Pennsylvania Department of Corrections

Research in Review

Division of Planning, Research, Statistics and Grants
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Special Focus on *Pennsylvania DOC Evaluation Agenda*

The first issue of Volume 6 of *Research in Review* begins another new direction for this publication. For the past five years, RIR has presented reviews of corrections-related articles published in scholarly journals, and more recently, briefing papers on special topics in the field. The primary focus of RIR, then, has been research and evaluation projects conducted in *other* jurisdictions. It is now time to begin highlighting some of the work going on within the Pennsylvania Department of Corrections, and to show the contributions made by our own department to the national literature on effective correctional programs.

As many readers of RIR know, the department maintains an active agenda for evaluating its inmate treatment programs. We have employed an effective evaluation model over the past five years, where we internally determine our needs for evaluation, identify an outside evaluator (typically university-based) to conduct the evaluation on our behalf, and work with that evaluator to leverage third party funding to support the work. Common funders have been the National Institute of Justice (NIJ) and the Pennsylvania Commission on Crime and Delinquency (PCCD). With this model, we get the evaluation we need, without having to do it ourselves, and without having to pay for it. This model promotes the creation of high quality, objective information on program performance. Channeling third party funding directly to the evaluator promotes the independence and integrity of the evaluation. Information about the department's evaluation agenda can be found at http://www.cor.state.pa.us/Evaluating%20Programs%20&%20Issues.pdf.

This issue of RIR features a summary by Professor Wayne Welsh of Temple University of the findings of his process evaluation of the department's alcohol and other drug (AOD) treatment programs, funded by NIJ. This partnership with Temple began in 1998, and was the model for many of our future evaluation projects. Dr. Welsh is presently completing an NIJ and PCCD funded outcome evaluation of AOD therapeutic communities at five State Correctional Institutions (SCI's), and has recently begun an NIJ funded outcome evaluation of the AOD programs at SCI-Chester. An upcoming issue of RIR will feature the findings of the five TC outcome study. Following Dr. Welsh's piece is the department's response about how we have used the process evaluation to make improvements to our AOD programs.

Future issues of RIR in this volume will feature summaries of evaluations of other DOC programs, including parenting, educational/vocational, Young Adult Offender, and other program areas, along with department responses. We will also continue to feature article reviews and special briefing papers. We at RIR hope that you find these reports to be informative, practical and relevant to your work in corrections.

A PROCESS EVALUATION OF PENNSYLVANIA DEPARTMENT OF CORRECTION'S ALCOHOL AND OTHER DRUG TREATMENT PROGRAMS

by
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During the 1999 calendar year, researchers from the Center for Public Policy at Temple University conducted a broad, descriptive assessment and process evaluation of Alcohol and Other Drug (AOD) programming offered by the Pennsylvania Department of Corrections (DOC). This process evaluation included a survey of 118 AOD treatment programs throughout the Department, a one-day symposium with DOC treatment personnel, an intensive on-site process evaluation of AOD programs at two institutions, and the design of an outcome evaluation based on analyses of findings from the process evaluation.

Establishing the Research Partnership

A Steering Committee of senior DOC policymakers, research and treatment personnel, and Center for Public Policy staff was formed in January of 1999 to guide joint research activity. This group focused on issues of building a partnership, reviewing research plans and designs, and providing oversight of the research process. The committee also considered the larger organizational and policy issues that the partnership raised within the DOC. Part of the mission for this committee was to discuss the findings of research completed through the partnership, suggest possible explanations for results, and further develop a systematic agenda for process and outcome evaluations of correctional programming. The Steering Committee also participated in the design and administration of a statewide survey of AOD programming at 24 institutions, and organization of a statewide meeting with Drug and Alcohol Treatment Specialists (DATS) to explore AOD programming within the DOC. Seven partnership goals were identified by the DOC: (1) development of an ongoing, working relationship with a major Pennsylvania research university in order to facilitate the production of useful knowledge for the Department, (2) demonstration of the ability of the DOC to utilize external research expertise and to secure funding for needed studies, (3) expansion of the Department's capacity to produce and use high quality, applied public policy research, including program evaluation, (4) development of a thorough understanding of the content and process of AOD programs within the DOC, (5) development of a design for a rigorous outcome evaluation of selected AOD programs, (6) continued collaboration on funded AOD program evaluation, based upon groundwork laid by the partnership, and (7) production of information that is responsive to legislative and other demands for reporting on DOC program performance.

Survey of AOD Treatment Programs

In cooperation with members of the Steering Committee, the Principal Investigator designed a census of DOC drug and alcohol treatment programs. The respondents were DOC personnel responsible for directing programs at each of the state's 24 correctional institutions. Four types of AOD treatment programs were examined: Education, Outpatient, Drug and Alcohol Treatment Units

(DATU's) and Therapeutic Communities (TC's). One survey was completed for each program. Surveys collected descriptive information in three areas: 1) program content (i.e., program type and duration), 2) program staff (i.e., duties and responsibilities), and 3) program participants (i.e., inmate eligibility, intake procedures). Completed surveys were received from all 118 AOD programs identified by the steering committee. The researchers excluded privately contracted programs and ancillary (inmate-led) programs, choosing to focus on the full range of AOD programs administered by the Department. Ten major findings from the program survey are summarized below:

Finding #1: Except for Therapeutic Communities (TC's), considerable variation was found in program duration and intensity. TC's last much longer (mean = 46 weeks) and provide many more total hours of programming per week (mean = 29.5 hours/week) than other programs.

Finding #2: Although programs varied in terms of their duration and intensity, they were more consistent in terms of treatment approach (primarily cognitive and cognitive-behavioral).

Finding #3: The weight of different criteria for program completion (e.g., knowledge test, measures of attitudinal and behavioral change) varied according to program type.

Finding #4: Several criteria for unsuccessful discharge (e.g., Violation Of Program Rules, Institutional Rules, and Security Concerns) were very consistent across programs. Other criteria (e.g., Inadequate Attitudinal or Behavioral Change) varied across programs.

Finding #5: Some specific program content (e.g., Impacts of Drug Use, Thinking Errors, Obstacles to Treatment, Antisocial Peer Associations, Family Issues, Criminality/Antisocial Attitudes) was used very consistently *across* the four program types.

Finding #6: However, the use of some program content (e.g., Problem Solving Skills, Pharmacology) varied enormously *within* program type.

Finding #7: The weight of different program admission criteria (e.g., Level Of Drug Involvement, Level Of Motivation, Institutional Record Of Drug Use) varied considerably across programs.

Finding #8: Some specific program admission criteria (e.g., Type Of Offense, Time Served In Current Sentence, Criminal History) were rarely used.

Finding #9: The percentage of time that staff spent on different activities (e.g., Direct Treatment or Service, Program Planning Activities, Administrative and Managerial Functions) varied depending upon program type. Overall, staff had many other responsibilities that distracted them from their treatment duties.

Finding #10: Staffing ratios varied considerably across programs. TC's had the lowest average inmate/staff ratio (17:1); DATU's had the highest (30:1). Outpatient (17:1) and Education (20:1) programs had similar ratios.

Symposium With Drug & Alcohol Treatment Personnel

The second phase of the process evaluation was a *one-day symposium* with AOD treatment personnel. Three major goals were set for this *mini-conference*: (1) present survey results, including similarities and differences in AOD programming across institutions, (2) discuss implications for AOD programming and evaluation, and (3) discuss and prioritize elements of effective treatment.

Highlights from the symposium included the following. As a result of input from 44 AOD treatment staff representing 24 institutions, some of the similarities and differences in treatment programming, as identified through the surveys, were discussed and further clarified. DOC staff presented an overview of treatment standardization plans within the Department. A Q & A session between staff on the standardization committee and other AOD staff allowed for further examination of the Department's standardization goals. Finally, a broad approach for evaluating prison-based drug treatment programs was discussed. Ten issues were identified:

1. Diverse populations need diverse programs.

2. More standardized DATS/inmate ratios should be specified.

3. There is a strong need for greater continuity of care beyond institutional treatment.

4. More effort is needed to minimize duplication of services.

5. There is a need to more seriously examine the links between non-AOD programs, as well as the motivations and outcomes of other DOC programs.

6. The Parole Board should be involved in all phases of the development process (e.g., research, planning, program implementation).

7. The Department should continue to carefully examine program quality v. quantity (e.g., volume, inmate motivation, behavioral factors).

8. Individual inmate needs should be considered in relation to Institutional mission v. Department mission.

9. The Department should further define the role and function of DATS.

10. Links should be examined between Parole Board expectations and AOD programming, DOC resource allocation and AOD program resources.

Evaluability Assessment and Process Evaluation

The third phase of the evaluation involved a more in-depth assessment of the evaluability of the Department's AOD programs. Data collected from in-depth evaluability assessments and process evaluations help to describe the chain of critical elements that influence treatment program design, implementation and effectiveness, and develop suitable measures and research designs for assessing the impact of treatment efforts. To more fully describe the breadth and depth of prison-based AOD programming, researchers spent time observing programs in action, interviewing staff and inmates, and reviewing case files. Researchers visited and assessed drug and alcohol programming at two institutions selected by the Steering Committee: SCI - Huntingdon (Level 4: maximum security, population = 1,888) and SCI - Houtzdale (Level 3: medium security, population = 1,500). Each offered a full range of AOD programming (e.g., Education, Outpatient, and Therapeutic Community programs).

For this phase of the process evaluation, four forms were developed by the Principal Investigator with the assistance of the Steering Committee: (1) a staff interview form, (2) an inmate interview form, (3) an observer checklist, and (4) a case file review form. Each method gathered data about program activities, staff, and inmates. Prior to visiting the two institutions, the researchers also acquired various program documents (e.g., statement of program/treatment unit rules or policies, unit and/or program handbooks, curricula, intake forms, etc.) to assist in developing written program descriptions. At the two institutions, a total of 44 program observations, 18 staff interviews, 31 inmate interviews, and 5 case file reviews were conducted. Separate program reports describing each observed AOD program were also completed.

A number of specific recommendations regarding prison-based drug treatment were supported by the findings from this process evaluation. Summarized below are these recommendations, broken into two categories: (1) ***short-term, feasible strategies***, and (2) ***longer-term, systemic issues and policies***.

Short-Term, Feasible Recommendations

Recommendation #1: Use standardized instruments for assessing inmates' level of need for treatment, readiness for treatment, and psychological functioning in order to (a) improve program selection and placement decisions, (b) inform treatment planning, and (c) construct comparison groups in valid evaluation research designs.

Recommendation #2: Delegate a subcommittee to make recommendations about the use of specific clinical assessment tools to be used for prison-based drug treatment programs. A variegated battery of clinical instruments are often administered (mainly to TC inmates), but only *after* an inmate is admitted to a program. These assessments take some time to administer, but they seem to have little observable influence on individualized treatment planning.

Recommendation #3: Examine the staffing of prison-based drug treatment programs. Understaffing may compromise the quality of treatment programming efforts (e.g., little individualized treatment

planning or counseling), lower staff morale, and potentially increase staff turnover. There are two options: (1) Either staffing levels need to rise to the levels required by current program offerings, or (2) current programming priorities (e.g., educational programs) need to be reexamined.

Recommendation #4: Ensure that all prison-based drug treatment staff have the opportunity to advance their training and education to remain current with the latest standards in the addictions counseling field. This is especially critical for staff working in intensive treatment settings, such as TC's. Professional standards for prison-based TC's also recommend that clinical staff include substance abusers in recovery, preferably with a thorough knowledge of TC theory and methods. Cross training of Correctional Officers who work on drug units is also recommended.

Recommendation #5: Build a clear, shared understanding of the program's goals, objectives, and structure among treatment staff in each program. Correctional agencies should also develop a program rating system that adequately reflects variations in the intensity level of drug and alcohol programs offered to inmates at each institution. For example, written policies and procedures should in some cases be more clear or complete. Drug treatment staff would benefit greatly from increased staff development time allocated toward discussing these and other concerns.

Recommendation #6: Review and revise procedures for "pull-ups" within prison-based TC programs. A "pull-up" is a process of peer monitoring (i.e., inmates monitoring one another's behavior) that is intended to foster a sense of community and encourage inmates to take collective responsibility for appropriate behavior in order to stay focused on recovery. There is considerable variability in how these activities are conducted in different programs at different institutions. Such activities may benefit from (a) better inmate training, (b) better staff supervision, (c) more consistent procedures and sanctions, (d) less attention to trivial behaviors.

Recommendation #7: Address physical plant problems that potentially influence treatment process and outcome of prison-based drug treatment. The treatment setting is one of many variables that significantly affect an inmate's perception of correctional treatment and his/her reaction to it. For example, published TC standards, set by the Office of National Drug Control Policy (ONDCP), state that "the atmosphere within the TC facility should be one of safety, identification and caring … It is important that the physical space reflect the care and concern which program participants in the TC demonstrate toward each other. When something is broken it should be fixed immediately."

Recommendation #8: Design, implement and update (on an annual basis) an AOD Program Census, in order to create and maintain a current program database. Researchers need current, reliable, basic information about program structure to better understand how program process (e.g., program duration, treatment approach) influences outcome. Otherwise, program participation becomes a "black box" that defies easy description. In order to demonstrate that a "program" (X) produces any specific outcome (Y), one must be able to specify what "X" was in the first place.

Recommendation #9: Develop and establish a computerized, offender-based treatment database,

and develop overall information system capacities regarding offender program participation. Basic information on offender participation in programs is vital for program monitoring, management and evaluation. At a minimum, a useful AOD treatment database would include an inmate's name and number; date of each AOD program admission and discharge; name, location and type of program; and reason for discharge (e.g., successful v. unsuccessful). Such information is a necessity for any state correctional agency that wishes to effectively monitor and evaluate its offender programs.

Longer-Term, Systemic Issues and Policies In Need of Review

Recommendation #1: The mission of AOD education and outpatient treatment programs within the full spectrum of AOD programming offered by correctional agencies deserves careful consideration and review. Little impact on inmate relapse or recidivism is to be expected from education and outpatient treatment programs that offer a total of ten hours or less of group programming, although such programming may serve other purposes.

Recommendation #2: Correctional agencies could profitably examine treatment staff morale and job satisfaction (e.g., perceived supports v. obstacles; perception of reward structures). The researcher's interviews with DATS staff, supported by written comments on the ***AOD Program Survey*** and feedback obtained from DATS personnel at the ***1-day AOD Symposium***, suggested somewhat low levels of staff morale. Several excellent survey instruments are available for assessing staff perceptions of organizational climate, job satisfaction, stress, and so on.

Recommendation #3: Correctional agencies should conduct research to learn more about what aftercare treatment options are available to AOD program graduates, what resources are required by released offenders, and level and quality of participation in aftercare. A program database of aftercare containing basic information about aftercare treatment options would be invaluable. Research should examine the entire range of aftercare options available to inmates, and gradually build information about aftercare program participation and graduation into program evaluation studies.

Recommendation #4: Correctional agencies should consider training and using inmates as peer facilitators to assist in specific aspects of treatment programming. Such efforts, if properly supported with required staff positions and adequate resources for training, development, and supervision, can provide constructive treatment activities for inmates as well as valuable assistance for treatment programming.

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THE PENNSYLVANIA DEPARTMENT OF CORRECTIONS RESPONSE: USING EVALUATION TO ENHANCE TREATMENT

The context in which this evaluation has taken place is one of organizational learning, where the department actively and openly seeks information about the operations of its programs. This information feeds inquiry and analysis of the strengths, weaknesses and effectiveness of these programs. This inquiry and analysis informs plans to address program deficits and build upon program successes. It is not sufficient that data is collected and reports prepared. The ultimate utility of this (or any) evaluation effort will be judged by the extent to which it empowers the department to become its own agent of positive change.

This evaluation has operated within an atmosphere of participation and ownership. All evaluation activities have been reviewed and approved by the Steering Committee established to oversee the project. Extensive efforts have been made to communicate evaluation findings widely throughout the department and to solicit feedback from interested parties. The goal was to have evaluation seen not as something foreign, arcane or threatening, but rather as an open and participatory activity that produces positive programmatic changes.

This approach to evaluation is supported by major funding bodies, such as the National Institute of Justice (NIJ) and the Pennsylvania Commission on Crime and Delinquency (PCCD). Indeed, the NIJ award that funded the first wave of work with Temple was a partnership grant, the primary purpose of which was to support the development of research capacity and collaboration between the practitioner and university communities. This approach has been a most productive and economical way of conducting evaluation. This partnership and evaluation have enhanced the capacity of the department to identify evaluation needs and to develop plans for meeting those needs. This partnership has also served as a model for subsequent evaluation efforts, which will be discussed in future issues of RIR. These evaluation partnerships have contributed greatly to the department's efforts to be responsive to public, legislative, and federal demands for evidence of program performance.

Perhaps most importantly, this evaluation model has produced information and recommendations that have been acted upon by the department. Evaluation is largely an empty exercise if it is not integrated into the policy and program planning process. Most good evaluation reports will include suggestions about how the findings can be translated into action. Of course, not all recommendations can be implemented. Some will be too resource intensive. Some may be too much at odds with the fundamental mission and direction of the agency. Others may simply be politically unrealistic. A *learning organization* will fairly and fully consider all recommendations, though, and act upon those that seem to offer the best promise for improving the organization. A successful evaluation then is not so much an issue of whether the program in question is found to be effective, but rather whether the evaluation makes a difference for the agency. This is not always easy. The evaluator must understand the practical constraints facing the agency, but the agency must be willing to take a hard, honest look at its operations. When these conditions are met, evaluation works.

The AOD evaluation partnership with Temple University has worked for the department. We have acted upon some of the key recommendations offered in the process report, and we believe that this *has* made a difference. One of the primary findings from this report was that the AOD programs offered by the department were highly variable between institutions, and even between staff within institutions. This inconsistency included admission criteria, discharge criteria, duration, intensity and specific program content. In other words, two ostensibly identical AOD programs housed at two different institutions might actually have very little in common, besides a name. The gains made by an inmate in one program might not be readily transferable to the other program. While such program variation *could* be thought of as a series of desirable natural experiments, in practice it is difficult to promote good treatment when there is little consensus even about basic definitions of program type. When faced with the need to provide treatment to very large numbers of addicted offenders, a more desirable approach is to operate from a common programming model.

The department concurred with this finding about structural shortcomings in its AOD programs. Contemporaneous with this evaluation, an internal department committee was looking at the issue of AOD program standardization. The findings of the Temple process evaluation objectified and reinforced what had been a widespread subjective impression that something needed to be done to formalize the department's offerings. As a result, the department now has a standardized AOD program model and policy that guides the fundamental approach to substance abuse treatment throughout the system. While this does not impose a monolithic mandate upon all treatment staff, it does ensure that Program XYZ at Institution A will be materially the same as Program XZY at Institution B. This establishes a common set of expectations among staff and inmates about what it means to deliver and receive treatment.

The department is taking standardization further. The Temple study, as well as evaluations of other program domains with other research partners, pointed out the need for common models for all program areas within the department. We have developed a standardized program model – the Correctional Plan – and are testing it at a subset of institutions. The Correctional Plan establishes an essential framework of treatment content and structure covering the broad range of interventions offered by the department. While this remains a work in progress, it represents significant progress in implementing a common approach to treatment throughout the department.

Another primary recommendation from the Temple process report focused on assessment. At the time, the department was using a home grown AOD tool called the PACSI to assess inmates' level of need for treatment. While this tool was found to be an adequate measure of basic AOD need, the report did find inconsistencies in how the assessment data was used to make treatment recommendations; it was unclear exactly what role it played in deciding which inmates received which programs and why. Based upon the recommendations in the report, and the use of specific tools by the Temple research team during their subsequent outcome evaluation data collection process, the department decided to adopt a battery of tools that had been developed by Texas Christian University with federal support. These included the TCU Drug Screen and Initial Assessment. The Drug Screen is now administered to all inmates, with the Initial Assessment being used more selectively, based upon the findings of the Drug Screen. Data gathered from these tools,

in combination with clinical judgment, determines the intensity and duration of treatment given to inmates. These procedures are fully codified in the department's AOD treatment policy.

This increased focus on assessment has had a broader impact on the department. Subsequent evaluators of other program domains have echoed Temple's concerns that the department needs more in the way of inmate assessment. Accordingly, as part of the aforementioned Correctional Plan pilot test, we have recently completed data collection on five risk and needs assessment tools that measure a broad range of key criminogenic (crime-producing) needs, such as anti-social attitudes and criminal thinking. Over the next several months, we will analyze this data and decide how to extend a comprehensive assessment regimen throughout the system. This will directly benefit our treatment efforts, by allowing us to more finely target specific interventions to those inmates most in need of them.

The Temple process report also arrived at some conclusions about which types of programs are most likely to show clear outcomes. This evaluability assessment concluded that therapeutic communities (TC's) are of sufficient duration, intensity and structure that one could reasonably expect to find measurable outcomes associated with them. Whether these outcomes were good or bad remained to be seen (as will be reported in a future issue of RIR, positive outcomes were later found for these TC's). The point was that the process evaluation showed that TC's were more deserving of intensive outcome evaluation than were other AOD programs, such as outpatient treatment or AOD education.

Based upon this finding, and the results of a national body of research into the effectiveness of prison TC's, the department decided to expand its TC offerings in order to make intensive treatment available to as many substance dependent inmates as possible. This was accomplished through the pursuit of grant funding to open new TC's and by redirecting AOD treatment staff to TC's. The result has been a steadily increasing TC capacity. TC beds have more than doubled over the past several years, to over 1,600. The findings that have come from Temple's outcome evaluation of our TC's (and that will be reported upon in a future RIR) seem to reinforce this decision. The department will continue to search for ways to make intensive AOD treatment available to inmates most in need of it, and to tailor that treatment to their specific needs.

The Temple process report also pointed out deficiencies in treatment datasets within the department. There was not a comprehensive, universal system for tracking participation in AOD (or other) treatment programs. While much information *was* captured in individual inmate files, these paper records were of little use for research and evaluation purposes. The report recommended the creation of a computerized system to track key variables about who participates in treatment, when, where and with what results.

The department responded to this recommendation by developing a module within an existing offender management system that tracks participation in all core DOC programs and which includes the key variables recommended in the Temple report. This module is useful not only for evaluation purposes, but more importantly for facilitating the work of treatment staff. This system has contributed to the efficiency and effectiveness of DOC treatment programs.

The findings of the report also influenced departmental operations in smaller ways. The report offered some suggestion about how better to structure the inmate self-management process within the TC's, and how better to make use of space within those programs. This report led the department to refine some procedures within TC's and to establish common standards within them. We also considered the recommendations regarding physical plant when designing treatment spaces in our newer SCI's. Finally, we are taking every opportunity to expand aftercare options for inmates once they are released to the street, or at least to help them connect with community based programs that already exist. The DOC's new Community Orientation Reintegration (COR) program is one operational example of this.

While we have made great use of the recommendations presented in the Temple report, we also acknowledge that some simply could not be adopted. For example, the report found variation in inmate to treatment staff ratios between TC's; some TC's had ratios that fell short of recommendations established by national TC experts. While we acknowledged that these ratios could be improved in some TC's, the resources simply did not exist to hire sufficient additional treatment staff to achieve the ideal ratios. As noted above, we were able to redirect staff towards TC's to some extent, but it may never be possible to fully achieve the ideal staffing patterns. This is illustrative of the practical constraints that often accompany evaluation. The object of evaluation, though, is to make good faith efforts to act upon valid information about program performance.

The department continues to work with Temple to study our AOD programs. As noted above, Dr. Welsh is completing an outcome evaluation report to PCCD, and has recently completed one to NIJ. These findings will be presented in a future RIR. Support is being sought for additional post release follow-up of the inmates in this study. Dr. Welsh has recently received a new grant from NIJ to evaluate the AOD programs at SCI-Chester. Thus, this research agenda will continue to inform departmental policy and practice on AOD treatment.