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Salt Lake County CPC Pilot

Evidence-Based Practice Adherence Summary Report

Prepared For:

*Salt Lake County
Criminal Justice Advisory
Council*

Salt Lake County CPC Pilot

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Introduction

Building an evidence-based criminal justice system requires more than just having an understanding of the “what works” research. It requires a commitment to fundamentally changing the way criminal justice organizations operate and the way that funders, providers, and other stakeholders work together. In the past year, the Salt Lake County Criminal Justice Advisory Council (CJAC) has worked assiduously toward the goal of having their criminal justice providers become evidence-based and contribute to improved public safety in Utah. To this end, five Salt Lake County criminal justice agencies were selected to participate in a program evaluation and quality improvement process with the Utah Criminal Justice Center (UCJC) to enhance their service delivery to be more consistent with evidence-based practices (EBP). This report is a summary of the five program evaluations and results of a focus group conducted with program directors. This evaluation provides valuable information on where not only providers can improve their practices, but where the criminal and social justice system can improve as well. The recommendations provided in this report will act as a roadmap for sustainable implementation and replication of evidence-based practices in Salt Lake County and to develop a just, effective, and evidence-based system.

Background

In January 2013, the CJAC asked UCJC to evaluate Salt Lake County’s criminal and social justice programs on their adherence to EBP and provide ongoing quality improvement technical assistance. Five programs were selected to participate in the process: First Step House, Life Skills at the Oxbow Jail, Correctional Addiction Treatment Services (CATS) at the Oxbow Jail, Criminal Justice Services Domestic Violence (CJS-DV) Unit, and Co-Occurring Reentry and Empowerment (CORE) at Valley Mental Health.

The method chosen to evaluate the programs was the Correctional Program Checklist (CPC) developed by the University of Cincinnati. The CPC was developed to assess how closely correctional programs adhere to known principles of effective intervention that have been shown to reduce criminal recidivism. The *Correctional Practice Checklist* sub-section below describes the CPC in greater detail.

The purpose of this report is two-fold: 1) to summarize the program findings from the five program evaluations conducted with Salt Lake County criminal and social justice providers in 2013, and 2) to provide the findings of the program director focus group, conducted in November 2013, that explored benefits and barriers to the program evaluation and quality improvement process. The final section of this report, *Discussion and Conclusion*, integrates the key findings from the *Summary of the EBP Program Evaluations* section with the feedback on the process and suggestions from the *Program Director Focus Group Findings* to make recommendations for next steps.

Evidence-Based Practice - Quality Improvement Process

Purpose

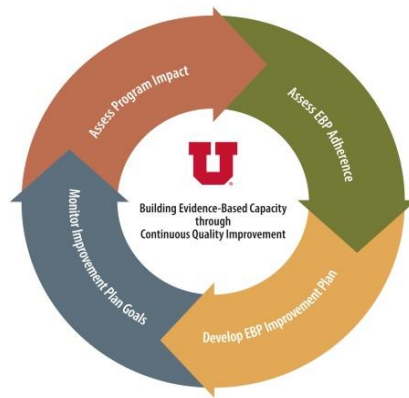
The purpose of the Evidence-Based Practice – Quality Improvement Process (EBP-QIP), developed by the UCJC, is to improve the effectiveness of interventions delivered to both juvenile and adult offenders. Because the EBP-QIP is a learning process for organizations, it is expected to both emphasize effective practices and outcomes, and to identify areas of improvement for program fidelity and outcomes. It is only by looking at all facets of program performance that organizations will learn how to improve the delivery of their interventions.

This process is helping Salt Lake County criminal and social justice providers to function more effectively by providing opportunities to clearly define their target population, the services delivered, and expected client outcomes by *assessing, planning, monitoring, and making improvements* based on evidence/data. This process allows these individual providers the opportunities to put the evidence in their practices and continually make evidence-based improvements.

Process

EBP-QIP uses an organizational leadership approach to accomplish intervention improvements. EBP-QIP acknowledges that the leadership and intervention staff are the experts in the services they provide to clients. It creates an environment in which those closest to the service delivery are also actively engaged in assessing practices and policies, and making improvements based on those assessments. Moreover, the EBP-QIP transforms providers who are compliance-focused into true learning organizations that rely on their mission, vision, and values to constantly improve their practices.

Figure 1. UCJC EBP-QIP Model



Change and improvements that the five providers are making occur by following sequential steps that focus on establishing procedures, empowering staff, placing clients first, and achieving a long-term organizational commitment to data-driven decision making (see Figure 1. *UCJC EBP-QIP Model*).¹ These steps include:

Step 1: Assessing EBP Adherence: Assess, via CPC, how interventions are being operationalized and adhering to EBP;

Step 2: Developing an EBP Quality Improvement Plan: Develop an action plan based on CPC assessment results with goals and tasks for improving service delivery;

Step 3: Monitoring Improvement Plan Goals: Monitor EBP quality improvement plan to ensure improvements are implemented; and

Step 4: Assessing Program Impact: Use outcome data to determine if improvements were successful (e.g., pre-post assessments, recidivism data).

To assist the providers through the EBP-QIP steps the UCJC team has developed nine stages to build quality improvement capacity within provider organizations. Providers move through the stages at their own pace with technical assistance from the UCJC team. These stages are used as an internal benchmark to track the progress of Salt Lake County providers as they implement their EBP-QIP. The nine stages are (*for more detailed information on the EBP-QIP Nine Stages please see Appendix A*):

- Stage One: Leadership EBP-QIP Overview
- Stage Two: Assess EBP Adherence
- Stage Three: EBP Adherence Report Feedback from Leadership
- Stage Four: Develop Quality Improvement Team
- Stage Five: Develop Program Logic Model
- Stage Six: Implement an EBP Quality Improvement Plan

¹ EBP-QIP Model is a modified version of the Quality Improvement Initiative (Qii). Developed by Jennifer Loeffler-Cobia, Trish Campie, Teri Deal, and Anne Rackow at the National Center for Juvenile Justice.

- Stage Seven: Develop Outcome Data Collection Plan and Collect Outcome Data
- Stage Eight: Incorporate Feedback Loop and Review Process
- Stage Nine: Re-Assess Adherence and Evaluation Effectiveness

Correctional Program Checklist (CPC)²

As the first step to implementing and sustaining EBP (mentioned above), Salt Lake County providers were assessed on their current state of EBP adherence. To do this the UCJC team was trained to use the Correctional Practice Checklist (CPC).³ The CPC is a tool developed to assess correctional intervention programs, and is used to ascertain how closely correctional programs meet known principles of effective intervention.

Programs that adhere to the principles of effective intervention are more likely to impact criminal reoffending (see Andrews & Bonta, 2003 for a review). Specifically, research suggests that cognitive behavioral and social learning models of treatment for offenders are associated with considerable reductions in recidivism (Gendreau, 1996; Smith, Goggin, & Gendreau, 2005). As such, during the last several years legislatures and policymakers have requested that interventions are consistent with the research literature on evidence-based practices.

Several recent studies conducted by the University of Cincinnati on both adult and juvenile programs were used to develop and validate the indicators on the CPC.⁴ These studies found strong correlations with outcome between overall scores, domain areas, and individual items (Holsinger, 1999; Lowenkamp, 2003; Lowenkamp & Latessa, 2003, 2005a, 2005b).

The CPC is divided into two basic areas: CAPACITY and CONTENT. The CAPACITY area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: (1) Leadership and Development; (2) Staff; and (3) Quality Assurance. The CONTENT area focuses on the substantive domains of: (1) Offender Assessment; and (2) Treatment Characteristics. This area evaluates the extent to which the program meets the principles of risk, need, responsivity, and treatment. There are a total of seventy-seven indicators, worth up to 83 total points. Each area and all domains are scored and rated as either "HIGHLY EFFECTIVE" (65% to 100%); "EFFECTIVE" (55% to 64%); "NEEDS IMPROVEMENT" (46% to 54%); or "INEFFECTIVE" (45% or lower).

The scores in all five domains are totaled, and the same scale is used for the overall assessment score. It should be noted that not all of the five domains are given equal weight, and some items may be considered NOT APPLICABLE, in which case they are not included in the scoring.

There are several limitations to the CPC that should be noted. First, the instrument is based upon an "ideal" program. The criteria have been developed from a large body of research and knowledge that combines the best practices from the empirical literature on "what works" in reducing recidivism. Second, as with all applied research, objectivity and reliability are an issue. Although steps are taken to ensure that the information gathered is accurate and reliable, given the nature of the process, decisions

² Portions of this report that pertain to standard CPC issues were provided by University of Cincinnati, Corrections Institute, and are used with the Institute's permission.

³ The CPC is modeled after the Correctional Program Assessment Inventory developed by Gendreau and Andrews; however, the CPC includes a number of items not contained in the CPAI. In addition, items were deleted that were not found to be positively correlated with recidivism.

⁴ These studies involved over 40,000 offenders (both adult and juvenile), and over 400 correctional programs, ranging from institutional to community-based. All of the studies are available at www.uc.edu/criminaljustice. A large part of this research involved the identification of program characteristics that were correlated with recidivism outcome.

about the information and data gathered are invariably made by the assessor(s). Third, the process is time specific. That is, the assessment is based on the program at the time of the assessment. Though changes or modifications may be under development, only those activities and processes that are present at the time of the review are considered for scoring. Fourth, the process does not take into account all “system” issues that can affect the integrity of the program.⁵ Lastly, the process does not address why a problem exists within a program.

Despite these limitations, there are a number of advantages to this process. First, the criteria are based on empirically derived principles of effective programs. Second, all of the indicators included in the CPC are correlated with reductions in criminal recidivism. Third, the process provides a measure of program integrity and quality; it provides insight into the “black box” of a program, something that an outcome study alone does not provide. Fourth, the results can be obtained relatively quickly. Fifth, it identifies both the strengths and weaknesses of a program; it provides the program with an idea of what it is doing that is consistent with the research on effective interventions, as well as those areas that need improvement. Sixth, it provides useful recommendations for program improvement. Finally, it allows for comparisons with other programs that have been assessed using the same criteria. Furthermore, since program integrity and quality can change over time, it allows a program to reassess its progress.

Norm Information

Researchers at the University of Cincinnati have assessed over 500 programs nationwide and have developed a large database on correctional intervention programs.⁶ Approximately 7 percent of the programs assessed have been classified as “HIGHLY EFFECTIVE,” 17 percent “EFFECTIVE,” 31 percent “NEEDS IMPROVEMENT,” and 45 percent “INEFFECTIVE.”⁷ Table 1 represents the types of programs that were assessed to develop and refine the CPC:

Table 1. Types of Programs Assessed for CPC Development

Types of Programs Assessed for CPC Development	
• Boot Camps	• Residential Substance Abuse Programs
• Community Correctional Facilities	• Residential Substance Abuse Programs for Habitual Drunk Drivers
• Correctional Education Programs	• School-Based Programs
• Day Reporting Centers	• Sex Offender Programs
• Diversion Programs	• Therapeutic Communities, both institutional and community-based
• Group Homes	• Work Release Facilities
• Intensive Supervision Units	• Halfway Houses

⁵ One of the purposes of this summary report is to address this limitation of the CPC and provide some system recommendations to Salt Lake County to assist individual programs in overcoming system barriers to meeting evidence-based principles.

⁶ Several versions of the CPAI were used prior to the development of the CPC. Scores and averages have been adjusted as needed.

⁷ The previous categories used were “very satisfactory,” “satisfactory,” “needs improvement,” and “unsatisfactory.”

Assessment Process

Program site visits were conducted at each of the five programs. The assessment team consisted of 2-4 researchers from UCJC who each score the CPC independently. Each assessment consisted of structured interviews with staff members, administration, program participants, and treatment providers. Additional data were gathered via the examination of representative client files (open and closed) and the review of relevant program materials (e.g., treatment manuals, course syllabi, ethical guidelines, and staff surveys). Data from the various sources were used to calculate a consensus CPC score for each program and to provide the recommendations provided to each specific program.

Quality Improvement Implementation

Once the program evaluations were completed (*Stage 2*) the UCJC team developed a comprehensive report detailing areas of strength and areas where improvements could be made to better adhere to EBP. Reports were provided to each program's leadership team (*Stage 3*). The UCJC team then began to work with each provider on developing an EBP quality improvement team, logic model, and implementation plan (*Stage 4, 5, and 6*) and helping them work through all the stages mentioned above. Most providers are currently working on their logic models, implementation plan and making improvements.

Description of the Five Participating Programs

The following five programs participated in the program evaluations and subsequent quality improvement processes during the first year of the EBP-QIP process with Salt Lake County adult criminal and social justice programs. A brief description of each program is provided in this section from the time of their program evaluation site visit. The *Summary of Evidence-Based Practices Adherence Program Evaluations* results section describes primary program strengths and areas for improvement regarding system issues that arose across the five programs evaluated.

1) Co-Occurring Reentry and Empowerment (CORE) at Valley Mental Health (VMH)

The Co-Occurring Reentry and Empowerment (CORE) program is an un-locked residential treatment facility that offers services to adult male criminal offenders suffering from co-occurring substance abuse and mental health disorders. The CORE program is managed by the Valley Mental Health (VMH) Forensics Department and is a voluntary program, although all participants are involved in the criminal justice system to varying degrees. The program is designed to provide participants with wrap-around treatment services, both on-site and in the community, while providing support and skills development in a residential setting. Additional treatment is also provided by VMH. The ultimate goals of the CORE program are successful re-entry into the community and reduction in recidivism. The program accomplishes these goals by empowering consumers, improving emotional functioning, and promoting accountability. In addition to services provided on-site, clients also receive alcohol and drug treatment at the VMH Forensics outpatient facility.

The CORE program is a 3- to 6-month long program with an average length of 4 months, although time can be extended based on clients' individual needs. The CORE has been in operation for four years and employs six full-time employees and four part-time employees and is supervised by a program director.

2) Correctional Addiction Treatment Services (CATS) at Oxbow

The CATS program at Oxbow Jail is a secure correctional-based treatment facility targeted at offenders with substance use disorders. The curriculum was modeled after the Helping Offenders Parole Effectively (HOPE) program at Gunnison Prison, which utilizes a therapeutic community (TC) approach. Therapeutic communities usually consist of group-based residential treatment program where participants increase levels of personal and social responsibility through a hierarchical model of care. A distinct feature of TCs, compared to other treatment programs, is the use of the “community” in structured and unstructured ways as the primary therapeutic tool to influence attitudes, perceptions, and behaviors associated with drug use and antisocial attitudes.

The CATS program at Oxbow is a 90-day program for volunteers and court-ordered participants. During the time offenders are in CATS, male participants are separated from the general jail population at the Adult Detention Center (ADC) and live in their own pods of the Oxbow Jail.

The CATS program is in its fourteenth year of operation and employs ten full-time staff (1 program director, 4 full-time therapists, 2 case managers, 2 roving therapists, and 1 support staff).

3) Criminal Justice Services Domestic Violence (CJS-DV) Unit

The CJS-DV unit is a program within the Salt Lake County Criminal Justice Services (CJS) Probation department that provides case management services to participants who have been convicted of a class “A” or “B” misdemeanor Domestic Violence charge. The CJS-DV unit is a specialty program, set apart from the other probation units and operates under best practices for supervising misdemeanor Domestic Violence offenders.

The CJS-DV unit provides 12- to 24 -months of court-ordered case management. Intensive services are provided for at least 90-120 days and can continue throughout the entire probation sentence, depending on clients’ needs. Clients are required to meet with case managers face-to-face every 2 weeks until the client has established a history of compliance (at least 90 days), at which point contact may be reduced to once per month. Regular terms continue for the remainder of the probation period, with slight changes to drug testing or other areas regarding supervision.

The CJS-DV unit is located in the Criminal Justice Services building. The CJS-DV unit has been in operation for eight years and employs four full-time case managers who strictly oversee domestic violence cases, and are supervised by a program director.

4) First Step House

First Step House is a community-based treatment facility offering services to a mix of non-court involved clients as well as adult male parolees and probationers. Providing both residential and outpatient programming, the program is designed to provide assistance with drug and alcohol addiction. The CPC assessment for this program focused only on the residential program. The program offers an array of groups including life skills, Rational Emotional Behavior Therapy (REBT), and group psychotherapy. Though not geared specifically towards an offender population, nearly half of the participants are referred through the criminal justice system and are on probation or parole.

The program has been in operation for over fifty years. First Step House employed 12 full-time and 2 part-time staff at the time of the CPC assessment

5) Life Skills at Oxbow

The Life Skills Program at Oxbow Jail is a facility-based, correctional program designed to provide male offenders with the skills and information necessary to successfully transition back into the community after release from jail. The curriculum was modeled after the Life Skills program at the Hillsborough Jail in Tampa, Florida. Life Skills is a voluntary, five-week program for offenders with a minimum-risk security classification. During the time offenders are in Life Skills, male participants are separated from the general jail population at the Adult Detention Center (ADC) and live in their own pod of the Oxbow Jail. Thinking for a Change (T4C) is one of the primary interventions used within Life Skills to modify offender behavior. T4C is an integrated, cognitive-behavioral program designed to target offenders' cognitive restructuring and development of social and problem-solving skills.

The Life Skills Program is in its seventh year of operation and employs 9 contracted staff, nine volunteers, and approximately 29 correctional staff.

Methods

Evidence-Based Practice Adherence Program Evaluations

Purpose

To supplement information obtained in focus groups, the UCJC researchers aggregated CPC evaluation scores from the five Salt Lake County sites to identify areas where programs were adhering to EBP and critical areas that are in need of improvement at a system level. This review provided insight for CJAC as to where system changes can be made to better support providers in their EBP endeavors.

Methodology

The process for conducting and scoring the CPCs is described in the *Correctional Program Checklist (CPC)* sub-section within the *Background* section of this report. The methodology for identifying the strengths and areas for improvement for this summary report are as follows:

- Item scores for each of the five CPCs were entered into a database.
- Items where the majority of programs did not receive the point for full compliance with the CPC were identified as areas for improvement. Items that could be addressed at a broader systems-level were identified and prioritized.
- Items where the majority of programs were assessed as being in full compliance with the CPC were identified as strengths. These strengths should be leveraged when making changes in the areas needing improvement.
- The results of the summary are organized under each of the five CPC domains: Program Leadership and Development, Staff Characteristics, Offender Assessment, Treatment Characteristics, and Quality Assurance.

Program Director Focus Group

Purpose

To further understand EBP system issues that could be addressed by CJAC, the UCJC researchers also conducted a qualitative study on the EBP-QIP. This qualitative study included a focus group with the program directors and other administrative staff from each of the five Salt Lake County sites participating in this pilot study. The EBP-QIP is described in the *Evidence-Based Practice – Quality Improvement Process* sub-section within the *Background* section of this report. The primary purpose of this focus group was to supplement the information that was gathered through the CPC program evaluation process.

Methodology

On November 18, 2013, program directors and other administrative staff from each participating program took part in a nominal focus group conducted by UCJC researchers. Staff were asked to draw upon their experiences participating in the program evaluation and quality improvement technical assistance. The group was asked a series of questions developed by UCJC, which related to the overall purpose of the study (see *Introduction Section* for study purpose). The total number of participants from each program are provided in Table 2 on the following page.

Table 2. Program Participation

Program	Number of Participants
Co-Occurring Reentry and Empowerment (CORE) at Valley Mental Health (VMH)	2
Correctional Addiction Treatment Services (CATS) at Oxbow	2
Criminal Justice Services Domestic Violence (CJS-DV) Unit	2
First Step House	2
Life Skills at Oxbow	2
Total	10

Nominal Focus Group Implementation

A nominal focus group design was used to elicit the study information from the participants. The nominal focus group was conducted in five stages:

- 1) **Introduction** – facilitator introduced the purpose of the session, rules, and structure;
- 2) **Elicit Individual Responses** – responses were collected on the chosen topic in a silent generation phase;
- 3) **Clarification and Consolidation** – responses were read out loud and clarified one-by-one by participants, then similar/same items were merged under one response by the facilitator; and
- 4) **Ranking Responses** – participants ranked their top five responses individually in order of importance. Ranked results were then calculated to identify the unified ranking of the group.

This type of design was chosen to: 1) give an equal voice to each participant, 2) reduce personality effects or strong/dominating opinions, 3) obtain quantifiable results immediately after the session, 4) easily share results with participants, and 5) provide a more cost effective process by minimizing the need for transcription or extensive coding and analysis.

The focus group meeting lasted approximately two and half hours, and had one facilitator and two note takers. The facilitator provided background information, secured consent forms, and provided an overview of the process. The focus group was conducted using a facilitator guide with three questions for the participants (see Table 3 for *Focus Group Questions*). The information provided was also captured on a white board and photographed. Information was validated by providing a summary after each question/category at the end of the focus group so that participants could correct any misperceptions and/or add information. Ranked information was then summarized and analyzed for use in this report.

Table 3. Focus Group Questions.

Questions
1. What about the CPC program evaluation and quality improvement process has been most helpful to your agency?
2. What areas of the CPC program evaluation and quality improvement process were not helpful or problematic?
3. Based on your experience with the CPC program evaluation and quality improvement process, what larger system changes need to take place?

Overall, the focus group participants were representative of the five Salt Lake County sites. Participants represented gender, years of experience, and position classifications (i.e., program administration and program director) from each site. The focus group participants were informed, experienced, articulate, and were able to provide the information being sought.

Results

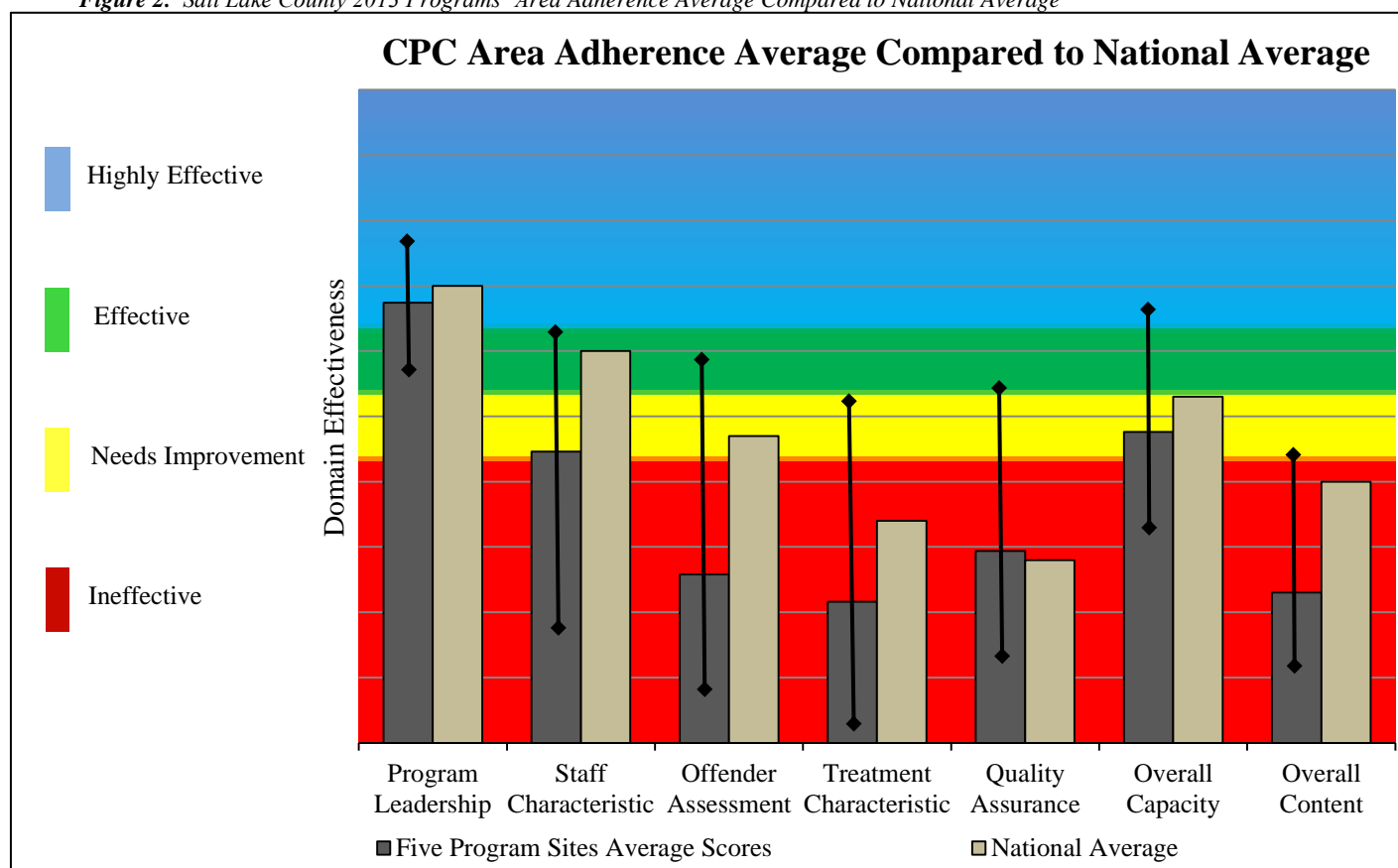
Summary of Evidence-Based Practice Adherence Program Evaluations

To assist the process of identifying areas where the five programs were providing strong EBP and critical areas that were in need of system level improvements a summary analysis of the CPC results was conducted. The results in this section provide insight for CJAC as to where system changes can be made to better support providers in their EBP endeavors.

Overall Capacity and Content

All five of the Salt Lake County programs evaluated with the CPC during 2013 had a total score in the “Ineffective” or “Needs Improvement” ranges. This is not surprising, as the majority of the over 500 programs reviewed by the CPC model developers at the University of Cincinnati were also scored as “Ineffective” (45%) or “Needs Improvement” (31%). The greatest needs for improvement fall within the CONTENT area (Offender Assessment, Treatment Characteristics), where all five programs scored in the “Ineffective” range and below the national average. There was more variation in the CAPACITY area (*Program Leadership and Development, Staff Characteristics, Quality Assurance*), where scores ranged from “Ineffective” to “Highly Effective.” The range of scores for each domain is also presented by a black line. The *Offender Assessment* and *Treatment Characteristic* domains displayed the greatest range between scores for the five programs (i.e. some programs scored higher than others). See Figure 2 *Salt Lake County 2013 Programs’ Area Adherence Average Compared to National Average* for further details.

Figure 2. Salt Lake County 2013 Programs’ Area Adherence Average Compared to National Average



Evidence-Based Practice Domain Strengths and Areas of Improvement

The following sub-sections review the specific areas for improvement, as well as strengths, organized by the five domains of the CPC. The purpose of this summary is to highlight system issues that the CJAC and other Salt Lake County stakeholders have the ability to impact. As such the majority of these sections will focus on systemic challenges that should be addressed to not only improve adherence to EBP among these individual programs, but the larger criminal and social justice system. Although there are many direct service improvements that each program can make, those are outside of the focus of this report (and have been provided to individual programs in their program evaluation reports). Program and system strengths are noted throughout the sections, as they pertain to skills or resources that should be leveraged when addressing the areas for improvement.

Program Leadership and Development

The Program Leadership and Development domain examines the program director's qualifications and previous experience, as well as his/her current involvement with the staff and the program participants. This domain also evaluates whether empirical literature was consulted prior to initiation of programming and whether new initiatives are piloted prior to implementation. The degree of support for the program from both the at-large and criminal justice communities and if the program is stable in terms of funding are also evaluated.

Strengths

This domain was the strongest across all five programs. All programs had adequate and stable funding to implement their programs as designed and had been in operation without major programmatic changes for several years. The program directors (those responsible for the day-to-day management of the treatment program) all had sufficient experience with offender treatment.

Areas for Improvement

The primary areas for improvement concern training and piloting changes to the programs. Program directors should be directly involved in providing training to staff, including some formal training of new staff. Program directors should have ongoing observations of staff day-to-day treatment service delivery. As a system issue, resources should be allotted to program directors to prioritize this critical leadership role. On-going modifications to the programs should be subject to formal pilot periods with defined start and end dates. This pilot period allows staff to identify content and logistical issues and make necessary modifications. Such revisions are often difficult to make once changes have been formally instituted. The pilot period should conclude with a thorough review of proposed changes. The decision about whether to implement the new program component(s) with the appropriate revisions should be made after this review. Training to program directors and staff on the use and benefits of piloting and other program operation tasks would improve the individual programs' effectiveness, as well as the systems'.

Staff Characteristics

The Staff Characteristics domain examines the qualifications, experience, stability, training, supervision, and involvement of the program staff. Staff considered in this domain includes all full-time and part-time employees, who conduct groups or provide direct service/treatment to the participants.

Strengths

This domain was also an area of strength for most of the five programs reviewed in 2013. Program staff overwhelmingly supported the goals and values of the treatment. The majority of staff also had degrees in the helping professions (e.g., counseling, criminal justice, psychology, social work, addictions) and the majority of programs had written ethical guidelines, including professional standards from outside groups (e.g., NASW).

Areas for Improvement

Program and system-wide investments should be made in staff training. All staff, especially those new to the programs, should be trained thoroughly in the theory and practice of the interventions used by the programs. Formal training period should include information on the mission, goals, assessments, and each curriculum used by the program. This process should include co-facilitation with senior staff, feedback on service delivery, and job shadowing. In addition to this formal training on the core curricula, all staff should receive a minimum of 40 hours per year of formal training that is relevant to service delivery. This might include trainings on effective interventions, assessment instruments, and special populations. Salt Lake County could provide some of these training opportunities and/or build them into treatment provider funding to ensure that their programs are operating with fidelity to EBP.

Another area for improvement was staff assessment. Current staff assessments across the criminal and social justice system do not emphasize skill-driven elements. It is recommended that programs review their process for annual performance reviews and design a formal annual performance evaluation that assesses staff's professional and interpersonal skills. This evaluation should focus on the interactions staff have with participants and should include observations of service delivery. The evaluation should provide feedback in the areas of effective use of authority, effective reinforcement and disapproval, problem-solving and decision making skills, modeling behaviors, and communication. It is further important to document these performance evaluations in employee files.

Offender Assessment

The Offender Assessment domain examines three areas regarding assessment: selection of offenders; the assessment of risk, need, and personal characteristics of the offender; and the manner in which these characteristics are assessed. The extent to which services provided are appropriate for the offender, and the use of proven assessment methods is critical to effective treatment programs. Effective programs assess the risk, need, and responsivity of offenders, and then provide services and treatment accordingly. Assessments and treatment should be focused on the attributes of offenders that are directly related to criminal behavior, referred to as criminogenic needs.

Areas for Improvement

This domain had several areas for improvement across all five programs evaluated as most scored in the “Ineffective” range. However, one strength was apparent across all programs; that the programs served clientele whom they believed to be appropriate for their programs and the services that they offered. This, however, was based on director and staff perception. The following recommendations for assessing

offenders' risks, needs, and responsivity will assist the programs in better defining the populations they serve.

Risk and Need Factors. Before addressing system improvements in the next domain, *Treatment Characteristics*, all programs need to improve the availability, consistent use, and documentation of standardized and objective criminogenic risk and need assessments. Criminogenic risk and need assessments should assess offender risk for re-offense and provide measures of the “Central Eight” criminogenic needs: antisocial attitudes, peers, personality, and history; substance abuse; family/marital circumstances; school/work; and leisure/recreation. Examples of risk and need assessments include the *Level of Service Inventory-Revised (LSI-R)*, *Level of Service/Case Management Inventory (LS/CMI)*, *Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)*, and the *Ohio Risk Assessment System (ORAS)*. Appropriate risk and need assessments should also provide a level of risk (i.e., low, medium, high) that allows programs to separate participants by risk level and provide more intensive services to higher risk participants. Programs with intensive services should target higher risk offenders and primarily serve only moderate or high risk participants. Research suggests that mixing low and high risk offenders in treatment can produce negative outcomes among the low risk population (i.e., creating an environment in which the low risk offenders become high risk offenders) (Lowenkamp & Latessa, 2004).

The Salt Lake County criminal and social justice system should examine the variety of assessments currently in use throughout, and outside of, the system and review their relative strengths and weaknesses in relation to predicting offender recidivism and identifying criminogenic needs to address during treatment. The county should also review the risk and need assessments for start-up (e.g., training) and ongoing (e.g., per test) costs. This process should also review whether a single or few “front doors” could be identified where appropriate risk and need assessments could be conducted and then shared across the system to individual providers. However, there may be compelling reasons to have individual programs conduct the risk and need assessments. For example, there may be a need for individual programs to utilize different risk and need assessments. Whether risk and need assessments are conducted at a few entry points or at all treatment providers, staff at all programs should be trained in the interpretation and use of the risk and need assessments to tailor client interventions and services to those areas.

Responsivity. Responsivity factors may affect a participant’s amenability to treatment and include factors such as: motivation, intelligence, personality, mental disorders, and reading comprehension. These characteristics influence how offenders respond to efforts aimed at changing their behavior, thoughts, and attitudes (Braucht, 2009). These factors should be assessed and documented in order to adjust the style and mode of service. Furthermore, it is recommended that at least two responsivity factors are assessed by a standardized psychometric scale or test. Examples of such instruments include a personality assessment such as the Minnesota Multiphasic Personality Inventory (MMPI), and/or an intelligence test. Texas Christian University’s Institute of Behavioral Research has developed a number of assessment tools, including the *TCU Client Evaluation of Self and Treatment, Intake Version (TCU CEST-Intake)* that gauges motivation, psychological and social functioning, and treatment needs.

As with the risk and need assessments, the Salt Lake County criminal and social justice system should make a concerted effort to review the variety of assessments currently in use throughout the system (and outside of) and their relative strengths, weaknesses, and costs. Access to resources and trainings on responsivity assessments could benefit all providers within the county.

Treatment Characteristics

The Treatment Characteristics domain examines whether or not the program targets criminogenic behavior, the types of treatment used to target these behaviors, specific treatment procedures, the use of positive reinforcement and sanctions, the methods used to train participants in new pro-social skills, and the provision and quality of aftercare services. Other important elements of effective interventions include matching the participant's risk, needs, and personal characteristics with appropriate treatment programs, treatment intensity, and staff. Finally, the use of relapse prevention strategies designed to assist the participant in anticipating and coping with problem situations is considered.

Areas for Improvement

Like the *Offender Assessment* domain, this domain has several areas of need across all five programs. This domain also assesses programs on the factors that have the most influence on offender recidivism. As such, it is important to prioritize addressing issues in this area. Programs exhibited a couple of strengths in this domain. Most focused a majority of their efforts on criminogenic targets (e.g., substance abuse, antisocial attitudes, impulsive behavior, and anger management) and were of appropriate duration (i.e., several months). The following recommendations will help the programs have a greater impact on recidivism.

Risk and Need Factors. Although most of the programs focused a majority of their efforts on criminogenic needs, it is critical that moderate to high risk offenders' treatment plans emphasize criminogenic needs at a rate of 4:1 when compared to non-criminogenic needs. This means that 80% of the treatment time should be structured to address the "Central Eight" criminogenic needs that are identified in offenders' risk and need assessments (antisocial attitudes, peers, personality, and history; substance abuse; family/marital circumstances; school/work; and leisure/recreation). Furthermore, results of the risk assessment should be used to separate groups by risk level. Effective programs are structured so that lower risk participants have limited exposure to higher risk peers. Because the programs did not consistently assess for risk and need, staff were not able to systematically identify high and low risk offenders and tailor services accordingly. Examples of such modifications include separating groups by risk and offering more intensive or a longer duration of services to higher risk participants. Likewise, the lack of assessment means that treatment is not individualized based on each participant's criminogenic needs. Another strategy to address criminogenic risk and needs is to train the participants' families and significant others. Their involvement should not be limited to merely sharing information, but should include trainings to help them provide support to the participant, such as how to identify triggers and re-direct antisocial behaviors.

Many of these recommendations reiterate the importance of the availability and consistent use of standardized, objective risk and need assessments that inform the development of individualized treatment plans for offenders. Again, Salt Lake County criminal and social justice system should prioritize the use and integration of these instruments throughout the system to improve recidivism rates. Training should also be provided to refresh staff skills as they pertain to risks and needs. Similarly, access to evidence-based treatment models (e.g., curricula) and treatment modalities that emphasize cognitive and behavioral therapy could allow programs to target additional criminogenic needs in addition to program specific treatment issues. Programs may also require more discretion on who to accept, rather than having to accept all referrals or court orders, so they may target the appropriate risk level for their intensity of services and not mix low and high risk participants. This type of systemic change likely requires further education of not only program staff, but also criminal justice stakeholders, such as defense attorneys, prosecutors, and judges.

Responsivity. The principles of specific responsivity should be utilized to remove barriers to treatment engagement, and retention. These barriers may include mental health disorders, cultural differences, trauma histories, learning styles, cognitive impairment, and motivation. For example, staff who are more skilled in Motivational Interviewing (MI) should be partnered with clients who have less readiness to change, and all treatment should include motivational enhancement techniques to maximize retention and treatment progress. Similarly, assignment to duties should be based on staff skills, experience, education, and training; rather than convenience, staff preference, or scheduling.

The principles of general responsivity should also be more fully integrated into treatment programs. General responsivity posits that individuals learn new behaviors most effectively through cognitive-behavioral treatment (CBT) and social learning models (Andrews & Bonta, 2006). As such, programs need to consistently allow participants an opportunity to practice and rehearse new prosocial behaviors through role-playing and simulations. This practice should also include increasingly difficult scenarios with constructive feedback.

For the principles of specific and general responsivity to be more fully integrated into treatment programs, additional training and support for these issues is needed at the system level. Additional agency changes may also be necessary, such as increased staffing or lower caseloads/group sizes to allow staff more time to develop and practice these skills with participants. These changes will likely require additional resources. These responsivity skills should also be assessed in annual performance reviews and promotions. Emphasizing the importance of these skills in staff evaluations will further cement their use in daily treatment groups and activities.

Program Fidelity. Another area for improving treatment is the development and use of detailed manuals for each criminogenic group or core intervention offered. The manual should be structured and include the goals, content of the groups, recommended teaching methods, and exercises, activities, or homework assignments. It is important that a structured curriculum is used when delivering group treatment to ensure consistency in the treatment model and targets.

Behavior Modification. Behavioral reinforcement strategies should be used to encourage new skills and prosocial behavior in participants, not to merely control their behavior while in the program. Rewards and punishers (consequences) should be administered to target specific behavior change related to criminogenic needs, used consistently and immediately following the behavior to be increased (rewards) or decreased (punishers), and at a ratio of 4 rewards to 1 punisher. Programs should use a variety of token, tangible, and social rewards to shape offender behaviors. The procedures for rewards and punishers should also be written in policy and understood and utilized by staff consistently. This includes being trained to identify negative consequences of punishment (e.g., emotional reactions, avoidance) and tailoring procedures accordingly.

Integrating behavioral principles into treatment programming can be a time consuming task. In addition to being trained on the principles, treatment programs may need additional leverage to implement these strategies. Despite the challenges, there is a strong movement within the national criminal justice system to integrate behavioral principles more fully due to their ability to impact offender recidivism and substance use. One convenient resource that could be a starting place for many programs is the *Behavior Modification 101 Drug Court Practitioner Fact Sheet* from the National Drug Court Institute (Marlowe, 2012). This brief resource also includes additional suggested readings that can further illuminate the use of these strategies.

Aftercare. A final need across the system is quality aftercare for participants who exit criminogenic treatment programs. The type and level of that care should vary based on participants' re-assessed risk level and needs. However, all aftercare services should begin while participants are still in their treatment

phase and be designed to help the offender transition into the community. Consistent reassessment of participants near program exit will help determine which types of aftercare services the criminal and social justice system should provide.

Quality Assurance

The Quality Assurance domain focuses on the quality assurance and evaluation processes used to monitor how well the program is functioning and its effectiveness.

Areas for Improvement

This final domain of the CPC is an area of need across all five programs. All of the programs would benefit from strengthened internal quality assurance processes. This includes ongoing observation of groups by the program director; regular feedback to facilitators regarding use of the curricula, group facilitation, and service delivery skills; and formal participant feedback on service delivery. The Salt Lake County criminal and social justice system should support directors and programs in making these quality assurance changes by training directors in these skills and providing them the support and resources to conduct the direct observation of and feedback to staff. A few of the programs did a good job of collecting formal client feedback. These models, such as periodic surveying and allowing for open-ended comments, should be shared across the system. Merely having an “open door” policy is not sufficient to gather ongoing quality assurance data from participants. A few of the programs also reassessed participants on meeting target behaviors. It is recommended that all programs collect some measures of target behaviors that their program is specifically addressing (e.g., substance abuse, anger management) at baseline and exit (if not more frequently). The county could also be a resource for identifying and weighing the merits of various behavioral assessments. Programs should collaborate with one another on what measures may be appropriate for monitoring their impact on clients.

Another area to improve is conducting more regular program evaluations. Formal evaluations that include a matched comparison group should be conducted every several years. These evaluations should examine program effectiveness by comparing participants’ recidivism to a matched or non-treated comparison group. Programs that can demonstrate reductions in recidivism compared to similar offenders can use those results to secure additional funding and reinvest in their program. Having a contracted or in-house evaluator (whose primary job is program evaluation) is the best way programs can monitor their impact on participants. Salt Lake County is in a unique position as they have a full-time statistical coordinator that can assist programs in collecting and monitoring outcomes, as well as a partnership with the Utah Criminal Justice Center. In the past, the county has used both resources to conduct outcome evaluations of their programs. Monitoring recidivism of participants is an especially important piece of quality assurance. To improve the outcome evaluations in the future, it is recommended that the county work with their statistical coordinator to identify appropriate comparison individuals for various programs. Programs and criminal justice systems should consider outcome evaluations as they develop and fund new programs, so that appropriate data elements can be identified and matched or risk-controlled comparison groups can be utilized to determine the actual impact of programs. Even if full outcome evaluations cannot be conducted, the county would be wise to utilize the statistical coordinator and shared data systems to build reports that allow programs to track their participants’ post-exit recidivism.

Summary of Program Director Focus Group Findings

To further understand EBP system issues that could be addressed by CJAC, the UCJC researchers also conducted a qualitative study on the program evaluation and quality improvement process with the five Salt Lake County sites that participated in the CPC pilot project. The primary purpose of this focus group was to supplement the information that was gathered through the CPC summary portion of this study (see previous section *Summary of Evidence-Based Practice Program Evaluations*). The focus group generated priority areas that CJAC could address to continue toward its goal of becoming an evidence-based system.

This section is a summary of the priority areas that emerged from the focus group held on November 18, 2013. The summary is categorized by the three focus group questions: 1) What about the CPC program evaluation and quality improvement process has been most helpful to your agency?; 2) What areas of the CPC program evaluation and quality improvement process were not helpful or problematic?; 3) Based on your experience with the CPC program evaluation and quality improvement process, what larger system changes need to take place? For each question all consolidated responses (i.e., non-duplicated responses) are provided and ranked in order of what participants viewed as their top priorities (please see the *Program Director Focus Group* sub-section of the *Methods* section for more details on the nominal process).

Question 1: What about the CPC program evaluation and quality improvement process has been most helpful to your agency?

Focus group participants offered a range of ideas in terms of how the CPC program evaluation and quality improvement process has been beneficial to their organization. The top ranking theme favored ideas related to how the process has helped the organizations use EBP as a foundation for the services they provide to their clients. Participants viewed the process as a way to gain research-based information about specific EBP areas they can improve along with identifying areas where staff can be trained to provide better EBP services. The overall results indicate that programs have found the EBP-QIP process helpful to their organization and challenged them to consider important programmatic and administrative changes. Table 4 provides a comprehensive representation of what participants viewed most helpful with the process and highlights the top 5 areas they viewed as most beneficial.⁸

Table 4. Consolidated Responses:

What about the CPC program evaluation and quality improvement process has been most helpful to your agency?

Consolidated Responses	Votes for Top 5 Priorities
Provided specific suggestions for improvement	7
Uses validated research that supports program	6
Provided clarification that our mental health clients need additional evidence-based interventions to reduce their chances of recidivating	6
Identified areas that could be changed by the program	6

⁸ Responses that are listed with “0” votes in Table 4 are those that were mentioned during the “Individual Responses” phase of the nominal process, but were not voted as a priority area during the “Ranking Responses” phase.

Legitimized changes that [we] want to make	3
Provided direction about what programs clients should be in and what assessment tools should be used	3
Provided recommendations for skills training	3
Had an unbiased report after the evaluation	2
Brought staff together to talk about improvements	2
Highlighted potential funding issues	2
Created a realization of obstacles	1
Provided opportunities to leverage change	1
Understand where our program fits with national standards	1
Set guidelines for program to incorporate criminogenic needs	1
Gained knowledge from large training at UCJC	1
Used EBP as the area of focus	1
Started to create a common language to talk about programs	0
Provided opportunities to educate the community	0
Changes the conversation to focus on EBP	0
Provided opportunities to network with other programs/professionals	0
Created an ongoing partner for the change process	0

Question 2: What areas of the CPC program evaluation and quality improvement process were not helpful or problematic?

Focus group participants offered numerous ideas of how the CPC program evaluation and quality improvement process could be improved to better support the providers' implementation of EBP. A couple of themes emerged from the participant responses. First, providers suggested that the CPC evaluation and quality improvement process was only geared toward the provider level of accountability rather than improving the system as a whole. Participants reported strongly that if they were going to embark on change within their organization then it is equally important for the system to move in the same direction for unified support and consistency.

Second, participants reported that they were fearful of the funding/political implications that could occur if their program evaluation were rated less than effective in their EBP adherence. It will be important for stakeholders and funders to acknowledge: 1) programs on average score in the "Not Effective" or "Need Improvement" range when first evaluated and 2) the EBP-QIP is an ongoing process with the purpose of providing organizations with the information to make data-driven decisions about where improvements are needed. It is through the EBP-QIP process that providers will be able to use their CPC program evaluation as a first step to improving their programs and outcomes. Please see the *Overall Capacity*

and Content sub-section in the *Results* section of this report for more details on the national average CPC scores.

Third, participants expressed concern that the CPC may not be an appropriate instrument to evaluate their program and that they would have liked more knowledge and training about the CPC prior to the evaluation. Both of these concerns are valid and typical of programs that are subject to an independent evaluation of any kind. This concern also reflects the shifting paradigm about how we deal with offenders. In the not so distant past we did not offer any treatment services to offenders and merely punished them or locked them away. A human service focus emerged in the more recent past that promoted a shift to a rehabilitative focus, so treatment programs for offenders proliferated. Now, we have strong literature that supports the use of treatment and provides specific guidelines to maximize effectiveness by targeting factors that correspond to reductions in recidivism. Increased understanding and awareness of the CPC will enable programs to both meet the treatment needs of offenders and to reduce recidivism.

Last, participants acknowledged that changes will take time, commitment, and ongoing evaluation and effort from individual programs and the larger systems. They suggested that ongoing support for improvements should be provided to help them sustain EBP. This can include helping them understand EBP more effectively to prepare them for their program evaluations, providing system-wide EBP trainings, and assisting the system to “speak the same language.” Table 5 provides a comprehensive representation of what participants viewed as most problematic with the CPC program evaluations and quality improvement process and highlights the top 5 areas they viewed as being the greatest challenges.

Table 5. Consolidated Responses
What areas of the CPC program evaluation and quality improvement process were not helpful or problematic?

Consolidated Responses	Votes for Top 5 Priorities
Lack of consideration for larger system, providing only the providers individual reports and quality improvement process	10
CPC may not be appropriate for all criminal justice programs	8
Exposure to political consequences (e.g., losing funding for low scoring programs)	8
The CPC evaluation is a long process in and of itself, let alone making changes to the program based on recommendations	5
CPC evaluation questions and answers misunderstood	5
Not having an understanding of the CPC evaluation process and quality improvement beforehand (pre-CPC)	4
Language used in the CPC evaluation is specific to criminal justice community – programs use different words	4
More clarity is needed on recommendations and how to implement them	2
It is hard having to meet, yet another, expectation	2
Lack of information prior to the CPC evaluation on the report format and its meaning	2
Questionable objectivity of process	1

Question 3:

Based on your experience with the CPC program evaluation and quality improvement process, what larger system changes need to take place?

The primary themes that emerged when asked about what larger system changes need to take place were related to funding to sustain EBP, information sharing from all levels of the system, and providing stakeholders with EBP information and training. The participants identified training needs for professionals and community leaders as well as university and college-based training of professionals to work in the criminal and social justice systems. These areas are quite common when trying to change the system to become an evidence-based system.⁹ Implementing EBP requires a shared vision throughout the system and the tenacity to keep making adjustments until the outcomes are satisfactory. While the dedication of many people is needed to achieve this vision, strong visionary leadership is a keystone of this effort. Table 6 provides a comprehensive representation of what participants viewed as areas the larger system needs to change to make EBP sustainable and highlights the top 5 areas they viewed as needing the most change.

Table 6. Consolidated Responses
Based on your experience with the CPC program evaluation and quality improvement process, what larger system changes need to take place?

Consolidated Responses	Votes for Top 5 Priorities
Information sharing (e.g., assessments) for improvements	9
Funding needed to implement EBP	8
Education of stakeholder and broader communication about criminogenic factors	8
EBP needs to come from higher levels (top-down not bottom-up)	7
Accommodation from healthcare funders	6
Employees need more specific training on EBP – re-tool training	4
Shift away from Substance Use Disorder/person-centered treatment to prescriptive treatment	2
Need more training programs (from colleges and universities for students to work in CJ system)	2

⁹ Numerous barriers exist when making any change. See *Putting the Pieces Together: Practice Strategies for Implementing Evidence-Based Practices* (Guevera, Loeffler-Cobia, Rhyne. 2010. National Institute of Corrections. <http://nicic.gov/Library/024394>)

Discussion and Conclusion

Professionals in the criminal justice know all too well that measuring fidelity and outcome performance within our systems has been limited largely to maintaining safe, secure, humane environments in which offenders are held until they complete their sentence or their interface with the legal system. Accordingly, criminal justice organizations have been evaluated based upon their ability to ensure these results. Little has been measured relative to sound organizational practice and less has been accomplished to transform criminal justice systems from bureaucratic hierarchy to a transformational, proactive form of leadership that empowers stakeholders to realize organizational and system efficiency and improved long-term public safety (i.e., reducing recidivism). In order to develop and lead evidence-based systems, leaders within the field of criminal and social justice must rally all stakeholders as partners to work toward a common mission that is measurable and realizes outcomes including criminal recidivism.

Criminal justice and allied treatment professionals have become quite aware that implementing and sustaining system-wide EBP that realizes high performance represents a daunting endeavor. Never before have criminal and social justice leaders been faced with whole-system change of this magnitude that is research-driven, outcome-based, and therefore requires constant evaluation of policy and practice to determine organizational and system effectiveness. EBP defines, for criminal justice and treatment professionals of all levels, the manner in which they must interact with offenders to accomplish the reduction of criminogenic risk and realize offender behavioral change. EBP threatens the status quo and requires that criminal justice and treatment professionals operate their facilities, offices, or divisions in a more evidence-based manner. EBP asks that all daily efforts are consistent and aligned with overarching organizational purpose and requires that people throughout the system “buy into” a shared EBP mission and vision. Therefore, as leaders within the Salt Lake County criminal and social justice system interested in high performance, the task is to understand how our criminal and social service programs can sustain EBP implementation and replication and to truly become an evidence-based system.

Recommendations

The CJAC and the five criminal justice programs participating in the CPC program evaluations and quality improvement process with the UCJC should be commended on their efforts. As mentioned above, most criminal justice and service delivery systems do not embark on measuring adherence to EBP let alone go further to make data-driven changes to improve the system. The CJAC is definitely taking the “road less traveled.” To assist Salt Lake County with improving their system by adhering to EBP the following primary recommendations have been developed:

Risk, Need, and Responsivity Principles

The CPC evaluation summary showed that all five programs did not use risk, need, and responsivity tools consistently to determine 1) if the appropriate clients were being served (i.e., moderate to high risk offenders) and 2) the criminogenic risk factors each client needed to address, nor were these principles incorporated into service delivery. In coordination with these findings, focus group participants also pointed out that the information from the LSI-R (a risk and needs assessment that is currently being used at some points in the Salt Lake County system) was not being disseminated to the programs for treatment planning. Adopting a standardized risk and needs assessment for the system is vital to providing consistent EBP treatment. Based on these findings the following recommendations are suggested:

- All programs need to improve the availability, consistent use, and documentation of standardized and objective criminogenic risk and need tools. Criminogenic risk and need assessments should assess offender risk for re-offense and provide measures of the “Central Eight” criminogenic needs: antisocial attitudes, peers, personality, and history; substance abuse; family/marital

circumstances; school/work; and leisure/recreation. Appropriate risk and need assessments provide a level of risk to recidivate (i.e., low, medium, high) that allows programs to separate participants by risk level and provide more intensive services to higher risk participants. Programs with intensive services should target higher risk offenders and primarily serve only moderate or high risk participants.

- While the LSI-R seems to be utilized in some parts of the Salt Lake County criminal and social justice system, it is imperative that the use of a standardized risk and need assessment become a standard practice and the system develops guidelines, procedures, and policies to help programs obtain the assessment information so the above practices can be implemented. A working group could be formed to examine the variety of assessments currently in use throughout the system (and outside of) and review their relative strengths and weaknesses in relation to predicting offender recidivism and identifying criminogenic needs to address during treatment. Please also see the *Offender Assessment* section of *Results*, as well as the *Training* recommendations in this section.

Collaboration and Communication

A primary theme that emerged from the focus group, and was supported in the lower scores on the CPC evaluations, was the lack of collaboration and communication between the larger system and criminal justice treatment providers. Providers participating in the focus group expressed the concern that CPC evaluations could be used to hinder funding opportunities and that the larger system did not seem to be involved in the program improvement process. These misunderstandings are possibly the result of a lack of collaboration and communication. Based on these findings the following recommendations are suggested:

- Develop an EBP collaboration plan at the system level to help disseminate the EBP mission and support to the providers. Collaboration is a way to exchange information between numerous organizations to help with problem-solving, understanding needs, and overall produce better outcomes. Collaboration efforts are intended to move systems away from traditional practices of power imbalance and towards a system that allows for shared authority. This results in greater achievements than could be attained by one organization working alone. Since no organization can operate in a vacuum, engaging system leaders and criminal justice staff in collaboration efforts will eliminate barriers, increase opportunities for success, enrich the change process, and create a shared vision that supports the systemic EBP efforts.
- Utilize diverse communication forums to disseminate EBP information (e.g., system meetings, trainings, websites, intranet, newsletters from leadership, emails, and memos). These forums can offer increased cross-site learning opportunities where leaders and staff can learn from each other and brainstorm.

Training

Both the summary of CPC evaluations and top priority areas derived from the focus group suggest that a more structured training process needs to be developed for leadership and organizational staff as well as new professionals coming into the system (i.e., university graduates in criminal justice). Recommendations related to training are as follows:

- System-wide training guidelines should be developed that include timelines, eligible participants, appropriate sequencing, and required types of trainings; ensuring that training is put in the context

of the CJAC’s mission, policy, and practice. For instance, what do leadership and organizational staff need to know regarding EBP practices and how should those knowledge and skills be used?

- Incorporate EBP into the existing site training standard operating procedures. It may be helpful to develop a training committee that reviews existing training protocols within Salt Lake County and determines how EBP training can be incorporated. It will be helpful for this committee to address areas of risk assessment administration and information dissemination, case planning, supervisor specific training, and overall development of an EBP training plan.
- A comprehensive EBP implementation plan is essential for the overall implementation and integration of EBP. A comprehensive plan should include EBP training in key areas such as understanding: Risk, Needs, Responsivity and Program Fidelity principles; criminogenic risks and needs; administering risk assessments; developing comprehensive case planning; cognitive behavioral techniques; quality assurance and improvement; data-driven decision-making; organizational leadership; and change management.
- Specific supervisor training is another core component to consider. Supervisors play a key role in the implementation of EBP. Training that includes coaching, mentoring, and modeling can help them build supervisory skills and support staff development. Suggested skills include observing and assessing staff skills, providing appropriate feedback, coaching skill development, managing change, and incorporating EBP proficiency into staff performance/evaluations.¹⁰

Conclusion

The information collected through this process should be used as the basis for moving forward. The stakes in Salt Lake County’s criminal and social justice system are simply too high not to apply EBP. EBP can improve the quality of individual programs, as well as the system, while increasing safety and satisfaction among employees and citizens. EBP is a wise investment and one well worth the hard work required to successfully implement this new approach.

As the partnership between the CJAC and the UCJC continues, it will be important for the two organizations to collaborate to build a workplan that incorporates the above recommendations and find ways to overcome barriers that could potentially impede Salt Lake County from becoming an evidence-based system. The UCJC has also learned valuable insight as to how we can improve our own process to better support the needs of CJAC and criminal justice providers.

¹⁰ The Supervisors Leadership Academy (SLA) is designed to prepare first line community corrections supervisors for their new role as “change leaders” in an agency utilizing an EBP approach. The curriculum was developed by Nancy Hoffman, Christine Ameen, and Jennifer Loeffler-Cobia (2010). *Supervisors Leadership Academy: Cultivating an Evidence-Based Organization Collection*. National Institute of Corrections. <http://nicic.gov/Downloads/PDF/Library/024836>

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APPENDIX A. Evidence-Based Practice – Quality Improvement Process: Nine Stages

Evidence-Based Practice – Quality Improvement Process: Nine Steps

Stage One: Leadership EBP-QIP Overview

Providers will attend an EBP-QIP overview training. By providing EBP-QIP Overview training we ensure that each provider has a general background in the principles of effective intervention and UCJC's quality improvement process. This first step allows for providers and UCJC researchers to communicate better throughout the process and gives providers an understanding of what to expect throughout their work with the UCJC. This step introduces to providers the availability of UCJC's coaching services, as well as tools and resources; while also facilitating mentoring and peer support opportunities, thus maximizing the learning of participants and the retention of the concepts presented.

Stage Two: Assess EBP Adherence

Adherence to EBP will be assessed. To assess EBP adherence the UCJC quality improvement team has been trained to use the Correctional Practice Checklist (CPC).¹¹ The CPC is a tool developed to assess correctional intervention programs, and is used to ascertain how closely correctional programs meet known principles of effective intervention.

The CPC is divided into two basic areas; content and capacity. The capacity area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for both youth involved in the juvenile justice system and adult offenders. There are three domains in the capacity area including: Leadership and Development, Staff Characteristics, and Quality Assurance. The content area focuses on the substantive domains of Offender Assessment and Treatment Characteristics, and the extent to which the program meets the principles of risk, need, responsivity, and treatment. There are a total of seventy-seven indicators, worth up to 83 total points that are scored during the assessment.

Once a program has been assessed by the UCJC team a program evaluation report is developed that is used to guide the program in their quality improvement focus areas (i.e., an EBP roadmap).

Stage Three: EBP Adherence Report Feedback from Leadership

To provide an opportunity for providers to understand the CPC program evaluation report, the UCJC team reviews report findings with program leadership. This time allows providers to ask questions and start thinking about how they will develop their quality improvement team and use their process data to determine improvement areas of focus.

Stage Four: Develop Quality Improvement Team

Improving the quality of interventions is not a “one-person task” so a quality improvement (QI) leadership team must be developed to share the work. Teams typically consist of five to seven people. One person will act as team leader throughout the process to facilitate internal team meetings, monitor timelines, and manage progress.

¹¹ The CPC is modeled after the Correctional Program Assessment Inventory developed by Gendreau and Andrews; however, the CPC includes a number of items not contained in the CPAI. In addition, items were deleted that were not found to be positively correlated with recidivism.

QI Team members should be from different departments/levels within the organization and be familiar with the selected intervention(s). Team members could include, for example, an administrator, a staff member trained to facilitate the intervention, supervisors, and others who work with clients participating in the intervention (e.g., teacher, counselor).

QI Team members must dedicate time to participate in the process, including reviewing the CPC program evaluation report, developing and implementing QI plans, developing data collection plans, and monitoring plans for implementation and improvements.

Stage Five: Develop EBP Program Logic Model

In order to develop a sustainable EBP-QIP, providers must clearly define and operationalize their interventions. To do this, a structured logic model must be developed. The logic model focuses on three primary areas: 1) *Who* is the population being targeted (e.g., what risk factors do the clients possess); 2) *How* are the services provided (e.g., Aggression Replacement Therapy); and 3) *What* outcomes are expected? Information obtained from the CPC program evaluation is used to develop a QI plan to address the areas that need attention.

Stage Six: Implement an EBP Quality Improvement Plan

An EBP Quality Improvement (QI) Plan is implemented. The EBP QI Plan is a detailed, and overarching organizational work plan that outlines service quality improvement activities based on recommendations from the CPC program evaluation. It includes essential information on how providers will manage, deploy, and review EBP throughout the organization. The QI plan is developed by the QI Team and disseminated throughout the organization. It is updated regularly to reflect what the organization is doing to better adhere to EBP. A QI plan generally outlines the specific EBP focus areas for the current and subsequent calendar years.

Stage Seven: Develop Outcome Data Collection Plans and Collect Outcome Data

Based on EBP program logic models, data collection plans will be developed as part of providers' overall QI plans. The UCJC team will provide introductory level information for outcome data collection plan development, along with resources for outcome data collection tools.

Stage Eight: Incorporate Feedback Loop and Review Process

Providers incorporate a monthly QI meeting to review and monitor QI plan activities, continually review outcome data, and identify where intervention strengths exist and where improvements are needed.

Stage Nine: Re-Assess EBP Adherence

Adherence to EBP will be re-assessed. Using the CPC as a post evaluation, adherence will be re-examined by UCJC team to determine where EBP adherence was enhanced and where areas are still in need of improvements.