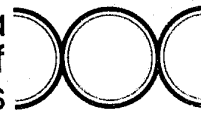


**YOU
GOTTA
START
SOMEWHERE**

95577

Minnesota
Department of
Corrections



U.S. Department of Justice
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You Gotta Start Somewhere

A CHEMICAL INTERVENTION PROGRAM PLANNER
FOR CORRECTIONAL FACILITIES:

A SYSTEMATIC RESPONSE TO CHEMICAL USE PROBLEMS

Minnesota Department of Corrections
Chemical Health Unit
430 Metro Square Building
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St. Paul, Minnesota 55101
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PREFACE

In order to develop and implement a sophisticated planning process and validate a model for providing chemical health services in correctional facilities, cooperation and support from a variety of professionals has been solicited. Although this project was formulated by the Minnesota Department of Corrections chemical health personnel in concert with the Minnesota Correctional Facility-Red Wing (MCF-RW) staff, many other key people have been instrumental in the concept design as well as providing technical assistance and support services at each step in the project's evolution.

PROJECT TERMS

Action Plan:	The document that specifies the designated program. Trainers facilitate the creation of goals, objectives, and activities. Action plans are time sequenced and specify responsibilities for accomplishment.
Chemical Health:	Responsible decision making about one's use of chemicals which promotes personal healthy functioning, maintains freedom of choice and contributes to the absence of chemical related consequences.
Core Team:	A number of institution employees who volunteer to meet as a group to assess needs, plan, implement and evaluate prevention, intervention, and treatment programs.
External Consultant:	A person experienced in the planning process and possessing technical expertise in a specific area who can assist a person or a team to work on problems and/or bring about planned, constructive change.
Internal Consultant:	A person within the organization who has the planning and implementing of constructive change as an identified formal or informal function. Usually there is a working relationship between an internal and external consultant.
Intervention:	Entering an ongoing system of events and changing their direction to a more positive one.
Needs Assessment:	A systematic and comprehensive method to determine the current status of a situation.
PERT:	(Program Evaluation and Review Technique) An established approach to planning (See: Action Plan) that has resulted from program planning technology and been applied to general planning within an organization.
Process Evaluation:	To provide a formative description of the effectiveness of the program's operations. This evaluation is used to improve the functioning and the delivery of project services.
Resources:	Internal or external people, materials or money which enables planners to achieve their stated goals.
Technical Assistance:	Specific, factual dissemination of information and guidance which assists program planning and development.

INTRODUCTION

Overview

This planning guide is based on a pilot effort to intervene into the chemical use problems of incarcerated offenders. A model program was initiated at the Minnesota Correctional Facility-Red Wing (MCF-RW), a minimum security institution for juvenile males, and supported by a grant from the Minnesota Department of Public Welfare's Chemical Dependency (DPWCD) Division.

This undertaking was based on the assertion that a significant proportion of corrections' clients have extensive chemical abuse histories. Many seem to exercise the same poor impulse control and decision making ability when faced with resolving issues of chemical use as they do when faced with conflicts regarding other irresponsible behavior. Therefore, we believe that successful problem intervention can be accomplished, in part, through the provision of appropriate supportive services which integrate retribution and rehabilitation for residents with simultaneous problems.

The purpose of this Program Planner is to help concerned corrections personnel replicate this program model in interested correctional facilities in Minnesota as well as at other settings. This document is meant to generically describe the project's process and learnings. It provides a foundation for mobilizing and utilizing human resources in the criminal justice and chemical abuse fields to effectively confront chemical related problems among offenders.

It must be clearly stated that this handbook is not a self-contained program plan. Its successful implementation is dependent upon collaborative working relationships and technical expertise necessary to maintain the project and promote program self-sufficiency. Institutions undertaking a

change oriented program of this sort should obtain training and technical assistance from the Minnesota Department of Corrections and/or other appropriate sources. However, the specific program activities which evolve are subsequently generated by the institution staff and tailored to the unique needs of the participating facility.

As a concrete example of outcomes derived from engaging in this planning process, specific program activities developed by the MCF-RW are compiled in a document entitled JUVENILE CORRECTIONS CHEMICAL INTERVENTION PROGRAM DIGEST (JCCIPD). This digest contains all the materials generated by the MCF-RW Chemical Intervention Project. The JCCIPD is meant to be a reference manual which provides concrete examples of particular results achieved. It will help the reader clarify possible planning procedures and outcomes to "see" how one's counterparts used this process to solve a particular problem.

The purpose of this planning guide is to provide a framework for using an external consulting team to help organizations systematically follow steps to initiate and manage change and ultimately solve health related problems.

It includes a process to help organizations develop the capability to transfer and integrate these activities into ongoing operations, promoting program continuation.

This manual will describe how to:

- Begin the ground work for the development of your program;
- Mobilize staff resources;
- Conduct an institutional needs assessment;
- Develop a chemical intervention plan;
- Implement appropriate actions;
- Integrate program elements into the fiber of the institution;
- Build effective working relationships;
- Identify and utilize internal and external supportive resources;
- Utilize evaluation assistance and
- Monitor and modify project activities as needed.

CONCEPTUAL FRAMEWORK

Problem Statement

The Minnesota Department of Corrections (DOC) has long been aware that a large number of its clients experience significant problems with chemical misuse, which influence adjustment and behavior in the correctional institution as well as in the community.

Although the DOC has initiated several treatment programs to address this problem in its institutions, a variety of obstacles (i.e. funding, staffing patterns, territoriality, philosophical differences) have left a sizable gap in the provision of an adequate continuum of chemical health services. In order to operationalize such a continuum of services, it would be necessary to develop (and fund) a multitude of individualized programs designed to respectively address each emerging need.

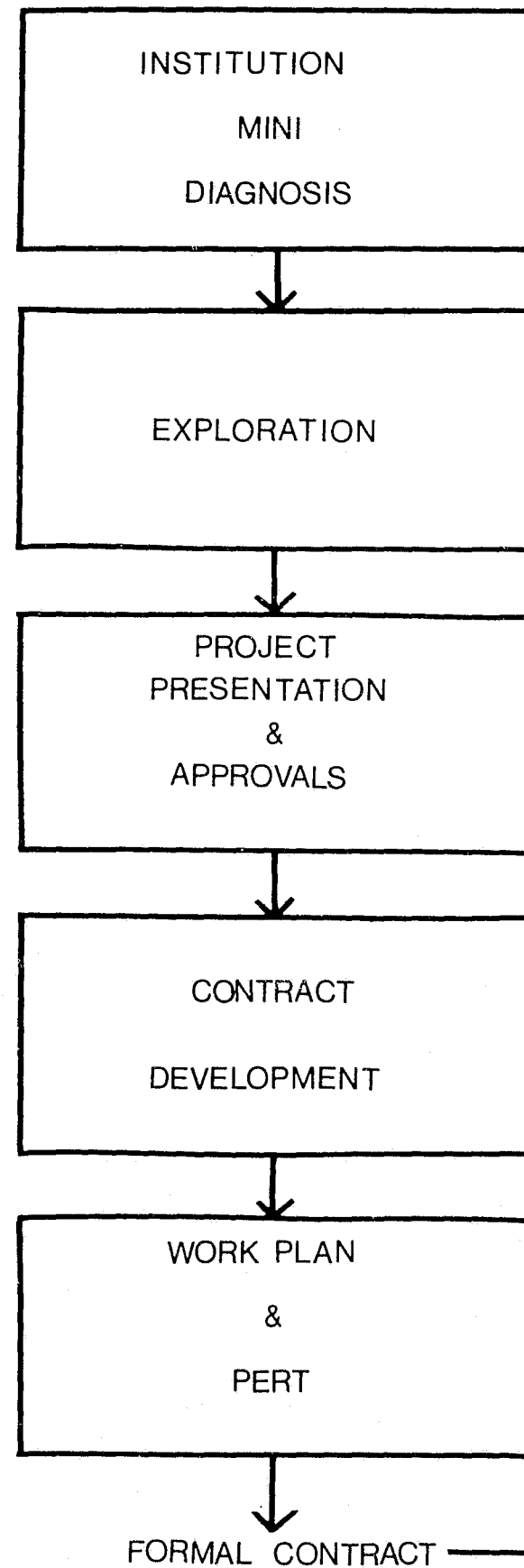
This prospect now appears too costly and time consuming to be of practical importance. There are eight state correctional institutions in Minnesota. Each employs staff and serves clients with a variety of problems and needs related to chemical health programming.

What is needed then, is a planning process model for the provision of services which is independent of the demographics of a particular institution or population. In that way, the "wheel would not have to be reinvented;" each individual institution could adapt the model to fit its unique needs and experiences.

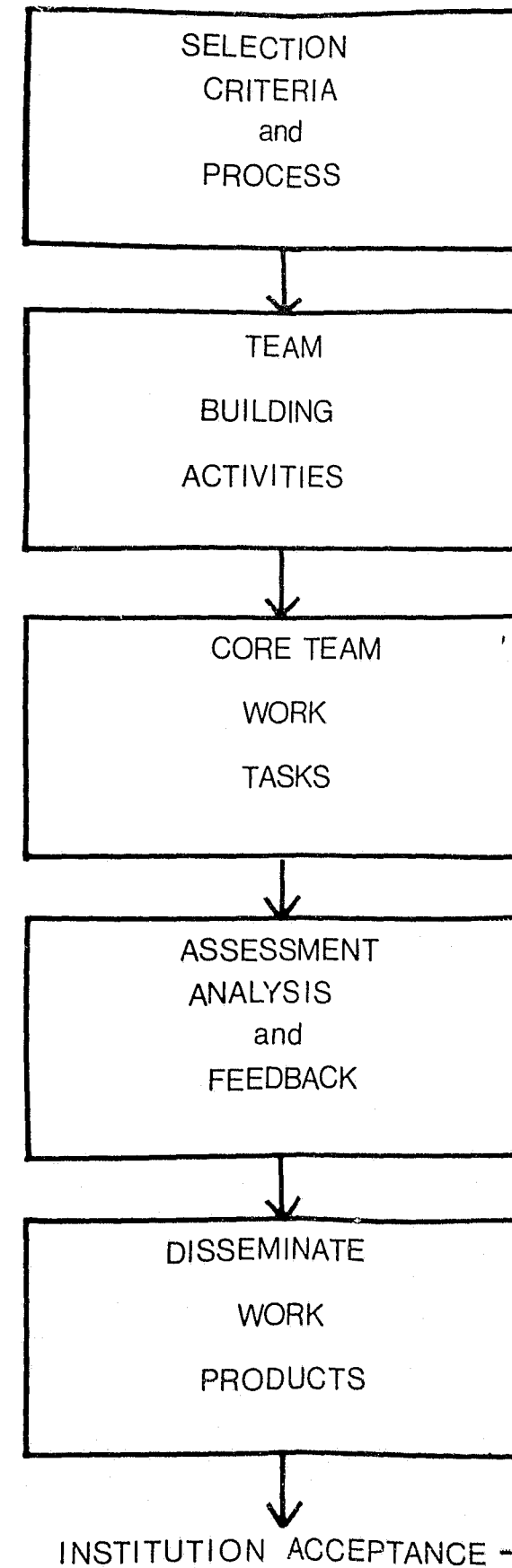
Such a planning process, composed of three contiguous phases, is described in this planning guide. A diagrammatic representation showing the three phases, Groundworking, Team Building, and Action Planning is included as an organizing flow chart for following this process.

PROGRAM DEVELOPMENT
FLOW CHART

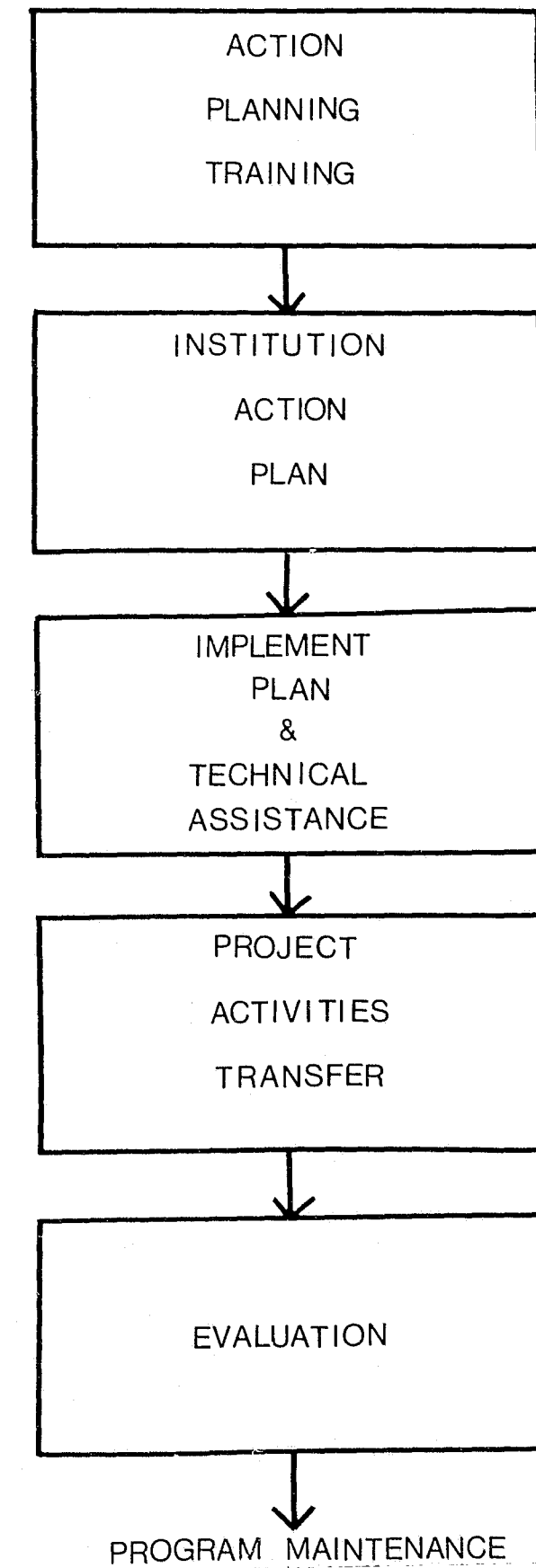
GROUND WORKING



TEAM BUILDING



ACTION PLANNING



Project Philosophy

This model assumes an holistic philosophy of person development and problem behavior. It utilizes a systematic program planning methodology to provide correctional facilities the skills necessary to assess needs, plan action, and implement and evaluate comprehensive programming while mobilizing multi-dimensional resources.

Project participants follow an organization development model in planning, program management, administration and evaluation, based on the conviction that an organization, once in possession of planning and decision-making skills, is the most effective agent in identifying and solving its own problems.

Existing expertise from within the institution is located and focused by involving the total organization in the design, implementation and evaluation of the project. Involvement of all parts of the system is the key to success because people become committed to and supportive of programs they help develop.

Therefore, this program planning model centralizes its initial efforts in the institutional setting around the development of a core group, a team usually composed of an administrator, education staff, counseling staff, custody staff, residents and other concerned persons inside or outside the institution. Once problems and needs in the organization are determined, the team then develops and implements an Action Plan which involves members of the institution and addresses the problems of chemical abuse and disruptive behavior. Each institution thus chooses to develop an Action Plan based on its unique needs, with the understanding that this process is organic (ongoing yet ever-changing) and self-correcting as new problems and learnings emerge.

Institutions are encouraged to develop and integrate programs which respond to needs along the whole continuum of care - from problem prevention to aftercare support. The general objective is to encourage the creation of programs which will promote development of the "whole person" - physically, emotionally, intellectually, spiritually, and socially.

Program development is guided by behavioral science research and an underlying belief that persons who:

- have a clear understanding of their value system,
- are in touch with their feelings,
- possess constructive decision-making processes,
- have a high level of self-awareness and self-acceptance,
- are striving to attain positive life goals, and who
- have skills in effective interpersonal communication,

are less likely to irresponsibly use/abuse chemicals and less likely to involve themselves in other related forms of disruptive behavior.

It is expected that in learning and implementing this planning process, participating institutions will acquire the internal capability to maintain chemical intervention efforts with minimal external assistance.

Outcomes

There are many clear benefits derived from engaging in an institutional program planning procedure which coordinates efforts to improve the delivery of services. Some possible results include:

- Participating staff will be more aware of their own needs and goals in this area.
- Participating staff will acquire greater commitment to realistic action and greater job satisfaction through ongoing involvement.
- The provision of a focus for communication and cooperation will help unite diversified interests with the facility.
- The development of a comprehensive and collaborative approach to confront the resident's chemical problems will guide staff to effective action.

- The learned process may subsequently be used for intervening in other classes and types of problems.
- The institution as a whole may be enabled to deal with innovation by continually responding to emerging changes.
- The development of more effective programming may result in lower long-run costs.
- Improved management procedures and processes will increase accountability and control.
- Improved decision making processes may be engendered.

One of the major benefits of this process is that it is cost-effective. It utilizes an institution's existing human resources and redistributes their work activities in a more efficient and effective manner.

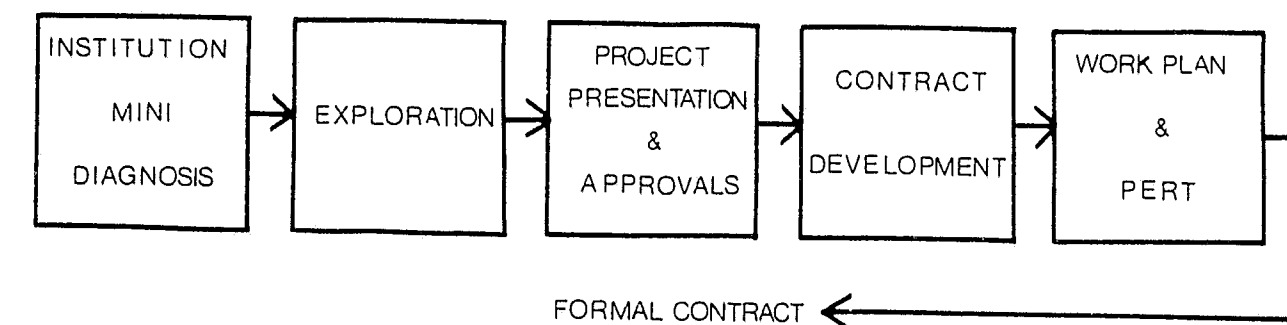
As a result of participating in this planning process institutions will likely decide to work toward the following goals:*

- Clarify the facility's philosophy of chemical use/abuse/dependency and its process for an integrated response to chemical problems.
- Increase the facility's ability to provide chemical use assessments, treatment planning and referral services.
- Increase the staff's ability to deal effectively with chemical use problems by mobilizing internal and external resources.
- Increase the current level and effectiveness of prevention, intervention and treatment services available to residents within the facility, to complement existing programs.

Even though this project has been designed with the Minnesota correctional facilities in mind, it can be easily adapted to other settings.

* Let it be stressed here that although this guide targets chemical related issues, this process has been generically designed to address a variety of problem areas and organizational changes.

GROUND WORKING



The first stage of the process lays the ground work for a serious effort toward change in the institution. Five elements or steps are conducted by one or two staff persons, usually with the help and guidance of an experienced external consultant. These first five steps result in a Contract (or internal agreement to proceed) and a Work Plan/Program Evaluation and Review Technique (PERT) chart describing the team effort which will occur in the next phase. The steps are described in the paragraphs which follow.

Each institution will articulate its own level of needs and determine its readiness for designing programs to address chemical use problems. Each will also exhibit a different level of commitment and resources available to support a planned change effort. Therefore, during the first stages of ground working it is important for the project's external staff to determine whether key institution personnel express a felt need in this area and to see if they can supply the necessary resources to engage this planning process. The organizational climate also needs to be tested to see if it will accommodate innovation.

INSTITUTION
MINI
DIAGNOSIS

The following institutional survey can be used to assess senior staff opinion regarding this effort. Whether it is used as an individual opiniaire or as an agenda for a group meeting, the following list of questions should be addressed by those administrators who will ultimately provide sanction for this planning project:

- i To what degree do residents have chemical related problem?
- ii To what extent are institutional efforts focused on chemical related intervention activities, i.e., lockups, assessment, treatment planning, release planning, urinalysis, etc.?
- iii Is the administrative staff willing to become involved and to commit facility resources to work on the problem?
- iv Is a nucleus of interested staff and leaders available and do they have some initial ideas in this area? Any nominees?
- v Is there a belief that this institution can benefit from the experience of others in this area?
- vi Is there a willingness among institutional staff to collaborate with a Department of Corrections central office initiative to produce change?

An outside resource person should facilitate this opinion-gathering task. The collated results of this opiniaire (or meeting minutes) will provide the institution decision-making authority with an initial analysis of the feasibility of a planning effort.

If it is collectively determined that the institution could benefit from participating in chemical intervention program planning, then the development of a more formal presentation to the institutional administration is indicated.

EXPLORATION

After the administration has expressed an interest in and demonstrated an understanding of the proposed chemical intervention planning process, the following information should be collected and formulated as a report or presentation:

- History and current status of institutional chemical related programming.
- Specific institutional concerns in this area.
- Determination of potential resources to support project implementation.
- Identification of potential obstacles which would impede project implementation.
- Projection of possible program outcomes.
- Exploring the potential for internal and external staff cooperation.
- Overall mutual expectations.

PROJECT
PRESENTATION
and
APPROVALS

This information should be presented to the management of the institution for an "up-or-down" decision. When it has been determined that a collaborative working relationship will be feasible and mutually beneficial, a formal agreement or contract should be prepared. It should define, in general terms, the process to be employed, the organizational entities who will be working together (i.e. the administration, DOC central office health personnel, and a team from within the institution) and provide for approval and sign off by each of the parties.

CONTRACT
DEVELOPMENT

Contracting should include the following considerations:¹

- a. Problem clarification - There must be a clear statement of the problem to which concerned parties agree.
- b. Gains by both parties - In order for an agreement or contract to be initiated, all parties must benefit. The more ways all parties benefit by the resolution of the problem, the more likely the problem will be worked on.
- c. Agreed upon action steps - All steps taken by the various parties must be identified and agreed upon by the parties involved. When possible, all action steps should have a date associated with them. Minimally, each party has an identified first step and a date associated with it.
- d. Sanctions, if appropriate - Many people require some form of instructions, formal work agreement or inducement to ensure the ongoing work on the contract. Sanctions may be specified in the agreement if acceptable to all parties.

- e. Review and evaluation of results - Specific ways of measuring the desired changes (reduction in problem) should be included in the contract. In addition, the dates, times, and personnel who will attend periodic reviews must be specified.
- f. Renegotiation of contract - After each review period, there can be a renegotiation of the contract. A procedure for renegotiation should also be specified.

A discussion of specific project related issues should take place during the negotiation of an agreement. Some of the subjects which should be covered are: mutual expectations concerning the collaboration, project implementation, project outcome, time management, feedback loops, budget constraints, and the roles and responsibilities of project participants.

The personnel categories which are typically affiliated with or directly involved in this process should be mentioned in the program planning process agreement:

Internal Personnel

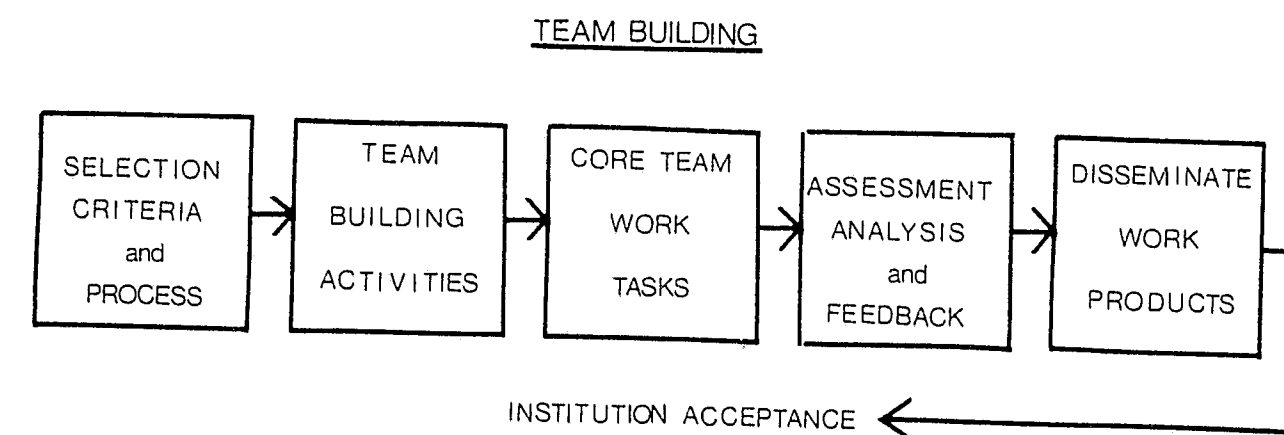
Superintendent
Program Director
Core Team Members
Other Resource Persons

External Personnel

Project Director
Project Consultants
Chemical Health Specialist
Other Resource Persons

WORK PLAN and PERT

Finally, a detailed work plan should be created using a modified Program Evaluation and Review Technique (PERT) design. The plan should attempt to project the major tasks involved in the Team Building and Action Planning stages. The PERT chart should show graphically each of the tasks involved in the Plan and should, by their arrangement, indicate which must be completed before others start, which can be done simultaneously, and approximately how long each should take. The Contract and Work Plan, when approved, will constitute the charter under which the Team Building Stage can begin. (Examples of these documents can be found in the JCCI PROGRAM DIGEST.)



During the team-building stage a group of institution staff members is identified; they work together to build a team relationship and they work together on elements of the planning process. They conduct a much more comprehensive needs assessment than that conducted during the Groundworking Phase and finally produce work products which are widely disseminated in the institution as a report on the change process which is underway.

SELECTION CRITERIA and PROCESS

The selection criteria for the core team (approximately 7-10 people) should be determined by the project director (from DOC Health Unit) and project coordinator (ideally, the institutional program director).

Potential criteria could include:

- Their (pre-determined) time available to devote to this effort.
- An interest in chemical intervention programming.
- Being highly energetic and productive.
- Representing a cross section of institution staff according to function and philosophy.
- An ability to influence other staff.
- A willingness to cooperate as a team member.

The selection process should also be pre-determined. Every staff person should have an opportunity to be informed of the proposed project and to express an interest in participating. If widespread acceptance of changes in the institution is to occur, it is desirable that as many staff as possible know of the opportunity to participate; but know also that their own acquiescence commits them to accept - at least in part - the serious efforts of their participating colleagues to effect change in the institution. The institution administration is responsible for choosing from among the interested persons those who most closely meet the selection criteria.

TEAM BUILDING ACTIVITIES

Once the participants have been selected, they need some time together to engage in team development, project orientation and content specific training which will be provided or guided by the project coordinator, the external consultants, and increasingly by the team members themselves.

One of the underlying aims of team development is to produce quality work in a trusting environment. This is necessary because people work better together when there is open and honest sharing about the problems and difficulties that they have with one another.

The team functions more effectively when its members build on one another's strengths, skills, and resources and when they learn to accept others - their weaknesses included. On the other hand, the team's efficiency is lowered and tension increases when feedback is avoided. Lack of clarity about the meaning of a statement becomes the rule rather than the exception. Therefore, considerable practice is required to achieve appropriate and well-timed feedback.

Team building takes time.

CORE TEAM WORK TASKS

Learning to listen actively makes it possible for messages to be clearer and allows the listener to show respect for the sender of the message. Learning to differentiate process (how one communicates) from content (what one communicates about) is another function of team building. It allows for better problem solving and reduces abstract arguments during meetings.

When the team is adequately developed and cohesiveness is starting to emerge, the team begins to shift toward an orientation and training process. The process of changing from a "team-in-name" to a "team-in-process" can be identified when the members begin to speak of "we could do this" or "we could do that," which emphasizes their perceptions of themselves in terms of a cohesive autonomous unit. (Beware if the group speaks of "we have to do this" or "we ought to do that." The group is probably responding to its own misconceptions of what the "administration" wants.)

The objectives of the core team orientation are:

1. To present the Chemical Intervention Project's goals, objectives and evaluation design.
2. To clarify with team members any concerns and issues regarding the successful implementation of this project.
3. To share the "selection criteria" used for being invited to be a core team member.
4. To identify and clarify expectations and roles of core team members during this project year.
5. To discuss Administrative support and commitment for this project.
6. To clarify that the core team action plan must receive final approval from the Administration.
7. To identify and define all appropriate project terms.
8. To surface the strengths and resources of individual core team members which will eventually result in the design and implementation of an effective action plan.

9. To establish core team "Ground Rules" which will guide interactions between and among team members.
10. To further identify problem areas as seen by the core team and assist them in assessment.
11. To determine a method to involve the larger institution in updating current needs and a process to address them.

A final objective of the core team is to identify those specific areas which require additional training in preparation for action planning in this health area. The training modules are developed and delivered to the core team by the project's external personnel.

ASSESSMENT ANALYSIS and FEEDBACK

Diagnostic activities can themselves change the attitudes and behavior of people. They signal the administration's commitment to change, enable interviewed staff to release feelings of frustration, and may empower certain personnel to take directive action later in the project.

Nevertheless, assessment is mainly a precursor to action. It often serves to sharpen understanding of problems vaguely felt and first articulated in the contracting process.

The core team must determine general assessment domains which describe the types of needs which exist in that particular setting. Sample domains which will likely be of importance are:

- Chemical use policy and procedures for problem use intervention
 - Does an institutional policy exist?
 - Is there a consistent understanding of philosophy, terms, and relevant issues?
 - Are there standardized procedures for problem intervention?
 - What is the institutional commitment in this area?

•Chemical use problems assessment and treatment planning

- Does an assessment process exist in the institution?
- How are chemical use problems addressed in existing core management procedures?
- Who is responsible for identifying chemical use problems among residents?
- How could a more effective problem identification procedure be implemented?
- What are institutional/community options for treatment programming?
- How could the continuum of care be supplemented?

•Treatment programming

- How effective is existing treatment programming?
- Is treatment programming being appropriately/effectively utilized?
- Is there a need to develop additional treatment experiences?

•Training

- What kind of background/expertise is there among staff?
- What kinds of training is currently available?
- What particular training areas are most needed?

•Education

- What kind of informational needs do residents have?
- What information is currently available regarding chemical use problems?
- Is the institution responsible for providing education to residents in this area?

•Resources

- What kinds of resources are available to support efforts in this area?
- Do resource materials exist within the institution?
- Is there a need for additional resources?

•Linkages.

- Do interface activities among service providers (i.e. caseworkers, treatment staff, agents, etc.) routinely occur?
- Is there a systems approach (i.e. collaboration with state, localities, community agencies, etc.) to this problem?

Data Collection Methodology

After the core team has determined what kind of information will be most relevant to project planning, this information should be gathered in a systematic way.

The first step is to decide on methods of data collection. A variety of techniques can be utilized:

- Individual interviews
- Group interviews
- Staff meetings
- Case file searches
- Structured survey/questionnaires
- Values clarification exercises

Data collection activities will begin to inform everyone about the proposed project, provide them an opportunity to have input into the project's direction, begin to solicit commitment to realistic action, and promote ownership of project implementation and outcome. It will also give core team members an idea of potential internal resources for project support.

Once the assessment domains have been determined and a methodology for gathering data has been developed, specific instruments must be designed and pre-tested. (Sample assessment instrumentation and reports can be found in the JCCI PROGRAM DIGEST.)

Analysis and Feedback

To motivate action, data itself must be seen as meaningful and relevant to the recipients. A data feedback report is to be written. It should include a review of the instrumentation, the collection procedure and the analysis. Data overload should be avoided and data carefully limited to problems the core group can do something about.

The major elements which must be present for data feedback to be meaningful are:²

1. Agreement about the data to be collected and method of feedback should be developed prior to data collection.
2. The feedback should be consistent with expectations.

3. Feedback should be provided in a group setting where open discussion can be promoted.
4. Data must be relevant to important concerns of the group and must be understandable.
5. The group must be able to do something about the data themselves.
6. The process of the meeting must be managed in a way that promotes a unified direction.

DISSEMINATE WORK PRODUCTS

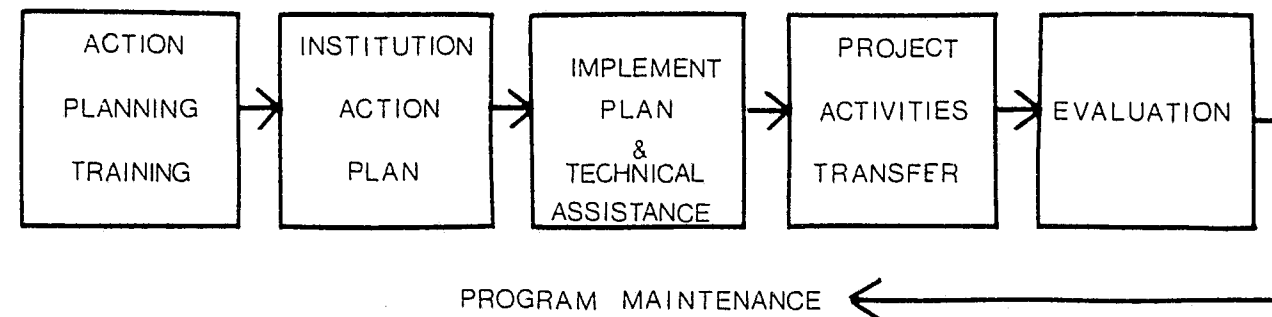
Here are some suggestions for report format and content with a target audience for each:

<u>Format/Content</u>	<u>Audience</u>
Executive Summary (overview of all reports)	Administration
Feedback Report (describes resident problems and needs)	Staff of Institution
Report of Profile of Clustered Need Areas	Core Team

These reports should be appropriately disseminated. This shared feedback will make staff aware of shared needs and demonstrate a commitment to follow through on this process. This process also ensures/provides the core team with valid information for the institution to develop its personalized action plan.

The objective of widespread dissemination of the work products will keep the entire institutional staff aware and involved in the work of the core team. As needs, plans and change initiatives emerge from the planning process, they must be widely accepted or implementation will be slow (or even resisted). When large numbers of staff have "bought in," the resistance fades and changes can start to occur.

ACTION PLANNING



By the time this stage has been reached there is widespread information and interest throughout the institution. Staff and residents alike are aware that a careful, strongly-supported effort to analyze the need for change is underway.

To the extent that the effort is seen as a "grassroots" effort incorporating input from all sectors of the institution, it begins to be seen as "part" of the institution. A subtle process of "buy-in" on the part of larger numbers of staff and residents ultimately results in a generalized form of acceptance in the institutional community. Achievement of this phase can be identified when more and more staff talk about "we" are planning this or "we" are going to do that.

ACTION PLANNING TRAINING

Insights about the accumulated data must be translated into concrete ideas about solving specific problems. Action planning evolves from this distillation of information. It is the process by which change can be brought about.

The core team will require training in action planning and creative problem solving techniques in order to become intimate with the planning design, and to agree upon planning domains, nomenclature, priorities, and organizational climate.

External personnel (trainers) will guide the team through the entire process. Since the external persons are not directly invested in the institution's final programming decisions, they are better able to objectively facilitate the development of a comprehensive institutional plan.

The action plan should be accomplished as expediently as work place constraints will allow. This can be a tedious process, but it is important that systematic steps be taken to follow through the entire procedure so that the resultant product will be purposeful, specific, integrated, adaptable, and realistic. The benefits of utilizing an action planning process are that it:

- consolidates problem solving strategies,
- triggers new ideas and directions,
- heightens motivation by enabling one to actually see successful steps taken on the way to goal accomplishment,
- brings clarity to ideas,
- helps monitor work activities, team effectiveness and impact and
- can be self-correcting.

INSTITUTION ACTION PLAN

The institution action plan constitutes the foundation for future program development. It will specifically identify areas in which the core team will direct their energies and will serve as an ongoing barometer of individual activity completion. Following is a brief summary of the major components of an action plan.

Problem Statement

A clear, succinct paragraph or statement must define the overall problem. It is generated by the processed data and should be a summary consolidating information described in the needs assessment reports. It is what the core team perceives as needing to be changed because of some unaddressed concerns and expressed needs of the institution.

Goals

A general outline of an organizational solution is then developed using prioritized goal statements which describe very broad areas of endeavor. They should reflect the project's overall output in terms of what will exist in the institution which does not now formally exist. Ideally, there should be no more than three or four goals.

Objectives

Objectives are specific, measurable milestones. They are a series of short term changes that must occur in order for the long term goal to be reached.

Objectives need to be relevant and clearly linked to a corresponding goal: measurable, specific, realistic, attainable. They are then broken down into specific activities so that people can assume responsibilities for individual actions, locate resources, be time accountable, etc.

i.e. By (date X), (activity Y), will have been (conducted, written, implemented, produced) for (Z # of people).

Activities

Activities are a series of steps or enabling tasks to assist in the accomplishment of short term objectives. Each activity has a person responsible for its completion according to a start and end time line.

These components, the problem statement, goals, objectives, and activities constitute the institutional work plan describing the anticipated changes. (An example of a completed Action Plan can be found in the JCCI PROGRAM DIGEST.)

IMPLEMENT PLAN and TECHNICAL ASSISTANCE

Any change program requires an extended period of implementation. However, the transition between planning and implementation is a stress point; during this time the greatest danger is a loss of momentum. Team members may be somewhat overcome by the amount of tasks they have presented in detail in their plan and will require external support to facilitate possible redirection and to gear them up for action.

The external personnel can provide assistance by aiding the teams in the successful implementation of their plan through the effective utilization of public and private resources, i.e. inservice training, team building, leadership development, resource networking, expert advice related to chemical use; and by educating, encouraging, counseling, and supporting.

PROJECT ACTIVITIES TRANSFER

A major goal of this process is to provide the institution with the capability to maintain planning and programming efforts with progressively less external support. The action plan is meant to be absorbed by the facility and recycled on a yearly basis.

Necessary linkages must be developed and maintained so that key people in the organization are constantly informed about the project's activities. This will ensure ongoing commitment to these efforts and will foster a "trouble-shooting" mentality which will provide preventive, redirective actions should problems or trouble emerge.

Here are some suggestions which will increase the likelihood that these efforts will become integrated into the fiber of the institution:

- Identify appropriate resources to aid in project transfer.
- Change job descriptions to include appropriate project activities.
- Pre-determine time commitments needed for ongoing efforts to continue.
- Ensure that the overall institutional planning includes these efforts.
- Renew the core team membership to include new approaches.
- Design transfer strategies in the original action plan.
- Solicit appropriate administrative mandates and sanctions to incorporate these efforts.

EVALUATION

As with most prevention efforts, the task of designing an evaluation scheme that is both practical and sensitive to actual program outcomes is difficult. Particularly when a program is attempting to facilitate planned change within an institution, there are a number of serious considerations that frequently limit the program's ability to understand its real or potential effectiveness:

- Was the organization or system "ready" for change?
- Was the product delivered an appropriate one to facilitate the desired changes?
- Was it delivered intensively and extensively (over time) enough to reasonably assume change to occur?
- Have other "interventions" or events influenced the likelihood or direction of change during the project period?
- Was the product delivered in a timely and professional manner?

These issues demand not only a careful monitoring of program outcomes, but clear and ongoing attention to issues of process evaluation as well.

Because of the intentional emphasis placed upon internal planning, it is reasonable to expect that a level of programming sufficient to achieve the ultimate desired outcomes may not occur until late within the project's developmental timeline. For this reason, evaluating the effectiveness of the project based upon changes in drug use patterns, for example, may be more meaningful later in the program's lifespan. At a minimum, such indicators of outcome should be relied upon to provide only a portion of the overall evaluation picture.

Therefore, we believe that the emphasis should be placed upon process evaluation and documentation of those intermediate outcomes (discussions, policy implementation, planned events, training, program development) that occur as a result of the program's initiation.

As the project progresses and has been adequately incorporated into the institution's operation, then an outcome evaluation design should be created to assess the program's impact on specific behavioral change measures, i.e. drug use patterns, recidivism, employment, etc.

Following is an outline of a process evaluation model that will serve to thoroughly describe not only the unfolding of project events during the project but also the relative success of the project in:

- Accomplishing the stated objectives;
- Finding acceptance and support within the institution;
- Generating change in desired areas of program outcome.

Process Evaluation Components

- a) The first level of suggested evaluation for a project of this type involves very little specialized instrumentation. It is important that the administrative direction of the project be documented in some consistent fashion, so that changes in emphasis, personnel or strategy can be carefully incorporated into the design. While in the normal course of events these actions may not stand out, they may help to retroactively explain unexpected findings or to inspire a refinement of the evaluation process. It is suggested that weekly staff meetings be held by project personnel in order to discuss in detail the activities and direction of the program. A recorder should be assigned for each of these meetings so that administrative progress notes can be kept on file. While this segment of the evaluation may seem unnecessary, it is our experience that many projects undergo a variety of subtle changes that reflect upon planned outcomes but which are never documented or formally observed.
- b) The second facet of a project evaluation plan involves the maintenance of a project diary in which significant occurrences, impressions and milestones are recorded on a daily basis. At the project's outset, a project historian with specific responsibilities for documenting events and learnings in a written account must be identified. The project diary can be an invaluable tool in conducting the process evaluation because it provides a rich source of both objective and subjective information on the project, tracing its history on a day-to-day basis.
- c) One of the most significant facets of the evaluation is anticipated to arise from the core team's development of a well-defined and measurable action plan for its chemical intervention strategies. As a result, project staff will be able to assess in a rather straightforward manner the degree to which tasks outlined in the action plan (or revised in subsequent plans) were subsequently achieved.
- d) Another element of the evaluation plan is a system for allowing members of the core team to record periodic contacts or activities in which they participated and which they felt to be significant contributors or inhibitors of the project goals. Standard sheets should be made available which provide each core team member with a simple form to note the date, type of interaction, comments and a judgement on the positive/negative implication for the contact. These progress notes become part of the evaluation plan subsequent to the core team's development of its action plan goals and objectives.
- e) In addition to the development of goals and objectives relating to project activity or "effort", the core team should also develop specific evaluation measures which represent that group's expectations of outcomes resulting from their effort. These measures should be tied specifically to each of the goal areas in the action plan and provide criteria against which to judge not only the amount of activity but also, inferentially, its effectiveness. It should be noted that these evaluation measures are developed subsequent to the action plan and the actual implementation of tasks. The evaluation measures are used to begin the task of assessing program outcome. Some of the information required to address these measures will be archival in nature, requiring a study of client records, treatment plans and management information.

- f) Another significant factor which needs to be addressed is what has been termed "Readiness-For Change."³ For example, the level and direction of outcome achieved with a given institution may well be dependent upon their perception of the need for such change, their willingness to implement suggested policies and the presence or absence of committed leaders within the organization. Perhaps the technique most widely used for this kind of analysis is that of "A VICTORY," (Ability, Values, Ideas, Circumstances, Timing, Obligations, Resistances, Yield) which is based upon a behavioral model of planned change and which includes seven factors that typify an organization's readiness and proclivity to change.
- g) In a project which is focussed on planned change, where the strategies used may vary widely, an individualized goal attainment procedure offers the best promise for documenting intermediate outcomes and for evaluating the extent to which these were reached. Particularly within a core team framework, where the development of management plans is emphasized, such measures as Goal Attainment Scaling are felt to be highly appropriate. This procedure is not only simple and easy to scale, but it enables the project to articulate goals for a number of areas simultaneously. This component of the evaluation plan can become the major mechanism for tracking the achievement of intermediate outcomes, such as implementation of a program, policy development, curriculum development, etc.
- h) In addition to a careful monitoring of process issues and a documentation of program implementation, it is important that the project receive some feedback regarding progress toward its overall goal. It is recommended that several procedures be set up on either an informal or formal basis to track critical incidents around chemical use problems that occur in the facility during the project year. For example, if one of the programs undertaken is policy development, it is reasonable to then track possible effects of a clear and consistent policy on chemical-related infractions during the course of the year. It is suggested that this procedure be complemented by a series of interviews with administrators, core team members, facility staff and (possibly) residents near the end of the project year to serve as a key informant assessment of the project's role and effectiveness.

This approach is set forth as a series of preliminary suggestions for evaluation design. It is anticipated (and in fact expected) that these strategies will undergo some revision and refinement as a contract for services is finalized.

APPENDIX

Footnotes

^{1,2}Merry, Uri, Allerhand, Melvin, Developing Teams and Organization. Reading, Mass.: Addison-Wesley Publishing Company, 1975.

³Davis, Howard, Salesin, Susan, "The Utilization of Evaluation" in volume 1 of The Handbook of Evaluation Research: Sage Publications, 1975.

Other References:

Beer, Michael, Organization Change and Development: A Systems View. Sanata Monica: Goodyear Publishing Company, 1980.

Beckhard, Richard, Organization Development: Strategies and Models. Reading, Mass.: Addison-Wesley Publishing Company, 1969.

Sipe, James, Adolescent Development and Drug Use: Rethinking Problem Behavior, Resident Fellows Monograph for the National Drug Abuse Center, National Institute on Drug Abuse, Rockville, Maryland, 1979

Acknowledgements

Thanks to Minnesota Department of Corrections' Commissioner Jack Young and his staff for their administrative support; Mr. Chuck Heinecke and the Citizen's Advisory Council, Department of Public Welfare Chemical Dependency Division for their financial assistance; Superintendent Jerry O'Rourke, Mr. John Handy and MCF-RW staff for their willingness to collaborate in this venture; and to Mr. Roland Sullivan for his technical expertise and spiritual guidance - - JS.

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