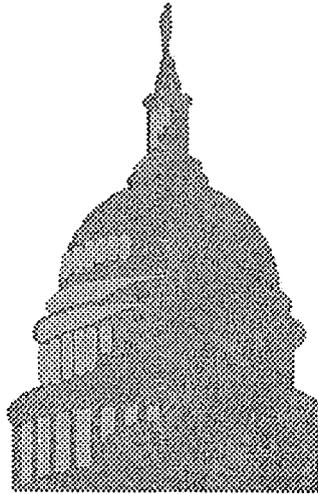


Treatment Alternatives to Incarceration Program

Pilot Evaluation Design



Criminal Justice Policy Council

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## **Note From the Director**

Like most states, Texas was unprepared for the drug epidemic that exploded in the 1980's. Prior to 1987 the Texas prison system had 37 drug counselors for an estimated 30,000 inmates with drug problems. No statewide system existed for drug testing or drug treatment of parolees. Probation programs and resources varied from community to community. Beginning with the 70th Texas Legislature, significant increases in funding for substance abuse counselors in prison and treatment for probationers and parolees were initiated. While significant, these increases pale in comparison to the initiatives of the 72nd Texas Legislature. The 72nd Texas Legislature in 1991 established a program of 2,000 in-prison therapeutic community beds, 12,000 Substance Abuse Felony Punishment beds, and community-based Treatment Alternatives to Incarceration Programs (TAIP) in the six largest metropolitan counties. These programs represent the largest commitment in the U.S. to treatment of substance abusing offenders.

In spite of this significant policy initiative, the 72nd Texas Legislature only appropriated funds to develop a system to evaluate the process and success of the Treatment Alternatives to Incarceration Program (TAIP). The Criminal Justice Policy Council, working with the Texas Commission on Alcohol and Drug Abuse and the Texas Department of Criminal Justice, is responsible for designing the process and outcome evaluation of this program. The evaluation design will establish experimental and comparison groups to measure program outcomes using follow-up recidivism studies. As important will also be the "action research" component which will provide process evaluation information on a proactive and routine basis. The action research is oriented at providing the TAIP Planning and Evaluation Advisory Group information necessary to modify implementation strategies as problems emerge.

The Criminal Justice Policy Council is also designing program evaluations for the In-Prison Therapeutic Communities and the Substance Abuse Felony Punishment facilities. The design and data collection strategy will then be in place if the next legislative session appropriates funds to conduct a full-scale evaluation to assess the cost/effect and return on investment for these programs.

**Tony Fabelo**  
**Executive Director, Ph. D.**

# **Treatment Alternatives to Incarceration Program**

## **Pilot Evaluation Design**

### **I. Introduction**

The research literature examining the relationship between drugs and crime has become as extensive as the drug abuse problem is prevalent (see Tonry and Wilson, 1990 for a review of the literature). From arrest to incarceration, criminal offenders indicate levels of illicit drug usage that far exceeds illicit drug usage in the general population. The National Institute of Justice's Drug Use Forecasting (DUF) program conducts random drug screenings of arrestees in 20 major cities. The percent of arrestees testing positive for drugs ranges 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 in 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. An analysis conducted by the Criminal Justice Policy Council (CJPC, 1992) indicates a dramatic increase in the last 5 years of offenders sentenced to prison for drug offenses. From 1985 to 1991 the number of offenders sentenced to prison for drug offenses grew from 2,921 to 12,404.

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.

A growing body of literature is supportive of treatment effectiveness in reducing substance abuse and recidivism for the offender population (for reviews see Hubbard, et. al., 1989; Anglin and Hser, 1990; Wexler,et. al., 1988). Research indicates effectiveness of both in-prison programs and community-based programs in reducing recidivism. Research examining the "Stay-N-Out" in-prison therapeutic community indicates a 20% reduction in arrest rates (47% to 27%) over a 5 year period for program graduates versus a comparison group. Research of treatment programs of offenders in the

community, probably best exemplified by the Treatment Alternatives to Street Crime (TASC) models, also indicate treatment effectiveness in reducing recidivism (see Inciardi and McBride, 1991).

TASC models, initially developed in the 1970's, provide a bridge between two separate institutions: the justice system and the treatment community. The mission of TASC is to intervene in justice system processing as early as possible to get substance abusing offenders into treatment in an effort to break the drug / crime cycle. Recognizing the efficacy of this approach a program similar to TASC is being implemented in Texas.

Treatment Alternatives to Incarceration Programs (TAIP) are being established in six (6) urban counties in Texas. As part of this new initiative the Criminal Justice Policy Council (CJPC) is responsible for designing a process and outcome evaluation to determine the utility of this program in Texas.

This report will detail a proposed methodology for conducting a pilot process and outcome evaluation of the Treatment Alternatives to Incarceration Program.

## **II. Treatment Alternatives to Incarceration Program (TAIP)**

The 72nd Texas Legislature established the Treatment Alternatives to Incarceration Program in each of the six most populated counties of the state: Bexar, Dallas, El Paso, Harris, Tarrant, and Travis. The TAIP Request for Proposal best summarizes the goals and mission of the program as follows:

"The TAIP is a collaborative effort designed to provide chemically-dependent offenders with screening, referral, and placement into an approved chemical dependency treatment program. The project is designed as a linkage between community-based chemical dependency treatment systems and the criminal justice system in order to serve a common population more efficiently. It serves as a source of relief to the overburdened criminal justice system by providing an avenue of direct treatment referrals for chemically-dependent offenders who may benefit more from treatment than incarceration. TAIP allows for the coerciveness of

criminal justice sanctions to benefit treatment approaches by exerting additional pressures on the offender to remain compliant with treatment plans. It creates an alternative which may deter the offender from further chemical dependency related offenses or incarcerations which prevents them from victimizing the community at large with ongoing criminal behavior.

The project operates in cooperation with local criminal justice entities and community-based treatment service providers. The main functioning body is the TAIP Screening Committee composed of representatives from the approved treatment providers, the involved criminal justice entities, and the local TAIP coordinator who is responsible for establishing and maintaining the Screening Committee."

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 .

### **III. TAIP Pilot Site Selection Process**

Based on grant awards to the agencies selected to conduct screening, assessments, and referrals (SARs) and agencies selected to provide treatment, 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, typically a Community Supervision and Corrections Department (CSCD). Since the SAR is the initial linkage between the criminal justice system and treatment providers, 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:

- (1) A full continuum of treatment services must be available.
- (2) The TAIP must demonstrate established linkages between the criminal justice system and the treatment providers.

(3) The pilot site must be amenable and supportive of participation in the evaluation process.

(4) The TAIP 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.

(5) The TAIP pilot site primarily targets arrestees as clients.

Based on the criteria delineated above, the Dallas County TAIP was selected as the pilot site for evaluating the treatment model and the Tarrant County TAIP was selected as the pilot site for evaluating the criminal justice model. Additionally, as specified in grant awards, the remaining TAIP sites are responsible for conducting program monitoring activities as specified in their proposals.

#### **IV. TAIP Pilot Process Evaluation**

Failure to properly implement any new program makes any outcome evaluation a moot subject. An interactive process evaluation can document the implementation of the program, examine differences in program planning and actual program implementation, and provide an interactive process to identify implementation problems and modify as needed.

The pilot process evaluation will utilize the steps detailed below to evaluate the effectiveness of TAIP program implementation.

(1) Detail goals, objectives, program design and approach specified by the pilot sites as detailed in the RFP.

(2) Describe TAIP organizational chart, client flow chart, policies, procedures, TAIP Advisory and Screening committee, and key agencies and staff.

(3) Examine the relationship between program implementation measures specified in proposal and actual program experience. Examine compromises made between program design prior to awards and after budget adjustments due to funding constraints. Measures specified will include:

- (a) Target population
- (b) Program sites
- (c) Client eligibility
- (d) Screenings, assessments and referrals
- (e) Admissions
- (f) Services delivered
- (g) Discharge/ Follow-up

(4) Describe intra- and inter-agency organization, coordination, client referral process, and TAIP communication. Describe service delivery and communication prior to and after TAIP.

(5) Conduct 3 month/6 month process evaluation interviews with criminal justice staff, SAR staff, treatment providers, TAIP coordinator, a sample of clients, and other key players.

(6) Examine 3 month/ 6 month performance measures.

#### **V. TAIP Pilot Outcome Evaluation**

The goals of the pilot outcome evaluation can be summarized as follows:

Does treatment of substance abusing felons reduce substance abuse and concomitantly reduce recidivism?

Is the TAIP service delivery model more effective in achieving a reduction in substance abuse and recidivism than clients not accessing the TAIP service delivery system?

Ideally an experimental design, utilizing random assignment to TAIP of equally situated offenders, would best be suited to addressing these issues. However, because this is a new program and there is a reluctance to arbitrarily deny services to substance abusing felons to create a control group, a quasi-experimental research design will be utilized. Again, because of the pilot status of this program, the type and availability of comparison groups is difficult to project. A number of potential experimental and control groups are possible.

*Experimental Groups:*

- (1) Referral/ Treatment intake/ Treatment completion
- (2) Referral/ Treatment intake

*Comparison Groups:*

- (1) Referral / Treatment intake / Waiting list
- (2) Referral / No treatment intake
- (3) Referral / Treatment intake / Treatment drop-out

The pilot outcome evaluation will initially attempt to utilize treatment graduates (experimental group 1) as the experimental group and waiting list cases (comparison group 1) as the comparison group. By collecting data on all SAR referrals alternative groups can be established if necessary.

**VI. Data Collection**

To reduce paperwork and manpower requirements associated with the evaluation, the pilot outcome evaluation will utilize, as much as possible, data routinely collected by participating agencies. The minimum number of data elements required for the outcome evaluation are specified below:

- (1) Criminal Justice referral to SAR
  - (a) Client name/ race/ sex /birthdate/ DPS number
  - (b) Incident Type/Date
    - Arrest
    - Probation/Parole Violation
    - Positive Urinalysis (UA)
  - (c) Referral to SAR Date
- (2) SAR
  - (a) Intake Date
  - (b) Client name/ race/ sex /birthdate/ DPS number/SSN
  - (c) Addiction Severity Index (ASI)
  - (d) Referral to Treatment/ Agency/Date
  - (e) ASI Six Month Follow-up
  - (f) Waiting List/ Ineligible/ Drop-out Status
- (3) Treatment Provider
  - (a) Intake Date
  - (b) Client name/ race/ sex /birthdate/ DPS number/SSN

- (c) Client CODAP number
- (d) Program Progress reports
- (e) Discharge Plan
- (f) Waiting List/ Ineligible/ Drop-out Status

In addition to the data specified above data will be collected from secondary sources. These data elements will include:

- (a) Computerized criminal history (CCH) "rap sheets" from the Department of Public Safety (DPS) to determine pre- and post-TAIP arrest and incarceration rates.
- (b) CODAP Intake and CODAP Termination/Follow-up data
- (c) TCADA Billing data
- (d) Probation/Parole officer supervision data
- (e) Wage data from the Texas Employment Commission

Standard data collection and entry procedures such as data editing, validity checks, data "cleaning", and similar procedures will be utilized.

## **VII. Outcome Measures**

A number of outcome measures will be utilized in the evaluation process comparing differences in the experimental and comparison groups at six and twelve months after intake and after program discharge. Outcome measures will include:

- (1) ASI composite scores at SAR assessment and at six month follow-up for experimental and comparison groups.
- (2) Pre- and Post-TAIP arrest and incarceration rates for experimental and comparison groups.
- (3) Six and twelve month arrest and incarceration rates for the experimental and comparison groups. Rates by violent, property, and drug offenses will be computed as well time to failure measures.
- (4) Measures of abstinence, relapse, and other data available from CODAP, ASI follow-up, continued care providers, or other sources will be computed.

(5) Pre- and post-TAIP wage comparisons

(6) Additional outcome measures such as positive UA's, probation and parole violations, and other measures will be examined based on data availability.

### **VIII. Data Analysis**

The primary analyses conducted will seek to evaluate TAIP's impact in reducing recidivism, the primary goal of this program. In addition to the analyses suggested above by the various outcome measures, analyses will seek to determine differential program impact by such factors as type and severity of substance abuse problem, treatment type, socio-demographic factors, and other variables.

Secondarily the analyses will seek to determine if the TAIP service delivery methodology is superior to existing service delivery systems for clients not accessing TAIP. This analysis will be dependent upon the ability to collect data on services accessed by the comparison group.

Numerous other analyses will be possible with the available data such as conducting cost-benefit analyses, examining the relationships between ASI scores, treatment, and crime, and addressing similar research questions.

### **IX. Summary**

Texas has made one of the largest commitments to treating substance abusing offenders this country has ever seen. This commitment is based on the relationship between drugs and crime, the research literature suggesting the benefits of treatment in reducing substance abuse and recidivism, and the significant potential this approach offers in addressing our crime and drug problems that threaten to overwhelm our criminal justice system and Texas taxpayers.

Because no state has attempted a program of this magnitude or measured the impact of such an effort, a thorough evaluation of both the implementation process and outcome of these efforts is merited. This report has detailed a methodology for achieving a pilot process and outcome evaluation, as the initial step in preparation for a systemic evaluation of the statewide system being implemented to treat substance abusing criminals.

While the costs of such a system are significant, the potential benefits of successful implementation suggest the possibility of an extremely beneficial return on investment. Evaluation of this effort is a prudent step in determining the return on investment made by this approach.

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