



THE UNIVERSITY OF UTAH

Utah Criminal Justice Center

COLLEGE OF SOCIAL WORK
COLLEGE OF SOCIAL & BEHAVIORAL SCIENCES
UTAH COMMISSION ON CRIMINAL & JUVENILE JUSTICE
S.J. QUINNEY COLLEGE OF LAW

Utah Department of Corrections

Evidence-Based Practice Adherence Summary Report

Prepared For:

*Utah Commission on Criminal
and Juvenile Justice
and*

Utah Department of Corrections

Utah Department of Corrections

Evidence-Based Practice Adherence

Summary Report

Jennifer Loeffler-Cobia, M.S.

Rob Butters Ph.D., LCSW

January 2015

Utah Criminal Justice Center, University of Utah

Table of Contents

	Page
Table of Contents	i
Acknowledgements	ii
Introduction	1
Background	2
Evidence-Based Practice - Quality Improvement Process	3
Correctional Program Checklist	4
Description of the Five Participating Programs	7
Methods	10
Evidence-Based Practices Adherence Program Evaluations	10
Program Director Focus Group.....	11
Results	13
Summary of Evidence-Based Practice Adherence Evaluations	13
Summary of Program Director Focus Group Findings	22
Recommendations and Impact on Utah Justice Reinvestment Initiative	29
Areas for Future Consideration	34
Conclusion	34
References	36
Appendices	
Appendix 1. EBP-QIP: Nine Stages	38
Tables	
Table 1. Types of Programs Assessed for CPC Development	6
Table 2. CPC Program Evaluation Dates	10
Table 3. Program Participation	11
Table 4. Focus Group Questions	12
Table 5. Consolidated Responses: Focus Group Question 1	23
Table 6. Consolidated Responses: Focus Group Question 2	25
Table 7. Consolidated Responses: Focus Group Question 3	27
Figures	
Figure 1. National Institute of Correction’s Principles of Effective Intervention	1
Figure 2. UCJC EBP-QIP Model	4
Figure 3. UDC 2014 Programs’ Area Adherence Avg Compared to National Avg ...	14

Acknowledgements

We would like to thank the Utah Commission on Criminal and Juvenile Justice (CCJJ), Utah Department of Corrections (UDC) and Craig Burr, UDC Director of Programming, for their ongoing support and for allowing the Utah Criminal Justice Center (UCJC) the opportunity to complete the Evidence-Based Practice (EBP) program evaluations with Utah prisons and jail programs, as well as entrusting UCJC to provide ongoing consultation and quality improvement technical assistance. We especially would like to thank the program directors and staff of the following eight prison and jail programs who participated and graciously hosted us during the evaluation site visits and who continue to work diligently on improving their programs to adhere to evidence-based practices: Draper Utah State Prison - ExCell, ConQuest, Sex Offender Treatment (STOP), Central Utah Correctional Facility - Helping Offenders Parole Effectively (HOPE), Programming Unit (CUCF-PU), Beaver Residential Treatment (BRT) at Beaver County Jail, FOCUS program at Kane County Jail, and SOTP at San Juan County Jail.

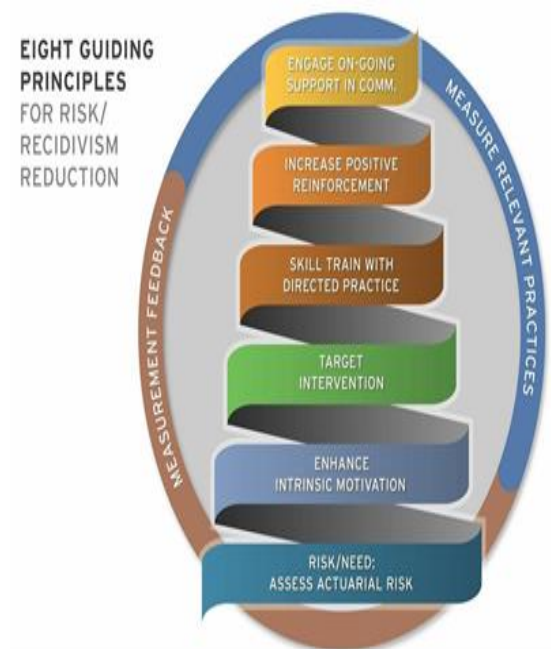
Introduction

According to the Bureau of Justice Statistics, in 2013, Utah released 94% of its prison population back into the community, meaning that these previous offenders are back working and living in society. With the majority of offenders returning to their communities, politicians, policy makers, program administrators, researchers, and government officials often ask “are our programs working to reduce recidivism?” That is, we want to know “is the money that we allocate to our prison and jail treatment programs providing the skills offenders need to be productive members of society and yielding positive results?”

So how do correction programs provide effective interventions to decrease recidivism? Current research points to eight principles that, when reflected in the system policies, procedures, and day-to-day work of community corrections agencies, increase the likelihood of offender risk reduction (Smith, Gendreau & Swartz, 2009). The eight principles are (see Figure 1. *National Institute of Correction’s Eight Principles of Effective Intervention*):

1. Assess Actuarial Risk/Needs;
2. Enhance Intrinsic Motivation;
 - Target Interventions Risk Principle: Prioritize supervision and treatment resources for higher risk offenders.
 - Need Principle: Target interventions to criminogenic (correlated to crime) needs.
 - Responsivity Principle: Be responsive to temperament, learning style, motivation, culture, and gender when assigning programs.
 - Dosage: Structure 40-70% of high-risk offenders’ time for three to nine months.
 - Treatment Principle: Integrate treatment into the full sentence/sanction requirements.
3. Skill Train with Directed Practice (e.g., use cognitive behavioral treatment methods);
4. Increase Positive Reinforcement;
5. Engage Ongoing Support in Natural Communities;
7. Measure Relevant Processes/Practices; and
8. Provide Measurement Feedback.

Figure 1. *National Institute of Correction’s Eight Principles of Effective Intervention*



However, building an evidence-based criminal justice system requires more than just having an understanding of the research that constructed these eight principles. It requires a commitment to fundamentally changing the way criminal justice organizations operate and the way that policy makers, funders, providers and other stakeholders work together. To invest criminal justice reform and make the commitment required, in 2014, Governor Gary Herbert introduced the Utah Justice Reinvestment Initiative¹ (UJRI) that called for a review of the current criminal justice system and will guide a strategic plan to decrease recidivism. As part of the UJRI review, the Utah Criminal Justice Center (UCJC) at the University of Utah was asked to evaluate prison and jail treatment programs on their adherence to these evidence-based practices (EBP) and provided technical assistance surrounding improving treatment practices. The Utah Department of Corrections (UDC) has worked assiduously toward the goal of having their treatment programs become evidence-based and contribute to the criminal justice reform efforts and overall improve public safety in Utah.

To this end, 5 prison and 3 jail treatment programs were selected to participate in a program evaluation and quality improvement process with UCJC to enhance their service delivery to be more consistent with EBP. This report is a summary of the eight program evaluations and results of a focus group conducted with program directors. This evaluation provides valuable information on where not only correction treatment programs can improve their practice, but where the Utah criminal justice system can improve as well. The recommendations provided in this report will act as a roadmap for sustainable implementation and replication of EBP in Utah and to develop a just, effective, and evidence-based system.

Background

To help support the UJRI, Utah Commission on Criminal and Juvenile Justice (CCJJ) asked UCJC to evaluate Utah's treatment programs in both their prison and jails state-wide on their adherence to EBP and provide ongoing quality improvement technical assistance. In January 2014, eight programs were selected by the UDC to participate in the process: Draper Utah State Prison - ExCell, ConQuest, Sex Offender Treatment (STOP), Central Utah Correctional Facility – Helping Offenders Parole Effectively (HOPE), and Programming Unit (CUCF-PU), Beaver Residential Treatment (BRT) at Beaver County Jail, FOCUS program at Kane County Jail, and SOTP at San Juan County Jail.

The method chosen to evaluate the programs was the *Correctional Practice Checklist (CPC)* developed by the University of Cincinnati. The *CPC* was developed to assess how closely correctional programs adhere to the known principles of effective intervention, previously mentioned, that have been shown to reduce criminal recidivism. The *Correctional Practice Checklist* sub-section of this report, on page 4, describes the *CPC* in greater detail.

¹ Utah State Governors Office http://www.utah.gov/governor/news_media/article.html?article=10239.

The primary reasons for this report are: 1) to summarize the program findings from the eight program evaluations conducted with UDC prison and jail programs in 2014, 2) to provide the findings of the program director focus group, conducted in January 2015, that explored benefits and barriers to the program evaluation and quality improvement process, and 3) identify key areas where the Utah criminal justice system needs to improve in order to better support the EBP endeavors of their programs. The final sections of this report, *Recommendations* and *Impact on the Utah Reinvestment Initiative*, integrate key findings from the *Results* section to further assist CCJJ and UDC in their development of an EBP strategic plan for reducing recidivism and safely control the growth in the state prison population.

Evidence-Based Practice - Quality Improvement Process

Purpose

The purpose of the *Evidence-Based Practice – Quality Improvement Process (EBP-QIP)*², 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 UDC prison and jail treatment providers to function more effectively by providing opportunities to clearly define their target population, the services delivered, and expected offender outcomes by *assessing, planning, monitoring, and making improvements* based on evidence/data. This process allows these individual providers and the criminal justice system the opportunities to put the evidence in their policies and practices and continually make evidence-based improvements.

Process

The *EBP-QIP* uses an organizational leadership approach to accomplish intervention improvements. The *EBP-QIP* acknowledges that the leadership and intervention staff are the experts in the services they provide to offenders. 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.

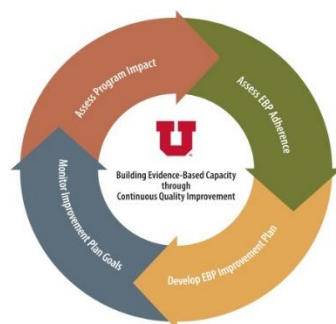
Change and improvements that the eight providers are making occur by following sequential steps that focus on establishing procedures, empowering staff, placing offenders first, and achieving a

² *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.

long-term organizational commitment to data-driven decision making (see Figure 2. *UCJC EBP-QIP Model* below). These steps include:

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

Figure 2. *UCJC EBP-QIP Model*



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 nine stages have been developed to build quality improvement capacity within provider organizations. Providers move through the stages at their own pace with technical assistance from the UCJC team. Program directors and other key personnel are enrolled in an online learning community called CANVAS. The providers are given access to research, best practices, discussions, and webinars using this platform. The provider's engagement and activity as they move through the *EBP-QIP* process is tracked using this system. These stages are used as an internal benchmark to track the progress of UDC programs 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
- 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)³

As the first step to implementing and sustaining EBP, previously mentioned, UDC prison and jail treatment providers were assessed on their current state of EBP adherence. To do this the UCJC

³ 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.

team was trained to use the *CPC*.⁴ 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 (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*.⁵ 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 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

⁴ 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.

⁵ 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.

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.⁶ 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.⁷ Approximately 7 percent of the programs assessed have been classified as “HIGHLY EFFECTIVE,” 17 percent “EFFECTIVE,” 31 percent “NEEDS IMPROVEMENT,” and 45 percent “INEFFECTIVE.”⁸ 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

Assessment Process

Program site visits were conducted at each of the eight 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

⁶ One of the purposes of this summary report is to address this limitation of the *CPC* and provide some system recommendations to UDC to assist individual programs in overcoming system barriers to meeting evidence-based principles.

⁷ Several versions of the CPAI were used prior to the development of the *CPC*. Scores and averages have been adjusted as needed.

⁸ The previous categories used were “very satisfactory,” “satisfactory,” “needs improvement,” and “unsatisfactory.”

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 (previously mentioned). Most providers are currently working on their logic models, implementation plan and making improvements.

Description of the Eight Participating Prison and Jail Programs

The following eight prison and jail programs participated in the program evaluations and subsequent quality improvement processes during the first year of the *EBP-QIP* process with UDC. 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 of this report describes primary program strengths and areas for improvement regarding system issues that arose across the eight programs evaluated.

1) Beaver Residential Treatment (BRT)– Beaver County Jail

The BRT program is an inpatient substance abuse treatment program at the Beaver County Jail located in Beaver, Utah. The program serves males that are identified with substance abuse dependence. The BRT program is based upon a therapeutic community (TC) model and *Transtheoretical Model of Changes (TMC)* and provides individual and group therapy and behavioral modification classes. Through the course of time spent in the program, the residents participate in a vast array of substance abuse therapy, anger management, victim awareness, healthy decision making, personal growth, and responsibility. Residents are expected to participate in the program for a minimum of seven months (short term residents) to qualify for completion. However, residents identified to need more extensive treatment can participate up to eighteen months (long term) to qualify for completion.

2) ConQuest – Draper Utah Prison

The ConQuest program is an inpatient substance abuse treatment program at the Utah State Prison in Draper, Utah. The program serves males that are identified with substance abuse dependence; sex offenders and offenders with mental health issues are not eligible for the program. The ConQuest program is based upon a therapeutic community (TC) and Residential Substance Abuse Treatment (RSAT) model and provides individual and group therapy and behavioral modification classes. This model is designed to facilitate successful

re-entry through teaching responsible living. Residents are expected to participate in the program for a minimum of 12 months to qualify for completion.

3) ExCell – Draper Utah Prison

The ExCell program is a substance abuse treatment program at the Timpanogos Women’s Prison Facility in Draper Utah. The program serves women that are identified with substance abuse dependence. The ExCell program is based upon a therapeutic community (TC) and Residential Substance Abuse Treatment (RSAT) model and provides individual and group therapy and behavioral modification classes. This model is designed to facilitate a successful re-entry of women residents back into society by teaching responsible living. Residents are expected to participate in the program for a minimum of 10 months to qualify for completion.

4) FOCUS Program – Kane County Jail

The FOCUS program is an inpatient substance abuse treatment program at the Kane County Jail in located in Kanab, Utah. The program serves males that have been convicted of a sex offense that are also identified or “mapped” for substance abuse dependence by the State of Utah Draper Prison. The Kane County Jail is the only facility in the State of Utah that specifically targets this population. The FOCUS program is based upon a therapeutic community (TC) model and the *Transtheoretical Model of Changes (TMC)* and provides group therapy and cognitive behavioral modification classes. Through the course of time spent in the program, the residents participate in a vast array of substance abuse therapy, anger management, victim awareness, healthy decision making, personal growth, and responsibility courses. Residents are expected to participate in the program for a minimum of 12 months, with the average time spent in the program of 15 months.

5) Helping Offenders Parole Effectively (HOPE) – Central Utah Correctional Facility

The Helping Offenders Parole Effectively (HOPE) program is a secure correctional program for adult male offenders located in the programming section of the Gunnison Prison in Gunnison, Utah. The HOPE program is based upon a therapeutic community (TC) and Residential Substance Abuse Treatment (RSAT) model and provides individual and group therapy and behavioral modification classes. The HOPE program serves both volunteer and court-ordered substance abusing offenders, who do not have untreated mental health diagnoses.

6) Programming Unit – Central Utah Correctional Facility (CUCF-PU)

The CUCF-PU is a secure correctional program located at the Gunnison Prison in Gunnison, Utah. The CUCF-PU serves adult males that are within 24 months of being paroled and has been in operation for 6 years. This program is designed to transition offenders out of prison by providing them with the skills needed to be a productive member

of society. Offender's entrance into the program is based on their positive behaviors in other prison sections (e.g., no disciplinary write-ups) and motivation to work hard and learn new skills. Offenders in the CUCF-PU are provided opportunities to attend specialized skill building groups, education classes, and job training.

The CUCF-PU has been developed to target the primary criminogenic risk factors predictive of recidivism. Programming in the CUCF-PU is based on the 10 domains of the *Level of Service Inventory-Revised (LSI-R)*: criminal history, education/employment, financial, family/marital, accommodation, leisure/recreation, companions, alcohol/drugs, emotional/personal, and attitudes. As offenders enter the CUCF-PU, they are provided a Case Action Plan (CAP) based on LSI-R results. The CAP identifies their specific criminogenic treatment needs and specifies which groups and classes are most appropriate. The CAP also identifies goals for each offender to accomplish and tracks their progress.

7) Sex Offender Treatment Program (SOTP) – Draper Utah Prison

The SOTP at Draper Prison is an institutional-based, correctional program designed to provide sex offenders with the skills and information necessary to successfully transition back into the community after their release from prison. The SOTP serves both male and female offenders. All offenders in the SOTP are housed in 5 pods that are separate from the general population. In addition female sex offenders are housed separately from males in their own pod.

The SOTP is described as a cognitive behavioral therapy program with a strong relapse prevention component. Strength-based group therapy is the primary treatment modality in the SOTP. The Draper Prison SOTP is the state's primary SOTP and acts as the model used for developing the standards for other sex offender treatment programs in the Utah Department of Corrections (UDC) (San Juan and Sanpete Counties).

8) Sex Offender Treatment Program (SOTP) – San Juan County Jail

The SOTP at San Juan County Jail is a facility-based, correctional program designed to provide sex offenders with the skills and information necessary to successfully transition back into the community after release from jail. San Juan County Jail only houses male inmates. The jail itself has two separate housing areas. One area is solely for those engaged in SOTP. The other area is used to house criminal offenders who live in San Juan County. The inmates engaged in SOTP are placed in San Juan County as a result of a state contract for offender treatment.

Methods

Evidence-Based Practice Adherence Program Evaluations

Purpose

As previously mentioned, a limitation to the *CPC* is the tool does not take into consideration system issues that can affect the implementation of EBP. To address this limitation, the UCJC researchers aggregated *CPC* evaluation scores from the eight prison and jail 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 CCJJ and UDC 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 *CPC* evaluation dates for each program are provided below in Table 2. The methodology for identifying the strengths and areas for improvement for this summary report are as follows:

- Item scores for each of the eight *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 eight *CPC* domains: *Program Leadership and Development, Staff Characteristics, Offender Assessment, Treatment Characteristics, and Quality Assurance.*

Table 2. CPC Program Evaluation Dates

Program	Evaluation Date
Sex Offender Treatment Program (SOTP) – San Juan Jail	4/1/2014
Help Offenders Parole Effectively (HOPE) – Gunnison Utah Prison	4/28/2014
CUCF-PU – Gunnison Utah Prison	7/26/2014
Sex Offender Treatment Program (SOTP) – Draper Utah Prison	8/15/2014
ConQuest – Draper Utah Prison	8/20/2014
ExCell – Draper Utah Prison	9/24/2014
Beaver Residential Treatment (BRT) – Beaver County Jail	11/13/2014
FOCUS Program – Kane County Jail	12/11/2014

Program Director Focus Group

Purpose

To further understand EBP system issues that could be addressed by CCJJ and UDC, 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 eight participating UDC sites. 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 January 7, 2015 program directors and other administrative staff from each participating site 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 below in Table 3.

Table 3. Program Participation

Program	Number of Participants
Sex Offender Treatment Program (SOTP) – San Juan Jail	1
Help Offenders Parole Effectively (HOPE) – Gunnison Utah Prison	1
CUCF-PU – Gunnison Utah Prison	3
Sex Offender Treatment Program (SOTP) – Draper Utah Prison	1
ConQuest – Draper Utah Prison	1
ExCell – Draper Utah Prison	1
Beaver Residential Treatment (BRT) – Beaver County Jail	1
FOCUS Program – Kane County Jail	1
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 vote for their top five responses individually. Using simple vote counting this generates a rank-order result and prioritized list from the nominal process.

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 three hours, and had one facilitator and one note taker. 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 4 below 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 4. *Focus Group Questions.*

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

Overall, the focus group participants were representative of the eight UDC 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

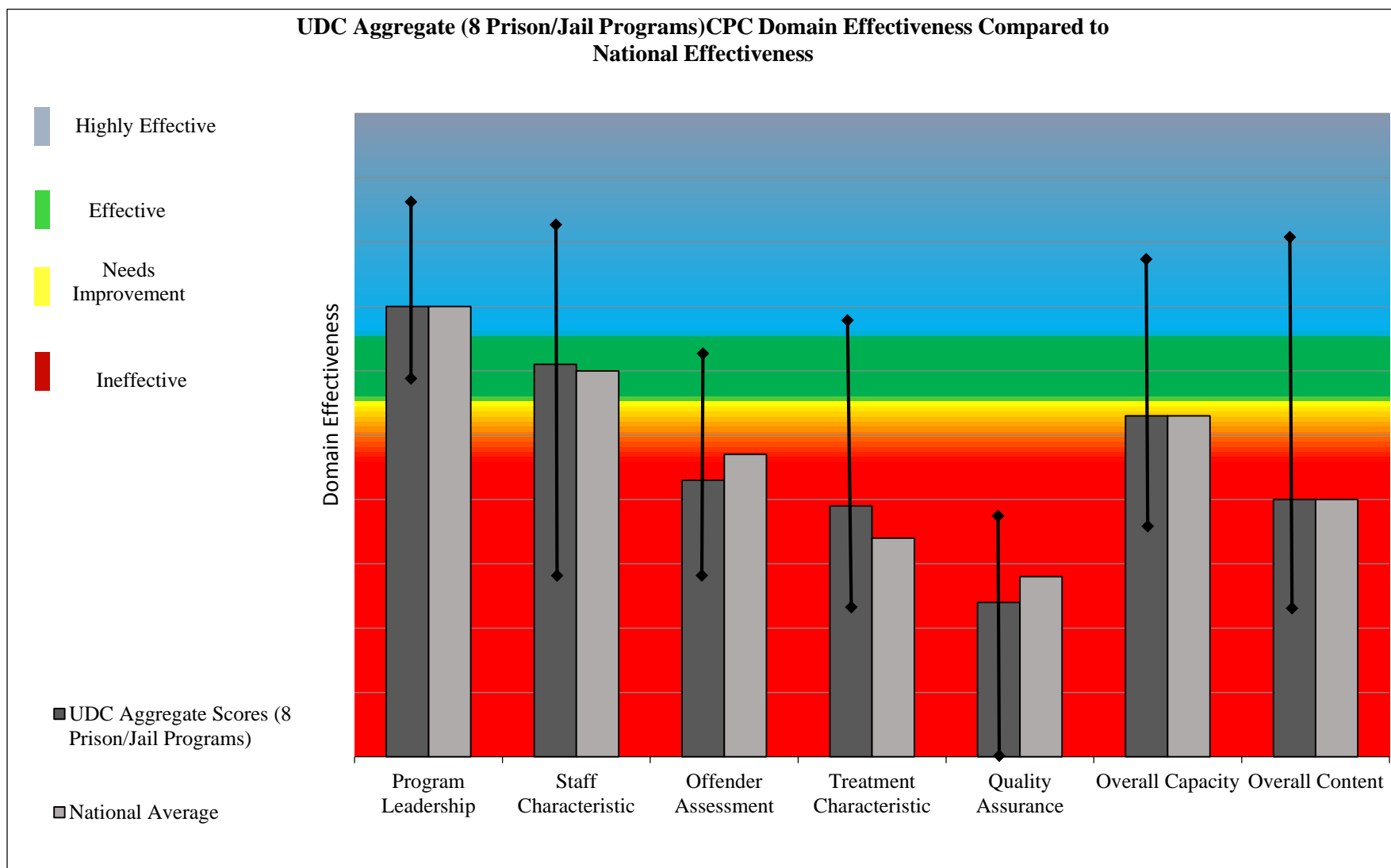
Summary of Evidence-Based Practice Adherence Program Evaluations

To assist the process of identifying areas where the eight UDC 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 CJJJ and UDC as to where system changes can be made to better support providers in their EBP endeavors.

Overall Capacity and Content

All eight of the UDC programs evaluated with the *CPC* during 2014 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 eight programs scored in the “Ineffective” range. All eight programs scored below the national average in *Offender Assessment*, while some programs scored higher than the national average in *Treatment Characteristics*. 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, understanding that not one program scored the low or high in all areas, each program varied in their strengths and areas for improvement. The *Staff Characteristics* and *Treatment Characteristic* domains displayed the greatest range between scores for the eight programs (i.e. some programs scored higher than others). See Figure 3 *UDC 2014 Programs’ Area Adherence Average Compared to National Average* (on the following page) for further details.

Figure 3. UDC 2014 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 CCJJ and UDC 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 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 eight 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. Also, most program directors were directly involved with some aspect of program implementation. This suggests a high level of dedication from the program directors and is vital to sustaining EBP.

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, training 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, make necessary modifications, and minimize intervention drift⁹. 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

⁹ The widening gap between the intended intervention and the taught intervention. The risk of this gap occurs when there is no process to monitor the changes that treatment providers make to their programs.

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'. This will also allow for changes to be tracked and monitored for impact studies on recidivism.

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 eight programs reviewed in 2014. Program staff overwhelmingly supported the goals and values of the treatment. The majority of staff also had over 3 years working with this population and the majority of programs had written ethical guidelines, including professional standards from outside groups (e.g., NASW).

Areas for Improvement

Not all staff providing interventions/treatment (either group or individual therapy) possess a degree (at least an Associates) in a helping professions (e.g., counseling, criminal justice, psychology, social work, addictions). As a system issue, hiring requirements should be reviewed and updated to ensure that staff hired to provide interventions/treatment to offenders have at least an associates in a helping profession. This should be consistent statewide, both urban and rural areas, and include contract employees.

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 EBP service delivery. This might include trainings on effective interventions, assessment instruments, and special populations. UDC 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 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 offenders and should include observations of EBP service delivery. The evaluation should provide feedback in the areas of intervention fidelity, 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.

Strengths

The UDC has adopted the *LSI-R* as their validated and standardized criminogenic risk and needs assessment tool and has been implementing this tool for the past eight years. Having the *LSI-R* already selected, along with existing developed trainings, will benefit UDC as they embark on the following areas for improvement. Also, it was apparent that all programs served offenders whom they believed to be appropriate for program services they offered.

Areas for Improvement

This domain had several areas for improvement across all eight programs evaluated as they all scored in the “Ineffective” range. However, one strength was that the programs served offenders whom they believed to be appropriate for their programs and the services that they offered, this was primarily 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 and placement decisions.

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 *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).

While the *LSI-R* is the adopted tool of UDC, most of the eight programs had only a general understanding of the *LSI-R* and could not articulate its purpose or where to find the information. In addition, not all offenders were administered an *LSI-R* at the entry of the program nor was it being used in treatment placement or planning. The current practice of *LSI-R* administration is Adult Probation & Parole (AP&P) administers the *LSI-R* at an offender's first conviction and entrance into the prison and/or jail and then develops a case action plan (CAP). This information, however, is not being updated as offenders re-enter prison/jail or translated into treatment plans by counselors, therapist, and/or group facilitators. In fact, *LSI-R* assessments that were found in offender files were conducted on an average of seven years ago, meaning that out-of-date assessment information was being used for treatment placement or planning, if at all.

It is recommended that the *LSI-R* be administered and utilized at key points in the system: 1) at initial contact with the criminal justice system, 2) change in programming (e.g. going from general population into a treatment program), 3) life-changing event (e.g. death of a family member), 4) at exit of a program, and 5) release from prison or jail.

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 motivation to treatment assessments such as the *Texas Christian University's Motivation and Treatment Needs (TCU MOT)* and *University of Rhode Island Change Assessment (URICA)*. Texas Christian University's Institute of Behavioral Research has also developed a number of assessment tools, including assessments that gauge psychological and social functioning, and treatment needs.

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.

Strengths

Programs exhibited a couple of strengths in this domain. Most of the eight programs 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).

Most of the programs utilized a cognitive behavior approach as an EBP to help offenders understand the link between their thoughts, feelings and behaviors. (Lipsey, Landenberger & Wilson, 2007).

All programs had developed clear completion criteria to determine when offenders had acquired the necessary skills to be eligible to exit the program. This is an important aspect of EBP when programs want to determine recidivism based on those that successfully completed the program compared to those that did not, or did not receive the program at all.

Areas for Improvement

Like the *Offender Assessment* domain, this domain has several areas of need across all eight 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. 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' CAP and 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 offenders. Because the programs did not consistently assess for risk and need and/or were using outdated *LSI-R* assessments, staff were not able to systematically identify high and low risk offenders and tailor placement and services accordingly. In fact, placement into programs was primarily determined based on available resources (e.g. open-beds) rather than risk levels and criminogenic treatment needs. Examples of such modifications include identifying other alternative for low risk offenders (e.g. community placement) or designated areas of the prison/jails and separating groups by risk, and offering more intensive or a longer duration of services to higher risk participants (please see the *Areas for Future Consideration* section of this report for other recommendations pertaining to this system issue). Likewise, the lack of utilizing a current *LSI-R* means that treatment is not individualized based on each participant's criminogenic needs. An updated CAP needs to be provided and utilized to develop individual treatment plans based on criminogenic needs.

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, UDC should prioritize the use and integration of the *LSI-R* throughout the system to improve recidivism rates, not just AP&P. 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 offenders based on available resources, 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 legislators, 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 to treatment. For example, staff who are more skilled in Motivational Interviewing (MI) should be partnered with offenders 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 by all staff (e.g. correction officers, therapist, group facilitators etc.) 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 to sustain their learned behavior change skills. The type and level of that care should vary based on participants' reassessed *LSI-R* 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 offenders near program exit will help determine which types of aftercare services the criminal and social justice system should provide. As 46% of offenders will return to Utah prisons and jails within three years¹⁰, the system should review current aftercare resources available, identify gaps, and re-allocate resources to provide this need.

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 eight programs. All of the programs would benefit from strengthened internal quality assurance and improvement 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 UDC should support directors and programs in making these quality improvement 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 offender 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 improvement data from participants. A few of the programs also reassessed offenders on meeting target behaviors, however, not with the use of the *LSI-R*. It is recommended that all programs use the *LSI-R* to collect criminogenic target behaviors that their program is specifically addressing (e.g., substance abuse, anger management) at baseline and exit (if not more frequently) to track progress. This information can then be used for outcome studies to determine a correlation between behavior change and recidivism.

Another area to improve is conducting more regular program evaluations for all programs statewide, urban and rural. Formal evaluations that include a matched comparison group should

¹⁰ Utah Commission on Criminal and Juvenile Justice: Justice Reinvestment Report. November 2014.

be conducted every few 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. Monitoring recidivism of participants is an especially important piece of continuous quality improvement. To improve the outcome evaluations in the future, it is recommended that the UDC work with their research department, and other outside agencies, 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 UDC would be wise to utilize their research department and shared data systems to build reports that allow programs to track their participants' criminogenic need changes and post-exit recidivism.

Summary of Program Director Focus Group Findings

To further understand EBP system issues that could be addressed by CCJJ and UDC, the UCJC researchers also conducted a qualitative study on the program evaluation and quality improvement process with the eight UDC sites that participated in the EPB-QIP. 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 CCJJ and UDC could address in the UJRI strategic plan and 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 January 7, 2015. 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* subsection 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 not only did the program obtain information on their adherence (i.e. strengths and weakness) to EBP, but that the follow-up technical assistance was crucial to its' sustainability. Participants express that all too often in traditional evaluations they are left not knowing how to address the recommendations. They appreciated the resources they have been provided and committed to the process of improving not only their programs but the criminal

justice system as well. Participants viewed the process as a way to gain an unbiased research-based perspective that can justify the imperative changes needed for program and system reform. 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 5 (below) provides a comprehensive representation of what participants viewed most helpful with the process and highlights the top 5 areas they viewed as most beneficial.¹¹

Table 5. 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
Follow-up quality improvement technical assistance meetings	9
Being evaluated to find the strengths and weakness of each program	6
Resources that are provided (e.g. EBP experts and CANVAS)	6
Universal perspective on the evaluation – inclusive of staff, correction, inmates and case managers	6
Having an outside perspective – unbiased researched-based evaluation	4
Justify improvement/changes	3
Liked information about best practices	3
The validation of the EBP strengths and weakness in each program to help redirect efforts and resources	3
Been motivational for staff – creating a new environment	2
Program evaluations come from EBP experts and a credible University	2
Felt the evaluation was low pressure – did not feel the expectation that they did not want the program to be a perfect program	2
Flexibility to pick the recommendations they can work on and not overwhelming	2

¹¹ Responses that are listed with “0” votes in Table 5 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.

Provides baseline data	2
Liked national comparison	2
Evaluation created a team approach	2
Systemic look – state wide, comparative aggregate look	2
Created to opportunity to develop EBP quality improvement plans – this helps each program track progress	1
Prep work that the leadership was already sold on the process – endorsement/supported	1
System Improvement to support programs efforts	1
Provided a draft evaluation – open to feedback and made the most accurate report	0
Formalizing trainings	0
Being held accountable for the work each program implements	0
Needed statewide review of our programs	0
Open conversation about best practice about treatment	0
Working with UCJC and being flexible with schedules	0
Getting inmate feedback	0
Growing process that educates the staff on EBP	0
More irrefutable than any other evaluation by providing a different view (not just the department view)	0

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

Focus group participants also offered numerous ideas of how the *CPC* program evaluation and quality improvement process could be improved to better support the providers' implementation of EBP and system change efforts. A couple of themes emerged from the participant responses. First, providers were unclear of the purpose of the evaluation in the beginning of the process. They

suggested that more communication be provided from UDC to provide more information upfront of their expectations with this type of process. They also felt that the evaluation covered a lot of information in a short period of time. They would have like to have the evaluation spread out over a few days rather than one to two. This also included having the director interview last 2-3 hours in one day; spreading it over more days may be the more ideal situation.

Second, participants reported that they were evaluated on areas that were out of their control. For example the use of a validated risk and needs assessment (e.g. *LSI-R*). Some programs felt that since they have never had assessment training, or in some instances had not heard of the *LSI-R*, it was unfair to hold them to this standard. Participants reported strongly that if they were going to embark on change within their programs then it is equally important for the system to move in the same direction for unified support and consistency.

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 6 (below) 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 6. 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
The director interviews were long	5
Didn't know what we were being evaluated on at the beginning of the process	5
Over emphasis on the <i>LSI-R</i> as the risk and needs assessment tool	5
Timelines on improvement tasks could be helpful	4
A lot scheduled in short period of time to obtain the evaluation information	4
Being evaluated on areas that are out of the programs control	4
Still don't know what we are trying to accomplish	4

Prep before the CPC evaluation is stressful	4
More involvement in inmate selection for security	4
Don't have the time to address the QIP/goals	3
Need retraining on CANVAS	3
Report (draft) didn't capture what director said	2
Some expectation are not realistic	2
Evaluation is too "black and white", there are no in-between areas for accomplishing portions of evaluated areas	1
The CPC evaluation doesn't accept for real world programing	1
Some CPC evaluators don't have real world experiences (e.g. students and research assistance)	1
Did not include clinical director	1
Staff changes were disruptive	1
Signing releases/developing release for inmates when participating in the evaluation	0
Scheduling/re-scheduling for the evaluation date	0
Initially the perception was an audit/critical	0

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 the lack of a continuum of care process that includes aftercare (i.e. release from prison or jail), assessing offenders properly on risk levels and criminogenic factors for better placement decisions (e.g. low risk offenders to community placements or designated area of the prison/jail), lack of collaboration among state agencies, and poor information sharing; to include risk assessment and case planning information.

Second, it should be noted that most of the primary themes had tied votes among most participants, leaving other areas for system change that were also voted on by the majority of the participants. These other priority areas address that more treatment needs to be developed in the community for offenders before they are sentenced to prison/jail, daily funding rates do not provide the necessary resources to implement EBP, and a proper Memorandum of Understanding (MOU) needs to be developed between UDC and county contract staff that address the implementation of EBP.

Last, participants also identified training needs for administration, staff, and stakeholders for EBP sustainability. Participants expressed that current UDC training is initially provided, but lacks follow-up training to ensure continued skill development.

These areas are quite common when trying to change the system to become an evidence-based system.¹² 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 7 (below) 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 7. 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
Lack of continuum of care	7
Need proper assessment to determine placement	7
Lack of collaboration among internal agencies (e.g. clinic and programming, SA, MH, Medical)	6
Poor information exchange - no access to WebTracks - assessments, clinical, treatment plans, there is also a delay in WebTracks	5
Department needs to improve TA around databases/information sharing	5
Consistency in appropriate access to appropriate data bases (e.g. WebTracks, MTrack etc.)	5
Can't get AP&P to provide documentation (e.g. assessment case plans, discharge plans)	5

¹² 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>)

Need more treatment focus in community before and after prison	4
Funding daily rate too low	4
Need MOU/agreement for treatment needs w/ county and UDC – results in use of contract staff	3
No recidivism data for jail programs and information given back to programs for improvements	3
More space for to provide EBP treatment within the prison and jails (e.g. not mixing populations)	2
Need segregated pods for programs	2
Need to be able to segregate low/mod/high risk offenders	2
Need to be able to assess low/mod/ high consistently and on a regular schedule (e.g. entrance and exit of programs)	2
Lack of training - good at first then training drops off – no booster sessions	2
Not enough funding/resources to implement changes from the CPC evaluation	2
Too many people in prison and jail do not receive treatment	2
Poor decision making for program placement of offenders	1
Need to assess and place in programs based on motivation/readiness to change	1
Programs seems to be a low priority – lack of additional funding	1
Need up to date EBP interventions and resources to fund training, materials, curriculums etc.	1

Recommendations and Impact on the Utah Justice Reinvestment Initiative

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 justice must rally all stakeholders as partners to work toward a common mission that is measurable and realizes outcomes including criminal recidivism.

Recommendations

The CCJJ, UDC and eight criminal justice programs participating in the *EBP-QIP* 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 Utah criminal justice system is definitely taking the “road less traveled.” To assist CCJJ and UDC with improving their system by adhering to and sustaining EBP, the following primary recommendations have been developed, along with their impact on the UJRI:

Please note that recommendations 1-4 are based upon EBP system implementation changes while recommendation 4 is based on policy changes, both types of system changes need to exist to sustain EBP.

1) Continuum of Care

The *CPC* evaluation aggregate summary showed only 25% (N=2) of the programs provided aftercare once offenders completed the program. However, these services were provided while offenders were still in prison/jail. None of the programs identified any services for follow-up care post-release or structured practice. In coordination with these findings, focus group participants also identified a dearth of resources pertaining to aftercare services once offenders are released from prison as their highest ranked system issue. Based on these finding the following recommendations are suggested:

- Treatment services should be provided in prison/jails and then continued in the community to help maintain learned skills in real-world environments. Providing for a continuum of care is one systemic process to decrease the length of time offenders receive treatment while incarcerated, while increasing the length of total treatment by having offenders participate in different phases of treatment. The concept of a continuum extends the length of treatment while adjusting the intensity of the services based on the progress of the offender. The continuum of care model provides the offender with longer stays in treatment, supporting the new skills learned, while reducing the costs of delivering services

during prison/jail sentence. The UDC should explore different continuum of care models and review where resources can be reallocated to support the development, implementation, and sustainability.

- A system case management approach should be adopted. Currently, AP&P is perceived as an individual function of three moving parts: the supervision/incarceration (e.g. prison/jails), the treatment provider (e.g. counselor, therapist, group facilitator), and AP&P, rather than a system function. When case management services are viewed separate from the other system parts it creates confusion on conflicting treatment goals and expectations of the offender, ultimately hindering their overall treatment and desired outcomes. This was apparent during this review; *LSI-R* and CAP information are not being disseminated to treatment providers or used in treatment planning. Nor does a follow-up *LSI-R* get completed with a corresponding discharge plan for aftercare. A system case management approach integrates these interconnect parts by providing a seamless continuum of care for the offenders.

Impact on the Justice Reinvestment Initiative

In conjunction with the November 2014 UJRI report, findings from this evaluation support the following three CCJJ recommendations pertaining to continuum of aftercare development, implementation and sustainability:

- Recommendation 9: Expand treatment services;
- Recommendation 11: Establish standards for recovery and reentry support programs; and
- Recommendation 12: Enhance transition planning, supports, and services for offenders returning to their communities

2) *Training*

In regards to EBP specific training (e.g. *LSI-R*, treatment planning, interventions etc.), only 12% of the programs (N=1) reported providing initial EBP training to staff, furthermore, making on-going EBP training non-existent. While EBP training was not listed as one of the top ranked priority areas, it is a systemic approach to addressing areas that were highly ranked, such as how to utilize the *LSI-R* for proper offender program placement and lack of understanding of information sharing resources. These finding suggest that a more structured state-wide training process needs to be developed for leadership and organizational staff as well as new professionals coming into the system (e.g., university graduates in criminal justice). The following recommendations are suggested:

- 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 UDC'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?¹³

- 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.¹⁴

Impact on the Justice Reinvestment Initiative

In conjunction with the November 2014 UJRI report, findings from this evaluation support the following three CCJJ recommendations pertaining to EBP training for staff, leadership, and other stakeholders:

- Recommendation 2: Revise criminal history scoring to avoid double-counting and limit factors to those most relevant to the risk of re-offense;
- Recommendation 10: Establish treatment standards and certification; and
- Recommendation 17: Provide enhanced training for decision makers and community supervision officers

3) Quality Assurance and Improvement

Among all eight programs scored in the “Ineffective” range for quality assurance and improvement practices, meaning practices were very limited, some programs not implementing any practices at all. The focus group participants also pointed out that data is not accessible to them pertaining to risk levels, criminogenic changes (i.e. *LSI-R* reassessments) and/or recidivism rates. Quality assurance and improvement is imperative to monitor how well Utah’s criminal justice programs

¹³ The *Evidence-based Practice Skills Assessment (EBPSA)* is a self-report measurement tool designed to gauge the extent to which correctional staff demonstrate the skills necessary to successfully implement Evidence-based Practices (EBP) and can be used to develop training needs. The *EBPSA* was developed by Christine A. Ameen and Jennifer Loeffler-Cobia (2010). *Evidence-Based Practices Skills Assessment for Criminal Justice Organizations*. Washington, DC: National Institute of Corrections.

¹⁴ 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, (2010). *Supervisors Leadership Academy: Cultivating an Evidence-Based Organization Collection*. National Institute of Corrections. <http://nicic.gov/Downloads/PDF/Library/024836>

are functioning, how effective they are, cost benefit, and to drive data-driven decisions. Based on these findings the following recommendations are suggested:

- Communication and Collaboration:
 - 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.
 - The UDC may want to explore resource options of developing an EBP Coordinator position to help train, disseminate, and monitor EBP information and data.
- Training:
 - 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 UDC and determines how EBP training can be incorporated. It will be helpful for this committee to address areas of *LSI-R* administration and information dissemination, case planning, supervisor specific training, and overall development of an EBP training plan.
- Information Sharing:
 - Review the current data collection systems (e.g. WebTracks, MTracks) to determine 1) what data is available, 2) what information needs to be shared, 3) what staff need to have access to necessary information and for what purpose, 4) what laws prohibit information sharing (e.g. HIPAA), 5) where are the gaps in information sharing (i.e. what additional information is needed), and 6) avenues to train and disseminate information.
- Data Collection and Performance Measurement:
 - Obtaining and interpreting quality data are essential components for informed decision-making, strategic planning, and service delivery monitoring at all levels of the criminal justice system. It is vital that each program, regardless of rural, urban contract, or state have access to high quality data in order to plan for improvements to service. In fact in this era of accountability and system reform using EBP, it is imperative that UDC create environments where data-driven decision making is standard practice. UDC should ensure that programs state-wide have access to at a minimum *LSI-R* change score data and recidivism. Success in

demonstrating positive outcomes does not lie with the amount of data that is collected, but rather with the quality of those data and how UDC uses it.¹⁵

Impact on the Justice Reinvestment Initiative

In conjunction with the November 2014 UJRI report, findings from this evaluation support the following CCJJ recommendations pertaining to EBP training for staff, leadership, and other stakeholders:

- Recommendation 18: Require collection and reporting of key performance measures and establish oversight.

4) Policy Development

Evidence-based practice policy development is a keystone in developing Utah's criminal justice system into an EBP system. Without proper policy development, staff, leadership, and stakeholders, often become confused and frustrated about the services and implementation modality they are to provide. This was apparent in the variation of treatment being provided among the eight programs evaluated. For example, some programs obtained *LSI-R* information, while other programs did not know the tool existed, some staff had received EBP skill training, while other programs had not been afforded training opportunities, and the variation between what state employees understood about EBP versus contract employees. Based on these findings the following recommendations are suggested:

- Development and/or modification of the state's criminal justice EBP policies in the following areas:
 - Training Requirements: all employees, including contract staff, providing treatment services to offenders should be required to participate in at least 40 hours of training per year that is *specific to EBP implementation*. For example *LSI-R* administration and utilization, case planning, EBP treatment modalities, aftercare, and quality improvement.
 - LSI-R Administration and Utilization: administration and of the *LSI-R* should be consistent across all prison and jail programs state-wide. This includes initial assessments, follow-up assessments, program placement, case planning utilization, and discharge planning for aftercare.
 - Information Sharing: *LSI-R* and other assessment information, case plans, and discharge plans needs to be accessible for staff involved in offender treatment (this includes AP&P, administrators, group facilitators, treatment providers, and aftercare providers).

¹⁵ The Criminal Justice Intervention-Quality Data Assessment Tool is designed to assess criminal justice data collection practices on both service delivery and offender outcomes and identifies areas of strength and improvement. The assessment developed by Jennifer Loeffler-Cobia, (2011). *Criminal Justice Juvenile Justice Intervention-Quality Data Assessment Tool*. National Center for Juvenile Justice.

- Continuum of Care: Corrections-based treatment policy should emphasize a continuum of care model (from institution to community) with high quality programs and services.
- Hiring Practices: Hiring protocols should include searching for employees with the necessary skills to implement EBP. This should include state, contract, full-time, and part-time employees. There appears to be significant differences between the skills and experience of full-time UDC employees and many of the part-time contracted staff. While a number of the contract staff had experience, a number of contracted service providers that had little experience, had much less training, and had little knowledge or access to key pieces of information like the *LSI-R*. Contract staff, whether full or part-time, should be held to the same levels of experience and training as UDC staff. Also, a Memorandum of Understanding (MOU) should be developed between UDC and county contract staff that address the requirements surrounding implementation of EBP.

Areas for Future Consideration

As part of the UJRI, in 2014, the Utah Legislature voted to relocate the Utah State Prison in Draper. The Prison Relocation Commission is in the process of identifying a suitable site to relocate the prison. The relocation plan will be presented to lawmakers during the 2015 legislative session.¹⁶ This relocation not only provides the opportunity to identify the new location of the state prison, but the opportunity to build a facility that is conducive with the principles of effective intervention (outlined in the *Introduction* section of this report). Current prison space does not support the risk principle (separating low risk offenders from high risk offenders), the treatment principle (providing treatment that targets all criminogenic risk factors), nor the responsibility principle (getting offenders ready for treatment). As the new prison is being relocated and designed it will be imperative to consider how the prison can support the implementation of these empirical principles.

Conclusion

With the majority of offenders returning to the community it is imperative that effective evidence-based policies and practices are vetted and implemented in the Utah criminal justice system to decrease recidivism and offenders returning to Utah's prison and jails. The CCJJ, UDC, 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 Utah criminal 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,

¹⁶ Information was obtained from the Utah Department of Corrections Prison Relocation Reports: <http://corrections.utah.gov/index.php/prison-relocation.html>.

and 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 CCJJ and UDC interested in high performance, the task is to understand how our criminal justice programs can sustain EBP implementation and replication and to truly become an evidence-based system. The Utah criminal justice system should be commended on their leadership to implement and sustain EBP and their continued efforts to evaluate for effectiveness and make improvement deemed necessary.

The information collected through this process should be used as the basis for moving forward. The stakes in Utah’s criminal 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 innovative approach.

As the partnership between the CCJJ, UDC, and UCJC continues, it will be important for the organizations to collaborate to build a workplan that incorporates the above recommendations and find ways to overcome barriers that could potentially impede the system 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 CCJJ, UDC, and criminal justice providers.

References

- Andrews, D. A., & Bonta, J. (2003). *The psychology of criminal conduct* (3rd ed.). Cincinnati, OH: Anderson Publishing.
- Andrews, D. A., & Bonta, J. (2006). *The Psychology of Criminal Conduct* (4th ed.). LexisNexis.
- Braucht, G. (2009). The fundamental “what works” principle: Responsivity. *Corrections Today*, 108-109.
- Carson, E. (2013). *Prisoners in 2013*. Bureau of Justice Statistics, U.S. Department of Justice. (Revised September 30, 2014).
- Gendreau, P. (1996). The principles of effective intervention with offenders. In A. T. Harland (Ed.), *Choosing Correctional Options that Work: Defining the Demand and Evaluating the Supply* (pp. 117-130). Thousand Oaks, CA: Sage Publications, Inc.
- Holsinger, A. M. (1999). *Opening the 'black box': Assessing the relationship between program integrity and recidivism*. (Doctoral Dissertation). University of Cincinnati, Cincinnati, OH.
- Lowenkamp, C. T. (2003). *A program level analysis of the relationship between correctional program integrity and treatment effectiveness*. (Doctoral Dissertation). University of Cincinnati, Cincinnati, OH.
- Lowenkamp, C. T., & Latessa, E. J. (2003). *Evaluation of Ohio's halfway houses and community based correctional facilities*. Cincinnati, OH: Center for Criminal Justice Research, University of Cincinnati.
- Lowenkamp, C. T., & Latessa, E. J. (2004). *Understanding the risk principle: How and why correctional interventions can harm low-risk offenders*. Cincinnati, OH: The Corrections Institute, University of Cincinnati.
- Lowenkamp, C. T., & Latessa, E. J. (2005a). *Evaluation of Ohio's CCA Programs*. Cincinnati, OH: Center for Criminal Justice Research, University of Cincinnati.
- Lowenkamp, C. T., & Latessa, E. J. (2005b). *Evaluation of Ohio's Reclaim Funded Programs, Community Correctional Facilities, and DYS Facilities*. Cincinnati, OH: Center for Criminal Justice Research, University of Cincinnati.
- Lipsey M, Landenberger N, Wilson S. (2007). *Effects of cognitive-behavioral programs for criminal offenders*. Campbell Systematic Reviews. 2007:6.
- Marlowe, D. (2012). *Behavior Modification 101 for Drug Courts: Making the Most of Incentives and Sanctions*. Alexandria, V.A.: National Drug Court Institute
- Smith, P., Gendreau, P., & Goggin, C. (2005). Correctional treatment: Accomplishments and realities. In P. Van Voorhis, M. Braswell, & D. Lester (Eds.), *Correctional Counseling and Rehabilitation* (5th ed.). Cincinnati, OH: Anderson Publishing.

Smith, P., Gendreau P., Swartz, K. (2009). *Validating the Principles of Effective Intervention: A Systematic Review of the Contributions of Meta-Analysis in the Field of Corrections.* *Victims & Offenders: An International Journal of Evidence-based Research, Policy, and Practice* Volume 4, Issue 2.

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).¹⁷ 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.

¹⁷ 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.

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.

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.