Effectiveness of an Organizational Process Improvement Intervention (OPII) for Improving the Assessment, Case Planning and Referral Processes for Offenders

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Criminal Justice Drug Abuse Treatment Studies (CJ-DATS)

- Research cooperative funded by NIDA, in collaboration with SAMHSA and BJA
- 9 Research Centers (RC)
- Goals
  - Evaluate implementation strategies for introducing or improving evidence-based practices for drug abuse & HIV services in CJ settings
  - Develop partnerships between researchers and CJ organizations
  - Improve delivery of drug abuse treatment and HIV services in CJ settings
Assessment as an Evidence-based Process

- Assessment is an evidence-based process for managing offenders with drug abuse problems
  - National Institute on Corrections
  - National Institute on Drug Abuse

- Essential to evidence-based models of correctional treatment
  - Risk-Need-Responsivity (Andrews, Bonta, & Hoge, 1990)
  - TCU Model of Treatment Process (Simpson, 2004)
A Linked Model of CJ Service Systems’ Referral Process

1. Assessment is made within the correctional institution/program to identify treatment needs

2. Case plan for correctional treatment services is developed from assessment

3. At institutional discharge, client is referred to community treatment program

4. Case plan is transmitted to referred community treatment program

5. Client receives services for needs identified in case plan

6. Client problems and progress are recorded and transmitted as needed
Significant Gaps Exist in the Use of Evidence-based Instruments

- National Criminal Justice Treatment Practices Survey (NCJTPS, Taxman et al., 2007)

- Multiple settings include:
  - Prisons, included treatment prisons
  - Jails
  - Community correctional systems (probation, parole)
Significant Gaps Exist in the Use of Evidence-Based Instruments (Taxman et al., 2007)

- Use of standardized risk assessments was limited (34%); substance abuse assessments were more common (58%)

- Widespread use of unstandardized assessments

- Use varied by settings. Substance abuse treatment prisons more likely to use standardized assessments and use them with a greater proportion of cases
Treatment MATRS Principles for Evidence-Based Assessment and Case Planning (Stilen et al., 2007)

- Use assessment instruments with demonstrated reliability and predictive validity

- Assessment of multiple domains

- Recommended services and referrals correspond to demonstrated need

- Documentation in case file that client has discussed assessment/planning and that assessments are forwarded to treatment providers
Research Questions

1. What are the perceptions and experiences of correctional and community-based treatment staff regarding their agencies’ assessment and case referral processes for offenders with substance use disorders?

2. What is the extent of quality of best practices in the assessment, case planning, and service referral processing of offenders with substance use disorders?

3. Are staff perceptions, quality of case files, and transfer of case files sensitive to change over time, following the introduction of a facilitated organizational process improvement intervention?
21 sites randomized to Early- and Delayed-Start

- 2 sites per Research Center (1 RC had 3 sites; 1 RC had 4)
- Correctional agencies were partnered with 1 or more community treatment providers

- Prison, probation, parole, & TASC settings
  - Mostly adult men; juveniles (2 sites), women (2 sites)
### Dimensions of the Assessment Continuum

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
</table>
| Measurement & Instrumentation     | - Breadth & quality of the screening & assessment processes  
                                | - Identify strengths, weaknesses, and service needs of clients               |
| Integration with the Case Plan    | - Extent to which the case plan explicitly addresses needs identified in the assessments by recommending treatment & services |
| Conveyance & Utility             | - Extent to which assessment & case plans are shared with community treatment programs  
                                | - Perceived usefulness of case plan                                          |
| Service Activation & Provision    | - Extent to which community treatment programs provide recommended services from the case plan |

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## Organizational Process Improvement Intervention (OPII) Phases

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Start-up</strong></td>
<td>✓ Local Change Team (LCT) formed&lt;br&gt;✓ Project introduced at Kick-Off Meeting</td>
</tr>
<tr>
<td><strong>Needs Assessment</strong></td>
<td>✓ LCT identifies relative strengths &amp; weaknesses in current assessment &amp; case planning processes</td>
</tr>
<tr>
<td><strong>Process Improvement Planning</strong></td>
<td>✓ LCT identifies goals for improvement in 1 or more dimensions of the assessment continuum</td>
</tr>
<tr>
<td><strong>Implementation</strong></td>
<td>✓ LCT implements identified goals and objectives</td>
</tr>
<tr>
<td><strong>Follow-Up</strong></td>
<td>✓ LCT assesses the sustainability of goals achieved&lt;br&gt; ✓ LCT assesses OPII implementation strategy</td>
</tr>
</tbody>
</table>

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Method: Dependent Variables

- **Staff Perception of Assessment Process**
  - Repeated measures questionnaires
  - Correctional or treatment staff involved in conducting assessments and/or preparing case plans
  - Perceptions of assessment & referral processes

- **Assessment and Recommendations for Treatment Rating Form**
  - Repeated time sampling of correctional agency clinical offender charts
  - Structured ratings of presence and quality of various documentation elements in offenders’ release plan/treatment referral chart
Method: Staff Perceptions of Assessment Process

- 15 item structured survey with Likert-type responses ranging from 1 (disagree strongly) to 5 (agree strongly)
- For analyses, used data from two phases:
  - Baseline (LCT kick-off)
  - End of Implementation Phase
- 562 baseline surveys
- 199 implementation surveys

<table>
<thead>
<tr>
<th>Site Assignment</th>
<th>Baseline</th>
<th>OPII</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BL1</td>
<td>BL2</td>
<td>End of PIP</td>
</tr>
<tr>
<td>Early</td>
<td>274</td>
<td></td>
<td>94</td>
</tr>
<tr>
<td>Delayed</td>
<td>x</td>
<td>288</td>
<td></td>
</tr>
</tbody>
</table>
# Method: Staff Perceptions Composites

<table>
<thead>
<tr>
<th>Four Dimensions</th>
<th># of Items</th>
<th>Example Item</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement and Instrumentation</td>
<td>4</td>
<td>I am satisfied with the instruments used in our agency to assess offender needs</td>
<td>0.82</td>
</tr>
<tr>
<td>Integration with Case Plan</td>
<td>5</td>
<td>I am satisfied with the content of the case plans developed in our agency</td>
<td>0.83</td>
</tr>
<tr>
<td>Conveyance and Use</td>
<td>4</td>
<td>The recommendations of the case plan are used by community treatment programs in delivering services to the clients referred from our agency</td>
<td>0.86</td>
</tr>
<tr>
<td>Service Activation and Delivery</td>
<td>2</td>
<td>Staff at our agency and staff at community treatment programs to which we refer clients are in general agreement as to the services that clients need</td>
<td>0.75</td>
</tr>
</tbody>
</table>

Note: "case plan" refers to the document that describes the offender's history needs and the plans for addressing them once the offender is released to the community.

Composites can range between 1 and 5.
Results: Staff Perceptions & Time

Measurement & Instrumentation,
\[p < .001\]

Integration with Case Plans,
\[p < .001\]
Results: Staff Perceptions (cont’d)

Conveyance and Use,  
\[ p = .06 \]

Service Activation,  
\[ p < .05 \]
Method: Assessment and Recommendations for Treatment Rating Form (ART-RF)

- 5 randomly selected case files sampled per month beginning 6 months prior to the OPII kick-off meeting and proceed monthly through the end of the facilitated intervention phase (averaging 31.4 and 36.9 months for early & late sites).

- 2,647 case files sampled, representing 73.5% of projected sample

- 58.5% of sampled months generated 5 case files
- 34.6% of months undersampled
Method: Cross Center and Within Center Reliability of ART-RF Coding

- Challenge of balancing cross-center chart abstraction instrumentation and customization to local agency information context

- Cross center data collection instrument and guidelines, supplemented by local RC decision rules and data checks, based upon the structure and organization of the local CJ case filing system

- Inter-rater reliability established at a local RC level and included pre-field and ongoing in-field reliability checks
Method: Scoring of the ART-RF

| Use of a valid and reliable assessment instrument (Measurement and Instrumentation) | 21 | 0 – 21 |
| Making effective use of the assessment information to inform the development of a case plan (Integration with Case Plan) | 18 | 0 – 21 |
| Ensuring that the plan is transmitted to relevant agencies (Conveyance and Use) | 8 | 0 – 8 |
| Using the case plan to guide delivery of services (Service Activation and Delivery) | 1 | 0 - 1 |

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For each site, we used the last six months of baseline and last six months from intervention period.

- Kick-off meeting occurred sometime at the end of the last month of baseline period or beginning of 1st month of intervention period.
- Time (months) was centered at 1st month of intervention period.

<table>
<thead>
<tr>
<th>Time (months) since 1st Month of OPII Period</th>
<th>BL &amp; Intervention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BL</td>
</tr>
<tr>
<td>Valid N</td>
<td>433</td>
</tr>
<tr>
<td>Min</td>
<td>-6.00</td>
</tr>
<tr>
<td>Mdn</td>
<td>-4.00</td>
</tr>
<tr>
<td>Max</td>
<td>-1.00</td>
</tr>
</tbody>
</table>
Results: ART-RF & Time

Measurement & Instrumentation
$r = .09^*$

Integration with Case Plan
$r = .10^*$

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Results: ART-RF & Time

Conveyance & Use
\[ r = .04, \text{ ns} \]

Service Provision
\[ r = -.03, \text{ ns} \]
Limitations

- Inconsistency of ART-RF data sources and rating methods across study sites
- Inadequacies of sampling methods limits generalizability of findings
- Current analysis doesn’t test for contamination between early and delayed sites
- Current analysis does not address the multiple clustering effects (e.g., staff surveys within sites; ART-RF months within sites)
Conclusions

- Correctional agency offender level clinical and administrative charts appear to yield reliable information about some, but not all aspects about the assessment and service referral process.

- This information is sensitive to change over time, the relative influence of the OPII upon this information awaits further analysis.
Conclusions (cont’d)

- An internally consistent measurement of criminal justice systems staff perceptions about their assessment and service referral process was developed and confirmed the four key practice dimensions.

- More conclusions to follow more findings from Staff Perceptions.
Future Directions

- Incorporate remainder of ART-RF and other data.
- Use analytic approach in analyzing ART-RF to account for clustering of case files within months; and months within sites.
- Test for associations between staff perceptions and ART-RFs over time.

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Thank you

Questions?

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