

**Evaluation Plan:  
Treatment Services for Offenders  
with Mental Illness or Substance Abuse Disorders**

**Report to the Committee Studying Treatment Options  
for Offenders with Mental Illness or Substance Abuse  
Disorders  
(SJR 97/HJR 142, 2002)**

**October 18, 2002**

**Written public comments may be submitted to Nancy Roberts by November 8, 2002, at the following address: Division of Legislative Services, General Assembly Building, 910 Capitol Street, Richmond, Virginia, 23219 (e-mail [nroberts@leg.state.va.us](mailto:nroberts@leg.state.va.us) or fax 804-371-0169). Comments will be compiled by staff and presented to the Committee at its meeting on November 25. If you have questions, please call Nancy Roberts at (804) 786-3591.**

**Evaluation Plan  
Treatment Services for Offenders  
with Mental Illness or Substance Abuse Disorders  
SJR 97/HJR 142**

**Executive Summary**

SJR 97/HJR 142 directs the Secretary of Public Safety, in conjunction with the Secretary of Health and Human Resources and the Secretary of Administration, to “develop a plan, including the estimated cost, for collecting data on treatment services provided to and needed by state responsible offenders and a process for evaluating the effectiveness of treatment services.” The Secretary asked the Department of Criminal Justice Services (DCJS) to take the lead in responding to this directive.

The plan recommended here focuses on improving the capacity to evaluate future treatment initiatives, by recommending steps to build outcome evaluation into the initial design of these initiatives. Designing outcome measures and evaluation into treatment initiatives will make it easier to provide legislators and policy makers with objective information to answer a recurring unanswered question: “Does this program work?” This approach also will help those who design and operate treatment programs to define realistic and measurable goals for success, ensure that information needed to measure success is gathered, and enhance the expectation that measuring program outcomes is a routine and necessary part of program operations.

Planning for future improvements will be more productive than attempting to retroactively evaluate current treatment initiatives. Retroactive evaluations of current initiatives would be expensive and time-consuming, and would likely produce little useful information. Additionally, current treatment programs are in flux due to budget uncertainties. The most cost-effective planning approach would be to use the current period of limited resources to develop a blueprint for evaluating new treatment initiatives, and then apply this blueprint once funding for treatment initiatives becomes more stable.

The evaluation plan recommended here is preliminary. Due to the scope of the project, and the amount of inter-Secretariat and inter-agency collaboration needed, developing a comprehensive data collection and evaluation plan for these services will require considerable time and effort. The SPS directed DCJS to develop this plan for review by the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders, with the understanding that the plan will be more fully developed between now and when the Committee’s final report is required in November 2003.

Major components of the plan include:

- Updating the inventory of current treatment services provided to and needed by offenders,
- Creating an inventory of past or current evaluations conducted on offender treatment services,
- Defining potential types of outcome measures to consider when evaluating these services,

- Identifying challenges and obstacles to completing outcome evaluations of these services,
- Recommendations for strategies to improve future outcome evaluations of these services,
- Identifying costs associated with data collection, analysis and evaluation.
- Investigating possibilities for federal funding or other innovative funding sources for evaluation efforts.

The plan does not at this point describe a specific evaluation study methodology, or the costs for data collection and analysis. Identifying costs would be deferred until specific programs have been targeted for evaluation, and a study methodology for these programs can be developed and costed out. The plan does identify reasons why outcome evaluation data has not been available for previous programs, and provides recommendations for addressing these reasons to ensure that outcome data is available for future treatment programs.

### **Introduction**

SJR 97/HJR 142 directs the Secretary of Public Safety, in conjunction with the Secretary of Health and Human Resources and the Secretary of Administration, to “develop a plan, including the estimated cost, for collecting data on treatment services provided to and needed by state responsible offenders and a process for evaluating the effectiveness of treatment services.”

In his June 28th presentation to the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders, Secretary Marshall stated:

“We recognize the reality of the Commonwealth’s fiscal challenges, and that lower than expected general fund revenues limit increases in resources. Given these limits, it is more critical now than in prior years to carefully assess, balance, prioritize and evaluate services to meet the many tiered treatment needs of offenders.”

“We face many obstacles. However, we must learn to improve our abilities to assess, prioritize and evaluate so that we can do the most good with what we have available to us.”

The Secretary asked the Department of Criminal Justice Services (DCJS) to take the lead in developing an evaluation plan in response to SJR 97/HJR 142. The DCJS Criminal Justice Research Center has completed an implementation evaluation of the Drug Offender Screening, Assessment and Treatment (DSAT) initiative, and is now developing strategies for an outcome evaluation. The DSAT initiative focuses on services for offenders with substance abuse problems, and requires significant coordination between Virginia’s criminal justice and mental health systems. The SJR 97/HJR 142 work likewise will involve connecting data from these two systems, specifically for offenders with mental health or substance abuse problems. The evaluation strategies and “lessons learned” from DCJS’s evaluation of the DSAT initiative will help develop a comprehensive evaluation plan to inform the SJR 97/HJR 142 Committee as it contemplates future evaluation of mental health and substance abuse treatment services for state responsible offenders.

Additionally, the Secretary of Public Safety created an SJR 97/HJR 142 workgroup to assist with developing the evaluation plan. The workgroup includes representatives from the Secretary of Health and Human Resources and the Secretary of Administration, as well as staff from relevant agencies and offices in the three secretariats. The workgroup is creating a special subcommittee of evaluation and research staff from the three secretariats to provide expertise for the further development of the data collection and evaluation plan.

### **Major Issues**

Some of the major issues that the evaluation plan will address and include are discussed below.

#### 1. Updating the inventory of current treatment services provided to and needed by offenders

Senate Document No. 25 (2002) contains a listing and descriptions of current mental health and substance abuse services in Virginia for adult and juvenile state responsible offenders, and identifies gaps that are known to exist in providing these services. This inventory provides a starting point for determining current services and services needed, and serves as an indicator of the types of services that may be candidates for future evaluation. However, this listing should be reviewed to add any services that have not been identified and are not included in the current listing. A review of this listing should be conducted in collaboration with the Departments of Juvenile Justice, Corrections, Criminal Justice Services, Mental Health, Mental Retardation and Substance Abuse Services, and the State Compensation Board and the Supreme Court of Virginia.

#### 2. Creating an inventory of past or current evaluations of services.

Senate Document No. 25 (2002) also notes that there is little or no data available to evaluate the effectiveness of the treatment services identified in the report. The proposed evaluation plan would include identifying any more recent evaluations of these services that may have been completed, as well as evaluations that are underway. This review would be done in collaboration with the Departments of Juvenile Justice, Corrections, Criminal Justice Services, Mental Health, Mental Retardation and Substance Abuse Services, and the State Compensation Board, the Supreme Court of Virginia, and the Virginia Criminal Sentencing Commission. Information on current evaluation efforts would be assessed, and the results used to guide the planning for evaluation of future treatment initiatives.

A preliminary review has already identified several outcome evaluations currently underway. For example, the Department of Corrections is involved in a multi-year outcome evaluation of the transitional therapeutic community at the Gemeinschaft Home. Preliminary results have been obtained, and final outcome results are expected in late 2003. Additionally, the Department of Juvenile Justice is conducting an outcome evaluation for juvenile sex offenders treated in juvenile correctional centers, with results expected late in 2002, and has just completed an evaluation of outcomes for juveniles from the substance abuse treatment program at the Barrett Juvenile Correctional Center. These and other evaluations now underway will provide outcome data that can be used to help assess the effectiveness of these programs, as well as to inform planning for future evaluations.

This review would also include a review of federally sponsored evaluations of offender mental health and substance abuse services for offenders, including the Criminal Justice/Mental Health Consensus project, “what works” studies, and already evaluated “model programs” that may help inform Virginia’s planning for evaluation of these services.

### 3. Defining Outcome Measures

Treatment program outcomes that would be measured as part of an evaluation will be defined by conferring with Committee members and workgroup staff, and other relevant criminal justice and mental health agency staff. Based on DCJS’ experience with the DSAT evaluation, a list of possible outcome evaluation questions/measures may include:

1. Which offenders, and how many offenders, are assessed as having mental health and/or substance abuse problems?
2. What are the demographic characteristics of this population?
3. What portion of this population is deemed to possibly benefit from treatment?
4. Which offenders are referred to treatment?
5. Which offenders receive treatment?
6. Which offenders complete treatment?
7. Which offenders complete treatment *successfully*?
8. How does treatment success relate to interim (i.e., prior to new criminal justice involvement) measures of program success?
9. How does treatment success relate to critical criminal justice outcomes such as re-arrest, re-conviction, or re-incarceration?
10. How does treatment success relate to other non-criminal justice outcomes such as ability to find employment?
11. How does the “dosage” of treatment affect criminal justice outcomes?

The measures listed above are only a sample of possible outcome measures that could be examined to define program effectiveness. Additional measures will be identified that are specific to individual treatment programs and populations targeted for evaluation.

### 4. Identifying Challenges to Completing Outcome Evaluations

DCJS’s experience with the DSAT evaluation has identified some of the challenges that face efforts to evaluate offender substance abuse programs. Many of these challenges may likewise occur with any evaluation efforts initiated under SJR 97/HJR 142. Also, many of these challenges probably are familiar to the Committee and to state agencies that conduct or participate in program evaluation. For example:

1. Program “success” has not been clearly defined during program planning.
2. Existing data are not sufficient to answer the questions of primary interest to legislators and policymakers.
3. Existing data do not adequately capture program outcome information. The data may describe program processes, but do not answer questions about whether or not the program “works.”

4. Existing data from multiple agencies and service providers may define similar concepts, such as program workload, in very different ways, therefore limiting its ability to be summarized at the state level.
5. Most databases do not allow for the compilation of statistics from a case-level tracking perspective.
6. Service provider definitions of service completion and success may vary widely.
7. Revising existing databases to capture evaluation data is deemed too costly or difficult to accomplish.
8. Supplementary manual collection to collect necessary evaluation data is difficult due to budget restraints, staff time, and pressure for local staff to “do more with less.”
9. Instability of program funding sources complicates the ability to identify programs that will be available and/or meaningful to evaluate.

Additionally, efforts will be needed to coordinate the evaluation resources and skills of the criminal justice and mental health systems to define and measure outcomes for offenders who move between both systems. A specific cross-system challenge that will have to be overcome appears to be obtaining access to offender information that bridges criminal justice and mental health data systems. Federal restrictions on access to treatment records may limit the ability to follow and assess persons through both the criminal justice and mental health systems.

### **Recommended Evaluation Plan: Build Evaluation into Program Design**

The Committee has voiced its frustration with the fact that there is little or no outcome data available on current programs that provide treatment services to offenders with mental health or substance abuse problems. This frustration is a major impetus for the SJR 97/HJR 142 directive for an evaluation plan. A primary reason that outcome data is not available is that treatment programs are often planned, developed and implemented without including evaluation as an integral part of the program design. When outcome evaluations are attempted, they are often ‘tacked on’ late in the program, when it is too late and too difficult to collect the data needed for an effective outcome evaluation. This practice continues to limit the amount of outcome information available to legislators and other parties who want to know if programs are effective.

Based on discussions with the Secretary of Public Safety and Division of Legislative Services staff, the plan recommended here focuses on improving the capacity to evaluate future treatment initiatives. It recommends preliminary steps to begin building outcome evaluation into the initial design of these initiatives. Designing and building outcome measures and evaluation into treatment initiatives will make it easier to provide legislators and policy makers with objective information to answer a recurring unanswered question: “Does this program work?” This approach also will help those who design and operate treatment programs to define realistic and measurable goals for success, ensure that information needed to measure success is gathered, and enhance the expectation that measuring program outcomes is a routine and necessary part of program operations. Designing outcome evaluation into a program at inception is also the best way to ensure that outcome information can be collected without imposing a burden on program staff.

Planning for future improvements will be more productive than attempting to retroactively evaluate current treatment initiatives. Retroactive evaluations of current initiatives would likely be expensive and time-consuming, and would likely produce little useful information. Generally, current treatment programs were not designed to support measuring program outcomes. Data systems for these programs typically do not provide the types of information required for outcome studies, and attempts to collect this information at this point would likely require creating new data systems or modifying existing ones. Alternatively, outcome data might be collected manually from treatment program case files. However, either approach would be expensive and time consuming, and probably would yield little useful information.

The most cost-effective planning approach would be to use the current period of limited resources to develop a blueprint for evaluating new treatment initiatives, and apply this blueprint once funding for treatment initiatives becomes more stable.

### **Recommendations**

It is recommended that the SJR 97/HJR 142 Committee consider strategies to incorporate outcome evaluation planning into the initial design of future initiatives for providing treatment services to offenders with mental health or substance abuse problems. As noted above, this approach has not been taken in the past, and this is a primary reason that outcome data are not available for current treatment programs.

It is also recommended that the Committee consider expanding the treatment population targeted by SJR 97/HJR 142 to include local-responsible offenders. The current SJR 97/HJR 142 language specifically defines the treatment population targeted as “state responsible offenders.” State and local responsible offenders are defined separately in Code based on sentence length. However, in practice the jails, which typically house both types of offenders, make no distinction between them in terms of services provided for mental health and substance abuse services.

The recommendations that follow do not describe a specific evaluation methodology, which can be developed only after a specific program has been identified for evaluation. Instead, the plan focuses on an approach to improve the building of outcome evaluation planning and capacity into future treatment initiatives that may be recommended and developed based on the Committee’s work. These recommendations are not all-inclusive; they will be elaborated on and expanded, and additional recommendations will be developed, through further inter-Secretariat and inter-agency collaboration.

General recommendations for building outcome evaluation into the initial design of mental health or substance abuse treatment programs may include any of the following actions:

1. Provide direction in program development mandates that the program development team include an evaluation specialist.

This would improve program evaluation capacity in several ways:

- *Evaluators can help ensure that programs establish outcome goals, in addition to simple process goals, at the time the program is conceived and designed.*

Although this is an important step in translating the impact of program operations into monetary and other benefits, it is often neglected until after the program is operational.

- *Evaluators can assist in determining whether program goals are realistic for the scope of the planned intervention.*

Goals conceptualized for programs are often unrealistic given the scope of the intervention the program can actually provide. Additionally, even if realistic goals are established, time frames for achieving these goals are often unrealistic (e.g., mandates for outcome results within one year of program onset). These situations lead to frustration with evaluation efforts because such unrealistic goals cannot be properly evaluated. Evaluators can assess whether short-term outcome measures may be an option to provide interim information while also allowing more time to appropriately assess long-term impacts.

## 2. Establish expectations in program development mandates that programs will collect appropriate outcome data.

- *By participating in program planning, evaluators can help establish feasible outcome measures compatible with established outcome targets.*

Evaluators can help to develop data collection strategies that adequately measure target outcomes and provide necessary administrative data, but which also consider staff workload concerns and minimize the effort needed to collect the data. Program developers may not have the time or experience to accomplish this task, and may not always view establishing outcome measures as a priority given competing day-to-day operational responsibilities. However, the need for long-range planning has become critical in the Commonwealth's current budget situation.

- *Budget or legislative language that creates new programs should articulate clear expectations that outcome measures be developed and that appropriate data be collected.*

Progress towards the goal of improved evaluation will require a shift toward greater program accountability, and a closer link between funding decisions and performance data. Evaluation mandates are typically vague, and may suggest that only process evaluation data (e.g., number of persons served, dollars spent, activities initiated, etc.) is required from programs. However, process evaluation does not provide the outcome data necessary to answer the recurrent question: "Is the program effective?" Consequently, incorporating language in legislative mandates that specifically requires the collection of outcome information should be considered.

Enhanced evaluation expectations and program accountability is a growing trend in federal grant programs which provide funding to states. For example, in 1998 the federal Department of Education's Safe and Drug Free Schools and Communities programs revised

its system to increase accountability for states and localities that receive these funds. DOE now requires objective needs assessment information to justify programs, the development of measurable goals and outcome targets, and provision of data to demonstrate progress and support continued funding. Virginia will likely feel the effects of these types of increased standards in the near future, and efforts to improve evaluation will enhance Virginia's ability to meet these standards.

3. Consider setting aside a small percentage of the funding available for new program development and operation to use for funding program evaluation.

Funding for program evaluation is typically not included in program budgets, and this is another major reason that program outcome data are not available. During program design, there is understandably a focus on providing resources to deliver the most services possible. However, the lack of up-front evaluation funding is a reason that policy-makers do not have the outcome information they are seeking when it is time to 'look back' on a program and make decisions about future funding for the program.

The recommendations above will be more fully developed, and additional recommendations provided, as this plan is more fully developed in collaboration with the Secretary of Health and Human Resources and the Secretary of Administration. Recommendations for improving evaluation of treatment programs may include suggestions for legislation, budget action, improved interagency sharing and cooperation, improved data collection and reporting, and establishing better defined expectations concerning outcome information on offender treatment programs.