Effects of a strategy to improve offender assessment practices: Staff perceptions of implementation outcomes

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ABSTRACT

Background: This implementation study examined the impact of an organizational process improvement intervention (OPII) on a continuum of evidence based practices related to assessment and community reentry of drug-involved offenders: Measurement/Instrumentation, Case Plan Integration, Conveyance/Utility, and Service Activation/Delivery.

Methods: To assess implementation outcomes (staff perceptions of evidence-based assessment practices), a survey was administered to correctional and treatment staff ($n = 1509$) at 21 sites randomly assigned to an Early- or Delayed-Start condition. Hierarchical linear models with repeated measures were used to examine changes in evidence-based assessment practices over time, and organizational characteristics were examined as covariates to control for differences across the 21 research sites.

Results: Results demonstrated significant intervention and sustainability effects for three of the four assessment domains examined, although stronger effects were obtained for intra- than inter-agency outcomes. No significant effects were found for Conveyance/Utility.

Conclusions: Implementation interventions such as the OPII represent an important tool to enhance the use of evidence-based assessment practices in large and diverse correctional systems. Intra-agency assessment activities that were more directly under the control of correctional agencies were implemented most effectively. Activities in domains that required cross-systems collaboration were not as successfully implemented, although longer follow-up periods might afford detection of stronger effects.

1. Introduction

The use of evidence-based practices for assessment, case planning, and service delivery for offenders, particularly those in transition from correctional custody to community treatment, is not widespread (Belenko and Peugh, 2005; Friedmann et al., 2007; Henderson et al., 2008, 2009; Pelissier et al., 2007; Taxman et al., 2007a, 2007b). Improved assessment processes for offenders reentering the community has the potential to increase access and better match service delivery to assessed needs, thereby improving the likelihood of successful outcomes. For example, comprehensive screening and assessment of drug-involved offenders can expedite placement in treatment, reduce treatment dropout, and reduce recidivism (Shaffer, 2011).

Evidence-based assessment practices in criminal justice settings were a major focus of the Blending Initiative, a collaborative effort by the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA)

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to improve the diffusion of research into practice. Through this initiative, the treatment planning M.A.T.R.S. guidelines (Measurable, Attainable, Time-limited, Realistic and Specific treatment objectives) were developed to promote the use of evidence-based instruments and the activation of appropriate treatment services (Condon et al., 2008; Garner, 2009; NIDA, 2012; Rossello et al., 2010; Stilen et al., 2007). The guidelines have been used to align evidence-based practices endorsed by NIDA and SAMHSA, including assessment of persons in the criminal justice system, and have also been used by the United Nations' "Treatnet" network to help disseminate evidence-based practices internationally (Garner, 2009; Rossello et al., 2010).

A continuum of four core assessment practice domains (Measurement/Instrumentation, Case Plan Integration, Conveyance/Utility, Service Activation/Delivery) were identified for use in the current study as practical focal areas in which to implement the M.A.T.R.S. guidelines (Shafer et al., 2014). Despite their potential utility, these assessment practices are rarely implemented effectively with substance-involved offenders in correctional and community reentry programs (Peters et al., 2015; Taxman et al., 2007a). The first domain, Measurement/Instrumentation, highlights the importance of using valid and reliable instruments in order to identify client strengths and needs, as well as prioritizing those in need of services (Hiller et al., 2011; Peters et al., 2000). The second domain, Case Plan Integration, emphasizes that individualized treatment plans should address the unique needs of each person involved in the assessment process. While studies highlight the importance of matching treatment plans to individual needs for effective programming, these practices are seldom implemented in correctional settings (Lowenkamp and Latessa, 2005; Taxman and Thanner, 2006; Taxman et al., 2007c). The third domain, Conveyance/Utility, focuses on sharing assessment results, case plans and client needs with community treatment providers (Fletcher et al., 2009; Moore and Mears, 2003; Taxman et al., 2007a; Wenzel et al., 2004). The final domain, Service Activation/Delivery, addresses strategies by which community treatment agencies deliver services based on valid assessment information (Belenko, 2006; Mellow and Christian, 2008; Taxman, 2004).

The Organizational Process Improvement Intervention (OPII), the focus of the current study, was designed to improve evidence-based assessment in these four core assessment domains. The OPII was one of three major projects in Criminal Justice Drug Abuse Treatment Systems (CJDATS), a five-year multi-site national research collaborative funded by the National Institute on Drug Abuse. CJDATS focused on improving implementation of evidence-based approaches for assessment and treatment of drug abuse within criminal justice settings (see also Ducharme et al., 2013; Shafer et al., 2014). Each of the CJDATS studies included some form of "change team" charged with implementation. Interventions involving the use of change teams have demonstrated effectiveness in improving the uptake and sustainability of evidence-based practices (Aarons et al., 2011; Capoccia et al., 2007; Damschroder et al., 2009; Damschroder and Hagedorn, 2011; Edmonson, 2003; Lehman et al., 2009; McCarty et al., 2007; Proctor et al., 2009; Roosa et al., 2011).

Proctor et al. (2009) identified four levels of change within their conceptual model of implementation: individual, group/team, organization, and systems. Within individuals, key factors influencing change include knowledge, skill, and expertise. Within groups or teams, change is often related to cooperation, coordination and shared knowledge among team members. Within organizations, change is influenced by agency structure, strategy and culture. Within systems, reimbursement, legal, and regulatory policies are often key factors influencing change. While *client outcomes* (efficacy or effectiveness) are typically the focus of randomized clinical

trials, implementation research focuses attention on more proximal implementation and service outcomes (Proctor et al., 2011). *Implementation outcomes* refer to the effects of deliberate and purposive actions to implement new treatments, practices, and services (Proctor et al., 2011). *Service outcomes* refer to standards of care for service delivery such as efficiency, safety, and equity. In the current study, our focus was on implementation outcomes.

Implementation outcomes are important for at least three reasons (Proctor et al., 2011). First, they serve as indicators of whether an intervention was implemented successfully or not. Second, implementation outcomes are proximal indicators of implementation processes. Third, implementation outcomes serve as critical preconditions for attaining desired changes in subsequent service and client outcomes. Proctor et al. (2011) emphasize that implementation outcomes should be assessed based on stakeholders' knowledge of or direct experience with various dimensions of the change to be implemented. Staff perceptions of the change to be implemented are critically important, as agency personnel can through their values, behaviors, and interactions with clients, colleagues, and supervisors, constitute some of the strongest barriers or facilitators of change (Aarons et al., 2011).

Staff perceptions of the acceptability, appropriateness, feasibility and sustainability of any planned change are particularly important (Proctor et al., 2011). Acceptability refers to the perception among stakeholders that a given treatment, service, practice, or innovation is agreeable, palatable, or satisfactory. Appropriateness is the perceived fit, relevance, or compatibility of an evidence based practice for a given setting and/or problem. Feasibility is the degree to which an innovation can be successfully used within a given agency or setting. A specific innovation may be perceived as appropriate in that it is compatible with a program's mission, but it may be viewed as unfeasible due to resource or training requirements. Sustainability is the extent to which a newly implemented practice is maintained or institutionalized within a service setting's ongoing, stable operations. As Proctor et al. (2011) note, the construct of sustainability has so far received little attention in empirical studies of implementation. Other implementation outcomes such as costs, fidelity, and penetration are also relevant (Damschroder and Hagedorn, 2011), but were beyond the scope of the current study.

Using a cluster randomized trial design (Campbell et al., 2012), the CJDATS Collaborative, including nine research centers in locations around the country, examined whether the OPII resulted in the improved use of evidence-based assessment practices across the four core domains. We predicted that Early-Start sites that received the intervention would show greater improvements in staff perceptions of evidence-based assessment practices than Delayed-Start sites that did not receive the intervention during the same time period.

2. Materials and methods

2.1. Overview of the intervention

The OPII was designed to provide a structured protocol to improve the use of evidence-based assessment practices in correctional settings. A detailed description of the intervention and the study design is available in a published protocol paper (Shafer et al., 2014). Following Proctor et al.'s (2009, 2011) conceptual model, the evidence-based practices targeted by the OPII were the four core assessment domains (Measurement/Instrumentation, Case Plan Integration, Conveyance/Utility, and Service Activation/Delivery), and the implementation strategy was a facilitated change team approach. Within each site, a local change team involving correctional agency staff (prison, jail, probation, or parole) and one or more community treatment partners identified by the correctional agency was formed to develop and implement strategic improvement plans. Change teams included 6–10 individuals, primarily correctional personnel with responsibility for offender assessment, treatment planning and referral functions. Community-based treatment agencies were also represented (typically 1–2 persons per team).

Change team leaders were middle- or upper-level correctional managers who had direct access to the director of the correctional agency. In consultation with the correctional agency, each research center employed an external facilitator (e.g., a