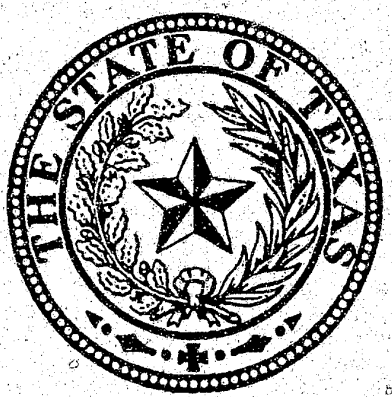
Treatment Alternatives to Incarceration Program

An Analysis of Retention in Treatment and Outcome Evaluation



Criminal Justice Policy Council

State of Texas

Tony Fabelo, Ph. D.
Executive Director

155216

Treatment Alternatives to Incarceration Program

An Analysis of Retention in Treatment and Outcome Evaluation

Prepared under an Interagency Contract with the Texas Commission on Alcohol and Drug Abuse

March 1, 1995

Criminal Justice Policy Council

State of Texas

Tony Fabelo, Ph. D.
Executive Director

Report Authored by

Michael Eisenberg
Planner

Sarah Beggs
Research Assistant

Sheri Maring
Research Assistant

Summary of Treatment Alternatives to Incarceration Program Analysis of Retention in Treatment and Outcome Evaluation

√ *The 72nd Legislature established the Treatment Alternatives to Incarceration Program (TAIP). TAIP coordinates substance abuse treatment delivery between the criminal justice system and treatment providers. The TAIP program provides community-based treatment to offenders whose offense is related to substance abuse in Bexar, Dallas, El Paso, Harris, Tarrant, and Travis counties.*

- As part of the bill creating the TAIP program, Senate Bill 828 mandated the Criminal Justice Policy Council (CJPC) to "evaluate the success of the TAIP program".

- The Criminal Justice Policy Council published the *TAIP Process and Preliminary Outcome Evaluation* on May 15, 1993. The report concluded that treatment of substance abusing offenders can reduce criminal activity. However, the use of criminal justice coercion to promote entry and retention in treatment was found to be problematic. The findings revealed a high attrition rate for TAIP clients, which is typical of similar treatment programs for the offender population.

- The *TAIP Process and Preliminary Outcome Evaluation* indicated that only 40% of cases entering outpatient treatment completed three or more months of treatment. Additionally, the preliminary TAIP evaluation indicated that 30% of cases referred to TAIP treatment failed to enter treatment.

- As a result of these findings the second phase of the TAIP evaluation focused on retention in treatment and the relationship of retention to outcome.

√ ***Importance of retention in treatment***

- *One of the most common findings in the research literature on substance abuse treatment cites the correlation between time in treatment and treatment outcomes. Hubbard (1989) reviews a number of studies which indicate decreased drug use, lower criminal activity, and increased employment associated with clients' time in treatment. However, research on inpatient, outpatient, and therapeutic community drug treatment programs indicate drop-out ranges from 30% to 60% within the first three months of treatment (Condelli and DeLeon, 1993; Hubbard, 1989).*

- A series of surveys were designed to obtain information associated with treatment retention in TAIP from clients, treatment providers, and probation officers. In

addition to the survey data, a study of statistical correlates of entry and retention in TAIP treatment was conducted to identify factors associated with retention and determine if a predictive model of entry and retention in treatment could be developed. By identifying a high risk drop-out group using a predictive model, efforts could be prioritized to devote resources and activities to improving retention for a targeted group.

- Cases referred to TAIP in Dallas and Tarrant counties between June 1992 and November 1992 were followed for an eighteen month period. Arrests and incarcerations were captured for cases referred to treatment and for a comparison population. The outcome evaluation examines the relationship between treatment, retention, and recidivism for these cohorts.

√ ***Summary of CJPC TAIP retention research***

- *TAIP devotes resources to conducting a clinical screening and assessment process to determine need for treatment. However, no determination is made of the client's readiness and motivation for treatment. Some clients may not be ready or motivated for treatment but are coerced into treatment by the criminal justice system. The surveys indicate that there is not a strong re-enforcement of criminal justice sanctions to provide significant power to keep these clients in treatment. A client whose primary reason for attending treatment is fear of sanctions will most likely drop out of treatment.*

- The survey results indicate that multiple interactive factors are associated with entry and retention in treatment. A proposed methodology for classifying TAIP referrals by probability of entering and staying in treatment incorporates multiple factors in determining retention probability. By classifying clients by retention probability, efforts to target populations for enhanced retention efforts can be initiated.

√ ***Classifying TAIP referrals by probability of staying in treatment***

- A total of 497 cases were referred to TAIP-funded outpatient treatment in Dallas between June 1992 and November 1992. Approximately 28% of the sample entered treatment but terminated in less than three months. The remaining 34% of the sample remained in treatment three or more months.

- An analysis of factors associated with entering and remaining in treatment identified a number of variables associated with retention. Clients older than 30, referred directly by the court, who acknowledged past alcohol abuse, and recognized the legal and family problems associated with their behavior were more likely to enter and remain in treatment than referrals without these characteristics. A score was developed using these characteristics to provide a composite score for referrals with these characteristics.

- *Only 18% of cases with low composite Entry / Retention scores remained in outpatient treatment for 3 or more months versus 66% of cases with a high score who remained in treatment for 3 or more months.*

- As an alternative to the statistical technique used to develop the Entry / Retention Score, motivational and treatment readiness scales may prove to be effective alternatives to classifying the referral population for targeted retention efforts. A Client Intake Survey was conducted. Cases screened and assessed as needing TAIP funded treatment were asked to complete the Client Intake Survey prior to referral. Respondents were subsequently tracked for a 6 month period to determine the relationship between responses and treatment entry.

  - *The survey documents that a significant number of cases referred to treatment don't think they have a substance abuse problem and are unwilling to enter treatment and in general have significantly lower retention rates than other referrals. The outcome evaluation indicates that those failing to remain in treatment will have significantly higher recidivism rates.*

√ ***Outcome Evaluation : Treatment retention and recidivism***

- The primary goal of the Treatment Alternatives to Incarceration Program is to reduce the recidivism rate of substance abusing offenders. By providing substance abuse treatment to offenders, research has indicated that treatment can reduce substance abuse and concomitantly reduce criminal behavior related to substance abuse.

  - To examine the impact of treatment on recidivism, cases referred to outpatient treatment in Dallas TAIP were followed for an 18 month period to determine arrests and incarcerations after referral to treatment. Those entering treatment and receiving 3 or more months of outpatient treatment were compared to referrals that either failed to enter treatment or were in treatment for less than 3 months.

- *Approximately 7% of offenders completing 3 or more months of outpatient treatment were incarcerated in an 18 month follow-up. Offenders failing to enter treatment or receiving less than 3 months of treatment had a 28% incarceration rate in an 18 month follow-up.*

- *A cost-effectiveness analysis indicates that for every $1 invested by the state in TAIP treatment, the state will have a return of $2.86 in reduced recidivism costs, based on this sample. These results may change over time if the differences in recidivism rates increase or diminish. These results may also not be generalizable to other TAIP populations.*

√ *Summary and Recommendations*

- *It would appear that a significant number of clients who are not evaluated for treatment readiness or motivation, are nevertheless referred to treatment and subsequently select-out through failure to enter treatment or drop-out of treatment. Additionally, the lack of resources devoted to coordinating treatment and criminal justice approaches to motivate or coerce clients to enter and remain in treatment in a systematic manner contributes to the significant problems associated with retention in TAIP and ultimately the program's success.*

❶ The introduction of a case management function in TAIP responsible for planning and coordinating a treatment plan and actions of treatment providers and probation officers, coupled with a classification process or plan to identify and target high risk drop-out cases for enhanced motivation and retention efforts could significantly improve retention rates.

❷ Inter-agency training between treatment providers and criminal justice professionals at the local level is one approach to fostering consistency and coordination between the two disciplines. Other factors have impacted the influence of criminal justice coercion. Turnover, promotion, and transfers of probation officers and treatment counselors are significant factors in reducing communication and coordination. Kinkade and Jenkins (1994) have also documented these problems and made a number of recommendations to increase communication and coordination of treatment and the criminal justice system to enhance criminal justice coercion.

❸ Criminal justice coercion should be utilized to positively impact retention rates and treatment outcomes for offenders. It should also be recognized that the jail and prison overcrowding, which reached its peak during this study, will be significantly reduced starting in 1995. Prison and jail bed space will be available in the future to provide sanctions for offenders violating conditions of probation. Judicious use of these resources should be coordinated with treatment providers. Coordinated treatment and sanction responses to relapses should assist in increasing retention in treatment.

❹ Treatment programs utilized for offenders should be examined. TCADA has made program development a major focus of future treatment efforts. Variation in completion rates by TAIP treatment programs suggests that variation in treatment programs may impact retention and outcomes. Efforts to improve programs, targeting programs to meet offenders needs, and other efforts at developing programs and services for this population can positively impact treatment retention and outcomes.

Program success will be driven by entry and retention in treatment. Entry and retention in treatment is first driven by the screening, assessment, and selection process. Selecting clients who both need treatment for chemical dependency and who will enter and remain in treatment, voluntarily because they are ready for treatment or involuntarily because they are coerced into treatment, represents a key to program success. Successful efforts to improve those processes can enhance the probability of treatment reducing recidivism for substance abusing offenders.

Acknowledgments

The Criminal Justice Policy Council would like to acknowledge the assistance of a number of persons in the development of this report.

We would like to thank Myra Carter, Dallas TAIP coordinator and Ron Silvernel, Tarrant TAIP coordinator for all their assistance with data, surveys, and questions throughout this project. We would also like to recognize the treatment providers and probation staff in Dallas and Tarrant county for their assistance.

Data provided by the Texas Commission on Alcohol and Drug Abuse, the Department of Public Safety, and the Texas Department of Criminal Justice were critical in conducting the retention and recidivism studies. We would especially like to recognize Jay Leeka, TCADA for his assistance with numerous requests.

Throughout this project we have benefited from the expertise and advice of Robin Nelson, Doryne Valentine, Emmitt Hayes, and Ted Sellers of TCADA. Their experience, knowledge, and desire for utilizing research to improve treatment services in Texas have greatly benefited our work.

Treatment Alternatives to Incarceration Program
An Analysis of Retention in Treatment and Outcome Evaluation

TABLE OF CONTENTS

Chapter 1

Entry and Retention in Treatment

Treatment Alternatives to Incarceration

An Analysis of Retention in TAIP and Outcome Evaluation

Introduction

The 72nd Texas Legislature in 1991 provided a statutory foundation for developing a comprehensive treatment system for chemically dependent offenders in Texas. Senate Bill 828 and House Bill 93 established three criminal justice substance abuse treatment programs, one of which was the Treatment Alternatives to Incarceration Program (TAIP). TAIP was based on the Treatment Alternatives to Street Crime (TASC) model that coordinated substance abuse treatment delivery between the criminal justice system and treatment providers. The TAIP program provides community-based treatment to offenders whose offense is related to substance abuse in Bexar, Dallas, El Paso, Harris, Tarrant, and Travis counties. TAIP services are initiated by a Screening, Assessment, and Referral (SAR) agency that accepts referrals from the courts and probation, determines treatment need, and places offenders in the appropriate treatment setting. The SAR can place offenders in a continuum of treatment services funded through the Texas Commission on Alcohol and Drug Abuse (TCADA). The primary goal of TAIP is to intervene early in the drug/crime cycle and use the power of the criminal justice system to get substance abusing offenders into treatment.

As part of the bill creating the TAIP program, Senate Bill 828 mandated the Criminal Justice Policy Council (CJPC) to "evaluate the success of the TAIP program". The CJPC, working with TCADA, selected the Dallas and Tarrant TAIP sites as the focus of evaluation efforts. The CJPC designed a process and outcome evaluation to determine the success of the TAIP program. In 1993, the CJPC published the *TAIP Process and Preliminary Outcome Evaluation,* detailing findings from the analysis of the implementation and operation of the TAIP program and a preliminary six month recidivism outcome study.

The *TAIP Process and Preliminary Outcome Evaluation* concluded that treatment of substance abusing offenders can reduce criminal activity. However, the use of criminal justice coercion to promote entry and retention in treatment was found to be problematic. The findings revealed a high attrition rate for TAIP clients, which is typical of similar treatment programs for the offender population. Therefore, subsequent research efforts of TAIP by the CJPC have focused on issues related to treatment retention, methodologies that may improve treatment retention, and the relationship of treatment retention and recidivism. This is the focus of this report.

TAIP Process and Preliminary Outcome Evaluation Overview

The *TAIP Process and Preliminary Outcome Evaluation* indicated that time in treatment was associated with positive client outcomes. Offenders referred to treatment by the TAIP SAR who entered and remained in treatment for three or more months had a 4% arrest rate in a six month follow-up period. This contrasts with a 17% arrest rate for TAIP clients referred to treatment who either failed to enter or remained in treatment for less than three months. These findings support the hypothesis that treatment of substance abusing offenders can reduce recidivism. However, these results are mitigated by the high attrition rate typical of this population. Only 40% of cases entering outpatient treatment completed three or more months of treatment. Retention problems were even more pronounced for minority offenders and offenders under the age of 22. Approximately 30% of minority offenders and only 16% of offenders under the age of 22 remained in treatment for 3 months or more. Additionally, the preliminary TAIP evaluation indicated that 30% of cases referred to TAIP treatment by the SAR failed to enter treatment.

These findings from the preliminary evaluation are supported by TAIP data reported by TCADA. Table 1 below reports TAIP referrals and admissions to treatment for Fiscal Year 1993. Table 1 indicates that approximately 52% of all cases referred to TAIP-treatment by the SAR entered treatment.

Table 1
TAIP Entry / Retention

FY93 TCADA TAIP Data
Referrals to Treatment / Admissions to Treatment

Site	*Referrals**	*Admissions*	*Percent of Referrals Admitted to Treatment*
Dallas	1819	1113	61%
Tarrant	1304	730	56%
All TAIP	12219	6333	52%

** Referrals by SAR*

Table 2 indicates reasons for discharge from TAIP-funded treatment in Fiscal Year 1993. The table indicates that, of all clients discharged from TAIP treatment in Fiscal Year 1993, a total of 40% of clients did not complete the treatment program (13% of clients were unsuccessfully discharged by programs; 23% of clients left before completing treatment; 4% of clients were incarcerated).

Table 2

TAIP Entry / Retention

FY93 TCADA TAIP Data
Discharge Reasons

Site	Completed/ Transferred	Program Decision to Discharge	Left before Completing	Incarcerated
Dallas (n = 530)	34%	32%	29%	5%
Tarrant (n = 414)	56%	21%	16%	7%
All TAIP (n = 3835)	60%	13%	23%	4%

These data support the preliminary TAIP evaluation findings indicating entry and retention in treatment in TAIP pose a significant obstacle to positive client outcomes. A substantial body of research supports the importance of addressing retention in treatment as a key to program effectiveness.

Importance of Retention

One of the most common findings in the research literature on substance abuse treatment cites the correlation between time in treatment and treatment outcomes. Positive treatment outcomes are associated with increased time in treatment. A review of a number of drug treatment evaluations (*The Effectiveness of Drug Treatment*, Hubbard et.al., 1989) generally indicate decreased drug use, lower criminal activity, and increased employment associated with clients' time in treatment. However, research on inpatient, outpatient, and therapeutic community drug treatment programs indicate drop-out ranges from 30% to 60% within the first three months of treatment (Condelli and DeLeon, 1993; Hubbard, 1989). The Treatment Outcome Prospective Study (TOPS), a large scale study of treatment programs, indicated that 22% of outpatient clients dropped-out of treatment in the first week alone, with more than 63% dropping-out in the first three months. To address this problem, a number of research efforts have attempted to determine correlates of retention in treatment and causes for unsuccessful treatment terminations.

Efforts to determine correlates of retention have produced mixed results. Condelli and DeLeon (1993) note that client variables such as age, race, education, and gender have produced inconsistent findings and explained little of the variance in retention. DeLeon and Jainchill postulated that variation in treatment retention may not be associated with "who the clients are in terms of fixed background characteristics, but rather how they perceive themselves, their circumstances, and their life options at the time of treatment

involvement" (DeLeon and Jainchill, 1986, pg. 203). These issues were grouped into four factors commonly referred to as Circumstances, Motivation, Readiness, and Suitability (CMRS): (1) Circumstances that drive a client to treatment; (2) Motivation to seek change; (3) Readiness to receive treatment; and (4) Suitability of the specific treatment modality. Research examining these issues has relied on a fifty-two item questionnaire to capture clients perceptions in the CMRS areas. Subsequent research has grouped client characteristics and motivational / attitudinal factors into "fixed" factors (age, race) and "dynamic" factors (e.g., CMRS). While the research utilizing dynamic factors has explained additional variance in retention, the explained variance remains low.

One of the more consistent findings cited in the research literature has been that referrals from the criminal justice system have stayed in treatment longer than those referred by other sources. Researchers cite the power of criminal justice coercion as an explanation for this finding. For instance, Collins et. al (1988) found that 48% of TASC clients remained in outpatient treatment for three or more months. This was in contrast to 35% for other criminal justice clients and 30% for clients with no legal involvement. These findings have been part of the basis for implementing substance abuse treatment programs for offenders. Two significant differences in the studies cited above and the present study should be noted. First, TASC programs are characterized by a case management component which is missing from TAIP. Case management functions in TASC models include: (1) Development of a case management plan; (2) Monitoring the client's progress through the treatment system; (3) Reporting of the client's status to the criminal justice system; (4) Coordinating efforts of the treatment providers and criminal justice system. The case management component is cited by the Bureau of Justice Assistance TASC research as an important factor in improving entry and retention rates. Secondly, most studies citing the role of criminal justice coercion in keeping criminal justice clients in treatment involved TASC cases referred to treatment prior to 1980, a period long before systemic overcrowding in the criminal justice system eroded the power of criminal justice coercion. However, few studies have cited how "criminal justice coercion" is operationalized or applied.

Efforts to understand retention in treatment may be hampered by measurement methods and issues such as changes in the power of criminal justice coercion in impacting retention.

Measurement Issues in Examining Retention

Studies examining "fixed" and "dynamic" variables and their relationships to retention may suffer from measurement problems that could confound potential correlates with retention. Typically, client perceptions or "dynamic" variables are measured at entry in treatment and subsequently correlated with time in treatment. The measurement of dynamic variables in this manner, however, actually captures a static measure of the dynamic variable at one point in time. The dynamic "perception" captured at entry into treatment may change during the treatment experience. DeLeon (1986) cites a client's perception that he will go to jail if he doesn't go to treatment as an example of a "circumstance" that might be associated with retention in treatment. A client may have

this perception when entering treatment, but that perception may change after some experience in the system. These perceptions may be shaped by external forces and factors such as recognizing that no sanction was imposed after missing treatment or testing positive for drugs. Thus, a client who indicated that he would enter treatment because he feared going to jail may conclude, during his treatment experience, that he will not go to jail if he does not go to treatment, and may drop out of treatment with this change in perception. Clients' perceptions and circumstances may change throughout the treatment experience. Simpson and Joe (1993) note that client perceptions are "potentially unstable - that is, subject to short-term reassessment by clients and thereby limited as long term predictors of treatment outcomes."

It would appear that measurement of dynamic independent variables at referral or entry to treatment when determining correlates of retention, is confounded by changes that may occur after measurement, and represents one factor impeding additional explanatory power in the prediction of retention in treatment. Additionally, while some dynamic factors may remain stable over the treatment experience, factors that impact retention may change differentially over time in treatment.

Organization of the Report

This report will examine changes in client's perceptions and factors associated with retention over time, as well as issues beyond client characteristics and perceptions to further understand the factors associated with retention. Two methodologies are employed to address these issues. First, a series of surveys were designed to obtain information associated with treatment retention in TAIP from clients, treatment providers, and probation officers. In addition to obtaining client characteristics, circumstances, and perceptions over time in treatment, the surveys obtained treatment provider and probation officer opinions regarding factors affecting entry and retention. Information from treatment providers and probation officers provides insight into those factors that influence retention beyond client characteristics and client perceptions.

Secondly, a study of statistical correlates of entry and retention in TAIP treatment was conducted to identify factors associated with retention and determine if a predictive model of entry and retention in treatment could be developed. By identifying a high risk drop-out group using a predictive model, efforts could be prioritized to devote resources and activities to improving retention for a targeted group. Given the workloads of criminal justice and TAIP staff and the limited prospects of additional resources dedicated to promoting entry and retention in treatment, an effort to identify and target a high risk population for enhanced retention efforts would be prudent. A sample model and score were developed using existing TAIP data. An alternative method for identifying probability of entering treatment, using a Client Intake Survey, is also presented.

Lastly, cases referred to TAIP in Dallas and Tarrant counties between June 1992 and November 1992 were followed for an eighteen month period. Arrests and incarcerations were captured for cases referred to treatment and for a comparison population. The

outcome evaluation examines the relationship between treatment, retention, and recidivism for these cohorts.

Chapter 2

Retention Surveys

Criminal Justice Policy Council Surveys

Introduction

Three different surveys were designed to obtain information regarding factors associated with treatment retention in TAIP from clients, treatment providers, and probation officers (See surveys in appendix.). Client surveys (N=723) were distributed to all TAIP clients participating in the program during the months of November and December 1993. These instruments were used to obtain client characteristics, circumstances, and perceptions. The surveys were given to every kind of treatment client in the program including supportive outpatient, intensive outpatient, residential, and detoxification clients. The response rate was 40% (288 responses) with 47% of Dallas County clients (N=211) and 28% of Tarrant County clients (N=77) responding.

The other two surveys obtained treatment provider and probation officer opinions regarding factors affecting entry and retention. Information from treatment providers and probation officers provides insight into those factors that influence retention beyond client characteristics and client perceptions. Treatment provider surveys (N=64) were distributed to TAIP counselors in Dallas and Tarrant Counties during the months of November and December. The total response rate for both counties was 44%, with 39% of Tarrant TAIP treatment providers and 46% of Dallas TAIP treatment providers responding.

The probation officer surveys were conducted by telephone during the months of October and November, 1993. A total of 171 probation officers were contacted (Dallas = 108 and Tarrant = 63).

Client Survey Characteristics

Client survey respondents appeared to be representative of clients admitted to treatment in Dallas and Tarrant TAIP. The majority of TAIP clients responding to the survey were male (82%) and more than thirty-one years old (60%). Anglos were the dominant racial/ethnic group (42%) followed by African-Americans (34%) and Hispanics (22%). Fifty percent of TAIP clients had completed the 12th grade or higher. An additional 14% had earned a General Equivalency Diploma (GED). Of the survey respondents in TAIP treatment, 81% were employed in some capacity when surveyed (66% were working full time and 15% were working part time). The majority of TAIP clients surveyed had one or more felony convictions on their record (54%). Of the 54% with felony convictions, 63% had been convicted of one felony only and 37% had been convicted of two or more felonies. Approximately 52% of respondents had prior treatment experience.

Analytical Methodology

To examine variation in retention in TAIP treatment by respondent answers, the TAIP Client Survey respondents were divided into three groups based on time in treatment. Responses were divided into those clients in treatment for less than two weeks, those in treatment two through four weeks, and those in treatment five weeks or more. The table below details the distribution of TAIP client survey respondents by time in treatment.

Distribution of TAIP Client Respondents by Time in Treatment

Weeks in Treatment	*Percent*	*Number of Respondents*
<2 Weeks	31%	80
2-4 Weeks	39%	99
5+ Weeks	30%	77
TOTAL *	**100%**	**256**

** Thirty-two respondents did not report time in treatment*

By examining changes in the distribution of responses to client survey questions by time in treatment, factors associated with retention can be identified, and variation in fixed, dynamic, and external factors associated with retention can be examined. Factors that are associated with retention and do not vary by time in treatment would support the validity of measuring these variables at entry into treatment. However, factors associated with retention that vary over time in treatment would suggest that these factors are impacting retention differentially during the treatment experience.

Cook and Campbell (1979) designate the above design as a "post-test only design", where observations are collected at different time periods in relation to the initiation of a treatment experiment. They note that while this design is useful for suggesting new ideas, a design of this nature is not sufficient for permitting tests of causal hypotheses.

Client Survey Analysis

The results of the Client Surveys are discussed below, examining changes in the distribution of client responses associated with clients in treatment for the three time periods previously discussed.

Race/Ethnicity

Little variation was noted in the TAIP client population by race/ethnicity over time in treatment. This contrasts with earlier TAIP research indicating that African-Americans *referred* to treatment received less treatment than Anglos. The differences in these findings suggest that while African-Americans may have lower rates of entry into treatment, there is little variation in retention rates by race/ethnicity of clients completing intake into treatment.

Education Level

TAIP clients who remained in treatment had higher levels of education than those that did not remain in treatment. Approximately 41% of those clients who were in treatment for less than two weeks had completed twelfth grade, compared with 54% of those clients who were in treatment for two to four weeks, and 57% of those clients who were in treatment for more than five weeks. Education has been cited in other research as a factor associated with retention. This data appears to indicate that a certain cognitive level may be associated with participation and acceptance of treatment. Conversely, a client's inability to comprehend the treatment program may contribute to dropping out of the program as reflected in the compositional change by education of the time in treatment cohorts.

Time and Transportation to Treatment:

Both transportation and travel time to treatment have been suggested as barriers to treatment that may impact retention. One might hypothesize that each of these variables would be associated with retention in treatment, with those clients without reliable transportation or clients requiring a long time to travel to treatment dropping out of treatment over time. TAIP clients were asked their primary method of transportation to treatment and the average time it took to travel to treatment.

Transportation to Treatment

The majority of clients in TAIP drove their own cars to treatment as opposed to riding with a friend, using public transportation, taking a cab, or traveling by foot. The percentage of clients who drove their own cars to treatment increased slightly as length of time in treatment increased: 52% of the clients who had been in treatment less than two weeks drove their own car compared with 59% of those in treatment between two and four weeks and 60% of those in treatment for five weeks or more.

Travel Time to Treatment

Forty-nine percent of TAIP clients traveled less than thirty minutes to reach treatment while 51% traveled thirty minutes or more. The length of time in treatment did not correlate consistently with the time required to travel to treatment. Approximately 51% of clients in treatment for less than two weeks required thirty or more minutes to travel to treatment, while 46% of clients in treatment for two to four weeks required thirty or more minutes to travel, and 59% of clients in treatment for 5+ weeks required more than 30 minutes travel time. While this data indicates no consistent pattern, those clients remaining in

treatment the longest had the highest percent requiring the longest travel time to treatment.

Neither hypothesis suggesting retention in treatment may be related to obstacles to getting to treatment is supported. Little variation is noted in the populations by mode of transportation or the time it takes to travel to treatment. The data would suggest, as DeLeon (1986) has argued, that simplistic correlates such as these are insufficient in explaining retention. The interaction of static factors with dynamic factors may provide more power in understanding retention.

Employment

As the length of time in treatment increased, the TAIP client population was increasingly composed of clients who were employed full-time. Approximately 56% of clients who had been in treatment less than two weeks were employed full time, compared with 67% of those in treatment for two to four weeks and 75% of those in treatment for five or more weeks. Drop-out of unemployed TAIP clients may reflect on their abilities and motivation to participate in either the job or treatment markets. As suggested above, other interactions impact this relationship in different circumstances.

Previous Treatment Experience

Approximately 45% of clients in treatment for less than 2 weeks had a previous treatment experience. This percentage rose to 51% for the 2-4 week group and 61% for those in treatment over 5 weeks. Clients with previous treatment experience remained in treatment longer than those not previously in treatment. A number of factors might be associated with this finding. Clients who have entered treatment previously may be more familiar with treatment, with the expectations and requirements of treatment, have recognized their substance abuse problems, and consequently may remain in treatment longer than clients without previous treatment experience.

Perceptions Influencing Retention

As discussed earlier, case management and criminal justice coercion may be two factors missing from TAIP that could be associated with low rates of entry and retention in treatment. A core component in the criminal justice/treatment linkage is the case management function linking the two systems together. One of the responsibilities of case management is to ensure that the linkage between the criminal justice system, the treatment provider, and the client is constantly enforced. The actions of case management work to foster the perception and the reality to the client that a treatment/criminal justice system exists and interacts. Case management can then work to positively promote retention in treatment by bridging obstacles to treatment and also coercively promoting the perception and reality that negative consequences will occur if criminal justice clients do not remain in treatment.

Criminal justice coercion, often cited as one rationale for treatment of substance abusing offenders, appears to be more myth than reality in today's criminal justice system. Given probation officer caseloads exceeding 120, jails and prisons overcrowded with convicted

felons, and limited sanctioning abilities, methods to coerce clients to enter and stay in treatment are strained and limited. Since there is no operational definition of criminal justice coercion in TAIP, measuring or evaluating the impact of criminal justice coercion on treatment retention is difficult. Surveys of treatment providers and probation officers sought to determine methods utilized to keep clients in treatment when their behaviors suggested they were not being successful (missing treatment, testing positive for drugs, etc.) and determine the consistency and coerciveness of these efforts as reflected by client's perceptions obtained in the client surveys.

Consistency of Sanctions

Treatment providers and probation officers need to clearly communicate with TAIP clients the repercussions of missing treatment, testing positive on urinalysis, or not completing treatment in order for criminal justice coercion to impact client retention. This is particularly important for TAIP since case management typically fulfills this coordinating function but it is not a component of TAIP. By demonstrating a systematic approach to addressing retention problems, emphasizing consistency of response and sanctions for violations, the case management void of TAIP could be filled by coordinated efforts of treatment providers and probation officers, and the reality of criminal justice coercion would be operationalized.

The response to the treatment provider's survey indicates treatment staff follow a somewhat systematic process when dealing with clients who miss treatment or test positive for drugs. This process focuses primarily on informing the clients of infractions, increasing behavioral restrictions, and counseling them on repercussions for future infractions. Treatment providers also almost uniformly indicated that their course of action would include contacting the probation officer when a client missed appointments or tested positive on a urinalysis. The actions taken with the client indicate an awareness by treatment providers that they have to work with the criminal justice system to maximize the effectiveness of the TAIP program.

Probation officer survey responses for how they handled clients who miss treatment did not demonstrate continuity and consistency with treatment providers. Probation officers provided almost thirty different actions for clients missing treatment. The most common actions taken included: sending the file back to court, moving the client to a different treatment program, making the client pay for treatment, rescheduling the missed session, and reprimanding the client. An established process for sanctioning probationers who missed treatment sessions did not seem to exist. On the contrary, probation officers indicated that they often make their judgments on a case-by-case basis depending upon the number of infractions and the individual probationer.

Probation officers indicated more consensus in their responses to clients who tested positive on urinalysis. In this situation, the probation officers stated that most probationers would be sent back to court where they could be reprimanded, given another chance, or immediately thrown into jail depending upon the judge. Once again, an established process for sanctioning did not seem to exist and the probation officers

seemed to be unsure of the consequences for positive urinalyses since the decision is primarily left to the judge's discretion. Coordination of treatment and criminal justice sanctions did not seem to be supported.

The inconsistency in sanctions and the lack of criminal justice coercion was reflected by the responses of clients surveyed. Clients were asked to indicate what their probation officer and treatment provider would do if they missed/skipped treatment or if they had a positive drug test. Multiple responses were allowed. Several patterns were indicated from this data. The longer clients had been in TAIP treatment, the more likely they were to think that the treatment providers would give them a warning, as opposed to terminating them from the program for missing treatment or testing positive on a urinalysis. Also, the longer clients had been in TAIP treatment, the more likely they were to think that the probation officers would give them a warning rather than going to jail for missing treatment or testing positive on urinalysis.

Table 3 reports the most frequent responses to these questions (percentages will not add to 100% since respondents could provide multiple answers). The table indicates the percent of clients who indicated that they thought they would be warned or revoked by their probation officer if they missed treatment. Similar questions were asked about treatment sanctions, whether they would be warned or terminated from treatment. As time in treatment increased, respondents increasingly indicated they thought they would only be warned, with only 22% of respondents in treatment for 5+ weeks perceiving they would be revoked by their probation officer and 20% indicating they thought they would be terminated from the program by the treatment provider.

Table 3

Clients' Perceptions of Sanctions by Probation Officers and Treatment Providers by Time in Treatment

Client's Perception of Sanction for Missing/Skipping Treatment

	Probation Officer		*Treatment Provider*	
Time in Treatment	*Warning*	*Revocation*	*Warning*	*Termination*
< 2 Weeks	35%	34%	34%	20%
2-4 Weeks	43%	22%	43%	14%
5+ Weeks	44%	22%	46%	20%

Most frequent responses only; percentages will not add to 100%

Table 4, detailing client's perceptions of sanctions for positive drug tests, indicates similar trends with one exception. Clients indicate that probation officers are more likely to initiate the revocation process for a positive urinalysis than give a warning. This

message conflicts with treatment providers, where clients increasingly perceive that a positive urinalysis will only result in a warning. This dichotomy represents a common conflict between the criminal justice system and treatment, where, in general, the treatment community views relapse as expected during the treatment process and is part of the recovery process, while criminal justice views relapse as a return to criminal behavior meriting a criminal justice sanction.

Table 4

Clients' Perceptions of Sanctions by Probation Officers and Treatment Providers by Time in Treatment

	Client's Perception of Sanction for Positive Urinalysis			
	Probation Officer		*Treatment Provider*	
Time in Treatment	*Warning*	*Revocation*	*Warning*	*Termination*
< 2 Weeks	24%	50%	21%	23%
2-4 Weeks	36%	35%	36%	14%
5+ Weeks	39%	42%	42%	14%

Most frequent responses; percentages will not add to 100%

Conclusions

DeLeon (1993) proposes a recovery stage paradigm which characterizes the steps preceding and following individual's attempts at cessation of drug use. He describes ten stages of recovery, dividing these stages into five stages preceding treatment and five treatment related stages. The five stages preceding treatment are :

> "(1) *Denial:* Active abuse and associated problems with no problem recognition or problem acceptance.
> (2) *Ambivalence*: Some problem recognition but inconsistent acceptance of consequences of continued use.
> (3) *Motivation (extrinsic)*: Some recognition and acceptance of drug use and problems but attributed to external influences (employment, legal, health, family) as reasons for seeking change.
> (4) *Motivation (intrinsic)*: Acceptance of drug use and associated problems and desire to change based on "inner reason". Treatment is viewed as unnecessary or too demanding.
> (5) *Readiness for treatment*: All other options for change rejected and treatment viewed as only alternative".

TAIP devotes resources to conducting a clinical screening and assessment process to determine *need* for treatment. However, no determination is made of the client's readiness and motivation for treatment. It can be assumed that the TAIP referral population is undifferentiated as to readiness and motivation for treatment and that a segment of the population that is not ready or motivated for treatment selects themselves out by not entering treatment. Additionally, groups entering treatment terminate unsuccessfully, when factors such as criminal justice coercion are not sufficient to overcome their pre-treatment stage of recovery.

This hypothesis would also seem to assist in understanding why simple correlates of retention, both static and dynamic, explain so little of the variance in retention. Clients referred to and entering TAIP treatment can be viewed as a rather heterogeneous group in terms of their readiness/motivation for treatment, their response to perceived criminal justice coercion, and other factors associated with retention. The survey results indicate some factors (education, employment, previous treatment experience) that seem to be associated with retention but demonstrate minimal explanatory power. A referral of a client with the education level and cognitive skills adequate to function in treatment, who is also ready and motivated for treatment, will more than likely be the client with the highest probability of entering and remaining in treatment. Some clients may not be ready or motivated for treatment but are coerced into treatment by the criminal justice system. The surveys indicate that there is not a strong re-enforcement of criminal justice sanctions to provide a significant power to keep these clients in treatment. A client whose primary reason for attending treatment is fear of sanctions will most likely drop out of treatment.

Multiple interactive factors are associated with entry and retention in treatment and must be recognized as an initial step in addressing this problem. The next section of this report presents one methodology for examining the suggested interaction of factors associated with retention. A proposed methodology for classifying TAIP referrals by probability of entering and staying in treatment incorporates multiple factors in determining retention probability. By classifying clients by retention probability, efforts to target populations for enhanced retention efforts can be initiated.

Chapter 3

Classifying TAIP Referrals: A Sample Methodology for Targeting High Risk Drop-Out Cases

Classifying TAIP Referrals : A Sample Methodology for Targeting High Risk Drop-outs

Introduction

As discussed earlier, the primary correlates of positive treatment and criminal justice outcomes are entry and retention in treatment. Increasing time in treatment has consistently been associated with reduced substance use and reduced recidivism (Hubbard, 1989). This section of the report examines factors statistically associated with entry and retention in treatment. A sample methodology is presented for differentiating the referral population into groups based on probability of entry and retention in treatment. Cases identified as at risk of not entering treatment or terminating treatment unsuccessfully can be targeted for services designed to enhance treatment entry and retention. While the literature suggesting methods to enhance treatment retention is limited, Farabee (1993) has reviewed a number of models designed to enhance treatment motivation. In the TAIP setting, efforts to enhance treatment motivation could adapt a number of methodologies suggested in the Farabee review.

Farabee's review notes that "involuntary clients are...more likely to claim that their substance use is purely recreational and does not pose a problem and...must be convinced a change is necessary, which then heightens their readiness for change." To promote the recognition that a change is necessary and consequently enhance treatment motivation, Farabee reviews a number of strategies employed to achieve this goal. Several of the strategies cited to enhance treatment motivation would be applicable in the TAIP setting.

A second approach to enhancing treatment entry and retention focuses on criminal justice coercion. As noted earlier, one of the premises on which TAIP is based on is that criminal justice clients will enter and remain in treatment because of the fear of criminal justice sanctions, commonly referred to as "criminal justice coercion". Unfortunately, this premise has been problematic in an overcrowded, resource-limited criminal justice system. Excessive caseloads, overcrowded jails and prisons, and scarce sanctioning resources have reduced the effectiveness of criminal justice coercion as a tool for enhancing entry and retention in treatment to more of a theory than a reality. However, criminal justice coercion may be applied in a more targeted manner with the Screening, Assessment, and Referral (SAR) staff, treatment providers, and probation officers working together to provide legitimate coercion for a limited segment of the referral population identified as high risk in order to increase entry and retention in treatment.

The model to be proposed in this section should be considered an example of a strategy that could be employed to address the problems of entry and retention in treatment. It must be recognized that this model represents an untested concept that would need to be statistically validated, replicated, piloted, and evaluated before any efforts to institutionalize this process could be attempted. Additionally, the model presented is

based on currently available data. Items from the Addiction Severity Index (ASI) interview were used as surrogate motivational and readiness variables. The Client Intake Survey, discussed earlier, examines variables more commonly utilized to determine motivation and readiness and may enhance the predictive ability of any future instruments developed for these purposes. The goal of this model is to demonstrate the feasibility of classifying offenders based on their probability of entry and retention in TAIP and then utilize the classification process to prioritize the allocation of resources to improvement of entry and retention rates.

Methodology

Cases referred to TAIP-funded treatment by Dallas SAR counselors between June, 1992 and November, 1992 were identified based on data extracted from the Dallas Management Information System (MIS). Demographic, referral, and Addiction Severity Index (ASI) data were collected for this sample. These cases were matched to the Texas Commission on Alcohol and Drug Abuse (TCADA) Client Oriented Data Acquisition Process (CODAP) data base. This data included admission to treatment and any discharge/follow-up reports submitted between June, 1992 and August, 1993 for clients admitted to treatment in 1992, as well as all billing information for these clients for services received between June, 1992 and August, 1993. The data available allowed for a one-month lag from referral to admission, allowing November, 1992 referrals one month to enter treatment and have a December, 1992 CODAP admission report submitted.

Because of differences in treatment requirements and time required in treatment, residential treatment programs were excluded from this analysis. The sample consisted of cases referred to either supportive or intensive outpatient treatment programs in Dallas. The Dallas TAIP outpatient treatment providers require clients to participate in programs for varying lengths of time before successful discharge from treatment. Most outpatient programs in Dallas range in length from a minimum of five months to a maximum of thirteen months in the program. Tarrant TAIP cases were not utilized in this preliminary analysis due to the low number of cases during this time frame and problems with TAIP billing data in Tarrant county.

Outcome

A total of 497 cases were referred to TAIP-funded outpatient treatment in Dallas between June, 1992 and November, 1992. Table 5 details the percent of cases entering treatment and the number of months clients remained in treatment. The table indicates that approximately 62% of cases referred to TAIP-funded treatment providers entered treatment. Approximately 28% of the sample entered treatment but terminated after receiving less than three months of treatment. The remaining 34% of the sample remained in treatment three or more months.

Table 5

Dallas TAIP Referrals

Referred to TAIP Outpatient Treatment: June 1992 -November 1992

Entry and Retention in Outpatient Treatment : June 1992 - August 1993

Entry into Treatment

Entry	*Percent*	*Number of Cases*
No	38%	189
Yes	62%	308
Total	100%	497

Entry into and Retention in Treatment

Status	*Percent*	*Number of Cases*
No Entry	38%	189
< 3 Months	28%	140
≥ 3 Months	34%	168
Total	100%	497

Analysis of the data revealed little difference between clients who failed to enter treatment and those who remained in treatment less than 3 months. Additionally, the preliminary TAIP evaluation noted little difference in outcomes for clients not entering treatment versus entering outpatient programs for less than three months. Client groups were therefore presented by those not entering or remaining in treatment for less than 3 months and those who remained in treatment 3 or more months. This dichotomy should not be construed as a benchmark or performance measure for any program but simply as a vehicle for presenting results of this study. The three-month period has been cited in a number of studies as a point distinguishing successful and unsuccessful treatment outcomes and provides a sufficient number of cases in each group to perform multivariate analysis. Combining cases that did not enter treatment with cases entering treatment for less than three months does not impact the analyses conducted in the study.

Predicting Entry / Retention in Treatment

Discriminant analysis is a statistical technique for identifying variables that predict group membership. In this study, one goal was to determine those variables which will distinguish between cases that will enter and remain in treatment for three or more months and cases that will not. Discriminant analysis determines those variables with the most explanatory power, eliminates variables that duplicate explanatory power, and provides an equation for predicting group membership.

Based on previous retention research, twenty-nine (29) independent variables were used in a discriminant analysis to determine the best combination of variables to predict entry and retention in treatment. After a series of analyses, the seven (7) variables presented in Table 6 were identified as significantly predictive of entry into and retention in treatment. The variables were given simple weights, based on the unstandardized coefficients of each variable identified by the discriminant analysis. The simplified weighting scheme makes the scoring of the instrument easier and more practical for field applications. The coefficients are used in an equation to predict group membership. The simplified weights are added together, like the discriminant prediction equation, and examined to determine the relationship of the cumulative score to the entry / retention measure. This methodology is a variation on the discriminant equation developed to determine group membership and has been frequently used in the development of criminal justice risk assessment and classification instruments.

A number of analyses were conducted utilizing simplified weighting schemes and examining various cut-off scores to group cases into low, medium, and high risk groups. *Risk,* in this study, refers to the probability of entry/retention in treatment for each group. A high risk classification indicates a high percent of cases in that group will have entry/retention rates below the average for the sample. For example, 66% of all cases referred to Dallas TAIP outpatient treatment failed to enter or remained in treatment for less than three months. In contrast, for cases classified as high risk by this methodology, 82% did not enter or remain in treatment for three months.

Table 6

Entry / Retention Variables used in Entry / Retention Score

Time in Treatment

Age	≥ *3 Months*	< *3 Months*	*N*
17-21	16%	84%	76
22-30	32%	68%	206
31+	41%	59%	215
Referral Source			
Probation	28%	72%	335
Judge	47%	53%	135
Client's Need for Employment Counseling			
High	16%	84%	70
Medium	32%	68%	120
Low	39%	61%	307
Years using Alcohol to Intoxication			
0 Years	28%	72%	216
1 - 5 Years	36%	64%	171
6+ Years	43%	57%	110
Prior Drug Charges			
1 or more	29%	71%	247
None	39%	61%	250
How Serious are Legal Problems			
Low/Medium	30%	70%	303
High	40%	60%	194
Client : Troubled by Family Problems			
Low	30%	70%	355
Medium / High	43%	57%	142

All variables represent statistically significant differences at a Chi-square test of significance of <.05

Entry/Retention Variables

The entry/retention discriminant variables presented in Table 6 are described below:

Age: Age refers to the age at referral to treatment and was collected by the SAR on the Dallas MIS data base.

Referral Source: Refers to whether the case was referred to the TAIP SAR from a field probation officer or was referred by a judge as part of the sentencing process.

Client's Need for Employment Counseling: This is an Addiction Severity Index (ASI) interview assessment completed by the interviewer that refers to the client's need for assistance in obtaining employment.

Years Using Alcohol to Intoxication: This is the client's response to an ASI series of questions on drug/alcohol history.

Prior Drug Charges: This is an ASI question on criminal history asking the client about prior criminal arrests resulting in charges.

How serious are legal problems?: This is a question on the ASI asking the client to give his opinion of how serious he views his legal problems at the time of the interview.

Client troubled by family problems: This is an ASI question asking the client to give his opinion about whether he is troubled by family problems.

Table 7 presents the variables used in the Entry/Retention Score (E/R Score) and the weights associated with each variable. Weights were developed, as detailed above, by examining the power associated with each variable in the discriminant analysis and giving a simplified weight in line with the information from the discriminant analysis.

Table 7

Treatment Entry / Retention Score
Variables and Weights

Age :

17-21	= 0
22-30	= 1
31+	= 2

Years Drinking Alcohol to Intoxication

Admits none	= 0
1-5 Years	= 1
5+ Years	= 2

Referral Source :

Probation	= 0
Judge	= 2

Number of Prior Drug Charges

1 or more	= 0
None	= 1

How Serious are Legal Problems

Low/Medium	= 0
High	= 1

Client: Troubled by Family Problems

Low	= 0
Medium/High	= 1

Client's Need for Employment Counseling

High	= 0
Medium	= 1
Low	= 2

By adding each weighted variable together, a summary score is derived that provides an overall entry / retention score.

Entry / Retention Score =

Age + Years Drinking to Intoxication + Referral Source + Prior Drug Charges + Employment Counseling + Legal Counseling+ Family Counseling

In other words, older clients referred to TAIP directly from the court, who admit to use of alcohol for more than 5 years, have never been charged with a drug offense, and recognize their serious legal problems and family problems are more likely to stay in treatment than clients without these characteristics.

The scores are grouped into three categories reflecting the percent of cases entering and remaining in treatment. Table 8 details the groups by score and the associated entry/ retention percentage for the score and groupings.

Table 8

Entry / Retention Score

Dallas Referrals to TAIP Outpatient Treatment
June 1992 through November 1992

Time in Treatment from June 1992 through August 1993

Entry / Retention Risk Score

Risk Level

Time in Treatment		High 0 - 4	Medium 5 -7	Low 8 -11	Total
< 3 Months		82%	64%	34%	66%
≥ 3 Months		18%	36%	66%	34%
N	=	173	260	64	497
% of Total Cases	=	34.8%	52.3 %	12.9 %	100%

As shown in this table, only 18% of cases scoring 0-4 on the Entry/Retention score remained in outpatient treatment for 3 or more months. This group represents over 34% of the total sample examined. Given the time and resources invested in referring these clients from the criminal justice system to the TAIP SAR for screening and assessment, the resources devoted to referring and placing these clients in treatment, and the efforts to get these clients to enter and remain in treatment, targeted efforts to improve the entry and retention of this population would appear to be justified.

As stated previously, the methodology and scoring of this model are preliminary efforts to evaluate the utility of this approach. Validation of the model has not been conducted to determine replicability. Therefore, it is unknown whether this formula can produce

similar results with a different Dallas sample or if the model is generalizable to other populations or sites. However, using this methodology for development of a predictive score, it is possible to generate different formulas that might result from different TAIP sites, even if the equation developed for the Dallas site is not applicable.

This equation was based on data available from the Dallas MIS and the TCADA tracking system. Efforts to improve the predictive ability of the equation might rely more on capturing dynamic variables from clients during the SAR process. For this study, ASI surrogates for client perceptions and circumstances were used.

Client Intake Survey

As an alternative to the statistical technique used to develop the Entry/Retention Score, motivational and treatment readiness scales may prove to be effective alternatives to classifying the referral population for targeted retention efforts. A Client Intake Survey was conducted utilizing some of DeLeon's CMRS questions. Cases screened and assessed as needing TAIP funded treatment were asked to complete the Client Intake Survey prior to referral (n = 134). Respondents were subsequently tracked for a 6 month period to determine the relationship between responses and treatment entry. Table 9 suggests that this methodology may prove to be a more direct and simpler method for classifying clients into probability of entering and benefiting from treatment than the Entry/ Retention Score.

Table 9 presents the responses for selected statements in the survey. Respondents were asked if they agreed or disagreed with the statement. The distribution of responses to each statement is presented and then the percent of clients entering treatment for each type of response is indicated. Respondents indicating "Don't know" were excluded from Table 9. In statement 1, 33% of respondents indicated that they agreed with the statement "My drug/alcohol problem is a very serious problem" and 56% of respondents disagreed with that statement (11% responded "Don't know"). The table then indicates that of those respondents indicating that they agreed that they had drug/alcohol problems, 55% actually entered treatment. Of the respondents that disagreed that they had a problem, only 33% entered treatment.

Table 9

Client Intake Survey

Referred to Treatment 12/93-2/94
Entered Treatment 12/93-8/94

1. *My drug / alcohol problem is a very serious problem.*

	Strongly Agree / Agree	Strongly Disagree / Disagree
Percent Responding	33%	56%
Percent Entering Treatment	55%	33%

2. *I don't need treatment, I'm only here because I don't want to go to jail or prison.*

	Strongly Agree / Agree	Strongly Disagree / Disagree
Percent Responding	42%	49%
Percent Entering Treatment	28%	59%

3. *I need help for my problems.*

	Strongly Agree / Agree	Strongly Disagree / Disagree
Percent Responding	42%	46%
Percent Entering Treatment	56%	25%

4. *I'm willing to enter a treatment program as soon as possible.*

	Strongly Agree / Agree	Strongly Disagree / Disagree
Percent Responding	47%	37%
Percent Entering Treatment	55%	33%

The survey represents a direct method of identifying those referrals who are willing to enter treatment and then subsequently actually enter treatment. The table documents that a significant number of cases referred to treatment don't think they have a problem and are unwilling to enter treatment and in general make treatment entry decisions consistent with their expressed responses.

Applications

Application of a classification model will require policy decisions of TAIP. As indicated earlier, significant resources are devoted to placing TAIP clients in treatment. Analysis indicates that the average treatment expenditure per client on the high risk group was approximately $597. This high risk group has a high probability of failing to complete treatment. Two divergent policy decisions are suggested by this data. One decision would be to screen high risk cases out of the TAIP process. Allocation of treatment resources to this high risk group, without any other changes in TAIP, would appear to be an inefficient use of treatment resources. These resources could be utilized to employ case managers to enhance treatment entry and retention of groups with a higher probability of entry and retention in treatment. Case management services in TASC programs have been cited as one approach to enhance treatment retention.

An alternative strategy would focus on enhancing treatment motivation and/or utilizing limited criminal justice sanction resources to enhance criminal justice coercion, as suggested earlier. Efforts focused on the high risk group might employ some of the strategies cited in Farabee's review of motivational strategies to utilize with involuntary clients. Additionally, enhanced coordination between probation officers and treatment providers for these designated clients and judicious use, in a consistent fashion, of sanctioning resources on this population could also restore the image of criminal justice coercion.

Regardless of the methodology utilized or policy decisions made, the data indicate that the TAIP referral population should be classified according to probability of treatment entry and retention, and resources devoted to enhancing entry and retention for a population that would most benefit from that resource allocation. The screening and assessment process are vital components of the selection process for allocating treatment resources. It would appear that identification of clients by probability of entering and completing treatment is an equally vital process to promoting the success of TAIP.

Chapter 4

TAIP Outcome Evaluation

TAIP Outcome Evaluation

Introduction

The primary goal of the Treatment Alternatives to Incarceration Program is to reduce the recidivism rate of substance abusing offenders. By providing substance abuse treatment to offenders, research has indicated that treatment can reduce substance abuse and concomitantly reduce criminal behavior related to substance abuse. A secondary goal of TAIP is to provide a treatment service delivery system superior to existing formal and informal systems available to offenders.

Two methodologies were utilized to evaluate TAIP's success in achieving these goals These are described below.

Research Design

To examine the impact of treatment on recidivism, cases who were referred to TAIP treatment and entered TAIP treatment were compared to cases referred to TAIP treatment but did not enter treatment or terminated treatment unsuccessfully. Controls for severity of the substance abuse problem, treatment readiness, and motivation were employed to insure the comparability of the groups. Information obtained from the Addiction Severity Index interview completed at assessment were used to determine severity, treatment readiness and motivation.

To examine the effectiveness of TAIP as a superior service delivery system over existing formal and informal delivery systems, a comparison group of cases requiring substance abuse treatment but not referred to TAIP was developed from case classification data. Case classification instruments assess the risks and needs of probationers to determine the level of supervision required. This includes a determination of the probationer's drug and alcohol problems based on the probation officer's assessment of available file material and experience with the offender. Case classification data from the Tarrant County Community Supervision and Corrections Department (CSCD) was acquired for all cases assessed or reassessed in 1992 (case classification data from the Dallas CSCD was not available). Cases classified as having a moderate or severe substance abuse problem and referred to treatment outside the TAIP system were compared to cases referred to TAIP treatment.

In addition to examining the impact of treatment on recidivism, some additional issues were examined. The screening and assessment process is designed to determine treatment need and screen out cases who represent a low need for treatment. If need for treatment is related to recidivism then offenders screened as not needing treatment should have lower recidivism rates than those offenders screened as needing treatment. Recidivism rates

were examined for those cases screened and assessed as needing treatment versus those cases screened out of the TAIP program. Recidivism rates may indicate whether the screening and assessment process was efficient in selecting out those cases who did not require TAIP-funded treatment services. Previous research has also noted a positive relationship between treatment and employment, with those offenders successfully completing treatment having better post-treatment employment than those offenders terminating treatment unsuccessfully. A limited examination of this relationship is reported.

Outcome Measures / Data Sources

Outcome measures utilized in this study include any arrest or sentence to prison that occurred in an 18 month period after referral to treatment. Cases in this study were referred to TAIP treatment between June and November, 1992 and followed for 18 months from the referral date. The comparisor group of probationers not referred to TAIP was followed for 18 months after the date of the case classification assessment. Outcome data were obtained from the Department of Public Safety's (DPS) Computerized Criminal History (CCH) data base and the Texas Department of Criminal Justice Admission and Parole in Absentia (cases sentenced to prison but paroled before admission to prison) data bases. Admissions to prison and DPS custody data indicate persons sentenced to prison and admitted to TDCJ-Institutional Division. PIA data indicate that the case was sentenced to prison but became eligible for parole release from the local county jail. PIA cases are not in the DPS custody or TDCJ admission data.

Some cases had multiple arrests and incarcerations over the follow-up period. For the purposes of this report, negative outcomes were determined based on the first arrest and / or incarceration occurring during the eighteen (18) month follow-up period.

Wage record information was collected from the Texas Employment Commission Wage Record data base and obtained by matching TAIP referrals to the TEC data by Social Security number. The Wage Record data base consists of wages reported by employers every 3 months. This data is reported for unemployment insurance purposes and to determine employment rates in Texas according to standards established by the U.S. Department of Labor. This data base does not capture wages not reported to TEC and thus may under report employment in the population examined. To examine the impact of treatment on employment, employment reported in the six months prior to treatment (1/92-6/92) was compared to employment in a six month period after referral to treatment (1/93-6/93) and one year after (1/94-6/94). Tarrant TAIP cases were excluded from this analysis due to missing Social Security numbers.

Referral and treatment data were obtained from the Dallas County TAIP MIS, Tarrant County TAIP MIS, the TCADA Client Oriented Data Acquisition Process (CODAP), and TCADA Billing data bases. Data was matched based on client name, race, sex, date of birth, and social security number. Data entry errors in any of the data bases used may have resulted in missing some cases that would have matched.

Analysis

Because of differences in availability of data in Dallas and Tarrant TAIP, analyses were conducted separately for each site. As noted earlier, case classification data was not available in Dallas. Additionally, because some cases funded by TAIP did not go through the Tarrant SAR process, some analyses conducted in Dallas cannot be conducted in Tarrant TAIP. Previous reports have also documented differences in the Dallas and Tarrant TAIP service population, with Tarrant TAIP serving a population with lower substance abuse severity levels than Dallas TAIP (based on ASI interview). Differences in the populations may be associated with outcome differences and make comparisons between the two sites invalid.

The following sections evaluate the various research questions detailed above.

Screening and Assessment

The screening and assessment process is designed to identify the need for treatment and the severity of substance abuse of offenders referred to TAIP. This process should also result in separating low risk offenders from high risk offenders, if substance abuse problems are associated with risk of re-offending. Table 10 seems to support this hypothesis. The screening and assessment process screens out offenders who had lower treatment need than those offenders identified as needing TAIP treatment. These offenders had lower recidivism rates than those identified with substance abuse problems. In Dallas TAIP for example, only 9% of cases screened and identified as not needing treatment were incarcerated in the 18 month follow-up period versus 20% for those cases screened as needing treatment. The screening process represents the first point in differentiating the populations, with the assessment process identifying a slightly higher risk group.

Table 10 : TAIP Outcome Evaluation

Screening and Assessment : 18 Month Follow-up Recidivism Rates
Referred to Dallas TAIP Outpatient June-November 1992

		Percent	
Screened	*N*	*Arrested*	*Incarcerated*
Needs Treatment	1042	29%	20%
Does not need Treatment	282	19%	9%
Total	1324	27%	17%
		Percent	
*Assessed**	*N*	*Arrested*	*Incarcerated*
Needs TAIP Treatment	598	31%	22%

** Some cases screened and assessed for other programs excluded from this analysis*

Substance Abuse Treatment and Recidivism

Cases referred to outpatient treatment in Dallas TAIP were followed for an 18 month period to determine arrests and incarcerations after referral to treatment. Residential programs were excluded from this analysis because of an insufficient number of cases. Referrals to treatment were categorized according to time in treatment. Those entering treatment and receiving 3 or more months of outpatient treatment were compared to referrals that either failed to enter treatment or were in treatment for less than 3 months. Analysis indicates no significant differences in the outcomes of those failing to enter treatment after referral and those cases entering treatment but remaining in treatment for less than 3 months. Table 11 indicates that those remaining in treatment for more than 3 months had lower arrest and incarceration rates than those in treatment for less than 3 months.

Table 11

Dallas TAIP Outcome Evaluation

Arrests and Incarcerations : 18 Month Follow-up Recidivism Rates
Referred to Dallas TAIP Outpatient: June-November 1992

		Percent	
Referred to Outpatient Treatment	*N*	*Arrested* *	*Incarcerated*
< 3 Months Treatment	329	33%	28%
≥ 3 Months Treatment	168	24%	7%
Total	497	30%	21%

* *Includes misdemeanor and felony arrests*

Arrests and Incarcerations

Table 11 indicates that the percent of cases incarcerated for the less than 3 months group is almost as high as the percent arrested. This relationship is different for the 3+ month group where only 7% of cases were incarcerated but 24% were arrested. This may be partially attributed to differences in reasons for arrest as reported by the DPS. Table 12 details the distribution of arrest offenses for the two groups. The "less than 3 month" group had a significantly higher percent of cases arrested for violent and property offenses than the 3+ group. These offenses are more likely to result in a prison sentence than the offenses committed by clients in the 3+ group.

Table 12 : TAIP Outcome Evaluation

Distribution of Arrests by Offense by Time in Treatment Group: Referred to Dallas TAIP Outpatient: June-November 1992

	Percent of All Arrests in Follow-up by Offense Type	
Offense Type	*< 3 Months (n)*	*≥ 3 Months (n)*
Violent	22% (24)	9% (4)
Property	29% (31)	12% (5)
Drug	21% (23)	23% (9)
DWI	12% (13)	33% (13)
Other	16% (17)	23% (9)
Total	100% (108)	100% (40)

The 3+ month group had a significantly higher percent of cases arrested for DWI and other alcohol-related offenses, offenses less likely to result in a prison sentence than property or violent offenses.

The TAIP program encourages a treatment approach to relapsing offenders. One component of this approach recognizes that relapse is common in treatment and should be viewed as part of the recovery process. For probation officers, relapse by a probationer is a violation of probation and can result in revocation. Probationers remaining in treatment programs who relapse may be subject to a treatment response to relapse, while treatment drop-outs may be subject to a criminal justice response, such as revocation. This might be associated with differences in incarceration rates for the two groups. It should also be noted that some incarcerations could be the result of technical violations that may not be reported as a DPS arrest, so some incarcerations do not have an arrest associated with them. Available data does not allow for an examination of technical violations.

Controlling for Differences in the Time in Treatment Groups

Analysis appears to indicate that time in treatment is the factor that most significantly impacts recidivism. However, differences in recidivism may be associated with differences in the populations compared and not be associated with treatment. For instance, age is known to be associated with risk of recidivism. Increasing age is associated with decreasing recidivism. Controlling for age may diminish the relationship between time in treatment and recidivism. A second factor that may be responsible for differences in recidivism rates of the populations is that differences in the populations regarding severity of substance abuse problems, motivation, and readiness for treatment may be associated with differences in outcome and not the treatment experience.

To examine these factors Tables 13 and 14 report recidivism rates for the two groups by a number of variables that may impact the relationship between time in treatment and recidivism. The tables support the findings that time in treatment is associated with differences in outcome and not other variables associated with recidivism or self-selection of the populations. In every instance, cases remaining in treatment for 3 or more months had lower recidivism rates than those in treatment for less than 3 months regardless of any sub-grouping. For instance, when controlling for age, the cases remaining in treatment for 3 months or more had lower recidivism rates than the less than 3 month group. The data support the hypothesis that increasing time in treatment is associated with reduced recidivism, independent of other factors.

Table 13 : TAIP Outcome Evaluation

Time in Treatment, Client Characteristics, and Arrests:
Arrests in 18 Month Follow-up Period
Referred to Dallas TAIP Outpatient: June-November 1992

	Percent Arrested		
Age	*< 3 Months*	*≥ 3 Months*	*N*
17-21	42%	8%	76
22-30	32%	27%	206
31+	32%	25%	215

	Percent Arrested		
Education	*< 3 Months*	*≥ 3 Months*	*N*
0-11	38%	24%	218
12+	28%	24%	279

	Percent Arrested		
Troubled by Drug/Alcohol Problem?	*< 3 Months*	*≥ 3 Months*	*N*
Low	32%	26%	344
Moderate	33%	21%	68
High	38%	21%	85

	Percent Arrested		
Important to get Treatment?	*< 3 Months*	*≥ 3 Months*	*N*
Low	31%	27%	260
Moderate	39%	17%	74
High	33%	23%	152

	Percent Arrested		
Severity of Drug/Alcohol Problem	*< 3 Months*	*≥ 3 Months*	*N*
Low	27%	25%	45
Moderate	32%	23%	331
High	39%	27%	121

Table 14 presents similar information using incarceration during the 18 month follow-up.

Table 14 : TAIP Outcome Evaluation

Time in Treatment, Client Characteristics, and Incarcerations: Incarcerations in 18 Month Follow-up Period Referred to Dallas TAIP Outpatient: June-November 1992

	Percent Incarcerated		
Age	< 3 Months	≥ 3 Months	N
17-21	17%	8%	76
22-30	33%	3%	206
31+	29%	9%	215

	Percent Incarcerated		
Education	< 3 Months	≥ 3 Months	N
0-11	28%	5%	218
12+	29%	7%	279

	Percent Incarcerated		
Troubled by Drug/Alcohol Problem?	< 3 Months	≥ 3 Months	N
Low	29%	6%	344
Moderate	23%	7%	68
High	32%	10%	85

	Percent Incarcerated		
Important to get Treatment?	< 3 Months	≥ 3 Months	N
Low	29%	5%	260
Moderate	30%	3%	74
High	26%	10%	152

	Percent Incarcerated		
Severity of Drug/Alcohol Problem	< 3 Months	≥ 3 Months	N
Low	30%	0%	45
Moderate	27%	8%	331
High	33%	4%	121

Entry / Retention Score

The Entry / Retention Score presented previously classifies cases into probability of entry and retention in treatment. If the score is accurate in grouping cases by probability of entering and remaining in treatment, then it should also be predictive of recidivism, given the relationship between retention and recidivism. Table 15 presents recidivism outcome data by the entry / retention score. In general, there appears to be an inverse relationship between the score and recidivism. An increasing score (indicating decreased risk of dropping-out of treatment) is associated with decreasing recidivism. The medium risk (5-7) group and low risk (8-11) group have similar arrest rates but other categories appear to support the relationship.

Table 15 : TAIP Outcome Evaluation

Entry / Retention Score and Recidivism

Dallas TAIP Outpatient Referrals : June 1992 - November 1992

Retention Score (Risk)	N	Percent in Treatment ≥ 3 Months	Percent Arrested	Percent Incarcerated
0 - 4 (High)	173	18%	39%	25%
5 - 7 (Medium)	260	36%	25%	20%
8 -11 (Low)	64	66%	25%	16%

TAIP Service Delivery System vs. Alternative Systems

Prior to the introduction of TAIP, Community Supervision and Corrections Departments (CSCD's) and the criminal justice system utilized a number of formal and informal systems to deliver substance abuse treatment services to offenders. TCADA funds treatment programs throughout the state, with the majority of referrals prior to TAIP coming from the criminal justice system. After the introduction of TAIP, referrals have continued to come from the criminal justice system outside of the TAIP program to programs other than TAIP. Prior to TAIP, CSCD's initiated their own programs through contracts with treatment providers, establishing Substance Abuse Treatment Facilities, specialized caseloads, drug education programs, and other substance abuse programs for offenders. The introduction of TAIP provided another service delivery system into the criminal justice system. Kinkade and Jenkins (1994) note a number of problems associated with introducing TAIP into the existing network of services, some previously detailed in this report. They note a conflict between TAIP and other probation programs

for substance abusers in terms of client placement, which programs should be used, and who the referral source should be.

The introduction of TAIP into this existing network was, in part, grounded in the theory and experience of TASC programs. The introduction of a coordinated effort between probation and treatment, utilizing a clinical assessment process and formalized treatment delivery system, could enhance positive treatment and criminal justice outcomes. An analysis was conducted to determine if cases referred to the TAIP system had more positive outcomes than cases needing treatment and not referred to TAIP.

Methodology

Case classification data was captured on all Tarrant County probationers assessed or reassessed in 1992 (Dallas case classification data was not available). The case classification process includes a risk and needs assessment of the probationer's substance abuse and the relationship of abuse to criminality. In this analysis, the risk item most closely approximated the eligibility for referral to TAIP for the purposes of this analysis. The wording of the risk item on the case classification instrument is described below along with the score for each rating:

Drug Usage.....	*0 -*	*No abuse of legal drugs; no indicators of illegal drug involvement*
	1 -	*Probable relationship between drug involvement and criminal activity*
	2 -	*Definite relationship between drug involvement and criminal activity; pattern of committing offenses while using drugs*

The case classification process also captures referral data on cases when the needs item indicates a problem. The case classification data does not indicate whether the referral resulted in entry or completion of treatment. Cases scoring '1' or '2' on the drug usage risk item were selected and a match was conducted to determine if cases were referred to TAIP or if cases were not referred to TAIP in 1992 or 1993. Follow-up data was collected on cases with drug problems referred to TAIP and cases with drug problems identified on the case classification data and not matched with the TAIP referral data base. This analysis examines the recidivism rate of offenders placed on probation with identified drug involvement that were not referred to TAIP compared to the recidivism rate of offenders referred to TAIP. The analysis does not allow for an evaluation of the referral process, the effectiveness of each system in getting cases to stay in treatment, the effectiveness of the treatment process, or the relationship of treatment and recidivism. It provides an indirect examination of the outcome of offenders referred to each system. To that extent, it offers some evaluation of the impact of each system on substance abusing offenders.

Analysis

Table 16 examines 18 month outcome data for cases identified as having drug/alcohol problems and referred to TAIP and cases with drug/alcohol problems not referred to TAIP. No information is available to further evaluate any differences in the groups such as severity of or nature of the substance abuse problem. The distributions of the populations for age, race, and sex are similar. The table indicates little difference in arrest rates for the two groups, but TAIP referrals have a lower incarceration rate than non-TAIP cases. For instance of the 827 cases referred to TAIP, the 18 month arrest rate was 26% compared to the 25% arrest rate for offenders identified by probation officers as having a drug problem but not referred to TAIP. However TAIP referrals had a 12% incarceration rate versus 18% for cases not referred to TAIP. This may be reflective of the similar trend in Dallas previously discussed.

Table 16 : TAIP Outcome Evaluation

Cases Identified as Drug / Alcohol Problem by Tarrant County Criminal Justice System in 1992

		Percent	
Actions	N	Arrested	Incarcerated
Referred to TAIP	827	26%	12%
Referred by TAIP to Treatment	725	26%	11%
Entered TAIP-funded Treatment	458	16%	10%
Not Referred to TAIP	2951	25%	18%
Referred by P. O. to Treatment	2006	22%	15%
Not Referred to Treatment	945	30%	25%

The table also notes cases identified by probation officers as having a drug problem but no referral was indicated. This population identified as having a problem and not referred have significantly higher recidivism rates than the other two groups. The "not referred to TAIP and not referred to treatment group" (n=945) had a 30% arrest rate and 25% incarceration rate, significantly higher than the rates for cases entering TAIP treatment (n= 458; 16% arrested / 10% incarcerated) and the "not referred to TAIP but referred by P.O. to treatment" (n= 2006; 22% arrested / 15% incarcerated) group.

Employment and Treatment

As noted earlier, some research has indicated increased employment is a positive outcome of successful treatment. To examine the relationship between treatment and

employment, wage record data for Dallas TAIP referrals was collected from the Texas Employment Commission based on matches with Social Security numbers (Tarrant TAIP referrals were excluded from this analysis due to missing Social Security numbers). Wages are reported to TEC quarterly. Employment in the 6 month period prior to referral was compared to employment in the 6 month period after referral for cases entering outpatient treatment for 3 or more months versus cases in treatment for less than 3 months. Additionally, employment in the 6 month period one year after referral was examined to determine longer term effects. Employment was defined as any wage reported in the 6 month period.

Table 17 indicates little difference in the employment rate before and after referral to treatment for the group entering and receiving 3 or more months of outpatient treatment. A moderate drop in employment is noted but may be associated with differences in year to year employment in general. However, the employment rate for offenders referred to treatment but not entering or dropping out of outpatient treatment before 3 months is impacted significantly. The employment rate drops by 16% (56% to 40%) for offenders in this group and appears to persist in the year follow-up. This relationship appears to be the converse finding to other research in this area. Employment is not enhanced for those entering and receiving treatment. However, failure to get treatment is associated with declining employment rates. While only a limited examination of this issue, it would appear to support a positive treatment outcome between employment and treatment.

Table 17 : TAIP Outcome Evaluation

Employment and Treatment

Dallas TAIP Referrals to Outpatient Treatment : June 1992-November 1992

	Percent Employed by Time in Treatment	
Employment Period	*< 3 Months*	*≥ 3 Months*
1/92 - 6/92 *(Prior to referral)*	56%	62%
1/93 - 6/93 *(6 Months after referral)*	40%	56%
1/94 - 6/94 *(1 year after referral)*	45%	57%

Preliminary Cost-Effectiveness Analysis

One of the primary reasons the Legislature funded TAIP was the belief that the state's investment in treatment would result in a positive return to the state through reduced costs associated with reduced reincarceration expenses. While cost-effectiveness analyses can incorporate numerous social costs and savings (such as wages lost, insurance costs, costs associated with criminal justice processing, etc.), the state's investment / return formula is concerned with the state's cost of providing treatment and the state's cost avoidance associated with reduced reincarceration expenses.

A cost-effect analysis of TAIP examines the costs of TAIP treatment and costs avoided associated with reduced recidivism of treated offenders.

- The state's cost for providing treatment to the 497 offenders referred to TAIP outpatient treatment in the outcome sample was $489,762.
- The 168 offenders who completed 3+ months of treatment had a 7% recidivism rate and 12 offenders were sent to prison.
- If the 168 offenders had not completed 3 months of treatment it is estimated that they would have had a recidivism rate of 28% (the recidivism rate of the sample not receiving 3+ months of treatment). This would have resulted in 47 offenders sent to prison.
- Based on these estimates, it is projected 35 offenders would not be sentenced to prison because of TAIP treatment (47-12).
- The future state costs associated with recidivism is estimated based on the daily cost of incarceration (estimated at $45.70/day) and the average time served in prison (2.4 years). The future state costs avoided from 35 offenders not sentenced to prison because of TAIP treatment is estimated to be $1,402,122.
- In relation to the $489,762 spent on treatment for the group referred, the state avoided $1,402,122 in costs associated with reincarcerating those 35 recidivists.
- For every $1 invested by the state in TAIP treatment, this analysis indicates that the state will have a return of $2.86 in reduced recidivism costs.

It should be recognized that this analysis attributes the reduced recidivism to referral to TAIP treatment. Changes in recidivism differences over time can positively or negatively impact these outcomes and thus the return on the investment. It should also be noted that these results are based on the Dallas sample and results may vary with other samples. Additional research would be necessary to determine if these results could be applied to other TAIP populations. Based on this analysis it would appear that the investment in

treatment for TAIP referrals resulted in a positive return to the state in reduced recidivism costs.

Conclusions

Outcome analysis supports previous research indicating time in treatment is correlated with recidivism. Clients remaining in outpatient treatment for 3 or more months have significantly lower recidivism rates than clients not entering treatment or who remain in treatment for less than three months. While limited analysis has been conducted, it appears that the service delivery network has significantly less impact on recidivism than entry and retention in treatment. Difference related to service delivery systems may relate to how these systems enhance treatment retention or methods for dealing with relapse. Cases referred to treatment by TAIP or referred by probation to treatment outside of TAIP had similar arrest rates. Lower incarceration rates of TAIP referred clients may be related to differences in arrest patterns or a "treatment alternative" approach to clients relapsing in the TAIP program.

Regardless of the source of these differences, this research confirms the importance of retention in treatment and indicates the primary goal for improving program success and positive treatment outcomes should focus on efforts to enhance treatment entry and retention.

Chapter 5

Conclusions and Recommendations

Conclusions and Recommendations

The *TAIP Process and Preliminary Outcome Evaluation* concluded that treatment of substance abusing offenders can reduce criminal activity. The eighteen month follow-up evaluation supports the prior research and documents the persistence of these finding over time. However, the use of criminal justice coercion to promote entry and retention in treatment is problematic. The findings revealed a high attrition rate for TAIP clients typical of similar treatment programs for offenders.

Surveys of TAIP clients, probation officers, and treatment providers, as well as statistical analysis of cases referred to TAIP treatment, suggests retention is related to multiple, inter-related factors associated with the referral population. DeLeon's recovery stage paradigm would suggest that the TAIP referral population may be a heterogeneous population in the sense that referrals to treatment may be at various stages of readiness and motivation for treatment.

While TAIP referrals are screened and assessed to determine *need* for treatment, no evaluation of readiness and / or motivation, or plan for treatment staff and probation officers to coerce or otherwise motivate clients to enter and remain in treatment is systematically addressed. The *TAIP Process and Preliminary Outcome Evaluation* presented data indicating the attrition of criminal justice referrals screened and assessed as not *needing* treatment. It would appear that a significant number of clients who are not evaluated for treatment readiness or motivation, are nevertheless referred to treatment and subsequently select-out through failure to enter treatment or drop-out of treatment before benefiting from treatment. Additionally, the lack of resources devoted to coordinating treatment and criminal justice approaches to motivate or coerce clients to enter and remain in treatment in a systematic manner appears to contribute to the significant problems associated with retention in TAIP and ultimately the program's success. The introduction of a case management function in TAIP, coupled with a classification process or plan to identify and target high risk drop-out cases for enhanced motivation and retention efforts could significantly improve retention rates.

The rationale for a case management system, used for the In-Prison Therapeutic Community (IPTC) program and the Substance Abuse Felony Punishment (SAFP) programs, would appear to apply to TAIP. In fact, the recent expansion of the Specialized Probation Officer (SPO) case manager for SAFP clients could be used as a vehicle for the TAIP program. Some TAIP sites are currently experimenting with case management programs.

Given limited resources, it may not be realistic or even necessary to fund a full case management approach. Identification of high risk groups to focus limited resources, utilizing the methodology detailed earlier or other methods, could minimize resource demands.

Siegal (1993) discusses a treatment induction program, coupled with case management, that appears to enhance treatment retention. Treatment induction is a process that introduces the treatment process to clients and engages clients in self-diagnosis and overcoming denial. This process should be examined on a pilot basis at a designated TAIP site as a method to enhance treatment entry and retention.

As noted earlier, the lack of criminal justice coercion appears to negatively impact retention in TAIP. To some extent a case management function can address this problem. However, other factors have impacted the influence of this factor. In attempting to contact probation officers to complete the probation officers surveys, it became apparent that turnover, promotion, and transfers of probation officers were significant factors in reducing communication and coordination with treatment providers, where similar changes in personnel were also occurring. Additional efforts to integrate treatment into the criminal justice system, through training of probation officers and CSCD policies and procedures, are merited. Kinkade and Jenkins (1994) have also documented these problems and made a number of recommendations to increase communication and coordination of treatment and the criminal justice system to enhance criminal justice coercion. It should also be recognized that the jail and prison overcrowding, which reached its peak during this study, will be significantly reduced starting in 1995. Prison and jail bed space will be available in the future to provide sanctions for offenders violating conditions of probation. This may permit criminal justice coercion to become a reality and positively impact retention rates and treatment outcomes for offenders.

While not within the scope of this research, the treatment programs utilized for offenders should be examined. TCADA has made program development a major focus of future treatment efforts. Variation in completion rates by TAIP treatment programs suggests that variation in treatment programs may impact retention and outcomes. Efforts to improve programs, targeting programs to meet offenders needs, and other efforts at developing programs and services for this population can positively impact treatment retention and outcomes.

Program success will be driven by entry and retention in treatment. Entry and retention in treatment is first driven by the screening, assessment, and selection process. Selecting clients who both need treatment for chemical dependency and who will enter and remain in treatment voluntarily because they are ready for treatment or involuntarily because they are coerced into treatment represents a key to program success. Successful efforts to improve those processes can enhance the probability of treatment reducing recidivism for substance abusing offenders.

References

Collins, James J., Hubbard, R.L., Rachal J.V., and Cavanaugh, E.R. 1988." Effects of Legal Coercion on Drug Treatment". In M.D. Anglin (Ed.), Compulsory Treatment and Opiate Dependence. New York. Hawthorn Press.

Condelli, Ward S. and DeLeon, George. 1993. "Fixed and Dynamic Predictors of Client Retention in Therapeutic Communities". Journal of Substance Abuse Treatment. Vol.10, pg. 11-16

DeLeon, George and Jainchill, Nancy. 1986. " Circumstances, Motivation, Readiness, and Stability as Correlates of Treatment Tenure". Journal of Psychoactive Drugs. Vol. 18(3), pg. 203-208.

Farabee, David. 1993. " Enhancing Treatment Motivation". New View. Austin, Texas, Texas Commission on Alcohol and Drug Abuse.

Hubbard, Robert L., Marsden, M.E., Rachal, J.V., Harwood, H.J., Cavanaugh, E.R., and Ginzburg, H.M. 1989. Drug Abuse Treatment: A National Study of Effectiveness. Chapel Hill, N.C. University of North Carolina Press.

Kinkade, Patrick and Jenkins, David A. 1994. " Problems in Establishing Alternative Programs in Existing Correctional Networks". Federal Probation. Vol. 58, No. 3, Pg. 37-44.

Siegal, Harvey A., Rapp R. C., Fisher, J. Cole, P. and Wagner, J. H. 1993. " Treatment Dropouts and Noncompliers: Two Persistent Problems and a Programmatic Remedy". In James A. Inciardi (Ed.), Innovative Approaches in the Treatment of Drug Abuse: Contributions in Criminology and Penology, Number 39. Greenwood Press.

Simpson, D. Dwayne and Joe, George W. 1993. " Motivation as a Predictor of Early Dropout from Drug Abuse Treatment". Psychotherapy. Vol. 30, Number 2 , pg. 357-368.

Appendix A

Surveys

TREATMENT ALTERNATIVES TO INCARCERATION PROGRAM
CLIENT SURVEY - 1

This survey was designed to determine and meet the needs of future participants in the Treatment Alternatives to Incarceration Program (TAIP) by surveying current clients. Your participation will ensure that the TAIP program continues to help individuals deal with substance abuse issues while keeping them out of prison. All responses to the survey are **confidential** so please be completely honest with your answers. For each question below, either fill in the blank or circle the appropriate response. After completing the survey, please return it in the stamped and addressed envelope provided. Thank you very much for your time and honesty.

---

1. What is your age? _____ years old What is your birthdate? ___ / ___ / ___

2. What is your gender? • Male • Female

3. What is your race or ethnic background?

- African-American/Black
- American Indian
- Anglo/White/Caucasian
- Asian/Pacific Islander
- Mexican-American
- Mexican National
- Other Hispanic (specify)_____
- Other (specify) _____

4. What is the highest grade of school you completed? _____ grade

A. Have you graduated from high school? • Yes • No

B. Have you completed your GED? • Yes • No

C. Have you completed a vocational or technical program? • Yes • No

5. Have you ever been convicted of a felony?

• Yes • No

↓

A. If so, for how many felonies have you been convicted? (Circle the appropriate response.)

• One • Two • Three • Four or more

6. Which of these were sources of financial support during the six months before you started the TAIP program? (Circle ALL answers that are applicable.)

- Job
- Mate/spouse
- Family/friends
- Unemployment
- Welfare
- Selling drugs
- Prostitution
- Theft
- Other (specify) _____

(please turn the page over)

7. Six months prior to entering TAIP, were you employed? (Circle the appropriate response.)

- Full-time
- Part-time
- Odd jobs/day labor
- Student/housewife
- I was in jail/prison
- No, I was not employed

A. If you were employed, about how much take-home pay did you earn each month? _____ dollars

B. What kind of work did you do? _____

8. Are you currently employed? (Circle the appropriate response.)

- Full-time
- Part-time
- Odd jobs/day labor
- Student/housewife
- No, I am not employed

A. If you are employed, about how much take-home pay do you earn each month? _____ dollars

B. What kind of work do you do? _____

9. Where did you live before starting the TAIP program? (Circle the appropriate response.)

- Your own house or apartment
- Someone else's house or apartment
- On the street/no regular place
- Shelter
- Rooming house
- Other (specify) _____

10. Where do you live now? (Circle the appropriate response.)

- Your own house or apartment
- Someone else's house or apartment
- On the street/no regular place
- Other (specify) _____
- Shelter
- Rooming house
- Residential treatment center

A. Are you currently paying rent or a mortgage? • Yes • No

B. How long have you been living there? _____ months

11. What is your current legal marital status? (Circle the appropriate response.)

- Single/never married
- Legally married
- Living as married (common law)
- Separated
- Divorced
- Widowed

12. Are you living with a domestic partner or spouse?

• Yes • No

↓

A. How long have you been living together in this relationship? _____ months

B. How happy are you with the relationship? (Circle the appropriate response.)

• Very unhappy • Mostly unhappy • Don't know • Mostly happy • Very happy

13. Do you have any children?

• Yes • No

A. If so, are you primarily responsible for looking after these children? • Yes • No

B. Does your treatment center provide free daycare? • Yes • No

14. Do you feel that religion is important in your life? • Yes • No

15. In the last six months, how often did you attend religious services? (Circle the appropriate response.)

• Never • A few times • 1-2 times a month • Every week (or more)

16. Are the following people **aware** that you are in this treatment program? (Circle the appropriate response.)

A. mate/spouse/boyfriend or girlfriend?	• Yes	• No	• Don't know	• Not applicable
B. children?	• Yes	• No	• Don't know	• Not applicable
C. parents/mother/father?	• Yes	• No	• Don't know	• Not applicable
D. brothers/sisters?	• Yes	• No	• Don't know	• Not applicable
E. friends?	• Yes	• No	• Don't know	• Not applicable

17. Do you think the following people will **encourage/help** you to finish this treatment program? (Circle the appropriate response.)

A. mate/spouse/boyfriend or girlfriend?	• Yes	• No	• Don't know	• Not applicable
B. children?	• Yes	• No	• Don't know	• Not applicable
C. parents/mother/father?	• Yes	• No	• Don't know	• Not applicable
D. brothers/sisters?	• Yes	• No	• Don't know	• Not applicable
E. friends?	• Yes	• No	• Don't know	• Not applicable

18. Does your treatment program offer a "Family Night"?

• Yes • No

A. If so, have you and anyone from your family ever participated? • Yes • No

19. Which type of treatment have you received in the TAIP program?

• Supportive outpatient • Intensive outpatient • Residential • Detoxification

(please turn the page over)

20. Prior to this treatment program, how many times have you been in the following types of treatment/counseling for an alcohol or drug problem? (Fill in the blanks with the appropriate response.)

A. Inpatient/residential treatment?

_____ times I completed the treatment _____ times

B. VA, state hospital, or in-prison treatment (excluding AA, NA, or any self-help program)?

_____ times I completed the treatment _____ times

C. Outpatient group/individual therapy?

_____ times I completed the treatment _____ times

D. AA, NA, or any other kind of self-help program?

_____ times

21. Now that you are in a TAIP treatment program, how do you get to your treatment center? (Circle all that apply.)

- Drive my own car
- Drive a borrowed car
- Ride with a friend/relative
- Take the bus
- Take a taxi cab
- Walk
- No travel required (residential program)
- Other _____

22. On average, how long does it take you to travel to the treatment center each time? _____ minutes

23. How long have you been in this TAIP treatment program? _____

24. How many hours per week are you required to be in treatment? _____ total hours

_____ hours in group therapy per week _____ hours individual therapy per week

25. Have you ever missed/skipped a treatment session?

- Yes ↓
- No

A. How many times have you missed/skipped treatment? _____ times

B. Why have you missed/skipped treatment? _____

_____

26. Have you been involved in criminal activity since beginning this TAIP program? • Yes • No

27. Have you used drugs or alcohol since beginning this TAIP program? • Yes • No

28. Do you think that you will continue to use substances after treatment? (Circle the appropriate response.)

• Never • Rarely • Sometimes • Often • Almost always

29. What will your **probation officer** do if you miss/skip treatment?

- Probation officer will not find out
- Probation will be modified
- Verbal warning of revocation
- I will go to jail
- Nothing
- Other _____

30. What will your **probation officer** do if you have a "dirty UA"?

- Probation officer will not find out
- Probation will be modified
- Verbal warning of revocation
- I will go to jail
- Nothing
- Other _____

31. What will your **probation officer** do if you do not complete treatment?

- Probation officer will not find out
- Probation will be modified
- Verbal warning of revocation
- I will go to jail
- Nothing
- Other _____

32. What will your **treatment counselor** do if you miss/skip treatment?

- Tell your probation officer
- Nothing
- Other _____
- Kick you out of the program
- Verbal warning that your treatment could be terminated

33. What will your **treatment counselor** do if you have a "dirty UA"?

- Tell your probation officer
- Nothing
- Other _____
- Kick you out of the program
- Verbal warning that your treatment could be terminated

34. Overall, has this treatment program been a positive or a negative experience for you?

- Positive
- Negative

A. In what ways has the program been positive?

_____

B. In what ways has the program been negative?

_____

35. Are there any other issues/problems you have that treatment did not help you address?

- Yes ↓
- No

A. If so, what are these issues/problems _____

36. Do you think that you will complete this program? • Yes • No

****

Thank you again for your time and honesty!!!

Please return the survey in the stamped envelope provided

****

Treatment Alternatives to Incarceration Program
Client Intake Survey

This survey was designed to help Dallas TAIP assessment specialists improve TAIP services. All answers are ***completely confidential.*** Only the researchers conducting this survey will see your answers and they will not identify your answers to anybody. Please answer these questions as honestly as possible. When you've finished this survey seal it in the attached envelope and return it to your TAIP assessment specialist. Thank you for helping with this survey.

1. Name:_____
Last name, First

2. What is your race or ethnic background? (Please check one)

African-American/Black ___ American Indian ___
Anglo/White/Caucasian ___ Other(specify)_____
Mexican-American/Hispanic ___

3. Birth date: ___ ___ / ___ ___/ ___ ___
Month Day Year

4. Gender (Please check one): Male ___ Female___

5. Social Security Number: ___ ___ ___-___ ___-___ ___ ___ ___

6. My zipcode is: ___ ___ ___ ___ ___

7. Education (Check one): I finished High School: ___
I have my GED: ___
I did not finish High School ___
I have attended college ___

8. (a) I have been in a drug treatment or alcohol treatment program before:
Yes: ___ No : ___

(b) How many months have you been on probation? _____ months

The following questions are designed to find out what might prevent you from going to a drug treatment or alcohol treatment program. Please circle or check the appropriate reasons:

9. Transportation to get to a treatment program would be a problem:
Yes: ___
No : ___

10. Getting child care so I can go to a drug treatment or alcohol treatment program would be a problem:

Yes: ___
No : ___

11. I am willing to go to a drug or alcohol treatment program for as many as 4 hours a week

Yes: ___
No : ___

12. If it took me an hour to get to a treatment program that would be too much time:

Yes: ___
No : ___

13. It would be a problem to pay anything for drug treatment.

Yes: ___
No : ___

The next set of questions ask about your drug or alcohol problems and your opinions about treatment. Please ***circle*** *the response that most closely reflects your opinion.*

14. I don't need treatment because I don't have a drug or alcohol problem.

Strongly agree Agree Don't know Disagree Strongly Disagree

---

15. My drug/alcohol problem is a very serious problem.

Strongly agree Agree Don't know Disagree Strongly Disagree

---

16. I don't need treatment, I'm only here because I don't want to go to jail or prison.

Strongly agree Agree Don't know Disagree Strongly Disagree

---

17. My family is pressuring me about my drug/or alcohol problem.

Strongly agree Agree Don't know Disagree Strongly Disagree

18. I believe AA/NA programs can help me with my problems.

Strongly agree Agree Don't know Disagree Strongly Disagree

---

19. My drug or alcohol use is not a problem, I could stop using if I wanted to:

Strongly agree Agree Don't know Disagree Strongly Disagree

---

20. I've hit bottom, I need treatment to survive:

Strongly agree Agree Don't know Disagree Strongly Disagree

---

21. I believe in 12-Step Programs

Strongly agree Agree Don't know Disagree Strongly Disagree

---

22. I need help for my problems.

Strongly agree Agree Don't know Disagree Strongly Disagree

---

23. My probation officer cares if I go to a treatment program:

Strongly agree Agree Don't know Disagree Strongly Disagree

---

24. I'm willing to enter a treatment program as soon as possible:

Strongly agree Agree Don't know Disagree Strongly Disagree

---

25. I have to stop using drugs and alcohol to get what I want:

Strongly agree Agree Don't know Disagree Strongly Disagree

---

26. I would go to treatment even if I wasn't pressured by my probation officer:

Strongly agree Agree Don't know Disagree Strongly Disagree

Please answer the following questions as honestly as possible. Again, your answers are confidential.

27. Do you think you will go to a treatment program (please check one)?

Yes, definitely ___
Probably ___
I'm not sure ___
Probably not ___
No, I won't ___

28. If you go to a treatment program, do you think you will finish the program (please check one)?

Yes, definitely ___
Probably ___
I'm not sure ___
Probably not ___
No, I won't ___

29. Can your probation officer help keep you in treatment (please check one)?

Yes, definitely ___
Probably ___
I'm not sure ___
Probably not ___
No ___

30. Will your probation officer require you to stay in treatment (please check one)?

Yes, definitely ___
Probably ___
I'm not sure ___
Probably not ___
No ___

31. If there is anything you can think of that is important to you about getting treatment please write your comments here:

_____
_____
_____

Thank you very much for completing this survey. Please put the survey in the attached envelope, seal it and return it to your TAIP counselor who will mail it to the research group studying the TAIP program.

TREATMENT ALTERNATIVES TO INCARCERATION PROGRAM
TREATMENT PROVIDER SURVEY

This survey was designed to determine the treatment providers' opinions of retention in the TAIP program. It is important for us in completing the TAIP II Outcome Evaluation to learn the concerns of the treatment providers, views of the overall program, and any other issues concerning treatment retention. This survey is completely confidential and will not be used in any other way but for this research purpose. For each question below, please fill in the blank, check, or circle the appropriate response. If you feel there is a matter of importance that has not been revealed in this survey, please use the remaining space at the end to discuss it. After completing the survey, please return it in the stamped and addressed envelope provided. Thank you very much for your continuous cooperation in the TAIP program!

1. Are the TAIP clients referred to your treatment center appropriate for the type of treatment received?

   •Almost Always •Often •Sometimes •Rarely •Never

2. What are reasons TAIP clients get referred inappropriately? _____

3. Do you use your own substance abuse assessment tool once a TAIP client begins treatment?

   •Yes • No

   ⇓

   Describe_____

4. Do you conduct a "family night"? •Yes •No

5. Do you involve family/friends in the TAIP treatment process?

   •Almost Always •Often •Sometimes •Rarely •Never

6. How do you help the TAIP client in the following: (Check all that apply)

	If yes:	*In House*	*Referral*
_____Employment		_____	_____
_____Education		_____	_____
_____ Children		_____	_____
_____Financial management		_____	_____
_____ Other (specify)_____		_____	_____

7. What are the usual reasons for a TAIP client missing group or individual treatment services?
   (Rank according to most frequently used reason)

   _____ Transportation
   _____ Employment
   _____Child care
   _____Illness
   _____Other_____

8. Is client transportation a problem at your program? •Yes •No

9. Do you provide transportation or assistance for clients who need a way to treatment?

   •Yes •No

   ⇓

   What kind of transportation?_____

10. How many sessions can a TAIP client miss before you dismiss the client from treatment? _____

11. What percentage of the TAIP clients who participate seem ready and willing to get treatment?_____%

12. How do you motivate TAIP clients to stay or return to treatment?

_____

13. What happens when a TAIP client gets one dirty U.A.? (Check all that apply)

_____ Verbal Counseling
_____ More frequent program counseling
_____ Return to more intense program level
_____ Terminate from program
_____ Nothing first time
_____ Inform Probation Officer
_____ Other (specify)_____

14. What happens when a TAIP client gets more than one dirty U.A.? (Check all that apply)

_____ Verbal Counseling
_____ More frequent program counseling
_____ Return to more intense program level
_____ Terminate from program
_____ Nothing
_____ Inform Probation Officer
_____ Other (specify)_____

15. Do you inform the Probation Officer about negative U.A.'s?

•Yes •Sometimes •No

16. How many dirty U.A.s do you accept before releasing a TAIP client from the program?_____

17. What do you do when a client referred to treatment does not enter treatment?

_____ Call probation officer
_____ Reschedule appointment
_____ Nothing
_____ Other (specify) _____

18. What do you do when a client starts missing appointments?

_____

19. Do you keep in contact with probation officers about clients?

•Yes •No
⇓
Why?_____

20. Do you feel there is enough coercion from the criminal justice system to keep TAIP clients in treatment?

• Yes • No
⇓
Why?_____

21. Could entry and retention in your treatment facility be improved? (If yes, how?)

_____

22. Do you have any suggestions for improving the TAIP program and treatment?

_____

Thank you for completing this survey. Your cooperation is appreciated!

PROBATION OFFICER SURVEY FOR TAIP

Hello, my name is _____. I am with the Criminal Justice Policy Council in Austin. At the request of the state legislature we are evaluating the Treatment Alternatives to Incarceration Program and will be writing an outcome evaluation of the Dallas and Tarrant County TAIP program. Are you familiar with this program? I am trying to find out how probation officers feel about the TAIP program. I know you already fill out large amounts of paperwork, so I wondered if you would be willing to answer a few questions over the phone? Your name was randomly selected from a list of probation officers and it will not be listed on the survey with your answers. Be assured, your responses are COMPLETELY CONFIDENTIAL!!!

- Are you familiar with the TAIP program? • Yes •No
- Do you have probationers in the TAIP program? •Yes •Sometimes •No
- How many probationers have you referred to treatment in the last six months?___
- How many probationers have you had in the TAIP program in the last six months? _____
- What other substance abuse programs do you/your dept. refer clients to other than TAIP?
- How many probationers do you have on your caseload? _____
- Who refers the probationer to TAIP?_____
- What percent are pretrial referals? _____ %
- What percent were already on probation when referred? _____%
- What determines a client's eligibility for the TAIP program?
  _____
- What population is targeted by you to be in the TAIP program?
  _____
- What population is targeted by your department to be in the TAIP program?
  _____
- Are you informed when a client does not show up for initial intake into TAIP treatment?

  Yes ↓ No

  Who are you informed by?_____
- Approximately what percentage of your cases that are referred to TAIP treatment do not show up? ____%

- Do you feel that your probationers are screened appropriately for TAIP?

  Yes No

  ↓

  Why?_____

- What are the consequences for missing TAIP treatment?

  _____

- What are the most common reasons for missing treatment?

  _____

  _____

- Are you kept informed of your client's progress in the TAIP program?

  •Yes •Sometimes •No •Other

  Œ

  By whom?_____

- Does the TAIP treatment provider inform you about a client's dirty UA?

  Yes No

  ↓

  What action is taken on a client with a dirty U.A.?

  _____

- Does this program address the needs of the offenders on your caseload?

  _____

  _____

- Can the program (in your professional judgment) be improved?

  _____

  _____

- Do you have any comments you would like to add about this program?

  _____

  _____

v Thank you for taking the time to answer these questions and have a great day.v