



**FLORIDA
DEPARTMENT OF CORRECTIONS**

RICHARD L. DUGGER, SECRETARY

**Research
Report**

138321

**Bureau of Planning,
Research & Statistics**

138321

Florida Department of Corrections

138321

**U.S. Department of Justice
National Institute of Justice**

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

Florida Department
of Corrections

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

**Substance Abuse Programs
Program Evaluation**

NCJRS

AUG 31 1992

ACQUISITIONS

**G. Abbas Darabi, Ph.D.
Research & Statistics Section
December, 1989**

Tier Prog. Eval.

Florida Substance Abuse Program Program Evaluation

Introduction

Treatment programs are as effective as the evaluation of those programs. Evaluation produces specific data without which any generalization, revision, or improvement effort on these programs is guess work and the results are not always the ones intended. Evaluation is usually a process planned along with the initial stages of the program and continued long after the program is implemented. An effective evaluation produces an ongoing report on the program implementation, operation, and accomplishment of its objectives.

Given this premise, Florida Department of Corrections Substance Abuse Program (FDCSAP) recognizes three components to the evaluation of its drug abuse treatment (TIER) programs: Assessment, Process evaluation, and Outcome evaluation. DCSAP also recognizes the significance of these components' interaction. Therefore in its evaluation plan the FDCSAP has made every effort to establish the proper professional settings for developing and implementing these components. Following is a description of the FDCSAP plan:

I. Screening and Assessment

An effective drug abuse assessment, measuring the severity of abusers' chemical dependency, is an important requirement for Substance Abuse Treatment Programs. Such an assessment coupled with a standardized classification of offenders allows for an appropriate program placement.

Although they are classified as offenders, substance abusers who enter the reception centers are not a homogenous group. They range from normal prosocial individuals who use drugs "recreationally", to antisocial violent consumers of drugs who have adopted a deviant lifestyle. This mixture of individual differences requires a well-planned screening and classification, if the clients are to benefit from the treatment programs.

Given the research findings in the area of substance abuse treatment, assessment procedures must include a variety of techniques to tap the treatment needs of the offenders and match them with the appropriate treatment programs. Such procedures enhance the overall effectiveness of treatments while saving the valuable resources, which would be otherwise wasted on overtreating or undertreating the drug abusers.

The Florida Department of Corrections Substance Abuse Program (FDCSAP) has developed an assessment program which, to a large extent, satisfies the above requirements. The program's main objectives are to identify substance abusers, assess severity of their problems, measure their readiness for treatment, and finally, assign them to an appropriate treatment program. These objectives are accomplished through testing and interviewing the inmates as early as they enter the reception centers for classification. The program has the following major components:

1) **Screening.** The purpose of the screening is to identify the substance abusers. Given the number of inmates entering the reception centers (over 40,000 annually) and the length of time they stay there (usually 3 days) before being assigned to other institutions, the identification must be done quickly enough to leave time for assessment. A modified Addiction Severity Index (MASI) is used for this purpose. This four-item test is administered to groups of inmates and scored shortly after the session. Inmates scoring 3-8 on this test will automatically become the candidates for assessment.

2) **Assessment.** An indepth interview by a Clinical Social Worker (CSW) is the major component of the assessment procedure. Through this interview, two assessment instruments are administered and treatment recommendations are made. Following is a description of the two instruments:

a) **Addiction Severity Index (ASI).** The ASI provides both objective scores and subjective ratings of impairment in six areas of functioning: Health, employment, drug/alcohol use, legal, family, and psychiatric problems. This test is a structured interview and normally takes 30-45 minutes to administer. It provides both a composite score of dysfunction as well as a severity rating of each area. Given the number of offenders entering the reception centers and the amount of time available for

Tier Prog. Eval.

classification, the Substance Abuse Program has chosen only the Drug/Alcohol use portion of the test for its assessment purposes.

b) **Readiness for Treatment (RFT).** This instrument Developed and tested by FDCSAP locally. It measures the inmates' willingness for stopping drug abuse and participating in treatment programs. The questions rate inmates according to their goals, reasons for quitting, social responsibility, and history of drug abuse. The test provides a total readiness score which is considered in the overall assessment of inmates.

Other factors considered in the assessment process include documented history of substance use, referral or recommendation for treatment from other sources, type of offense, and inmate's request for treatment. The test results, combined with the overall knowledge of CSW of inmate status, determine the type of treatment recommended for the inmate.

II Process Evaluation.

Process evaluation is usually conducted to establish and maintain program integrity. It insures that the program is implemented according to the intended criteria and is achieving its objectives. This process consist of an ongoing review of the programs operational procedures which are adjusted according to the evaluation outcomes.

Realizing the significant contribution of the process evaluation to the overall effectiveness of its treatment programs, FDCSAP uses the following procedures to accomplish this task:

1) Data Collection.

The daily operation of the programs requires the coordination and cooperation of several program components. The alignment of these components is not possible unless sufficient information on their daily activities is collected. Following are sources from which this information is gathered:

Tier Prog. Eval.

a) **Reception Centers.** A monthly report on the assessment activities of each of the 6 reception centers provides the following information:

- * Number of drug abusers identified and interviewed
- * Number of inmates referred to each treatment program.
- * Number of cases approved by classification.
- * Number of cases denied treatment and reasons for denial.

b) **Tier Programs.** Each of the institutions prepares a monthly report summarizing its activities for the Tier programs in that institution. Following information is collected on the individual Tiers and the overall status of the substance abuse program:

- * Number of inmates entering the program.
- * Referral sources for the inmates.
- * Number of inmates enrolled, discharged, or completing the program.
- * Reasons for inmates discharge.
- * Operational problems and their sources.
- * Improvements suggested.

c) **Site Visits.** Tier programs are regularly visited by the DC professional staff. The visitors usually inspect different aspects of the program:

- * Interview participating inmates.
- * Collect information from Tier professionals, classification staff, and institution administrator.
- * Observe the counselors in action.
- * Provide feedback to the concerned staff.

2) **Data Analysis**

Professional staff at the DC central office review and analyze the information collected from the mentioned sources. Bureau of Planning and Research analyzes the information collected from the sites and provide a monthly report along with its recommendations to the Substance Abuse Program. Data from the Reception Centers and information collected by staff visiting the programs, are reviewed and analyzed by Substance Abuse Program Staff.

Tier Prog. Eval.

3) PROGRAM ADJUSTMENT

By compiling cumulative data the Substance Abuse Program will have accurate information of the Tier programs, based on which program initiatives are prioritized. It then documents the needs for additional resources to narrow the existing gaps.

The procedures outlined before, provide the program administrators with a great amount of information used for continuous monitoring of the programs. Aware of the philosophy based on which the Tier programs were founded, these professionals synthesize the collected information in light of the program objectives. They, then recommend necessary readjustments of the operational procedures toward the program's efficiency and effectiveness.

III OUTCOME EVALUATION

Good assessment and diagnosis based on efficient screening procedures, result in appropriate placement of the inmates and matching them with the treatment program they need. An effective process evaluation ensures that the treatment program is on the right track and it is channelled toward its objectives. The combination of these two, good assessment and effective process evaluation, will lay the ground for a successful program whose outcomes are measured through an outcome evaluation.

Measuring the effectiveness of drug abuse treatment programs in correctional settings has been the subject of many research projects. Reviewing the literature, one can find three different indicators discussed and used for measuring the effectiveness of the these programs:

- a) Inmates participation and their rate of completion of the treatment program.
- b) changes in inmates psychology, specifically their attitudes toward drug abuse.
- c) inmates rate of recidivism.

Tier Prog. Eval.

The FDACSAP's evaluation plan intends to measure these indicators. An improvement in any one of them will be further studied for its relationship with the treatment provided through Tier programs.

Using a pretest-posttest design we intend to measure the educational and psychological outcomes of our treatment programs. We also intend to conduct follow up studies measuring the recidivism for inmates and compare that to their counterparts in general population.

Obviously, these studies are conducted according to the content and objectives specific to each program. For example, Tier 1 is an educational and informational program whose outcomes are expected to be only educational and informational. On the other hand, other Tiers are therapeutic community programs whose intense interactive curriculum is expected to produce psychological changes in the inmates. Following is a description of instruments used in our outcome evaluation:

1) Knowledge Test (Tier 1)

Based on the content and objectives of Tier 1, a general knowledge test will be developed. In a pretest-posttest comparison this test will measure inmates' knowledge about drugs and their physiological and psychological harms. The results may be compared against test scores from a control group selected from the same population.

2) Attitude Survey (Tier 1-3)

This survey is designed to measure inmates' attitudes toward the substance abuse while exploring their reaction to the Tier programs. The purpose of this survey is to find any differences in inmates attitudes that may be the results of their exposure to the treatment programs. It also provides additional information about the form and content of the Tier programs from the inmates' point of view.

3) Psychological Measures (Tier 2-3)

Inmate's gain of knowledge and changes in attitudes, while encouraging, would not be sufficient to justify the resources allocated for an elaborate treatment program. Considering the therapeutic approach of the Tier programs and their expected effects on inmates' personality as a whole, fundamental psychological changes are expected. these

DRAFT

Tier Prog. Eval.

changes must be documented and demonstrated.

DC Substance Abuse Program has selected the Brief Symptom Inventory (BSI) as its psychological measure for Tier 2 and 3 programs. This test is a short form of a larger instrument (SCL-90-R) developed by L.R. Derogatis and marketed by Clinical Psychometric Research Inc. This test is widely used for psychological diagnosis and has a well documented statistical history. Its 10-15 minutes administration time makes it very practical for programs such as Tiers. It contains the following indices:

- * Somatization
- * Obsessiveness-Compulsiveness
- * Interpersonal Sensitivity
- * Depression
- * Anxiety
- * Hostility
- * Phobic anxiety
- * Paranoid Ideation
- * Psychoticism

4) Follow-Up Measures (Tier 1-4)

Data basis from the following agencies will be used to collect demographic information on inmates:

- 1) Florida Department of Corrections (State data)
- 2) Florida Department of Law Enforcement (national data)

Inmates ID number will be used for this background check and follow up studies. Variables such as rate of rearrest and reincarceration will be obtained and studied in light of the inmates participation and completion of the treatment programs.

Pretest and posttest data collected from these instruments will be analyzed and studied. The results will be compared with data collected on control groups or general population of inmates. Statistically significant changes in inmates' knowledge, attitudes, psychological status, and recidivism will be carefully analyzed to see if they are justifiably attributed to the Tier treatment programs.

DRAFT