - comparisons between COSA and non-COSA offender groups based on how many reoffended and how many did not. A positive outcome for COSA was deemed to be one where recidivism was reduced in the experimental group. Reducing recidivism is critical to COSA's mission of 'no more victims'

and therefore an examination of the reductions in re-offending attributable to COSA is required.

Nonetheless, a myopic focus on recidivism as an outcome does not adequately account for the accountability principle in COSA. The Circle is designed to hold the Core Member accountable for their behavior. If the Core Member engages in risky or actual offending behavior then it is the Circle's responsibility to react in a responsible pro-social manner. If the aim of COSA is to prevent further victimization it could plausibly be argued that in a situation where the Core Member reoffends, but where that reoffending is detected by the Circle and the Circle either convinces the Core Member to inform the relevant authorities or the Circle members report it themselves, then that can also theoretically be considered an effective circle. That hypothetical Circle has excelled in its role of delivering accountability for Core Member behavior. Furthermore, it could be argued that this hypothetical Circle has prevented the further victimization of any individuals identified as the target of the detected offense and possibly prevented what may have regressed into a series of undetected new offenses. In essence, if the outcome of accountability is that the Core Member is re-incarcerated, this too may be considered best-practice in COSA.

This is something that needs to be accounted for in any decision as to what constitutes success and failure in the COSA logic model. In terms of an RCT, the outcome variable is likely to be dichotomous: was recidivism observed or not. However, this tells us very little about what it is about COSA that effects that reduction in recidivism. Thus, it would also be recommended that any evaluation also plan a theory of change for COSA and explore the elements required to bring about the changes in behavior that are related to

any reduction in recidivism. The logic model outlined includes some of these variables, both distal (e.g., increased risk awareness, problem solving, self-esteem, pro-social cognition) and proximal (e.g., successful access to services such as housing and financial aid). By evaluating more than just recidivism the links between activities and/or learning experiences and the achievements of COSA can be better understood.

Differences in implementation formats

The site visits highlighted two discernible and potentially significant divergences in the way in which COSA projects are implemented in the U.S. The first divergence is between grass-roots (bottom-up) and institutional (top-down) models. The second difference is between fully-completed and supervised Core Members. Each of these could represent key differences in the populations from which samples might be drawn.

The first divergence in implementation is between grass-roots and institutional models. Grass-roots models describe an interested organization, typically already engaged in other restorative justice activities, that decides COSA is a project they can implement. They form a COSA team (Phase 1 of the intended model) and then invite criminal justice agencies to orientations (Phase 2) in order to develop relationships and solicit referrals. The further development of COSA is driven primarily by the grass-roots community organization itself and they are typically self-funded (or at least, are responsible for sourcing their own funding). Examples of grass-roots models include COSA Fresno, COSA Lancaster.

The second are institutional models, where a criminal justice agency (e.g., a DOC) decides that COSA is a program that can be utilized to augment ongoing traditional

management of sex offenders and/or to achieve organizational goals related to restorative justice principles. The agency subsequently identifies (or creates) smaller community organizations who then form COSA teams (Phase 1). The agency then sub-contracts those community organizations specifically to implement the COSA program. In this model there is little or no need to implement Phase 2 of the intended model (orientations) as the criminal justice agency is the primary source of referrals. Examples of institutional models include COSA Durham and VT-COSA. CO-COSA may, once fully-established as a provider, represent a third, hybrid grass-roots/institutional model where the management of COSA is carried out by a grass-roots non-governmental organization, but that organization sub-contracts smaller community organizations to provide the Circles.

There may be some systematic differences between these approaches that need to be addressed in the methodology should a larger-scale evaluation involve multiple sites. For example, it may be easier for the top-down projects to secure State or Federal funding for COSA and thus those sites may have greater resources in order to run the COSA program effectively. Conversely, it could be the case that the apparent flexibility and freedom that comes with the lower levels of bureaucracy witnessed in the grass-roots approach to COSA has allowed those sites to push forward and innovate where the institutional programs cannot.

The ability to evaluate the COSA program depends on whether these differing organization models can be considered the same program. Both implementations have the same Core Member and volunteer selection criteria and the implementation of the Circles themselves is identical in both theory and practice in that both are, in effect, run by non-

governmental community organizations. In this sense the differences between these two models on the ability to successfully evaluate the program with an RCT may be negligible.

Fully-completed versus supervised Core Members

The second divergence in implementation is that in some programs COSA Core Members have fully-completed their sentence and some are released under parole and probation supervision. Paroled offenders are provisionally released early from incarceration, under certain conditions of release, prior to completing their maximum sentence period. Offenders on probation have been sentenced to community supervision and restriction as a substitute for incarceration. These offenders are supervised in the community by either a Parole or Probation Agent (depending on the jurisdiction). Fully-completed offenders, conversely, have completed their sentence in its entirety and as such may not be under formal supervision in the community.

The intended model of COSA set out in this evaluation, based on the original CSC model (CSC, 2003; 2002), is for implementation with fully-completed offenders. The rationale in the original Circles in Ontario is that they filled a gap in supervision for high-risk offenders who did not have any formal supervision in the community with COSA providing support and accountability. A number of sites, however, implement COSA to augment supervision in the community for parolees and even individuals on probation. These individuals have both COSA and formal supervision in the community. Thus, first and foremost this is a philosophical innovation and raises questions about whether COSA implementations in the U.S. are addressing the problems that COSA was designed to

address – namely addressing the lack of formal support for high-risk offenders where no criminal justice supervision can be offered.

This also poses a potential methodological concern if it were to create a situation where there is a systematic difference between the supervisory experiences of different Core Members. A systematic difference in the environments into which these individuals are being released and in which their COSA operates could mean that supervised Core Members, for example, may have more conditions of release than a unsupervised offender (who presumably has only registration, notification and residency restrictions as a sex offender) and therefore may be more restricted in the community and exposed to more opportunities to break those conditions.

However, this issue may be negligible for two reasons. Firstly, the current legislative context is such that in most jurisdictions it is unlikely that a registered sex offender would be returned to the community with no formal parole or probation supervision, particularly one who is deemed to be at high-risk of reoffending. The site visits highlighted the fact that the vast majority of programs were required to tailor their service for sex offenders released into the community under formal supervision, even if they have completed their sentence. What COSA provides at the sites in this evaluability assessment is an individualized intensive peer-led support and accountability component to reentry that parole and probation departments may not have the available staff, time, or resources to provide.

Secondly, an experimental evaluation of COSA could balance fully-completed with supervised offenders - so long as supervision is adequately controlled for. Therefore, although the supervisory environments and consequently the lived experience of the Core

Member may differ, an evaluator could control for the intensity of supervision for offenders (e.g., the frequency of home visits, or the use of offender monitoring technology), differences in notification, registration and residency restrictions. Other factors affecting the offender's environment would also need to be controlled, such as treatment, employment opportunities, and access to housing. Controlling for supervision would allow evaluators to confidently state that any observable effect is due to the COSA program and not differences in community supervision.

Core Member and volunteer selection issues

One potential implementation obstacle to the evaluation of COSA is the issue of Core Member selection - specifically, (a) the suitability criteria and (b) its use during the referral process. Firstly, there may be an inherent selection bias in the selection of Core Members. According to the model Core Members are only suitable if they are highly motivated to change, seeking an offense-free life, and agree to abide by the covenant and their conditions of release. Therefore, the COSA sample represents an eager, positive, and compliant sample and therefore it is perhaps unsurprising to find that so many are successful in the community. In this case, it becomes even more important that the control sample is equally motivated to an offense-free life, in order not to create a sample bias.

This is an issue, however, that can be addressed in an experimental design. So long as the control group is drawn from the same pool of highly-motivated inmates as the experimental group this should not affect the evaluators' ability to draw conclusions related to the effectiveness of COSA for suitable clients. However, the potential-for-success driven selection criteria for COSA may not allow for evaluators to make any further

generalization to all 'high risk, high need' sex offenders. It was noted in the introduction to this report that a major concern in previous evaluations of COSA was the use of retroactively assigned control groups comprising individuals who were not offered COSA, and often the rationale for not offering COSA was not provided. A key aim in any future evaluation of COSA would be to ensure a high-quality, high-integrity randomization process.

Secondly, the initial assessment of suitability for Core Members is often completed by the DOC. Thus, the responsibility for ensuring that those referred to COSA are suitable and that the criteria for suitability are standardized and being used consistently lies outside the remit of the COSA program. This means that in order to successfully control for selection bias COSA would need to be able to affect policy and procedure within referring agencies. This could be rectified through the use of a memorandum of understanding between COSA and each referrer that they agree to implement the criteria consistently and in full.

There is concern the Core Member selection criteria are not rigorously or consistently applied. Most of the sites were willing to waive some of the criteria to provide Circles to individuals who do not meet the criteria. The criteria were often seen as informal screening guidelines and the final decision on Core Member acceptance was effectively one of reasonable judgment *informed* by the criteria. In few cases were the criteria operationalized, applied to all, and verified by some tangible form of evidence (e.g., risk assessment scores). This form of unquantifiable judgment is not conducive to good experimental practice, and thus it would be essential to instigate rigorous, objective, and

ideally actuarial selection procedures at sites. In essence, it would be strongly recommended that sites specify the evidence on which these decisions are made.

There is also a similar issue with the criteria for volunteers. The criteria for volunteer selection are difficult to operationalize. Criteria such as stability and maturity are difficult to measure and provide adequate evidence for, so it appears that sites use reasonable judgment on these criteria too. It can be assumed that the capability of the volunteers is of crucial importance to the outcome of the Circle. It is understood that volunteering time to support the reentry of a high-risk sex offender into a community is not an easy initiative to recruit for. Nonetheless, in order to control for the quality of services being provided to Core Members it would be recommended that sites seek to operationalize and specify the evidence on which these decisions are made. If not, they should state that reasonable judgment is used.

Sample size, site capacity, and low baselines of recidivism

Limited sample size is also an issue for successful evaluation of COSA. RCTs will be difficult for sites with fewer numbers of eligible Core Members. The total number of Circles currently being facilitated across all five sites is estimated to be around 78 per annum. If any form of experimental or quasi-experimental methodology is desired, then there would either need to be a significant increase in capacity at those sites with fewer eligible Core Members or further sites would need to be identified and developed.

The use of experimental methods would also increase the demand for COSA-eligible participants, in order to also provide a control sample for comparison. The varying populations in which the sites operate will also affect sample size. For example, this

evaluability assessment found Vermont COSA to be well-implemented, but the state has only approximately 1,000 registered sex offenders. It is likely that a small proportion of these offenders will meet the criteria for COSA Core Members (i.e., high-risk, high-need). Similarly, the other sites found to be reasonably well-implemented, Fresno COSA and Lancaster COSA are also in less-densely populated areas, where numbers of suitable Core Member candidates may be limited.

Another potential issue to examine is the possible effect of the low baseline rates of recidivism in sex offenders. In their meta-analysis of recidivism rates predicted by Static-99R and Static-2002R, Helmus et al. (2012) present percentage recidivism rates at 5 years from a series of studies that included recidivism as an outcome variable. As Helmus et al. state, "A plausible range for the 5-year recidivism rate for the typical sex offender would be between 4% and 12%" and that "[most] sex offenders would be expected to have 5-year sexual recidivism rates of 7% or less." (p. 18). For the purpose of this evaluability assessment, selecting the recidivism rate for those studies in the Helmus et al. study of offenders with an average Static-99R score of 3.5 or higher (a score of 4 or above is considered high risk) and performing a weighted average provides a crude estimated recidivism rate of around 19.7% for high risk sex offenders, approximately 1 in 5.

Thus, the small populations from which to draw numbers of COSA-eligible participants combined with the low rates of recidivism expected for both COSA Core Members and controls, any expected observable effect of COSA will be small. The size of the expected effect of a program is the key determinant of the sample size needed to conduct a successful RCT and the smaller the expected effect of the program, the larger the sample size required for evaluators to be able to conclude, with enough power, that observed

differences are unlikely to be due to chance (Rice & Harris, 2003; Stolberg, Normal, & Trop, 2004). Therefore, in order to conduct an experimental evaluation of COSA there would potentially need to be a significant increase in the number of Circles being provided at sites.

As St. Pierre (2004) noted, although studies based on large sample sizes yield the greater statistical power, it may be possible for smaller sample sizes to increase the precision of impact assessments in other ways, such as by controlling more carefully differences in baseline characteristics of participants that are related to the outcome. Controlling for baseline characteristics though may be difficult in COSA, a program that rejoices in its flexibility and its ability to operate for the benefit of a diverse range of offenders - but not impossible. By incorporating better measures of Core Member characteristics, and by instigating more efficient transfer of data between criminal justice agencies, it is feasible that a number of variables can be controlled for. Examples include prior treatment provision and success, risk scores, social capital, and psychological characteristics. Therefore, it is not inconceivable that with careful control of key variables an RCT could be conducted by combining samples in a multi-site evaluation, should the fledgling sites hit their targets for Circles created within the next year.

Ownership of data

In order to adequately control for bias in an RCT, critical variables related to the Core Member on release would be essential in order to establish whether the differences between the groups can be attributed to the COSA program and not other factors (e.g., Core Members reentering with varying degrees of therapeutic experience and success). One of the key criticisms of program evaluation can often be that evaluations report significant

results between their users and controls, but either fail to explain what it is about their program that is producing this change and/or fail to control for potentially confounding variables and factors. Perhaps the most important factor in establishing the effectiveness of a re-entry program is that an evaluator can control for the potential resilience of the offender at the point of release, for example, their unique levels of experience and success of treatment, their personal protective factors, their social capital, and the characteristics of the environments into which they return⁸.

It was noted during the site visits that in many instances key data, particularly for the Core Member, were not solicited, collected, or reported by the COSA programs. Consequently, some variables that would be critical for evaluators, such as risk assessment scores and sex offender treatment histories (e.g., dosage, type, etc) would need to be solicited and collected from the criminal justice agencies that referred them. This would be labor-intensive and depend on the evaluator's ability to access documents from various DOC/Parole/Probation at both state and local levels. Requirement to apply for access to these data is likely to have a negative effect on the ability of future evaluators to collect data in a comprehensive and timely manner. It is recommended that sites seek to develop their relationships with their referrers to improve the flow of data from the criminal justice agencies to the COSA programs.

⁸ This may be of particular concern should an evaluation include samples including both supervised and fully-completed Core Members.

Lessons learned

The following section outlines a further two issues that could have a significant impact on the ability to successfully evaluate COSA. These represent lessons learned by the sites while developing their COSA program or lessons learned by the evaluators while visiting the sites.

Relationships between COSA and criminal justice agencies

The first lesson is that the key to the successful implementation of COSA is the quality of the relationships between the program and their criminal justice partners. This was a key lesson expressed by those sites whose initial attempts at implementing COSA had failed. Those sites found that the ability to develop close and enduring working relationships with the criminal justice agencies from which you receive referrals from is vitally important. Ultimately, these agencies are responsible for offenders in the community and public safety. Therefore, a high level of trust is needed between the agencies and the COSA team in order for the agencies to delegate a share of that responsibility. If a Core Member fails, especially if they are supervised in the community, then responsibility lies with the supervising agency. Therefore, COSA needs to be able to demonstrate quality and integrity and have the DOCs and the Parole and Probation Service as positive partners.

During the project there was some concern about mistrust of COSA projects by the staff of the criminal justice agencies. Without this trust the projects are unlikely to receive high numbers of referrals, nor will they be able to implement the intended COSA model if the criminal justice agencies feel they need to micromanage the COSA project in order to

maintain community safety. This would have large implications for an evaluator's ability to examine outcomes. It is recommended that sites reappraise their relationships with their criminal justice partners and ensure that they can demonstrate those close and enduring working relationships.

Site vulnerability

The second lesson, learned by the evaluators, was the importance of program strength and stability. In some circumstances programs were being managed by enthusiastic, hard-working, and well-meaning staff, but in unstable working environments. Essentially those programs were enduring through the personality and perseverance of one or a small handful of personnel. It would be of concern to an evaluator of COSA, whether those programs could cope with the loss of key staff members during an evaluation and continue to function.

Both experimental and non-experimental studies can account for attrition in the sample. For example, in RCTs the impact estimate for the offenders assigned to the COSA condition can be divided by the proportion of offenders who actually actively participated⁹. But few experimental or quasi-experimental studies can, without difficulty, deal with a whole site withdrawing from an evaluation. Therefore, the financial and executive viability and security of the sites will be a critical factor in deciding whether they can be elected to participate in a multi-site evaluation.

⁹ Whether attrition from a Circle would be considered withdrawal from the program or a negative Circle outcome (i.e., failure), is another matter and requires clarity.

Are there any benefits to using quasi-experimental methods over RCT?

If a rigorous evaluation were to be carried out, experimental methods such as randomized controlled trials are not the only methodologies available. There may be a possibility that quasi-experimental designs could provide an alternative to RCTs. It would be argued that since it has been noted that, with some caveats, conducting an RCT on COSA is possible quasi-experimental methods would need to provide additional benefits to RCT and solve more of the methodological obstacles that COSA presents.

For example, propensity score matching would remove the issue of ethics, as Core Members would not be randomly assigned and therefore no Core Member would be assigned to a no-COSA condition. Propensity score matching, however, can only control for known and observable covariates that, similarly to any baseline RCT data, would all need to be sourced from the criminal justice agencies - the difficulties of which have already been discussed. Propensity score matching studies typically also require larger sample sizes than RCTs, and as it has been noted sample size is an issue for COSA programs. Similarly, regression discontinuity designs require a large sample size, with regression discontinuity requiring almost three times the sample size necessary for an RCT. Regression discontinuity designs also require a strict and simple criterion for inclusion/exclusion for the intervention being studied (something akin to the age 65 eligibility for Medicare, which is simple and uniform). The selection criteria used by the COSA sites studied have not proved to be this straightforward or consistent.

Methodological conclusions

It is concluded that there is no methodological or ethical reason why a randomized control trial of COSA provision in the U.S. could not be conducted. The obstacles to an RCT are all such that they can be addressed with a combination of realistic tightening of program implementation, rigorous experimental control, and an increase in real-world resources. There do not appear to be any major benefits to the use of non-experimental studies over a randomized control trial for the evaluation of COSA as those same methodological obstacles to conducting an RCT currently posed by COSA would also be detrimental to non-experimental studies. Therefore, it would seem illogical to not advocate for the most rigorous evaluative method.

CONCLUSIONS

As is the case in any criminal justice program, the establishment and operation of COSA is not a simple task. COSA sites across the U.S. have been required to establish advisory boards, hire and train staff members, develop and implement policy and procedure, identify, initiate, and maintain key community relationships, identify and recruit volunteers, identify and select Core Members, forge healthy and successful Circles, and collect and report data on their progress and outcomes. This complex task is underway at all sites visited in this evaluability assessment, but not all sites are fully-implemented.

Firstly, it would be recommended that any activity related to evaluation of the COSA program begin by addressing the structural COSA issues outlined in this report. Consensus should be sought for the exact purpose of COSA and the criminal justice issues it is designed to address. If providing accountability is a key tenet, then methods for measuring it and its effects should be developed and included in any evaluation, rather than a myopic focus on recidivism. Differences in management structure should be accounted for and controlled. Also, appropriate and adequate controls for supervision type should be identified and included in any evaluation.

Secondly, improvements to implementation would need to be made at the sites, especially in terms of the following: (a) their relationships with the referring criminal justice agencies; (b) their procedures for Core Member selection; and (c) obtaining Core Member-related data, in terms of both Circle outcomes and baseline data from partners in the criminal justice system. At the present time, a separate highly detailed plan would need to be drawn up simply to establish who owns data and if and how it could be made

available. For COSA is to be successfully implemented, it is in the interests of both the sites and of the criminal justice agencies that data flow more easily from one to the other.

Thirdly, evaluators would need to be provided with sustainable sites. If selected, a multi-site RCT would be a multi-year project and in order to take part sites would need to be financially viable for the duration of the project. It is recommended that a sponsor of such an evaluation seek long-term value for money by providing up-front funding for participating sites, rather than have sites discontinue or run at limited capacity. In return for that financial and operational security, the sites would be required to improve their standards of operation where necessary. Sites would be required to provide documented operational policies and procedures and ensure that program integrity is maintained, with no 'innovation' in program processes (e.g., Core Member selection). In addition, sites would need to agree to a series of data management improvements. Given that COSA projects have been linked to cost savings of upwards of \$350,000 (Duwe, 2013), investment in the sites as part of a successful evaluation may represent excellent value for money. In fact, improved data management may be a by-product of up-front funding of participating sites. Funding agencies typically require frequent and detailed reporting of performance indicators by grantees placing an imperative on the grantee to be pro-active and improve data management.

RECOMMENDATIONS

This evaluability assessment recommends one of the following three options:

1. Conduct an experimental evaluation of the Vermont COSA program alone

The advantages of this option are: (1) program fidelity and data management at Vermont COSA are excellent; (2) preliminary data is available that could be used to perform a power analysis to estimate the number of cases and the duration required to detect differences; (3) there would be no cross-site differences in variables and program variables would be easier to control; (4) the overall cost of evaluation would be smaller than a multi-site evaluation; and (5) the evaluation could be carried out immediately.

The disadvantages are: (1) the lack of sample size and thus a difficulty in detecting small effects; and (2) that VT-COSA implements an institutional model and therefore (a) it may be difficult to isolate and differentiate the relative effects of COSA from the effect of 'supervision as usual' and (b) it may not be possible to generalize the results to grass-roots implementations.

2. Conduct an experimental evaluation that combines the Vermont COSA and COSA Fresno programs

The advantages of this option are: (1) program fidelity and data management at both sites are acceptable; (2) there would be an increased sample size and thus it would make detecting smaller effects easier; (3) preliminary data is available that could be used to perform a power analysis to estimate the number of cases and the duration required to detect differences; (4) it includes a mix of institutional and grass-roots models and (a) is

therefore more generalizable and (b) allows for the possibility of cross-site comparisons; and (5) the evaluation could be carried out immediately.

The disadvantages are: (1) there would be cross-site issues, especially the mix of supervised (VT-COSA) and fully-completed (COSA Fresno) Core Members, and would introduce the need to match and control program variables; and (2) the overall cost would be higher because of (a) the extra resources needed to evaluate two sites rather than one, and (b) investment in the sites would be necessary, especially for COSA Fresno.

3. Allow the fledgling sites to develop and conduct a multi-site evaluation of COSA in the future.

The advantages of this option are: (1) assuming sites develop effectively, then (a) there would be more sites with acceptable to excellent levels of fidelity, and (b) there may be less need to invest in the sites; (2) there would be an increased sample size and thus it would make detecting smaller effects easier; and (3) it includes a mix of institutional and grass-roots models and is therefore more generalizable.

The disadvantages are: (1) the evaluation could not be carried out immediately; (2) assuming sites do not develop effectively, then (a) there may be fewer sites with acceptable to excellent levels of fidelity and (b) there may be more need to invest in the sites; (3) another evaluability assessment may be necessary; (4) there would be cross-site issues and it would introduce the need to match and control program variables; and (5) the overall costs would be higher costs due to the greater number of sites being evaluated.

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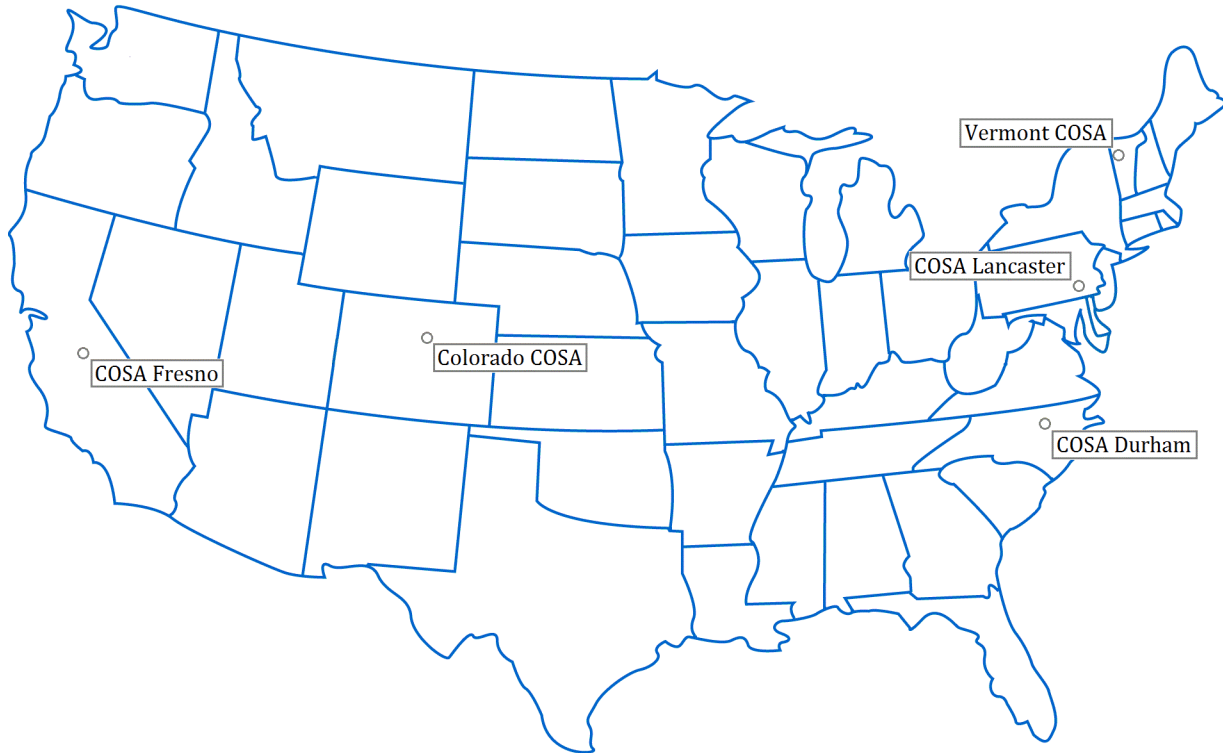
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APPENDICES

Appendix A: A map of COSA site locations.



Appendix B: COSA fidelity measurement checklist¹⁰.

Item #	Sub	Fidelity	Element	Indicator	Fidelity score?	Fresno	VT	Lancaster	NC	CO
COSA 40	1	Management	Advisory	An advisory board/steering group was established	✓	✓	✓		✓	✓
COSA 40	2	Management	Advisory	The AB/SG has appropriate membership	✓	✓	✓		✓	✓
COSA 40	3	Management	Advisory	The AB/SG continues to provide support	✓	✓	✓			
COSA 01	1	Model	Establish model	Model developed	✓	✓	✓	✓	✓	✓
COSA 01	2	Model	Establish model	Model developed using appropriate research	✓	✓	✓	✓	✓	✓
COSA 01	3	Model	Establish model	All deviations from intended model have rationale	✓	✓	✓	✓	✓	✓
COSA 02	1	Model	Model documentation	Model is documented	✓		✓			✓
COSA 02	2	Model	Model documentation	Goals/aims/objectives documented	✓	✓	✓	✓	✓	✓

¹⁰ In order to calculate the fidelity score accurately, only those items that contribute to the fidelity score are checked in this table. A lack of a check mark in the table below for those items that do not contribute to the fidelity score does not mean they were not present at the site

COSA 02	3	Model	Model documentation	Documentation is available to all/disseminated (e.g., packs)						
COSA 03	1	Model	Restorative justice	Restorative justice principles understood						
COSA 03	2	Model	Restorative justice	RJ principles are included in policy/practice	✓	✓	✓	✓	✓	✓
COSA 03	3	Model	Restorative justice	One or more staff/volunteers can advocate for the needs of survivors of sexual abuse						
COSA 04	1	Model	Goal achievement	All staff are aware of goals, objectives and standards	✓	✓	✓	✓	✓	✓
COSA 04	2	Model	Goal achievement	Goal attainment is measured	✓	✓	✓			
COSA 04	3	Model	Goal achievement	Achievement of COSA goals is possible						
COSA 05	1	Model	Circle processes	Policies/SOPs to outline 'normal' life-cycle of a Circle are documented	✓		✓			
COSA 05	2	Model	Circle processes	Ending a Circle is a consensus decision	✓	✓	✓	✓		
COSA 05	3	Model	Circle processes	Policies/SOPs documented to extend the life-cycle of a Circle	✓		✓			
COSA 05	4	Model	Circle processes	Debriefing session is triggered by CM reoffending	✓	✓	✓	✓		

COSA 06	1	Management	Establish leadership	A Program Director has been appointed	✓	✓	✓	✓	✓	
COSA 06	2	Management	Establish leadership	Leadership is established						
COSA 06	3	Management	Establish leadership	Leadership role is formally documented in position description	<input type="checkbox"/>					
COSA 07	1	Management	Management	Management chain documented	✓		✓		✓	✓
COSA 07	2	Management	Management	Management chain set out in job descriptions						
COSA 07	3	Management	Management	Members of staff are aware of management chain						
COSA 07	4	Management	Management	Communication exists between management levels	<input type="checkbox"/>					
COSA 07	5	Management	Management	Communication is reciprocal between management levels						
COSA 07	6	Management	Management	A clear line of management exists for volunteers to report concerns about CM	✓	✓	✓	✓	✓	✓
COSA 08	1	SOPs - Operations	Operating procedures	SOPs are formally documented	✓		✓			✓
COSA 08	2	SOPs - Operations	Operating procedures	SOPs are in effect	✓		✓			

COSA 09	1	SOPs - Operations	Legal restrictions	Legal restrictions/implications for SOs are known/understood	✓	✓	✓	✓	✓	✓
COSA 09	2	SOPs - Operations	Legal restrictions	Legal restrictions/implications for SOs are adhered to	✓	✓	✓	✓		
COSA 10	1	SOPs - Operations	Meeting practice	Circles meetings are organized by appropriate staff	✓	✓	✓	✓		
COSA 10	2	SOPs - Operations	Meeting practice	Frequency of Circle meetings are documented	✓	✓	✓	✓		
COSA 10	3	SOPs - Operations	Meeting practice	Data is collected on Circle meetings (e.g., problems, issues, attendees, etc)	✓	✓	✓	✓		
COSA 10	4	SOPs - Operations	Meeting practice	Policies/SOPs documented for instances where CM does not attend meetings	✓		✓			
COSA 10	5	SOPs - Operations	Meeting practice	Rationale for CM exclusion from meetings is documented	<input type="checkbox"/>					
COSA 11	1	SOPs - Operations	Meeting attendees	Policies/SOPs are documented for Circle meeting attendees	✓		✓			
COSA 11	2	SOPs - Operations	Meeting attendees	Attendees are appropriate						
COSA 11	3	SOPs - Operations	Meeting attendees	Policies/SOPs are in place for temporary attendees (e.g., clinical observers)	✓					
COSA 12	1	SOPs - Operations	Meeting frequency	Policies/SOPs documented for frequency of CM/volunteer contact	✓	✓	✓	✓		

COSA 12	2	SOPs - Operations	Meeting frequency	Frequency is linked to Circle goals/objectives						
COSA 12	3	SOPs - Operations	Meeting frequency	Policies/SOPs documented for nature of CM/volunteer contact	✓	✓	✓	✓		
COSA 13	1	SOPs - Operations	Contracts/covenants	Policies/SOPs documented for development of CM contracts	✓		✓			✓
COSA 13	2	SOPs - Operations	Contracts/covenants	CM contracts include aims/goals of Circle	✓	✓	✓	✓		
COSA 13	3	SOPs - Operations	Contracts/covenants	CM contracts are developed collaboratively by Circle	✓	✓	✓	✓		
COSA 13	4	SOPs - Operations	Contracts/covenants	CM contracts are formally documented and signed	✓	✓	✓	✓		
COSA 13	5	SOPs - Operations	Contracts/covenants	CM contracts are re-read periodically	✓	✓	✓	✓		
COSA 13	6	SOPs - Operations	Contracts/covenants	Progress on goals/objectives are measured for achievement	✓	✓	✓			
COSA 13	7	SOPs - Operations	Contracts/covenants	Contracts ensure CM confidentiality (but not secrecy)	✓	✓	✓	✓		
COSA 14	1	SOPs - Operations	CM behavior	CM contracts include rules/regulations for CM behavior	✓	✓	✓	✓		
COSA 14	2	SOPs - Operations	CM behavior	Appropriate/inappropriate behaviors are documented	✓	✓	✓	✓		

COSA 14	3	SOPs - Operations	CM behavior	"Risky" behavior is defined						
COSA 14	4	SOPs - Operations	CM behavior	Circle rules/regulations are linked to aims/objectives	✓	✓	✓	✓		
COSA 14	5	SOPs - Operations	CM behavior	Policies/SOPs documented for the possibility of CM reoffending	✓		✓			
COSA 14	6	SOPs - Operations	CM behavior	Debriefing session is triggered by CM reoffending	<input type="checkbox"/>					
COSA 15	1	SOPs - Capacity	Waiting lists	Waiting lists for CMs are maintained	✓		<input type="checkbox"/>			
COSA 15	2	SOPs - Capacity	Waiting lists	Waiting lists for volunteers are maintained	✓					
COSA 16	1	SOPs - Capacity	Deficit/surplus	Circle deficit/surplus is known and recorded	✓	✓	✓			
COSA 16	2	SOPs - Capacity	Deficit/surplus	Deficit/surplus affects referral policy						
COSA 17	1	SOPs - Capacity	Capacity	The number of Circles that could be facilitated is known/calculated	✓	✓	✓	✓		
COSA 17	2	SOPs - Capacity	Capacity	This number guides recruitment policy						
COSA 18	1	SOPs - Outcomes	Circle data	Records are maintained for previous Circles (outcome, CMs, volunteers, social issues, behaviors)	✓		✓			

COSA 18	2	SOPs - Outcomes	Circle data	Records are collected for current Circles	✓	✓	✓	✓		
COSA 18	3	SOPs - Outcomes	Circle data	Planned Circles are documented	✓	✓	✓	✓		
COSA 19	1	SOPs - Outcomes	Outcomes	Policies/SOPs documented for anticipated Circle outcomes	✓		✓			
COSA 19	2	SOPs - Outcomes	Outcomes	Range of potential outcomes are defined	✓		✓			
COSA 19	3	SOPs - Outcomes	Outcomes	Language is defined (e.g., recidivism)	✓					
COSA 19	4	SOPs - Outcomes	Outcomes	Positive and negative outcomes are defined						
COSA 19	5	SOPs - Outcomes	Outcomes	Outcomes are known by CMs and volunteers						
COSA 19	6	SOPs - Outcomes	Outcomes	Outcomes are shared with CJAs where appropriate	✓		✓			
COSA 20	1	Resources	Resource distribution	Resource use is documented	✓					
COSA 20	2	Resources	Resource distribution	Resources are costed	✓					
COSA 21	1	Staff	Dedicated staff	Staff funded specifically for COSA	✓	✓	✓	✓	✓	✓

COSA 21	2	Staff	Dedicated staff	Staff assigned specifically to COSA						
COSA 21	3	Staff	Dedicated staff	Staff are able to prioritize COSA and meet roles in time provided						
COSA 21	4	Staff	Dedicated staff	A Circle Coordinator has been appointed	✓	✓			✓	
COSA 22	1	Staff	Staff hours	Staff hours are calculated and documented	✓		✓			
COSA 22	2	Staff	Staff hours	Volunteer hours are calculated and documented	✓		✓			
COSA 23	1	Staff	Staff training	Staff receive formal training on COSA aims/goals	✓	✓	✓	✓	✓	✓
COSA 23	2	Staff	Staff training	Training policies/SOPs are in place and available	<input type="checkbox"/>					
COSA 41	1	Staff	Media	Policies/SOPs documented for engagement with the media	<input type="checkbox"/>					
COSA 41	2	Staff	Media	A staff spokesperson for COSA has been selected						
COSA 24	1	Staff	Staff experience	Staff are knowledgeable about RJ	✓	✓	✓	✓	✓	✓
COSA 24	2	Staff	Staff experience	Staff are knowledgeable about COSA	✓	✓	✓	✓	✓	✓

COSA 24	3	Staff	Staff experience	Staff have sufficient CJ experience	✓	✓	✓	✓	✓	✓
COSA 24	4	Staff	Staff experience	Staff experience relates to their role	✓	✓	✓	✓	✓	✓
COSA 25	1	CM	CM selection	Criteria is documented for CM selection	✓		✓		✓	✓
COSA 25	2	CM	CM selection	Criteria is linked to COSA goals						
COSA 25	3	CM	CM selection	Criteria is fully adhered to	✓		✓			
COSA 26	1	CM	CM referrals	CM referrals are taken	✓	✓	✓	✓		
COSA 26	2	CM	CM referrals	CM referrals are taken from appropriate CJA source	✓	✓	✓	✓		
COSA 26	3	CM	CM referrals	CM referrals are taken from a known contact						
COSA 26	4	CM	CM referrals	Policies/SOPs documented for CM referrals	✓		✓			
COSA 26	5	CM	CM referrals	CM referrals are documented	✓	✓	✓	✓		
COSA 26	6	CM	CM referrals	CM referrals are solicited	<input type="checkbox"/>					

COSA 26	7	CM	CM referrals	Intake interviews are conducted pre-release	✓	✓	✓	✓		
COSA 26	8	CM	CM referrals	A final file review is conducted before CM is accepted	✓	✓	✓	✓		
COSA 39	1	CM	MH referrals	Referrals are taken from Mental Health institutions	<input type="checkbox"/>					
COSA 39	2	CM	MH referrals	Policies and procedures documented for referrals from Mental Health institutions	<input type="checkbox"/>					
COSA 39	3	CM	MH referrals	Policies and procedures exist for the support of MH-referred CMs	<input type="checkbox"/>					
COSA 27	1	CM	Assessment tools	CM risk assessments (prior or implemented) are used in CM selection	✓					
COSA 27	2	CM	Assessment tools	Risk assessment tools used are evidence-based	✓					
COSA 27	3	CM	Assessment tools	Risk is matched to referrals						
COSA 27	4	CM	Assessment tools	CM needs assessments (prior or implemented) are used in CM selection	✓	✓	✓	✓		
COSA 28	1	CM	Final selection	Final selection is carried out by senior management	✓	✓	✓	✓		
COSA 29	1	CM	Previous intervention	Previous CM records are sought (i.e., assessment, intervention, convictions, discipline, family/relationships)	✓	✓	✓	✓		

COSA 29	2	CM	Previous intervention	Previous CM records are recorded	✓		✓			
COSA 29	3	CM	Previous intervention	Previous CM records affect circle processes (e.g., volunteers aware)						
COSA 30	1	Volunteers	Volunteer recruitment	Policies/SOPs documented for volunteer recruitment	✓		✓			✓
COSA 30	2	Volunteers	Volunteer recruitment	Recruitment carried out by appropriate staff						
COSA 30	3	Volunteers	Volunteer recruitment	Criteria for recruitment are documented	✓		✓			✓
COSA 30	4	Volunteers	Volunteer recruitment	Criteria are adhered to	✓		✓			
COSA 30	5	Volunteers	Volunteer recruitment	Volunteers are recruited from within a suitable distance from the CM	✓	✓	✓	✓		
COSA 31	1	Volunteers	Volunteer checks	Volunteer criminal record checks are used in all cases	✓		✓	✓		
COSA 31	2	Volunteers	Volunteer checks	Volunteer references are checked	✓		✓			
COSA 31	3	Volunteers	Volunteer checks	Volunteer checks are appropriate						
COSA 32	1	Volunteers	Volunteer interviews	Volunteer checks include interviews	✓	✓	✓	✓		

COSA 33	1	Volunteers	Volunteer training	Training is provided to all volunteers	✓	✓	✓	✓		
COSA 33	2	Volunteers	Volunteer training	Training is manualized/standardized	✓		✓			<input type="checkbox"/>
COSA 33	3	Volunteers	Volunteer training	Training is comprehensive/appropriate	✓	✓	✓	✓		
COSA 33	4	Volunteers	Volunteer training	Specific tasks are given to volunteers						
COSA 33	5	Volunteers	Volunteer training	Training includes elements specific to crisis management	<input type="checkbox"/>					
COSA 33	6	Volunteers	Volunteer training	Training focuses on empowerment not dependency						
COSA 34	1	Volunteers	Volunteer retention	Policies/SOPs to promote retention documented	✓					
COSA 34	2	Volunteers	Volunteer retention	Annual evaluations are arranged	✓	✓	✓	✓		
COSA 34	3	Volunteers	Volunteer retention	Annual regional meetings/events are held	<input type="checkbox"/>					
COSA 35	1	Volunteers	Volunteer withdrawal	Policies/SOPs documented for volunteer withdrawal (during Circle)	✓					
COSA 35	2	Volunteers	Volunteer withdrawal	Policies/SOPs documented for volunteer replacement (during Circle)	✓					

COSA 35	3	Volunteers	Volunteer withdrawal	Replacement considers Circle goals/aims						
COSA 35	4	Volunteers	Volunteer withdrawal	Policies/SOPs documented to deal with inappropriate volunteer behavior	✓	<input type="checkbox"/>	✓	<input type="checkbox"/>		
COSA 36	1	Volunteers	Volunteer safety	The potential dangers to volunteers is understood by management	✓	✓	✓	✓	✓	✓
COSA 36	2	Volunteers	Volunteer safety	The potential dangers to volunteers is understood by volunteers	✓	✓	✓	✓		
COSA 36	3	Volunteers	Volunteer safety	Policies/SOPs are documented to ensure the safety of volunteers	✓					
COSA 36	4	Volunteers	Volunteer safety	Policies/SOPs are documented to ensure volunteers are encouraged to support each other	✓					
COSA 37	1	External links	External links	Relationships exist with other CJAs	✓	✓	✓	✓	✓	✓
COSA 37	2	External links	External links	Roles and responsibilities are documented	✓	<input type="checkbox"/>	✓	<input type="checkbox"/>	✓	✓
COSA 37	3	External links	External links	CJAs have single POC for COSA						
COSA 37	4	External links	External links	Relationships exist with other community groups	✓	✓	✓	✓	✓	✓
COSA 38	1	External links	CJA requirements	CJAs are aware of Circle goals/objectives						

COSA 38	2	External links	CJA requirements	CJAs are provided with outcome data	✓		✓				
COSA 38	3	External links	CJA requirements	CJAs understand definitions							
					100	58	86	52	24	27	

Appendix C: Data items measured for availability

Item #	Item description
1	CM identification
2	CM demographics
3	Date of most recent admission to custody
4	Date of most recent discharge to custody
5	Date Circle opened
6	Date circle closed (or due to close)
7	Number of volunteers per Circle
8	Volunteer demographics
9	Levels of service provided to CM
10	Circle cost data
11	Circle outcome
12	Circle outcome - reason for failure
13	Types of prior CM treatment
14	Dosage of prior CM treatment
15	CM risk assessment score
16	CM assessment history
17	CM substance misuse (pre/post)
18	CM employment status (pre/post)
19	CM housing status (pre/post)
20	CM mental health status (pre/post)
21	CM criminal history (pre/post)
22	CM recidivism data
23	Waiting list data