Treatment Alternatives to Incarceration Program

Process and Preliminary Outcome Evaluation

Criminal Justice Policy Council

State of Texas

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Summary of Evaluation Results and Recommendations

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Introduction

Based on the growing recognition of the relationship between substance abuse and crime and the potential of substance abuse treatment to impact one of the root causes of crime, the 72nd Texas Legislature established the Treatment Alternatives to Incarceration Program (TAIP).

TAIP was designed to link the criminal justice system and the treatment community in order to intervene in the substance abuse-crime cycle. Senate Bill 828 mandated the Texas Commission on Alcohol and Drug Abuse (TCADA) to establish and administer the TAIP program in each of the state's six most populous counties; Bexar, Dallas, El Paso, Harris, Tarrant, and Travis.

The basic operational design of TAIP involves three components: (1) referral from the courts or field probation officers of offenders whose criminal activity is related to substance abuse; (2) a screening, assessment, and referral agency (SAR) responsible for administering an initial screening test and conducting a clinical assessment, to determine severity of problem and appropriate treatment, and referral to treatment; (3) TCADA-funded treatment provider offering a continuum of treatment services for TAIP cases.

Senate Bill 828 required the Criminal Justice Policy Council (CJPC) to "evaluate the success of the TAIP" program. In order to meet that mandate and to provide timely information for the Fiscal Year 1994-95 funding cycle, a two-phase evaluation was designed. This report summarizes results from the first phase of the evaluation.

The first phase of the evaluation examines implementation issues during the period of June 1992 through December 1992 by conducting a process evaluation and reports preliminary results of an outcome evaluation. The outcome evaluation seeks to determine if TAIP is achieving its primary goal of reducing the criminal activity of chemically dependent offenders. Since the initial TAIP referrals entered TAIP treatment in June 1992, only a preliminary outcome evaluation could be conducted. The second phase of the evaluation, to be conducted during Fiscal Year 1994-95, will examine a one year follow-up of TAIP participants and contrast recidivism rates with a comparison group not receiving TAIP services. Additionally, numerous issues raised in the body of this report will also be examined in greater depth. This summary presents results of the process and outcome evaluations and makes recommendations based on these findings.

Process Evaluation

The process evaluation examined six areas in general :

(1) Screening/Assessment/Referral Process
(2) Location of Screening, Assessment, and Referral Agency (SAR)
(3) Communication Issues
(4) Treatment Variation
(5) Training
(6) TAIP Participant Surveys

Screening/Assessment/Referral Process

The clinical assessment process conducted by the SAR appears to be an effective process in allocating treatment resources.

Results

- In the preliminary evaluation, 38 out of every 100 referrals from the courts or field probation officers were screened or assessed as not needing or inappropriate for treatment.

- The preliminary analysis indicates that cases identified as not needing treatment have recidivism rates similar to the treatment population, supporting the assessment that treatment was not appropriate for this group.

Recommendations

- The effectiveness of the clinical assessment process for allocating TAIP resources suggests the applicability of this process to the 12,000 Substance Abuse Felony Punishment (SAFP) beds. The SAFP program currently requires the utilization of a screening instrument in the initial SAFP placement process. However, no local assessment process is required and discretion regarding the screening instrument and cut-off scores for referral suggest that significant percentages of inappropriate referrals and utilization of SAFP could occur. At a minimum, statewide assessment training and guidelines could assist in minimizing the inappropriate use of SAFP resources.

- The fact that over a third of referrals by criminal justice are assessed as inappropriate for TAIP suggests that research identifying this population and providing training designed to assist criminal justice referral sources in reducing referral error could be beneficial.

- It should be recognized that local Community Supervision and Corrections Departments (CSCD) use offender classification processes to determine appropriate levels and type of supervision required. Efforts to coordinate offender classification and substance abuse treatment needs could assist in improving the treatment matching process that appears to be related to successful outcomes (McLellan, 1983).

Location of Screening, Assessment, and Referral Agency (SAR)

Dallas and Tarrant TAIPs were selected for the preliminary evaluation because of differences in the SAR location. In Dallas, the SAR is a program of the Greater Dallas Council on Alcohol and Drug Abuse (the "Council"). The Tarrant SAR is a program of the Tarrant County Community Supervision and Corrections Department (CSCD). Since the SAR is the critical link between criminal justice referral sources and treatment, the SAR may be considered the core of the TAIP program and integral to program success. It was hypothesized that different advantages and disadvantages would be associated with SAR location in a "Council" or a CSCD.

Results

Analysis indicates a number of positive and negative factors are associated with a "Council" SAR and a CSCD SAR. These factors are described below.

- The SAR is responsible for establishing policies and procedures necessary for operating TAIP. This role was especially important in the initial stages of the program. In a relatively small agency like the "Council", the chain of command in decision making is relatively short and facilitated the process of policy and procedural changes. Another factor associated with SAR location and impact on implementation might be characterized as a problem of competing goals and priorities. Within the CSCD, TAIP constituted only one of many agency programs, and thus TAIP might be viewed as competing with other agency priorities and goals, which slowed agency response to implementation issues.

- The location of the Tarrant SAR in the CSCD seemed to facilitate communication between probation and treatment as well as accessing CSCD treatment resources like the Substance Abuse Treatment Facility at Mansfield and specialized substance abuse probation officers of the Drug Education Assessment Referral Service (DEARS).

- Actual physical location of the SAR unit also positively impacted the TAIP program in Dallas. The Dallas SAR is located adjacent to a Dallas court room and analysis indicates that the rate of court referrals (the preferred TAIP referral source) in Dallas had exceeded Tarrant in the initial stages.

Recommendations

- The autonomy of the SAR in development of policies and procedures is important in the implementation and operation of TAIP and should be a consideration in SAR awards.

- When practical, the actual physical location of the SAR should be connected to the court to aid in promoting working relationships with primary referral sources.

Communication Issues

In general, communication between criminal justice participants (probation officer, judges, and court administrators), the SAR, and treatment providers appeared to be satisfactory. Local TAIP Advisory Boards aided in reducing communication problems. Location of Tarrant MHMR treatment programs in the local CSCD offices certainly facilitated communications and working relationships. Some communication problems between Dallas treatment providers and local probation officers were indicated.

Recommendations

- Program co-location should be encouraged when feasible. Local workshops between treatment providers and criminal justice referral sources may aid in resolving communication and other issues.

Treatment Variation

Treatment varies considerably between Dallas and Tarrant TAIP and from treatment program to treatment program within the same treatment modality. Variation in group counseling size, counselor ratios, frequency and duration of treatment, treatment program and philosophy, are a few of the dimensions of variation. Because of differences in TAIP service delivery in Tarrant and Dallas (Tarrant use of DEARS to supplement TAIP contract services), comparisons between TAIP sites are somewhat problematic. Results reported here only indicate areas requiring further investigation.

Results

- The average number of hours per month of group counseling in outpatient programs in Dallas TAIP is approximately 20 hours versus approximately 4 hours in Tarrant TAIP.

- The differences in program requirements, reflected by duration and intensity of program specifications, is supported by the average billing for services delivered between June - December 1992 for intensive outpatient services for Dallas ($1,374) and Tarrant ($700). Examining average billing by ethnic group indicates considerable variation at both sites. Average billings for intensive outpatient services in Dallas for whites is $1,641 and blacks is $1,024. Average billings for supportive outpatient in Tarrant for whites is $484 and for blacks is $269. This suggests that retention in treatment by ethnicity is an area requiring attention. Analysis will examine if client factors and / or program factors are related to retention problems. Variation in treatment services and the relation of that variation to treatment outcomes should be examined.

Recommendations

- Vigdal (1990) notes that over programming and underprogramming of substance abusing offenders can yield negative results. Excessive programming can cause the offender to drop out of treatment, while insufficient programming may allow the offender to complete treatment without receiving sufficient intervention for change. To some extent treatment variation is a research question (to be addressed later) that attempts to determine optimum time in treatment. Efforts to promote retention and establish appropriate treatment length should be evaluated in future research. Variation in retention by ethnicity requires additional research to determine reasons for this trend and propose efforts to mitigate this problem. A survey of program drop-outs could be the initial stage in examining this problem.

- One of the premises of TAIP is that the power of criminal justice coercion can aid in placing and retaining offenders in treatment. Over 75% of cases placed in TAIP are in treatment for the first time. This would be supportive of this premise. However, it would appear that the method and utilization of criminal justice coercion (ranging from use of intermediate sanctions to revocation) would appear to be an informal process not articulated in policy or procedure. The result appears to be uneven use and sporadic effectiveness in promoting entry and retention in treatment. Additional attention on the use of criminal justice coercion in promoting entry and retention in treatment could increase program success. Workshops sharing effective techniques utilized by probation and/or treatment and efforts to coordinate this approach could be the initial step in this area.

Training

TAIP providers expressed desire for additional training in a number of areas. Training has been a major resource provided by TCADA and a number of these areas have already been addressed. Four major statewide trainings have been conducted: two trainings have been conducted by the National Judicial College; The National TASC Consortium provided a cross-training program, and an American Probation and Parole Association cross-training was held. Treatment providers expressed a desire to improve communications with probation officers. Additionally, variation in treatment philosophy and supervision was an area where there was a desire to work together to promote consistency. As an example of variation in treatment approaches, some probation officers want to revoke cases after a positive urinalysis while some treatment providers view a positive urinalysis as a sign of relapse requiring more treatment.

Recommendations

- Local workshops, similar to the statewide workshops, focusing on communication and treatment/supervision philosophy should be encouraged. TAIP licensing standards could specify a certain number of local workshop hours be required annually.

- Ongoing meetings with Advisory Boards and criminal justice treatment provider work groups could stress communication issues and TAIP philosophical issues.

TAIP Opinion Surveys

Surveys of clients, treatment providers, and criminal justice participants (judges, probation officers, and court administrators) were conducted by the Criminal Justice Policy Council to obtain opinions regarding the effectiveness of TAIP.

Client Survey Results

- While only 41% of clients indicated a positive first impression of treatment, 73% indicated they were more positive toward programs since starting treatment. About 80% of clients expressed the opinion that the counseling staff was very helpful and over 70% indicated treatment was helping.

- Client surveys indicated client readiness for treatment remained a problem for cases in treatment. Approximately 43% of respondents stated that they had used drugs or alcohol since starting treatment, and 57% expressed the opinion that they had some chance or a sure chance of using again. This would suggest that coercion into treatment does not also indicate readiness for treatment.

Recommendations

- Research to determine the relationships between criminal justice coercion, readiness for treatment, and treatment outcomes could aid in targeting treatment resources.

- One of the premises of TAIP is that early intervention in the addiction/crime cycle is the most effective time to impact this problem. Given referrals from courts after arrest and referrals from field probation, second phase research should examine outcomes by referral source as a test of the "intervention and timing" hypothesis.

Treatment Provider Survey Results

- Over 70% of treatment providers surveyed indicated good working relationships with probation and 60% indicated good relationships with the SAR. Treatment providers overwhelmingly believe their programs are effective (97%) and are satisfied with their workloads.

- Treatment counselors appeared to be qualified to perform their jobs (average 6.6 years experience/63% licensed or certified) and had backgrounds suitable for working with substance abusing offenders (51% recovering substance abusers/26% ex-offenders).

Criminal Justice Participant Survey Results

- Responses by probation officers and court officials indicated general satisfaction with communication between treatment providers, SAR staff, and criminal justice participants.

- One of the premises of TAIP is that early intervention in the addiction/crime cycle is the most effective time to impact this problem. Given referrals from courts after arrest and referrals from field probation, second phase research should examine outcomes by referral source as a test of the "intervention timing" hypothesis.

- Criminal justice respondents were asked to estimate the percent of TAIP referrals that would have gone to jail or prison if TAIP was not available. Tarrant respondents indicated only 19% of referrals would have gone to jail or prison without TAIP and Dallas respondents estimated 30%, indicating that one of the goals of the TAIP program, diverting cases from jail or prison, is not being achieved at a satisfactory level. However, TAIP is not just an in lieu of prison program it is also treatment for first time offenders. Difficulty in start-up, discussed earlier, may have resulted in easing of selection criteria.

- As indicated earlier, these results may also be mitigated by non-TAIP service delivery not captured in this study. For instance, the use of the DEARS program in Tarrant, to supplement TAIP - contract counseling, may impact outcome results. Phase II evaluation will seek to examine these interactions.

Recommendations

- Defining the goals and referral criteria of TAIP more explicitly may aid in targeting TAIP referrals appropriate for achieving TAIP goals. It should be recognized that intervening in the substance abuse/crime cycle to prevent criminal activity is the primary TAIP goal, with diversion from jail or prison to TAIP being a secondary means for achieving the primary goal.

Preliminary Outcome Evaluation

Recidivism studies utilize at least one year follow-up periods for examining recidivism, with three year follow-up preferred. In order to provide preliminary outcome data for TAIP, cases referred to TAIP during the June-August 1992 period were followed through January 1993 for a six month follow-up. Arrests reported to the Department of Public Safety were used at this time as the recidivism measure. However, longer term studies will also examine incarceration as a recidivism measure.

The present study examines a number of comparison groups to assess the impact of TAIP. As previously noted, treatment varies considerably from site to site in TAIP. In order to examine the impact of this variation two measures of treatment were developed. Traditionally researchers have used "length of treatment", based on the number of months clients receive treatment, as a measure of treatment. Length of treatment is based on billing for services received by TCADA. While treatment may have continued outside of TAIP funded programs, it would appear that this is not a significant influence on the outcome evaluation. Additional resources over time may allow for further assessment of post-TAIP treatment. A second measure, that will be referred to as "intensity of treatment", utilizes the total number of hours of group counseling received as the surrogate for treatment intensity.

Intensity of treatment may be operationalized better by including individual counseling and utilize hours per month as a measure when a larger sample size / longer follow-up period is available. Because the majority of TAIP clients were placed in outpatient counseling programs, the focus of the preliminary outcome evaluation examines supportive and intensive outpatient treatment. Again, it should be emphasized that the short follow-up period available and limited sample size preclude definitive statements regarding causal relationships between treatment and outcome. The preliminary evaluation provides an initial examination of these relationships and suggests a number of issues that merit further in-depth examination in the second phase of this evaluation.

Based on analysis, comparison groups are divided into: (1) cases receiving 0-2 months of treatment, and (2) cases receiving three or more months of treatment of outpatient services (as reflected solely by billing for services). Another treatment measure examines hours of treatment received (intensity of treatment) as reflected in outpatient group counseling hours. Groups are divided into (1) cases that were referred but did not complete intake into treatment (zero hours), (2) cases that received 1 to 40 hours during the follow-up period, and (3) cases that received 41 or more hours during the follow-up period.

Results

- Tarrant TAIP had a higher percent of cases in treatment for 3 or more months (length of treatment) than Dallas TAIP (Tarrant - 40%/ Dallas-32%).

- Dallas TAIP had a higher percent of cases receiving 41 or more hours of treatment (intensity of treatment) than Tarrant TAIP. Approximately 33% of Dallas cases referred to treatment received 41 or more hours of treatment in the follow-up period, while no cases in the Tarrant TAIP sample received that amount of treatment during the same follow-up period.

- These relationships for outpatient clients are true for both modalities of outpatient services, intensive and supportive, and simply reflect the differences in treatment requirements reported previously by Dallas and Tarrant treatment providers.

- Attending 10 hours of treatment per week may present more difficulty to a client than attending 1 hour per week, resulting in retention problems for high intensity programs. On a very limited scale this appears to have happened in Dallas versus Tarrant.

- These results suggest that the number of months clients remain in treatment may be impacted by the number of hours of treatment required by programs. In other words, retention in treatment programs (as reflected by months in treatment) may be affected by the hours of treatment required, especially by reluctant criminal clients. It would be logical to assume that barriers to remaining in treatment may result in program drop-out.

- This raises a number of issues, partially raised by Vigdal (1990), that have not been fully examined in the research literature. Are programs with high intensity treatment requirements counter-productive by forcing client drop-outs and failure that may not have occurred in lower intensity treatment? Conversely, can positive outcomes be achieved by programs with relatively low intensity of treatment requirements?

- The questions detailed above can be addressed in an outcome evaluation. Data available in the preliminary evaluation cannot establish causality in these relationships at this time, however, the data does suggest areas of importance for further investigations.

Preliminary Recidivism Results

- Cases remaining in treatment for 3 or more months had a 4% arrest rate in the follow-up period versus a 17% arrest rate for cases in treatment for 0-2 months. Results in Dallas and Tarrant TAIP were almost identical. This suggests that length of treatment, independent of intensity of treatment, is associated with reductions in arrest rates. Even though Tarrant outpatient clients, in the 3 or more months of treatment sample, received significantly fewer hours of treatment than the 3 or more months in treatment Dallas group, they had similar positive outcomes.

- These results suggest a number of inter-related questions. Can populations be identified that will remain in treatment under low intensity requirements and have positive outcomes? Can these groups be distinguished from groups that should be placed in high intensity programs? Do criminal justice clients have unique needs that require customization of treatment requirements to address those needs?

- Use of cases selecting not to participate in treatment raises questions of whether treatment is responsible for reducing recidivism or the type of clients entering or not entering treatment is the source of difference. Analysis by age group, client's assessment of treatment need, severity of substance abuse problem, and similar variables suggests treatment is associated with reduction in arrests and not client selection characteristics.

Recommendations

- Analysis in Phase II of the research should be conducted to determine the relationships between the treatment measures of length of treatment and intensity of treatment, and the relationship of these measures to program retention, treatment outcomes, and measures of recidivism. These analyses will examine the interaction of these variables as they are impacted by the use of criminal justice coercion. Also separate analyses regarding the impact of detoxification and residential programs are necessary.

- Measures of treatment should utilize additional data to more effectively operationalize these terms. Incorporating hours of individual counseling, non - TAIP treatment, and standardized units, such as hours / month will allow more explicit analysis of the relationships between client factors and programs factor associated with participation in treatment.

- Second phase research will seek to utilize waiting list cases as a comparison group to mitigate self-selection problems of current comparison groups. This would clarify causal relationships regarding treatment impact on recidivism.

Summary

The basic premise of TAIP, that treatment of substance abusing offenders can reduce criminal activity, appears to be supported by this preliminary analysis. However, the utilization of criminal justice coercion to promote entry and retention in treatment is problematic. Failure to complete intake or failure to complete treatment is a problem not unique to TAIP, but must be addressed adequately to increase the cost-benefit ratio of the program, an area that will be examined in the second phase of the evaluation.

Research in the second phase of the evaluation will also examine retention issues (with an emphasis on minority variation in retention) and focus on methods to identify the most appropriate and effective treatment modality based on treatment needs and offender classification. Efforts to develop a system of treatment incorporating offender classification may prove to be beneficial in increasing program retention and ultimately program success.

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The opinions and conclusions expressed in this report are solely the responsibility of the authors.

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Chapter One

Drugs and Crime

I. DRUGS AND CRIME

INTRODUCTION

From arrest to incarceration, criminal offenders indicate levels of illicit drug usage that far exceed illicit drug usage in the general population. The National Institute of Justice's Drug Usage Forecasting (DUF) program conducts random drug screening of arrestees in 24 major cities. The percent of arrestees testing positive for drugs is as high as 79% (NIJ, 1991). A study conducted by the Texas Commission on Alcohol and Drug Abuse (Fredlund, Spence, Maxwell, and Kavinsky, 1990) indicated 47% of inmates admitted to Texas prisons had used illicit drugs in the 30 days prior to arrest. This contrast with only 5% of the general Texas population admitting drug use in the 30 days prior to a similar survey of drug usage. Over 87% of inmates admitted use of illicit drugs over their lifetime, compared to 37% for the general Texas population.

A dramatic increase in arrests, convictions, and incarcerations for drug possession and drug sales in Texas is illustrated in Table 1. This data does not include burglaries or other offenses that might have also been drug related.

TABLE 1: DRUG POSSESSION/SALES: TEXAS ARRESTS/CONVICTIONS/INCARCERATIONS

YEAR	DPS ARRESTS	CONVICTIONS	INCARCERATIONS
1980	41,370	5,393	1,102
1986	54,780	15,062	4,224
1991	61,742	31,782	12,404*
% INCREASE 1980-91	+ 49 %	+ 489 %	+1025%

* Cases sentenced to prison but paroled from jail are included in 1991 incarcerations

(Source: DPS,OCA,TDC)

The consequences of drug abuse and crime are extremely costly socially and financially. In the criminal justice system alone, a study by the Texas Commission on Alcohol and Drug Abuse (Liu, 1992) attributes over $1 billion of the $3 billion in criminal justice system expenditures in Texas in 1989 to alcohol and drug abuse.

While the causal relationship between drugs and crime is not as clear as the statistical relationship, three paths have been examined. The simplest relationship between drugs and crime is the fact that possession or sale of illicit drugs is a crime. The second relationship occurs when the cost of obtaining drugs for addicted offenders results in the offender committing a crime to obtain money to purchase drugs. The final relationship, drug use causing criminal behavior is not clearly understood, although increasingly documented. Studies have indicated increasing criminal activity for offenders under the influence of drugs (Tonry and Wilson, 1990).

reported not having used their pretreatment drug since completing treatment. Reports of criminal activity were also much lower after treatment, especially for clients remaining in treatment longer than three months. Only 20% of long-term methadone clients, 30% of long-term residential clients, and 20% of long-term outpatient drug-free clients committed crimes in the year after treatment (Hubbard, 1984).

- The Treatment Alternatives to Street Crime (TASC) Program; originally funded under the Drug Abuse Office and Treatment Act of 1972, was an effort to bridge the gap between the criminal justice system and treatment providers. The goals of the TASC program was to identify drug users who came into contact with the criminal justice system, refer those who were eligible to appropriate treatment, monitor clients' progress, and return violators to the criminal justice system. The program provided drug-abusing offenders with alternatives to incarceration and created a linkage between the criminal justice system and the drug abuse treatment system. To motivate the substance offender to enter and remain in treatment, TASC employed sentencing dispositions such as deferred prosecution, creative community sentencing, diversion, pretrial intervention, probation, and parole supervision under the influence of legal sanctions for probable and proven crimes. More than 40 evaluations have concluded that TASC effectively intervened with clients to reduce drug abuse and criminal activity, linked the criminal justice systems, and identified previously untreated drug dependent offenders (Cook and Weinman, 1988).

Table 2 details a number of other studies examining the relationship between drug treatment and the reduction of recidivism. For example, the Stay'n Out Program evaluation indicates 27% of the treatment sample were arrested in a 12 month follow-up versus a 41% arrest rate for a comparison sample. While the results indicate significant difference in recidivism, it should be noted that studies cited were relatively small programs, unlike the statewide focus of TAIP. Additionally, none of the studies cited utilized experimental designs where cases are randomly assigned to receive treatment or not receive treatment. Experimental designs allow for explicitly establishing the causal relationship between treatment and outcome (recidivism). Finally it should be noted that the studies below involve in-prison programs and are cited because of the few community based studies with adequate comparison groups and cohort recidivism rates.

TABLE 2: SELECTED STUDIES EXAMINING THE RELATIONSHIP BETWEEN SUBSTANCE ABUSE TREATMENT AND RECIDIVISM

			RECIDIVISM RATE	
Program	Recidivism Measure/Follow-up	Number in Program	Treatment Sample	Comparison Sample
Stay'n Out	% Arrested / 12 Months	682	27%	41%
Cornerstone	% Incarcerated / 36 Months	209	26%	63%
Simon Fraser	% Incarcerated / 36 Months	130	16%	50%

By identifying substance abusing offenders at the earliest point possible to entry in the criminal justice system, TAIP seeks to reduce recidivism of these offenders by appropriate identification, screening, assessment, referral, and treatment.

OVERVIEW OF EVALUATION REPORT

SB 828 mandated TCADA, in cooperation with the Criminal Justice Policy Council, to "evaluate the success of the TAIP program". In order to meet that mandate and provide timely information for decision-makers, a two-phase evaluation was designed. The first phase of the evaluation is presented here and it evaluates the initial implementation of the TAIP project at two pilot sites and details a preliminary outcome evaluation of TAIP's impact on recidivism. The phase one research report might be termed "action research" because it provides feedback and recommendations to the program while the program is still in the action of development and can benefit from research that is available on a timely basis. Since the program is still in a developmental stage and most of the first treatment graduates have less than 6 months post-treatment experience, it is too early to accurately assess the program's overall impact on recidivism or evaluate other outcome measures. Preliminary results reported here should be viewed with caution due to the short follow-up period and small sample size. Additionally, it must be recognized that some changes in programs have occurred since the implementation phase, (the period covered by this evaluation: June, 1992 - December, 1992) and are not reflected in this report

The second phase of the evaluation will present in-depth results and analysis to the 74th Texas Legislature and TCADA in 1995 examining the impact of TAIP on recidivism and examining a number of issues raised throughout this report.

PILOT EVALUATION SITE SELECTION

As indicated, two pilot sites were selected for this phase of the evaluation. Based on grant awards to the agencies selected to conduct screening, assessments, and referrals (SARs), two TAIP models have emerged. In one model, the SAR agency is from the treatment community, typically a council on alcohol and drug abuse. In the other model, the SAR is from the criminal justice system. Because the SAR is the core of the TAIP program it was decided that the pilot evaluation should examine representatives from both models. In addition to this requirement, criteria were established to assist in the selection of the model pilot sites. The criteria included:

- a full continuum of treatment services must be available;
- the TAIP must demonstrate established linkages between the criminal justice system and the treatment providers;
- the pilot site must be amenable to and supportive of participation in the evaluation process;
- the pilot site projects that the demand for service will exceed available resources necessitating the establishment of waiting lists; the waiting lists will provide the mechanism to identify the members of comparison groups for outcome evaluation purposes; and
- the TAIP pilot site primarily targets persons arrested for substance abuse offenses or substance abuse related offenses as clients.

Chapter Two

Treatment Alternatives to Incarceration Program

Dallas and Tarrant TAIP

II. TREATMENT ALTERNATIVES TO INCARCERATION PROGRAM: DALLAS AND TARRANT TAIP

SUBSTANCE ABUSE SERVICE DELIVERY PRIOR TO TAIP

Prior to the implementation of TAIP, both sites used a variety of formal and informal approaches for intervening with substance abusing offenders.

In Dallas, the Community Supervision and Corrections Department (CSCD) used different types of treatment for substance abusing offenders prior to TAIP. The Dallas CSCD contracted with treatment providers to refer cases to treatment. Prior to TAIP, the CSCD established a Substance Abuse Treatment Facility (SATF) in Wilmer to provide 24 hour residential treatment for probationers with a capacity of 200. Dallas also utilized probation officers with Certified Alcohol and Drug Abuse Counselor (CADAC) certification to conduct outpatient and education classes for probationers. Probation officers have traditionally referred probationers to treatment providers not under contract with the CSCD, when contract resources were not available. Access to services is often contingent on waiting lists, ability to pay, or availability of free or sliding scale services. Judges and the Dallas CSCD use a variety of alternative education options offered through community based agencies.

The Tarrant County CSCD used a variety of approaches for substance abusing offenders. The Tarrant County CSCD used specialized caseloads for substance abusers (the Drug Education Assessment Referral Service ((DEARS) program) and has worked with such agencies as Tarrant County MHMR and Family Services to provide substance abuse counseling and treatment. The CSCD contracted for outpatient counseling and residential treatment services for probationers. In addition to the Court Residential Treatment Center (CRTC), the Tarrant County CSCD established, prior to TAIP, a Substance Abuse Treatment Facility (SATF) in Mansfield for residential treatment with a capacity of 140.

TAIP might be considered both a supplement to treatment efforts described above and also a new substance abuse delivery system for criminal offenders. TAIP, through state funding of treatment providers, provides access to a continuum of treatment services. TAIP funds services ranging from detoxification to outpatient and after care counseling. While these supplement existing services, TAIP introduces three unique elements that are fostering the development of a new service delivery system. These elements are:

- TAIP introduces a clinical assessment process to systematically determine need for treatment and the nature and severity of the substance abuse problem through a Screening, Assessment, and Referral (SAR) agency. This information is utilized to refer cases to the most appropriate treatment based on the assessment process.

- The local TAIP coordinator maintains communication between the courts, probation, the SAR, and treatment providers. The TAIP coordinator's work is facilitated by the local TAIP Advisory Board, composed of representatives from criminal justice and treatment. The TAIP coordinator and the Board assist in promoting effective linkage between criminal justice and treatment, facilitating communication, and function in a problem solving capacity when necessary.

- A final distinction of TAIP from the prior systems is that TAIP focuses on intervention early in the drug/crime cycle by targeting intervention as soon after arrest as possible.

probation officer referring the client for screening. This client population must include but is not limited to:

- a person arrested for an offense other than a class C misdemeanor;
- an element of that offense is the use or possession of alcohol; or
- an element is the use, possession or sale of a controlled substance;
- a person arrested for an offense against property who is referred by a judge;
- a person referred by a Community Supervision and Corrections Department.

The Substance Abuse/Life Circumstance Evaluation (SALCE) screening is used to determine the client's need for drug/alcohol treatment. At this stage clients begin to be screened out. That is, if there is not a need for treatment they will be referred to the appropriate resource for that individual. If the SALCE indicates some need for treatment, an Addiction Severity Index (ASI) interview is conducted. This is a clinical assessment process conducted by the Screening, Assessment, and Referral (SAR) counselor. The ASI interview determines the need and severity of the drug/alcohol problem, along with other psycho-social information and histories. The combination SALCE and ASI will also screen for those who are in denial and attempt to falsify responses to questions.

The SAR counselor arranges an appointment for the client with the appropriate treatment provider. The client's probation officer is notified if the client does not show for the scheduled appointment after two missed appointments. After the initial referral, the client is discharged from the TAIP program unless re-referred by the probation officer. Probation officers can use various methods to encourage or coerce clients into treatment or terminate efforts.

In order to allow for comparisons of funded treatment capacity, the term "bed/slot" is used by TCADA. A "bed/slot" refers to the amount of treatment contract funds will provide on an annual basis. For example, if one year of outpatient supportive counseling in treatment program "X" would cost $5,000 that would be referred to as 1 slot capacity. One person may fill a treatment slot for 6 months and then leave treatment and another person would fill that slot for 6 months. One treatment slot could serve two or more persons. While a "bed/slot" presents conceptual difficulties, it allows for equitable funded treatment capacity comparisons.

TCADA funds a "Continuum of care" of treatment services in TAIP. Services include:

(1) Intensive Residential Detoxification
(2) Residential Detoxification
(3) Residential Services for Adults
(4) Outpatient services
  (A) Intensive Outpatient (IOP): minimum of 10 hours per client per week of structured therapeutic services
  (B) Supportive Outpatient (SOP): minimum of two counseling contacts per client per 30 day period

Dallas TAIP utilizes four TCADA funded treatment programs for referral.

(4) Southwestern Psychiatric Services (SPS)

SPS believes that the best treatment in most cases is for patients to remain active and surrounded by support systems such as family and friends. It is guided by the philosophy that to feel better one has to break the destructive patterns that are part of ones environment. Southwestern Psychiatric Services has two locations, one in Dallas and one in Garland. This program incorporates a 12-Step program used by Alcoholics Anonymous and Narcotics Anonymous, and covers a five month intensive outpatient treatment followed by thirteen months of after care. Included in the five months are teachings in disease of alcoholism, relapse, AIDS, dysfunctional family, TB, physical, (as well as) psychological aspects of addiction, behavior modification and sexual diseases. There are AA/NA studies on Friday evenings also. AA/NA is a requirement in this program. Recovering patients are encouraged to participate in other community self-help groups. The annual bed/slot capacity funded by TAIP for this treatment provider is approximately 148 clients.

Table 3 provides an overview of treatment services available in Dallas County TAIP.

TABLE 3: DALLAS TAIP

	SUPPORTIVE OUTPATIENT	INTENSIVE OUTPATIENT	INTENSIVE RESIDENTIAL	RESIDENTIAL
ETHEL DANIELS		X		X
SALVATION ARMY			DETOX	
SOUTHWESTERN PSYCHIATRIC		X		
THE NEW PLACE	X	X		

TARRANT TAIP

The Tarrant screening, referral, and assessment (SAR) process is similar to the Dallas SAR. The Tarrant SAR is administered by the Tarrant TAIP coordinator, two full-time assessment specialists, two part-time, and support staff. The SAR counselor arranges an appointment for the client with the appropriate treatment provider. Tarrant County uses the DEARS program, the SATF in Mansfield, and the Court Residential Treatment Center (CRTC) in conjunction with TAIP funded treatment programs. As a program of Tarrant County CSCD, SAR counselors are certified probation officers and can perform some functions of probation.

TAIP CLIENT CHARACTERISTICS

Table 5 provides data on Dallas and Tarrant Counties to serve as a baseline for examining the Dallas and Tarrant TAIP populations. Data is based on the Criminal Justice Policy Council's "Sentencing Dynamics Study", which examined sentencing practices of felony convictions in seven metropolitan counties in Texas.

The table indicates that Blacks in both counties are disproportionately represented in the conviction population. For instance, while Blacks represent 18% of the general population in Dallas, they represent 52% of all felony convictions. Felony drug and DWI offenses represent over one third of all felony dispositions in the counties. One of the most significant statistics in this table related to TAIP is the percent of offenders sentenced to jail/prison for felony drug and DWI offenses who had no prior felony convictions. In Dallas and Tarrant Counties, a higher percent of Drug/DWI offenders with no prior felony convictions are sent to jail/prison than violent offenders with no prior felony convictions. In Tarrant County, 59% of cases sentenced to prison with no prior felony convictions were drug/DWI cases. This data is supportive of the potential of TAIP to function as an alternative to incarceration.

TABLE 5: DALLAS/TARRANT SENTENCING DATA - 1991

DISTRIBUTION OF COUNTY POPULATION

RACE/ETHNICITY	DALLAS	TARRANT
White	67%	79%
Black	18%	11%
Hispanic	15%	10%

DISTRIBUTION OF FELONY CONVICTIONS

RACE/ETHNICITY	DALLAS	TARRANT
White	39%	47%
Black	52%	41%
Hispanic	9%	12%
FELONY CONVICTIONS	13,785	6,853
SENTENCED TO PRISON	6,381	3,596

DISTRIBUTION OF CASES SENTENCED TO PRISON WITH NO PRIOR FELONY CONVICTIONS

TYPE OF CONVICTION OFFENSE	DALLAS	TARRANT
Violent	38%	31%
Property	22%	10%
Drug/DWI	39%	59%

Source: CJPC, "Sentencing Dynamics Study, 1993

Table 7 details distribution of selected ASI items of cases completing the assessment process at the Dallas and Tarrant SARs.

The data indicates that the Dallas population had a greater percentage of clients assessed as high severity alcohol/drug problem. The distribution of treatment modalities indicates the majority of Dallas TAIP referrals were to intensive outpatient programs while the majority of Tarrant TAIP referrals were made to supportive outpatient programs, consistent with the assessed need.

According to the ASI, the primary substance abuse problems in Dallas were alcohol and drug while Tarrant identifies alcohol as the primary substance abuse problem. Approximately 25% of the Tarrant County population indicated no primary substance problem, supporting the data indicating the lower drug/alcohol severity ratings of the Tarrant population. At both sites the majority of clients had no prior treatment experience.

TABLE 7: TAIP CLIENTS: ASSESSMENT OF DRUG/ALCOHOL PROBLEMS

ASI SEVERITY RATING Drug/Alcohol Problem	DALLAS	TARRANT
Low Severity	13%	25%
Medium Severity	51%	59%
High Severity	36%	17%
CLIENT ASSESSMENT		
Need for Treatment	DALLAS	TARRANT
Not at All/Slightly	46%	61%
Moderately	12%	15%
Considerable/Extreme	42%	24%
ASI PRIMARY SUBSTANCE PROBLEM		
At Assessment	DALLAS	TARRANT
None	06%	25%
Alcohol	21%	27%
Cocaine	09%	15%
Amphetamines	01%	06%
Marijuana	04%	17%
Alcohol and Drugs	50%	03%
Polydrug	09%	03%
Other	01%	04%
ASI DATA:		
Prior Treatment	DALLAS	TARRANT
None	77%	71%
1 +	23%	29%
Referred to:	DALLAS	TARRANT
Detox	02%	01%
Outpatient: Intensive	59%	14%
Outpatient: Supportive	21%	79%
Residential	18%	06%

Chapter Three

TAIP Process Evaluation

III. TAIP PROCESS EVALUATION

INTRODUCTION

The steps from planning a statewide treatment initiative, passing enabling legislation, awarding funding to programs, and implementing and operating a program are more complex than usually envisioned at conception. Evaluation of program implementation is the critical first stage in the process of evaluating the impact of a program. A process evaluation determines if the program was implemented as planned, how the program operated, and issues associated with the differences in original program plan and actual implementation. As described earlier, two TAIP models evolved, one with the SAR located in a "Council", the other located in a CSCD. The process evaluation seeks to determine the advantages and disadvantages associated with these two models.

The process evaluation included three site visits consisting of semi-structured interviews of SAR staff, treatment provider staff, and clients at all TAIP sites. Interviews covered a number of areas including: (1) program design and operation; (2) case flow; (3) staff qualifications, workload, and program operation; (4) staff opinion of TAIP program; (5) communication issues; and (6) program positives, negative, and participants concepts of outcome goals and measures.

A number of surveys were conducted to get additional input regarding the implementation, operation, and effectiveness of TAIP. Separate surveys were designed and mailed to TAIP clients, treatment providers, criminal justice referral sources (probation officers and courts), SAR staff, and TAIP Advisory Council Board members (see Surveys in Appendix). A total of 356 client surveys, 56 treatment surveys, 150 criminal justice participant surveys, 10 SAR surveys, and 20 advisory council surveys were distributed between the Dallas and Tarrant TAIP sites.

Weekly meetings with TCADA staff responsible for TAIP, attendance at training events, and telephone conversations with TAIP participants constituted the other methodologies for collecting TAIP process evaluation information.

PROCESS ISSUES

A number of process issues emerged during the course of the process evaluation. Process issues associated with TAIP implementation and operation can be grouped into the following categories:

(1) Screening / Assessment / Referral Process

(2) SAR Location: Council vs. CSCD

(3) Communication Issues

(4) Treatment Variation

(5) Training

(6) TAIP Surveys

SAR Location: Council vs CSCD

The implementation of any new program poses a number of challenges to address. TAIP can be viewed as either a new service delivery system competing with a variety of existing formal and informal service delivery systems or as a new system to supplement those existing systems. It would appear that both views are being accommodated during the implementation stage. Referrals in the initial stages at both TAIP sites indicated an inadequate flow of referrals from the courts causing the TAIP sites to take referrals from existing probation caseloads. While certainly a target of TAIP, field probation referrals are viewed as a secondary source since this intervention does not take place at the earliest point in the criminal justice system, one of the theoretical foundations of TAIP. It must be emphasized that there was no prioritizing in the TAIP program. Referrals were based on need of treatment and TAIP services were not denied for any individual in need of treatment who qualified for the program.

The reason for the inadequate number of referrals to TAIP in the initial stage obviously relates to reluctance to use a program that has not developed a proven track record, competition from existing service differences in delivery methodologies, reluctance to utilize a new system, and other issues related to the development of a program's legitimacy and demonstration of ability to deliver professional services. These issues apparently are being resolved, albeit at different rates at the two sites.

In Dallas, where TAIP is probably viewed as a new system more than a supplementary system, court referrals increased more rapidly than in Tarrant County, resulting in a need to reduce referrals from field probation offices. TAIP in Tarrant County is viewed more as a supplementary system, since many of the TAIP components were already in place within the CSCD and service providers. Because of these existing relationships in Tarrant County it was speculated that TAIP would have less implementation problems than other TAIP sites. However, because of the existing system in Tarrant, it was more difficult to distinguish and implement TAIP in Tarrant versus Dallas. In addition to the problems associated with competing with a very similar existing system (or trying to distinguish from the existing system), a number of other factors seem to be associated with the differences in implementation rate of the two sites.

One reason might be ascribed to what is called "policy and program mobility" of a small non-profit SAR over a SAR located in a large government agency. In a small agency the chain of command is considerably shorter than in a large government agency, allowing policies and program needs to be quickly adjusted as needed. As a simple example, the acquisition of computer equipment in the Dallas SAR required only a few weeks while the Tarrant SAR took months, because they were required to go through the CSCD and county purchasing requirements and approval process. Another related factor that affected program implementation might be characterized as a problem of competing goals and priorities. Within the CSCD, TAIP constituted only one of many agency programs and thus TAIP might be viewed as competing with other agency priorities and goals. The Dallas TAIP, located in a much smaller agency, represented a significant part of the agency's programs and thererfore represented a much larger "stake" for the agency. It would appear that the larger the representation of a program within an agency, as measure by budget size, staff size, or other measures, the more critical to an agency's viability that program becomes, and the greater the need to facilitate program implementation. This appeared to be true not only at the SAR level but also at the treatment provider level, as discussed later.

In addition to organizational differences between Dallas and Tarrant impacting operations, functional differences have impacted the programs. Tarrant SAR staff are also certified probation officers and perform some probation functions that are not primarily the responsibility of the SAR. To some extent this impacted the Tarrant SAR's ability to assess and refer cases to

Program co-location of the Dallas SAR, in the Dallas Courthouse, and adjacent to a courtroom appears to be associated with facilitating communication, program co-location acceptance, and referral directly from the courts, another argument for supporting program; SAR co-location in the courts to facilitate the criminal justice referral to the SAR, and treatment co-location in the probation offices to facilitate treatment communication with the supervising officer. While this may not be practical in many situations, the advantages obviously argue for an effort to co-locate when feasible.

Treatment Variation

The primary rationale and goal of the legislature in funding TAIP was that treatment can reduce substance abuse and recidivism. While the research literature is supportive of treatment reducing substance abuse and recidivism, it is sparse, and certainly not definitive regarding the impact of statewide programs. Even less certain is research on what constitutes effective treatment with different types of chemically dependent offenders. Treatment is sometimes discussed as a generic, monolithic entity, when in fact there is tremendous variation in what constitutes treatment and how it is delivered. Treatment in TAIP is certainly no different, with significant variation in program structure and content. Counseling group size, frequency of counseling, length and intensity of program, program content, staff experience and ability, and similar factors are just a few of the sources of variation in substance abuse treatment programs in TAIP.

Table 11 on the following page details the variation of services offered by each treatment provider in Dallas and Tarrant County TAIPs. As apparent from the table, there is considerable variation in group size, frequency of meeting, and duration of programs. Additionally, treatment varies from emphasis on 12-Step programs to treatment programs that supplement traditional group and individual counseling with new approaches to treatment using acupuncture and nutritional supplements.

TABLE 12: AVERAGE NUMBER OF GROUP COUNSELING HOURS BILLED PER MONTH BY TAIP TREATMENT PROVIDERS BY MODALITY

OUTPATIENT INTENSIVE

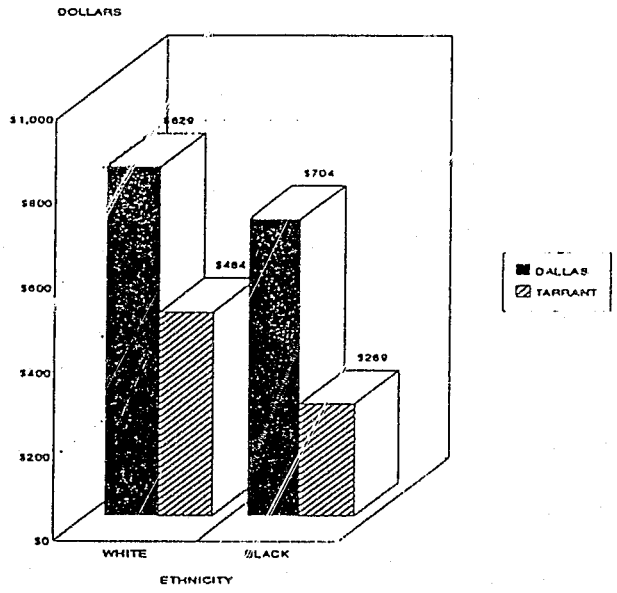
	DALLAS	TARRANT
SEPTEMBER	21	6
OCTOBER	23	8
NOVEMBER	20	4
DECEMBER	25	4

OUTPATIENT SUPPORTIVE

	DALLAS	TARRANT
SEPTEMBER	19	3
OCTOBER	19	4
NOVEMBER	16	3
DECEMBER	18	4

Charts 2, 3, and 4 reflect the significant variation in treatment programs suggested by Table 12. The charts indicate average billing for clients overall, by treatment type and also by ethnicity. Units billed for a few representative months also reflects what Table 12 indicates: considerable variation in treatment frequency. Dallas treatment providers require significantly more frequent attendance per month than Tarrant treatment providers, a fact reflected in billing and units billed per month. Treatment modality, intensive or supportive, does not significantly impact the variation between Tarrant and Dallas. Within each site there is also considerable variation in frequency of services within modality. The data reporting billing by race/ethnicity indicates minorities, especially blacks, receive significantly less services than whites. At this point, data is not available to determine the source of this variation. An analysis of retention rates by race/ethnicity, recidivism, and other factors will be conducted in later reports to determine the source of the relationships reported.

CHART 4: BILLINGS FOR SUPPORTIVE OUTPATIENT BY RACE/ETHNICITY



Another aspect to variation in treatment programs is best illustrated by the different responses to relapse. Positive urinalyses obtained by treatment providers are subject to considerable differences in treatment and criminal justice response. One treatment provider cites a single positive urinalysis as reason for program termination. Other treatment providers utilize a continuum of responses for such a relapse, from restricting privileges to returning to a different program level. Variation in response occurs between treatment providers and also between treatment providers and probation. While the treatment provider may recognize relapse as a part of the treatment process, probation officers and judges may view it a probation violation and seek a revocation. Other probation officers may have a viewpoint more consistent with the treatment provider. However, as previously stated, the variation by treatment providers and criminal justice staff, indicate no consistent response has been agreed upon.

Training

TCADA has provided a number of statewide training programs in cooperation with the National Judicial College and the APPA. Treatment providers indicated that the training received prior to and during program implementation was useful, however, some staff indicated that they did not feel they were adequately trained for TAIP. A common theme expressed during the interviews was the desire for local cross-training between criminal justice staff and treatment staff, as well as additional discussion and training regarding use of the ASI assessment instrument. Training of this nature has occurred on a limited basis. Additional training along these lines would be able to address some of the communication and treatment issues raised above.

Satisfaction with Treatment

In general, respondents indicated satisfaction with treatment programs, with over 70% becoming more favorable towards treatment with program experience. Satisfaction with program counselors is reflected in the 80% indicating counselors were very helpful, and by the most frequent response to, "What do you like best about TAIP?" being "the counselors". Approximately 73% of clients responded that treatment was helping "very much".

Denial

The issue of denial of alcohol/drug problems is a significant issue in drug treatment, and the problem of denial is clearly reflected in survey responses. Almost half (44%) of respondents indicated that they did not believe they had a drug or alcohol problem, but approximately the same number of respondents (43%) admitted drug or alcohol usage since starting treatment. Moreover, 57% of respondents admitted that there is some chance or a sure chance of using drugs or alcohol again.

A question asking reasons for missing a counseling session, originally designed to determine obstacles to treatment (which were primarily transportation and employment), could also be used as a surrogate for commitment to treatment. Only 17% of respondents indicated that they had not missed a counseling session. Another measure of commitment to treatment is indicated in the most common written response to the question, "What do you like least about TAIP", which was "the time required" for treatment. Viewed in another light, however, these responses are supportive of one of the basic premises of TAIP. Utilizing criminal justice coercion to get reluctant clients into treatment, many for the first time, is being achieved as indicated by the very fact that this survey got the responses it did from a significant number of obviously reluctant clients in treatment. Whether criminal justice coercion is being used systematically or to the full extent possible is another question.

In summary, it appears that process issues raised earlier, such as treatment variation, are supported by the client survey responses. Clients are satisfied with the TAIP program, particularly the counseling staff, yet issues of denial are still clearly reflected in client responses.

TABLE 13: TAIP CLIENT SURVEY: PART A

	DALLAS	TARRANT
Reason Referred		
Alternative to Jail/Prison	18%	03%
Condition of Probation	57%	83%
Violated Probation	25%	14%
Referral Source		
Judge/Court	55%	46%
Probation	44%	54%
Client believe they had drug/alcohol problem		
Yes	58%	51%
No	42%	48%
Type of Outpatient Counseling		
Intensive	37%	05%
Supportive	63%	95%
Scheduled Group Counseling Per Week		
1 Time	05%	81%
Twice	05%	15%
Three Times	90%	04%

TREATMENT PROVIDER SURVEYS

Treatment providers, including counselors and administrators, were asked a series of questions designed to evaluate inter-agency working relationships, elicit opinions regarding the effectiveness of treatment, and examine counselors qualifications to provide treatment.

While, in general, treatment providers indicated good working relationships with probation and SAR agencies, some variation between Dallas and Tarrant TAIP is noted. Approximately 55% of Tarrant TAIP treatment providers responded that they had a "very good" relationship with probation, while only 21% of Dallas Treatment providers responded in that category. Similarly 33% of Tarrant treatment providers responded that they had a "very good" relationship with the SAR versus only 4% of Dallas respondents. This data would support earlier analysis indicating the improved communication and working relationships associated with the Tarrant TAIP's SAR being located in the CSCD and the co-location of some treatment providers in probation offices. Again, it should be noted, that generally both Dallas and Tarrant respondents indicated good inter-agency working relationships, with Tarrant respondents being more positive overall.

Issues related to training, previously discussed, were raised again in th responses of treatment providers, particularly Dallas. The responses may also reflect the desir improve inter-agency communications through train'ng.

Treatment respondents, almost uniformly, felt that their treatment programs were effective, and indicated that they were satisfied with their workloads.

Treatment counselors in Tarrant TAIP reported more counseling experience than Dallas treatment providers as indicated by years of experience (10 years vs 5 years), percent of counselors licensed/certified (73% vs 58%), and written comments. Some Dallas treatment counselors cited inexperienced counselors and understaffed programs as program weaknesses, while Tarrant respondents cited qualifications and expertise of staff as program strengths.

In general, it would appear that treatment providers are qualified to provide the treatment programs required, counselors in the treatment providers are satisfied with inter-agency working relationships, and are confident of the positive benefits of their program.

Analysis of results is divided into two sections. The first section examines use of TAIP by criminal justice participants and the second section discusses satisfaction with the TAIP process, communication, and overall impression of the program.

Use of TAIP

In both Tarrant and Dallas TAIP, referrals initially were accepted without limits from field probation officers and directly from the court. In Dallas, as programs reached capacity, field probation referrals were limited since the primary goal of TAIP was intervention at the earliest phase of the criminal justice system (which meant at the court level). In Tarrant, where TAIP programs did not approach capacity as rapidly as Dallas, referrals were not restricted. Responses to the Criminal Justice Participant Survey seem to reflect the change engendered by the Dallas restriction. Questions regarding frequency of use, cases referred monthly, and programs used for treatment, seem to indicate greater use of TAIP by respondents in Tarrant than in Dallas. On the negative side, the greater access to TAIP in Tarrant seems to have diluted the diversion or "alternative to incarceration" goal of TAIP. Criminal justice respondents in Tarrant indicate that only 19% of Tarrant referrals would have gone to jail or prison if TAIP wasn't available versus 30% of Dallas respondents. This may also be indirectly supportive of previous discussions noting the lower severity ratings of the Tarrant population compared to the Dallas population.

Table 15 details the opinions of the Criminal Justice Participants who returned the surveys.

TABLE 15 A: TAIP CRIMINAL JUSTICE PARTICIPANTS SURVEY

How Frequent Use	Dallas	Tarrant	Total
Very Frequent	09%	16%	11%
Frequently	30%	63%	42%
Sometimes	42%	16%	33%
Infrequently	15%	05%	12%
Never	03%	0%	2%
Average Cases Referred Monthly	04	10	14
Where Treatment is Needed Refer To:			
TAIP	73%	89%	79%
SATF	44%	84%	58%
Non-TAIP	74%	47%	60%
Percent of Cases Referred That Would Have Gone To Jail/Prison	30%	19%	26%

Chapter Four

Preliminary Outcome Evaluation

IV. PRELIMINARY OUTCOME EVALUATION

OVERVIEW OF PRELIMINARY OUTCOME EVALUATION

The primary goal of TAIP is to reduce the criminal activity of chemically dependent offenders. This goal was operationalized by examining arrest rates of TAIP participants. Ideally, an experimental design using random assignment to the TAIP program would be the preferred methodology for this evaluation. However, the use of an experimental design was not an option in the implementation stage of this program. An alternative quasi-experimental design, utilizing waiting list cases for a comparison group, also was not possible, when a sufficient number of waiting list cases did not develop in time for this preliminary report. Comparison groups, based upon differential treatment experience, were developed to examine TAIP's impact on arrest rates. These comparison groups are discussed later in this section.

Because of the desire to have a preliminary evaluation available prior to the next TAIP funding cycle, a number of compromises were required to conduct the preliminary outcome evaluation. Typically, outcome evaluations utilizing recidivism as an outcome measure allow, at a minimum, one year post-program experience. Previous research indicates that most recidivism occurs in the 6 to 18 months following program intake or release from incarceration. The first significant sample of TAIP clients did not complete treatment intake until June, 1992. Even with varying times until completion of treatment, the vast majority of TAIP clients had less than 6 months outcome experience since intake when this study was in process (February 1993).

Compounding the limited tracking period available for a small sample of TAIP cases, Department of Public Saftey (DPS) data entry for arrests and incarcerations have a lag period of several months. Thus the primary outcome sample of June-August, 1992 referrals did not have complete DPS arrest data entered when this study was in process. The magnitude of the arrests reported here will continue to increase as arrest and incarceration data are entered. While the relative difference in the recidivism rates of the samples will not be substantive, the magnitude of the differences will increase. For example, 12% of the sample evaluated were arrested in the period after initial referral through January 1993, as reported by DPS. Allowing several more months for additional DPS data entry will raise the percent arrested. It is anticipated however that differences in the treatment groups examined will persist. Preliminary analysis suggests that differences in the groups will increase over time as the base rate of recidivism increases, which is a function of time at risk. Subsequent reports will be able to examine one year recidivism rates without the DPS lag problem.

While arrests are the recidivism measure used in this preliminary report and are an acceptable outcome measure, the more meaningful measure for TAIP would use incarceration as the outcome measure. Due to the jail backlog problem associated with prison crowding (one of the reasons for the establishment of TAIP), entries to prison are delayed 3 to 6 months, and thus not adequately reported in the DPS data for utilization in this study at this time.

DEFINING TREATMENT

As discussed earlier in the process evaluation, significant variation in treatment is indicated between Dallas and Tarrant TAIP. The number of hours in group counseling for outpatient services varies from an average of 4 hours a month in Tarrant to 20 hours in Dallas. The number of hours in treatment may be referred to as the "intensity of treatment". A more common

POPULATION EVALUATED

The sample evaluated has basically the same demographic distribution as the total population presented in the process evaluation. The Tarrant outcome sample is skewed toward a population that had a higher percent of cases that had been incarcerated both over their lifetime and in the last 30 days than the overall Dallas sample. Since the outcome sample is selected from the initial program start-up period, this might reflect early efforts to select only diversionary cases for TAIP. When referrals were slow in developing, this criteria was not as closely enforced, which might explain the differences in the outcome and total sample (cases discussed in Chapter III).

Chart 6 details the attrition of the outcome samples for the two counties. Attrition is tracked from the initial referral by criminal justice and SALCE screening to the number who actually completed treatment intake and were billed for treatment services. Initial SALCE Screening data for the Tarrant sample was not available for this study.

The chart indicated that 66% (497/750) of the sample were referred to the SAR in Dallas leaving 34% screened as not needing treatment based on the SALCE. In Dallas, the ASI interview screened out another 26% as not needing treatment with the other 74% (366/497) needing referral for treatment. In Tarrant 60% (68/112) were referred through the ASI as in need of treatment while 40% were not referred to TAIP treatment. Because Tarrant TAIP utilized non-TAIP funded resources for referral (Mansfield Substance Abuse Treatment facility, DEARS unit, CRTC), comparison of overall referral after the ASI interview is inequitable. However, the table indicates similar trends for TAIP related referrals. In Dallas, 79% (289/366) of TAIP referred clients who completed intake at treatment as indicated by the completion of the TCADA intake form and assignment of the CODAP number (Client Oriented Data Acquisition Process).

CHART 6: ATTRITION OF THE CLIENT POPULATION
JUNE 1992-AUGUST 1992 REFERRALS

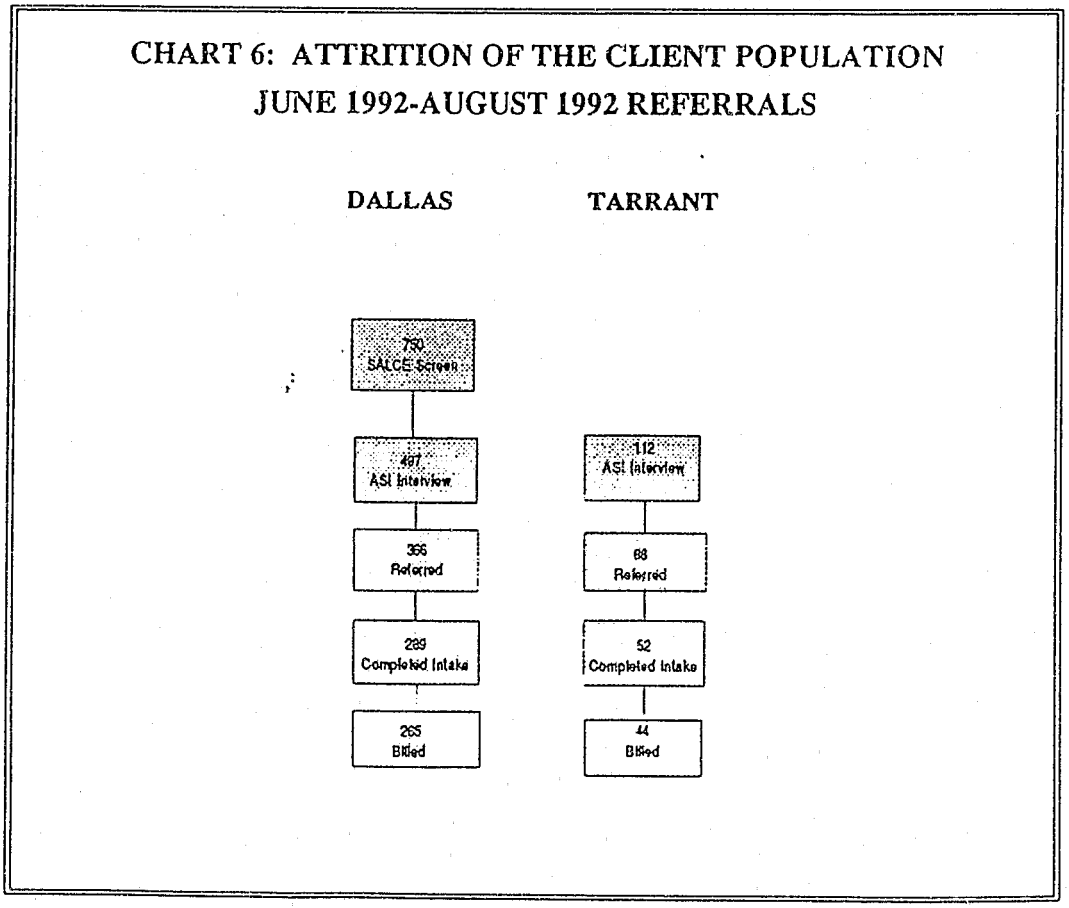


CHART 8: DISTRIBUTION OF HOURS OF TREATMENT TAIP OUTPATIENT CLIENTS

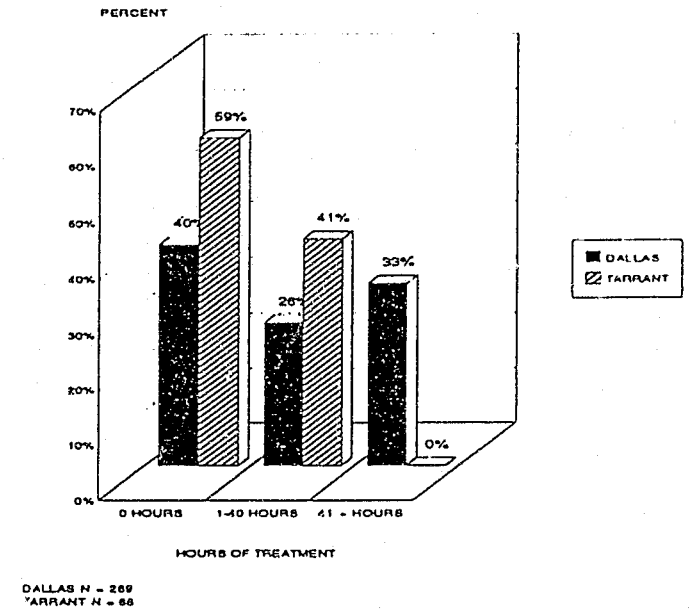


Chart 8 indicates that Dallas TAIP had a higher percentage of cases receiving 41 or more hours of treatment (intensity of treatment) than Tarrant TAIP. Approximately 33% of Dallas TAIP cases referred to treatment received 41 or more hours of treatment in the follow-up period, while no cases (0%) in the Tarrant TAIP sample received that amount of treatment during the same follow-up period. As indicated earlier, these results may also be mitigated by non-TAIP service delivery not captured in this study. For instance, the use of the DARS program in Tarrant, to supplement low intensity TAIP contract counseling, may impact outcome results. Phase II evaluation will seek to examine these interactions.

These relationships for outpatient clients are true for both modalities of outpatient services, intensive and supportive, and simply reflect the differences in treatment requirements reported previously by Dallas and Tarrant treatment providers.

These results suggest that the number of months clients remain in treatment may be impacted by the number of hours of treatment required by programs. In other words, retention in treatment programs (as reflected by months in treatment) may be affected by the hours of treatment required, especially by reluctant criminal clients. It would be logical to assume that barriers to remaining in treatment may result in program drop-out. Attending 10 hours of treatment per week may present more difficulty to a client than attending 1 hour per week, resulting in retention problems for high intensity programs. On a very limited scale this appears to have happened in Dallas versus Tarrant.

This raises a number of issues, partially raised by Vigdal (1990), that have not been fully examined in the research literature. Are programs with high intensity treatment requirements counter-productive by forcing client drop-outs and failure that may not have occurred in lower

TABLE 17:
DISTRIBUTION OF REFERRAL POPULATION BY MONTHS IN TREATMENT
OUTPATIENT ONLY
TARRANT

MONTHS IN TREATMENT

Race/Ethnicity	0-2	3+
White	51%	63%
Black	29%	22%
Hispanic	20%	15%
Age	**0-2**	**3+**
17-25	42%	37%
26-30	20%	11%
31-40	27%	37%
41+	12%	15%
Client's Assessment of Need	**0-2**	**3+**
Low	68%	57%
Moderate	20%	15%
High	12%	26%
Severity	**0-2**	**3+**
Low	70%	57%
Medium	18%	18%
High	13%	25%

- Blacks constitute significantly lower proportions of the 3+ months LOT sample than the 0-2 months sample. This supports similar process evaluation data indicating treatment retention problems in this area.

- Similar retention problems are indicated for the 17-25 age groups referred to the program, and to a lesser extent 26-30 year olds. The treatment literature suggests "readiness for treatment" may be related to maturation or aging.

- Comparing Dallas and Tarrant distributions on needs assessment by client and severity ratings emphasized the differences in the Dallas and Tarrant samples. While 50% of Dallas clients stated they had a low need for treatment, only 9% were assessed as low drug/alcohol severity. However, in Tarrant, 68% of clients indicated low need and 70% were assessed as low severity. Overall the Dallas sample data suggested a group with a higher percent of cases in denial than Tarrant and a group with higher severity of drug/alcohol problems.

- Little significant variation is noted for both client's self-perceived need for treatment and assessed level of drug/alcohol severity in the Dallas population. It might be hypothesized that clients who have low perceived need for treatment might drop out at a higher rate than other groups. Similarly, those with high assessed severity might also have higher attrition rates than other populations.

PRELIMINARY OUTCOME RESULTS

IMPACT OF TREATMENT ON RECIDIVISM

Chart 9 details the percents of the Dallas and Tarrant samples arrested in the follow-up period by length of treatment. The chart indicates the percent of the June 92-August 92 referrals that had arrests reported to DPS through January 93. In general, the table indicates that participation in treatment for 3 months or longer is associated with reduced arrest rates. Cases remaining in treatment for 3 months or longer had a 4% arrest rate in the follow-up period in both Dallas and Tarrant versus a 16% arrest rate in Dallas and a 17% arrest rate in Tarrant for cases in treatment for 0-2 months.

One of the rationales for the 0-2 months grouping was that analysis indicated almost no difference in arrest patterns for cases who did not enter treatment or who entered treatment for only 1 or 2 months. Because of the small sample sizes, the 0,1, and 2 month categories were grouped together as well as the 3+ to allow for sub-sample sizes large enough to examine other issues.

CHART 9: PERCENT OF CASES ARRESTED IN FOLLOW-UP PERIOD - OUTPATIENT REFERRALS ONLY BY MONTHS IN TREATMENT

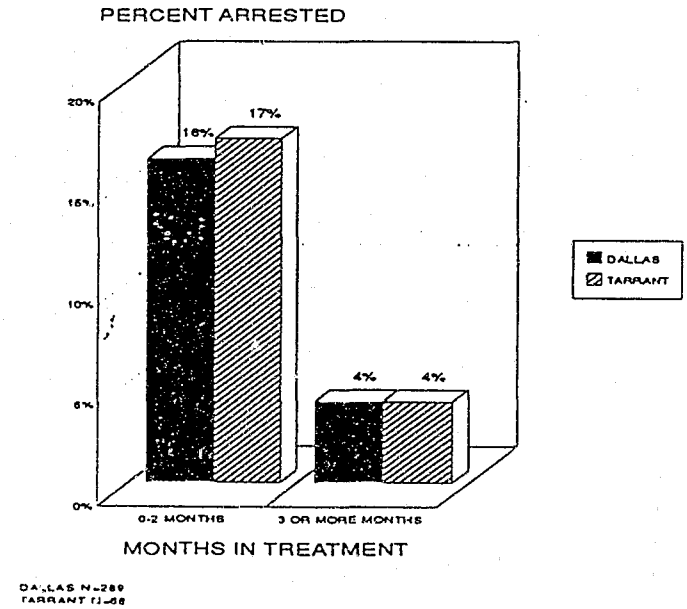


Chart 10 indicates increasing hours of treatment received is associated with decreasing arrest rates, although no case in the Tarrant TAIP sample received more than 40 hours of outpatient treatment in the follow-up period.

to adequately support this preliminary analysis. However, the implications of this analysis would be significant beyond the TAIP program. The Substance Abuse Felony Punishment program, involving 12,000 treatment beds with referrals from criminal justice throughout the state, would be significantly impacted by support indicating the value of a clinical assessment process similar to TAIP.

As one step in clarifying the relationships of treatment participation to criminal behavior, an analysis was conducted to determine if length of treatment was related to criminal behavior or if criminal behavior was related to length of treatment. Is length of treatment impacted because the client was arrested or did the client stop treatment and subsequently get arrested? While available data cannot exactly address this question completely, Chart 11 goes a long way toward resolving this issue in this study. The chart examines whether an arrest occurred in the month treatment terminate or subsequent to treatment termination. The chart quite clearly indicates that of these offenders arrested in the follow-up period 90% terminated treatment and subsequently committed a new offense (primarily burglary, larceny, drugs, and DWI). Less than 15% of cases appeared to have been arrested forcing their treatment to be terminated.

CHART 11: TIMING OF ARRESTS FOR CASES ENTERING AND TERMINATING TREATMENT: OUTPATIENT CASES ONLY

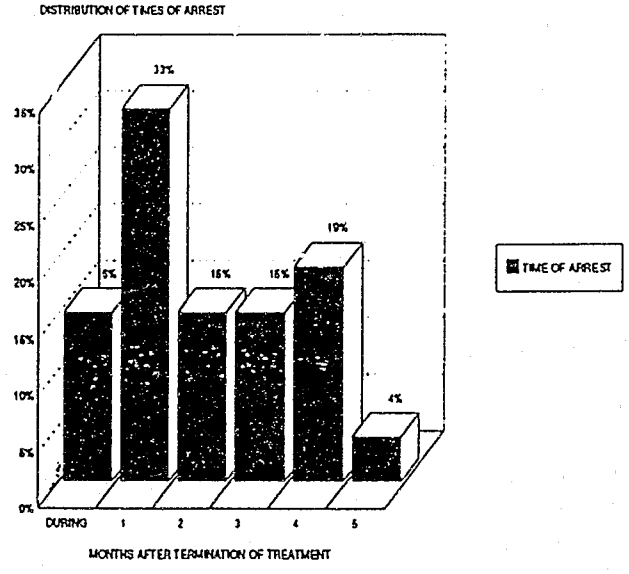
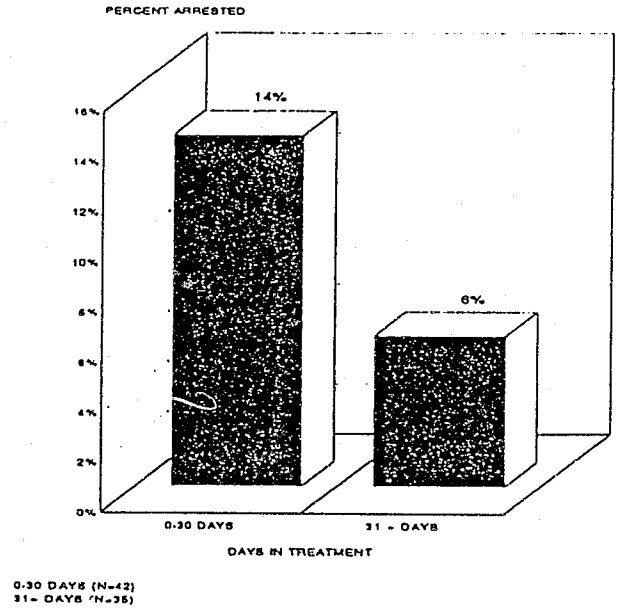


Table 18 examines differential impact of treatment by various factors. Tarrant TAIP is excluded from this analysis in the table due to low sample size. In general, the table would appear to support the relationship that treatment is primarily associated with the reported reduction in arrests for the 3+ months LOT sample, rather than self-selection bias. In almost every category examined, arrest rates are lower for the 3+ group than the 0-2 group. For example, if aging was the cause of lower recidivism rates rather than treatment you would expect little difference in arrest rates based on the amount of treatment received. However, Table 18 indicates significant differences in arrest rates by treatment received, regardless of age. Approximately 24% of the 31 to 40 age group receiving 0-2 months of treatment were arrested in the follow-up period

DIFFERENTIAL IMPACT BY TREATMENT MODALITY

Table 18 indicates little variation in outcome by type of outpatient counseling, with intensive and supportive having similar arrest rates by length of treatment. Chart 12 indicates similar results for cases placed in residential treatment. Only 56 cases placed in residential treatment were available for this study. The only available treatment measure for this sample examined days in residential care and tracking to outpatient placement (outside of the providing agency) was not possible. However, available data is supportive of the reduction of arrests for cases placed in residential treatment. An examination of these cases through the continuum of treatment and better measures of treatment are necessary to allow for more thorough examination of these relationships. These issues will be explored in the second phase of the evaluation.

CHART 12: PERCENT ARRESTED BY DAYS IN RESIDENTIAL TREATMENT; DALLAS TAIP



Chapter Five

Summary and Conclusions

V. Summary and Conclusions

The preliminary evaluation indicates that the Treatment Alternatives to Incarceration Program seems to achieve its primary goal - reduction of criminal activity associated with substance abuse. Offenders completing 3 or more months of treatment had a 4% arrest rate during a 6 month follow-up period versus a 17% arrest rate for a comparison group referred to treatment but receiving little or no treatment. As it has been stated, Phase II of the research will measure outcome using larger samples and longer follow-up periods, utilizing incarceration as an outcome measure.

These findings are mitigated by a high attrition rate typical of this population. Only 40% of cases referred to outpatient treatment completed 3 or more months of treatment. Minority retention rates was even lower than the overall population and should be a focus of efforts to improve program retention.

Variation in treatment and the relation of that variation to treatment outcomes is an area to examine in more depth and should be examined in conjunction with issues regarding retention in programs. The report used average group counseling hours billed per month for outpatient programs as a surrogate for hours in treatment. Average hours in Dallas per month were approximately 20 while Tarrant averaged 4 hours per month.

The preliminary evaluation suggests a number of areas requiring additional policy and procedure development, training, and research. These recommendations are summarized below:

Screening and Assessment

- The screening and assessment process should be examined to determine if criminal justice referral sources could be provided more direction in making appropriate referrals to the SAR. Over one-third of referrals are assessed as not needing or inappropriate for TAIP. Research on the screened/assessed out population may provide some direction in this area.

- The effectiveness of the SAR process in allocating treatment resources should be examined for the applicability to the 12,000 Substance Abuse Felony Punishment beds.

- Variation noted in the TAIP referral populations in Tarrant and Dallas indicates a need for more explicit definition of the TAIP target population.

- Efforts to utilize the assessment process in conjunction with offender classification procedures may improve retention and treatment outcomes positively. The current use of assessment data in placement and treatment appears to be too informal and varied from site to site.

SAR Location

- The autonomy of the SAR in development of policies and procedures is important in the implementation and operation of TAIP and should be a consideration in SAR awards.

- Physical location of programs appears to facilitate program operation and communication. Where feasible, co-location of SAR and criminal justice and co-location of treatment and criminal justice should be encouraged.

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Appendix

TAIP Client Survey

11/17/92

Criminal Justice Policy Council: TAIP Evaluation

TREATMENT ALTERNATIVES TO INCARCERATION PROGRAM (TAIP)

CLIENT SURVEY

Please answer the following questions with your most appropriate answer Please be honest with your answers. All responses are confidential. When you complete the survey please return it in the attached stamped self-addressed envelope. Thank you very much for your assistance

1 How did you get into the TAIP program? (Please circle one)

A Pretrial Alternative
B Alternative to Jail/Prison
C Condition of Probation
D Violated Condition of Probation

2 Who referred you into the program? (Please circle one)

A Judge/Court
B Probation Office
C Other (Please Specify)_____

3 Do you know what the tests you had to take were for?

A Yes
If yes, what was it for?_____
B No

4 Was it a long time between the time you were tested/interviewed and when you got into treatment?

A Yes
If yes, how long was it?_____
B No

5 When you were referred into the program did you think you had a drug/alcohol problem?

A Yes
B No

11 How long have you been in the substance abuse treatment program? (Please answer only one: days, weeks, or months)

A Days_____
B. Weeks_____
C Months_____

12 What is the length of time you will be in this program?

_____

13 Do you feel the total time you are to receive treatment services is

Too Long _____ About Right _____ Not Long Enough _____

14 Have you used drugs/alcohol since starting your treatment program?

A. No
B Yes

If yes, how many times?_____

15 Are you required to take Urinalyses in this program?

A No
B. Yes

If yes, how often do you take a UA?_____
How many UAs have come up positive?_____

16. What was your first impression of the treatment agency?

Very Negative _____ Negative _____ Neutral _____ Positive _____ Very Positive _____

17. Has your opinion of the agency changed since your first contact with the program?

More Negative _____ Unchanged _____ More Positive _____

18. Do you feel the counselors are qualified and skilled in helping you with your drug/alcohol problem?

Not at all _____ Very Little _____ Helping Some _____ Very Helpful _____

19. Do you feel the treatment you are receiving is helping you with your drug/alcohol problem?

Not at all _____ Very Little _____ Somewhat _____ Very Much _____

25 Were you employed when you began this program?

A No

If no, was you unemployment related to your substance abuse?

A Yes

B No

B Yes

If yes, do you still have the same job?

A Yes

B No

If no, is it due to your substance abuse?

Yes ____ No ____

26. What do you like best about this program?

_____

_____

27 What do you like least about the program?

_____

_____

28. What do you feel your chances are for using drugs/alcohol again?

No Chance _____ Some Chance _____ Sure Chance _____

29. What do you think your chances of regularly going to AA/NA are?

No Chance _____ Some Chance _____ Sure Chance _____

30. Do you think you will be able to hang out around old friends after you leave treatment?

A. Yes

B No

31. Would you refer friends to this treatment program if they were in need of treatment?

A Yes

B No

Thank you for completing this survey Please return it to:

Mike Eisenberg
Criminal Justice Policy Council
P.O. Box 13332
Austin, Texas 78711-3332