Organizational context, systems change, and adopting treatment delivery systems in the criminal justice system

1. Introduction

The need to improve access to effective substance abuse treatment for the nearly 8 million adults and 650,000 youth offenders under correctional supervision in the U.S. is clear. Although 53% of state prison inmates are drug abusers or dependent (Mumola and Karberg, 2004) and probationers have high rates of illegal drug use (Mumola, 1998), relatively few inmates (Belenko and Peugh, 2005; Taxman et al., 2007a) or probationers (Mumola, 1998; Taxman et al., 2007a) receive treatment. Expanding treatment access can yield a number of direct and indirect benefits, including reduced recidivism and relapse (Chandler et al., 2009; Taxman et al., 2007a), economic savings (McCollister et al., 2003a,b, 2004), improved health and less fatalities (Binswanger et al., 2007; Hammett et al., 1999), and correctional staff job satisfaction (Deitch et al., 2004). An estimated 4.5 million men and 1.5 million women offenders have substance abuse or dependency disorders in the U.S. (Taxman and Peroni, 2008) and are distributed across the spectrum of correctional agencies (i.e. diversion programs, probation, parole, jail, and prison), therefore providing multiple linkage points for treatment services. Yet, fewer than 10% of these offenders can access treatment services (Taxman et al., 2007a). Both the public health and safety arguments are compelling for shifting the current uni-dimensional mission of public safety into an integrated mission of public safety and health, where treatment services are recognized as fulfilling complementary and interchangeable goals of safety.

The provision of effective substance abuse treatment services in the overburdened U.S. correctional system is currently complicated by the perception that the institutional aims of public safety and offender change are in competition and cannot be made compatible. Public health needs for offenders are seldom acknowledged, even as secondary or tertiary objectives. The criminal justice system views itself as a provider of last resort. In response to constitutional mandates for basic health care, such services are provided for incarcerated offenders, but generally do not include substance abuse treatment. Moreover, the system does little to extend any type of health care service to individuals in community settings. This leaves the majority of offenders (6 million under community supervision in the U.S.) basically unattended, even with substance abuse disorders that are four times greater than the general public. The challenge of adapting the correctional system to be part of an integrated service provision system – working in conjunction with the public and private community-based service delivery sector – has intrigued researchers and policy makers over the last two decades. A series of articles using data from the National Criminal Justice Treatment Practices survey have examined factors that influence the adoption of a myriad of substance abuse treatment services for offender populations in various settings. These articles explore the factors that affect adoption and implementation, and provide guidance on issues relevant to organizational change and a dual mission of correctional agencies to advance public safety and public health. This special issue of Drug and Alcohol Dependence is devoted to understanding organizational constructs and factors to improve health outcomes for offenders.

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Studies of correctional organizations and the effectiveness of treatment services offered in these settings are primarily limited to case studies or single-site studies focusing in select state prisons and probation/parole offices. Few studies occur in local jails. A second limitation is that experiences from the non-correctional addiction treatment system are often extrapolated to correctional settings, frequently with little attention to the important organizational and structural differences of separate service provider agencies and correctional agencies. To address this knowledge gap, researchers and their stakeholder partners, at 10 research centers funded through the National Institute on Drug Abuse’s Criminal Justice-Drug Abuse Treatment Studies (CJ-DATS), developed a comprehensive multi-level survey of correctional and drug treatment agencies. This survey examined substance abuse treatment practices and organizational characteristics in order to yield insight into the policies and practices that affect service delivery for criminal offenders. The National Criminal Justice Treatment Practices Survey (NCJTP) involved all 50 states and a representative sample of operating prisons, jails, and community correctional agencies that serve both juvenile and adult offenders (see Taxman et al., 2007b for a description of the methodology). Findings from the NCJTP have established the low capacity of the system to provide general substance abuse treatment services for offenders. Preliminary work examined the adoption of evidence-based practices (Friedmann et al., 2007; Henderson et al., 2007, 2008) and service delivery patterns (e.g. medication, detoxification, and wraparound services; see Grella et al., 2007; Oser et al., 2007, respectively) of correctional and drug treatment agencies. Because the NCJTP survey developers included a comprehensive set of organizational measures, the data provide a rich resource for generating hypotheses about organizational factors and organizational-level interventions that affect services. This special edition is devoted to advancing our understanding of organizational and macro-system factors associated with organizational context, systems change, and adoption and improvement of treatment delivery systems in the correctional system.

2. Addiction treatment service delivery as a thriving organism

To a large extent, the treatment services for offenders are a microcosm of the services offered in the addiction treatment field overall. The experience and advances within the larger system – addiction treatment provided through the public and private health care industry – informs and affects practice of the sub-specialty of addiction treatment for offenders. As recently described by Kimberly and McLellan (2006), the addiction treatment “industry” is plagued with structural and organizational problems that negatively affect service delivery. On the one hand, significant advances have occurred, from effective pharmacological interventions for patients with various substance abuse disorders, to effective behavioral therapies, to models incorporating cognitive and behavioral interventions that mobilize social support systems that reinforce recovery. However, the service delivery infrastructure is dominated by a “small business” mentality that includes an inability to link services across systems, high staff turnover, low-paid counselors that do not necessarily have the skills to deliver some of the evidence-based practices, and inadequate funding for needed services. As noted by Kimberly and McLellan (2006), “It is a sad paradox that, although there is increasing potential for clinical impact on addiction to alcohol and other drugs, there is declining potential for the existing treatment infrastructure to achieve such impact” (p. 215). The call to view addiction treatment as a business stems from the perspective that entrepreneurial business models are available to address the survivability of programs, including modernization techniques to incorporate effective practices; more attention to translating research into practice can help to address the current deficiencies in addiction treatment.

In reviewing organizational research in addiction treatment, four major findings appear to be relevant for improving the adoption of more science-based practices. First, the qualifications of staff significantly affect the intent to adopt different types of evidence-based practices. Staff with graduate degrees are more likely to adopt innovations (McCarty et al., 2006, 2007a; Roman and Johnson, 2002); at the same time, support staff in many programs are less supportive of evidence-based practices. Efforts to change organizations should involve all employees (McCarty et al., 2007b). Second, the type of organization (public or private) affects adoption of innovations with private organizations more likely to adopt medications, and public organizations more likely to adopt vouchers or contingency management protocols (Roman and Johnson, 2002). Third, stronger commitment to the organization is more likely to occur where the staff perceives workplace “justice” (Roman et al., 2006; Taxman and Gordon, in press) and where staff have more job autonomy and opportunities for creativity. Simpson et al. (2007) examined the issues of organizational climate as they relate to adoption of innovations presented at select training programs offered by Addiction Technology Transfer Centers (http://www.attcnetwork.org [accessed on 9 March 2009]). Findings indicate that willingness to adopt innovative practices is influenced by a stronger organizational climate, as measured by clarity of mission, cohesion and openness to change, and had some collateral benefit on treatment rapport (Simpson et al., 2007). A fourth factor is the connections among substance abuse agencies with other organizations to enhance service delivery (D’Aunno, 2006). These network connections assist in creating more open organizations that promote some of the readiness for adopting innovations.

3. The corrections system as a service delivery system

Whereas it is reasonable to assume that some of the factors associated with adoption of evidence-based practices in the broader addictions treatment delivery system apply to treatment offered in unique settings like correctional agencies, the unique features of the correctional system command attention to contextual factors that might affect the improvement of treatment service delivery system. Service delivery in the correctional system is fragmented and tends to be dominated by government agencies. The environmental constraints associated with government agencies, which have a vested interest in defining need based on their perspective of obligation and goal consensus, affect the types of services delivered. Often the government agencies turn to private sector vendors to provide the needed services, or sometimes they provide the services themselves. A study of one state prison system’s delivery of treatment services found that the actual composition of services varied in the facilities based on the history of services at one facility prison, the security level of the prison, the qualifications of the treatment staff, and resources (e.g. physical space, time, and staffing) available for the treatment program(s) (Welsh and Zajac, 2004). In a study of counselors in drug treatment programs that work with drug courts, Taxman and Bouffard (2003) found that treatment philosophy was related to delivery of specific treatments offered, rather than the needs of the clients in the programs. Harrison and Martin (2003) found that in-prison therapeutic community programs varied in terms of type of staff, type of services, and location of the services according to the commitment of the prison facility. Farabee et al. (1999) added that in-prison therapeutic community programs are also hindered by the attitudes of correctional staff, drift in mission, and lack of understanding of the program components.
A second unique feature of corrections service delivery is that it is provided by diverse staff. Survey findings from the NCJTP reveal that 17% of community corrections, 43% of prisons, and 21% of jails use non-corrrectional agency staff to provide treatment services for offenders. Usually, these staffs are vendors that have contracts with the correctional agencies or the staff are employed by other governmental agencies (i.e. public health, treatment agencies, etc.). Often, agencies blend the internal and external staff without attending to the issues of goal cohesion, seamless procedures, or supervisory controls of the staff. Where a mix of staff is used, the overlapping agencies involved in the delivery of services in correctional settings affects functionality due to unclear roles, areas of responsibility, and converging missions. The presence of clinical staff in correctional settings is often complicated by the lack of role clarity for correctional staff (officers, probation and parole workers, or other security staff) who are involved in the delivery system through encouraging offenders to participate in services, referring offenders to services, or providing security for the clinical sessions.

Another factor affecting organizational change is the type of staff working in correctional agencies. Correctional officer staff in jails and prisons tend to have a high school diploma, whereas probation and parole officers are more likely to have a college degree. And, similar to the general addiction community, clinical staff are not likely to have masters degrees. These staffing issues in correctional settings present challenges to organizational change, especially given prior findings that those with an advanced degree are more likely to be open to change (Roman and Johnson, 2002; McCarty et al., 2006, 2007a).

The size and scope of the U.S. correctional system, the problems associated with recycling individuals through the system, and the desire to reduce recidivism, provide a renewed interest in providing treatment to address the substance abuse, mental health, and other disorders that affect criminal behavior. But the question remains as to how to transform the correctional system into one that embraces the additional goal of providing treatment services as a means to reduce recidivism and prevent incarceration. The primary mission of correctional organization is public safety, typically exercised through security, control, and punishment mechanisms. The NCJTP survey and the articles in this special edition provide a framework to consider the organizational and structural factors that contribute to the adoption and implementation of evidence-based treatment practices that reflect a public health mission, or those practices that are clinically sound and that have been shown to reduce relapse and recidivism. As in the general addiction treatment field, emphasizing system improvements, more integration, organizational change, and adoption of evidence-based treatments can greatly assist the treatment field in better achieving its mission (McCarty and Chandler, this issue). The following series of articles analyzes data from the NCJTP to further our understanding of organizational, staff, and systems integration factors that contribute to the adoption, expansion, and improvement of empirically and clinically sound addiction treatment. The goal is to provide a fresh look at the factors that are important for advancing the delivery of treatment services to the millions of adults and adolescents in the correctional system who need addiction treatment.

4. Organization of the special issue

This special issue is devoted to four primary themes examining factors related to the adoption, expansion, and improvement of substance abuse treatment in the correctional system: (1) values clarification and policy concerns as they relate to evidence-based practice (EBP); (2) service expansion so that more offenders may benefit from EBP; (3) integration of seamless systems of care that join correctional and substance abuse treatment systems, and (4) specific innovations and their availability to offenders. First, Henderson and Taxman (2009) focus on administrator attitudes and find that administrators can be grouped to the extent to which they perceive substance abuse treatment as important. Administrators that perceived substance abuse treatment as more important also reported a greater use of evidence-based practices at their facilities. In addition, these authors show regional differences in substance abuse treatment approaches that suggest that targeted dissemination of knowledge about evidence-based practices (i.e. use of screening tools, use of certain therapies, etc.) may impact the attitudes of correctional administrators toward substance abuse treatment. Melnick et al. (2009) implement an innovative approach toward examining staff consensus regarding offender rehabilitation; their results suggest that staff with more favorable attitudes toward offender rehabilitation may experience greater job frustration and cynicism toward organizational change. It would seem that modifying organizational contexts to support rehabilitative attitudes would be an important factor to consider in implementing and sustaining effective substance abuse treatment practices that are based on treatment staff’s hope that offenders are capable of lasting change. One of the major themes of NCJTP research conducted to date is that organizational characteristics are associated with more EBP use (Friedmann et al., 2007; Henderson et al., 2007, 2008; Oser et al., 2007). Henderson et al. (2009) extend previous NCJTP studies by examining the extent to which the organizational characteristics of state executive correctional agencies are associated with EBP use at local facilities. These authors find that: (1) systems integration at the state level is associated with greater EBP use; (2) state staffing adequacy and stability accentuate the impact that local training and resources for new programs have on EBP use; and (3) state executives’ attitudes regarding the missions and goals of corrections tend to diminish the extent to which corresponding local administrator attitudes are associated with EBP use.

The next theme of the special issue is service expansion so that more offenders may benefit from EBP. One of the most important findings of previous NCJTP research is that although substance abuse treatment programs are available to offenders in a high proportion of facilities, offenders often do not access the services they need (Taxman et al., 2007a; Young et al., 2007). Three papers are devoted to this theme. Young et al. (2009) examine state characteristics associated with the availability of intensive treatment services and find that that states’ overall rates of substance abuse and dependence, funding resources, and the state governor’s political party affiliation are significantly associated with intensive treatment provision. Oser et al. (2009a) focus on the availability of wraparound services, of particular importance for female offenders in substance abuse treatment. These authors find that women-specific treatment programs are characterized by a greater degree of wraparound services. Factors associated with more wraparound services include larger organizations that utilize a greater number of treatment approaches and have goals compatible with rehabilitation. Finally, Taxman and Kitsantas (2009) use an advanced data analytic approach – classification and regression trees (CART) – to demonstrate that access to treatment services is most strongly associated with a high degree of systems integration and use of a standardized substance abuse screening tool. Further, administrators’ interest in organizational strategies that are consistent with seeking new practices to improve operations are also associated with the availability of intensive treatment services.

Two papers focus on integrating correctional and substance abuse treatment systems. Fletcher et al. (2009) and Lehman et al. (2009) address new perspectives on defining and measuring criminal justice-substance abuse treatment systems integration. Long hailed as a hoped-for strategy in improving service delivery for offenders, systems integration has not been fully realized. Logically, the first step in implementing integrated systems is defining
and developing reliable and valid tools to measure systems integration. Fletcher et al. provide a conceptual framework for measuring levels of systems integration and develop an instrument for measurement. These authors, along with Lehman et al. provide initial evidence of the instrument’s reliability and validity and relation to service delivery. Further, the Lehman et al. and Henderson et al. papers examine the concurrent validity of the instrument with respect to organizational characteristics and adoption of evidence-based substance abuse treatment practices.

Oser et al. (this issue-b) focus on the availability of detoxification and medication-based treatments in the correctional system and show that: (1) jails are more likely than prisons to provide detoxification and medication to control substance use; and (2) organizational resources, previously introduced EBPs, organizational culture, and systems integration are associated with a greater likelihood of these services being available. The theme of specific innovations is also a focus of the Henderson et al. study (details provided above).

Finally, a commentary is provided by McCarty and Chandler (2009) on how advances in the addiction treatment system can be instructive in planning changes for the correctional system. Two national initiatives – Advancing Recovery and Network for the Improvement of Addiction Treatment – provide important lessons for the correctional system about mechanisms to improve access to services and to implement evidence-based treatments. This article provides a framework for further consideration of expanding the goals of the correctional system to incorporate public health issues.

5. Conclusion

The articles in this special edition provide a framework for enhancing our understanding of the organizational and systems relationships between the correctional and addiction treatment systems, and factors that contribute to advancing effective service delivery practices. The correctional system has unique features that require different strategies for disseminating knowledge about evidence-based practices and diffusing the information through the correctional and related agencies. These strategies outline how correctional practitioners might understand and embrace addiction treatment and integrate services into their daily operations.

The articles in this special edition suggest four major strategies for moving the correctional system toward a service provider model. First, the correctional agencies should establish and pursue working relationships with other agencies at both the policy and programmatic levels. These working relationships are grounded in creating procedures and processes that encourage staff from multiple agencies to collaborate and coordinate efforts across boundary lines. This would result in the correctional agency adapting their processes to accommodate the needs of the other agencies (and vice versa). Second, increased access to treatment needs to be supported by policies that integrate the program into daily practice. State policy is a facilitator of innovation in that it encourages altered refined practices, either those in the same organization or organizations in a similar geographical area. Third, agency leaders should become consumers of new information about evidence-based practices, and these leaders should provide a framework for others in their organization to also become experts in this new information. This will require moving beyond one-time training toward a staff development model that includes ongoing training, booster sessions, incentives for incorporating evidence-based practices, and coaching (Joyce and Showers, 2002; Taxman et al., 2004; Fixsen et al., 2005). And finally, the reframing of the correctional system as a service provider will be most successful when the balanced mission of public safety–public health permeates throughout the organization. Public health encompasses the provision of services that advance the well-being of those involved in the justice system and helps them to become productive citizens. Imbalances create schisms where one goal dominates the other, and the cracks are perceived as nonsupport for public health goals that include rehabilitation or recovery.

As a strategy, correctional agency administrators should create an environment where all levels of staff are engaged in the adoption and implementation process, and where it is possible to experiment with sound ideas. This environment needs to be a laboratory where lessons learned are frequently highlighted and where any bumps in the road (i.e. small setbacks, a negative event, etc.) are used to improve the process.

While this edition focuses on a better understanding of correctional agency efforts to facilitate change, similar attention needs to be given to addiction treatment organizations. Developing a multidimensional mission that integrates health and safety cannot be perceived as duplicating or replacing existing addiction treatment organizations. Instead the challenge is to provide boundaryless organizations where the missions, procedures, and programs are intertwined. Some of the organizational issues identified as problematic in the addiction treatment field need further attention to deliver effective service. That is, addiction treatment agencies have similar needs to attend to mission clarity, staffing issues, professional staff development, use of standardized instruments, emphasis on program quality, expansion of the recovery and chronic condition models, and development of interdisciplinary care models that transition addicts from treatment services to well-being services (e.g. prevention, educational, vocational, etc.). For correctional agencies to assume a multidimensional mission, the addiction treatment agencies need to become partners to ensure that care is available regardless of legal status, and to view this new mission as not an encroachment on the treatment systems boundaries. Solid partnerships and integrated service models can facilitate these changes, while recognizing the important contributions of both types of organizations.

The preparation of this special edition has encouraged the idea that organizational change in the correctional and addiction treatment systems is feasible, and that strategic steps can be taken to advance practice in the correctional system. Faye S. Taxman and Craig Henderson worked diligently with our colleagues in CJ-DATS1 to ensure quality papers that used sophisticated and innovative measures and statistical analyses. Steven Belenko, who was not directly involved with NCJTP, served as the external editor to uphold the peer review standards of Drug and Alcohol Dependence. All of the papers except this editorial and the commentary by McCarty and Chandler (this issue) underwent rigorous outside peer reviews and the commentary was critically reviewed by the Guest Editors. We would also like to thank Drug and Alcohol Dependence editor Robert Balster for his continued support of this special edition and his recognition that theoretically sound NCJTP survey has the potential of expanding our knowledge about treatment adoption in the correctional system, organizational studies, and change strategies. He monitored the peer review process and reviewed all papers prior to their final release for publication. The issue was sponsored by The National Institute on Drug Abuse. We are grateful for the opportunity to produce this supplemental issue.

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Contributors

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Conflict of interest

The authors have no conflicts of interest.

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