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Measuring collaboration and integration activities in criminal justice and substance abuse treatment agencies

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ABSTRACT

Individuals with substance abuse problems who are involved in the criminal justice system frequently need community-based drug and alcohol abuse treatment and other services. To reduce the risk of relapse to illicit drugs and criminal recidivism, criminal justice agencies may need to establish collaborations with substance abuse treatment and other community-based service providers. Although there are many variations of interorganizational relationships, the nature of these interagency collaborations among justice agencies and treatment providers has received little systematic study. As a first step, we present an instrument to measure interagency collaboration and integration activities using items in the National Criminal Justice Treatment Practices Surveys conducted as part of the Criminal Justice Drug Abuse Treatment Studies (CJ-DATS). Collaboration and integration activities related to drug-involved offenders were examined between substance abuse treatment providers, correctional agencies, and the judiciary. The measurement scale reliably identified two levels of collaboration: less structured, informal networking and coordination and more structured and formalized levels of cooperation and collaboration. An illustration of the use of the systems integration tool is presented.

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1. Introduction

The need for substance abuse treatment services in the criminal justice system is well established. Over 7 million adults were under correctional supervision in the United States in 2005 (Glaze and Bonczar, 2006). Many of these have substance abuse or addiction disorders. In 2004, 45% of federal and 53% of state inmates met criteria for drug abuse or dependence (exclusive of alcohol problems), and over 60% of inmates had used illicit drugs regularly (Mumola and Karberg, 2006). Slightly over 36% of admissions to publicly funded substance abuse treatment in 2005 were referred by criminal justice sources, mostly probation/parole officers (Substance Abuse and Mental Health Services Administration, 2007: Tables 3.5 and 3.12).

Fewer offenders receive treatment than need it. Mumola and Karberg (2006) report that only 15–17% of inmates meeting abuse or dependence criteria had received substance abuse treatment in prison. Recent estimates indicate that treatment is available to fewer than 10% of offenders in correctional settings on a daily basis (Taxman et al., 2007a). Perhaps not surprisingly, there is a high failure rate for offenders returning to their communities after incarceration. Langan and Levin (2002) reported that within three years of release, 67% of drug offenders were rearrested for a new offense, 47% were reconvicted for a new crime, and about 49% were back in prison serving a new sentence or on a technical violation of release requirements. Substance abuse is a robust predictor of recidivism (Belenko, 2006; Bonta et al., 1998; Dowden and Brown, 2002).

Efforts to integrate substance abuse treatment with criminal justice have a long history, beginning with the compulsory treatment of heroin addiction in 1930s-era Federal "narcotics farms." More recently, partnerships between criminal justice and substance abuse treatment contribute to programs such as Treatment Alternatives to Street Crime (TASC, now the national Treatment Accountability for Safer Communities organization) (Treatment Accountability for Safer Communities, 2007; Wenzel et al., 2001), rehabilitation supervision (Paparozzi and Gendreau, 2005; Bonta et al., 2000), treatment alternatives to incarceration (Broner et al., 2003; O'Callaghan et al., 2004), prison-based treatment programming (Inciardi et al., 2004; Welsh and Zajac, 2004), drug treatment courts (Turner et al., 2002), "seamless" probation combined with drug treatment (Alemi et al., 2006), "weed and seed"

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initiatives (Office of Justice Programs, 2005), and "treatment prisons" intended for offenders with drug problems (Olson et al., 2004; Welsh and McGrain, 2008). These initiatives reflect the premise described in the landmark report *The Challenge of Crime in a Free Society* (President's Commission on Law Enforcement and Administration of Justice, 1967), which proposed that the reintegration of offenders into the community required coordination, collaboration, and partnerships with community agencies. For offenders with substance abuse and addiction problems, this suggests that criminal justice and substance abuse treatment should work together to provide effective treatment services that give the individual the best chance to abstain from illicit drug use and end criminal behavior.

Nevertheless, the existing criminal justice system is often characterized as fragmented, with poor coordination between the judiciary and correctional institutions, between jails, prisons, and community supervision, and between health services and criminal justice agencies (Freudenberg, 2001; Veysey et al., 1997). Much attention has been given to reducing the organizational and systemic service delivery barriers that may contribute to reentry failure. Steadman (1992) proposed that criminal justice agencies dealing with individuals whose needs exceed the agency's capabilities should be able to reach across their organizational boundaries to coordinate with other agencies that can provide the needed resources or expertise. Criminal justice and treatment service integration strategies based on standardized risk and assessment tools, using incentives and sanctions, and drug testing have been recommended (Farabee et al., 1999; Taxman, 1998; Taxman and Bouffard, 2000; Wenzel et al., 2001). Still, there are many missed opportunities for cross-agency coordination and collaboration in assessing need for substance abuse and mental health treatment and linkage to services, in planning transitional services, in allocating treatment resources to the drug-involved offender, and in linking to community-based medical care for HIV and other infectious disease (Duffee and Carlson, 1996; Hammett et al., 1998; Robillard et al., 2003; Taxman and Bouffard, 2000; Taxman et al., 2007b).

Despite widespread recognition of the potential benefit of collaborative efforts, there have been few systematic efforts to study organizational models that might be useful for guiding the integration of criminal justice requirements with drug abuse treatment. In 2002, the National Institute on Drug Abuse (NIDA) began a major research program that is the focus of several of the studies in the current volume. A primary objective of this research program, the Criminal Justice Drug Abuse Treatment Studies (CJ-DATS), is to improve outcomes for offenders with substance use disorders by improving the integration of substance abuse with other public health and public safety systems. In this context, the present study develops a tool to measure the levels of interorganizational activities that occur, a first step in exploring and characterizing the types of interorganizational relationships that exist between criminal justice agencies and substance abuse treatment providers across the nation.

The interagency activity measure was developed using data collected through the CJ-DATS National Criminal Justice Treatment Practice Surveys (NCJTPS; Taxman et al., 2007b). This interagency activity measure is based in part on a framework developed by Konrad (1996), described below, to describe a continuum of levels of systems integration activities across agencies. Analyses are presented to show the "fit" of the measure to the Konrad model, how the activities are organized, and how frequently organizations engage in the different activities. These analyses will help establish the potential usefulness of the measure in terms of describing collaboration activities and for further analyses of organizational factors that relate to more integrated collaboration efforts.

1.1. Cross-agency collaboration efforts

Relatively few studies have examined interorganizational factors related to substance abuse treatment in the criminal justice system. Apart from the drug treatment—criminal justice nexus, however, there is a substantial body of work on systems and services integration efforts. Early federal initiatives during the 1970s tended to focus on administrative-level *systems* integration efforts, such as interagency agreements, co-location of services, centralized intake and assessment, new co-funding strategies, administrative coordination or consolidation, and shared management information systems. Major obstacles to successful system-level integrations were encountered, including size and complexity of the systems; bureaucratization and specialization contributing to organizational silos; difficulties of integration itself; and a lack of knowledge of how integration might best be accomplished (Kusserow, 1991). In his review of 20 years of systems and services integration efforts, Kusserow (1991) concluded that the substantial efforts made over that time had limited or inconclusive institutional impact.

Later efforts concentrated on *services* integration strategies such as case management, case conferences and case review panels, individualized assessments and services plans, case monitoring and outcome monitoring, and giving the service provider more control over resources (Kahn and Kamerman, 1992). Both systems integration and services integration can be effective in improving outcomes for individuals with multiple needs. Friedmann and his colleagues examined a type of systems integration, how drug treatment providers linked their patients to other service providers. Formal referral linkages were more important than informal linkages in getting drug treatment patients to other service providers (Friedmann et al., 2001b), but providing transportation was even more effective (Friedmann et al., 2001a).

One major five-year demonstration effort which used a quasi-experimental design to implement and evaluate systems integration for agencies in nine cities serving homeless individuals with substance use and mental disorders measured systems level outcomes and adherence to study aims as well as individual outcomes. These investigators found that although their attempts were at least partially successful in achieving the system-level aims of improved access to a wider range of services (Morrissey et al., 2002), there was limited impact on the outcomes of most interest, namely, improvement in the quality of life of the clients served by these agencies. This was attributed in part to an inadequate base of resources that could be linked together (Dennis et al., 2000). It was also found that many agencies which had successfully implemented integrated systems and services (such as integrated housing and support systems) abandoned these efforts following the end of the five-year project. Integration efforts which were sustained generally had agency staff who believed in systems integration and who had the time and ability to network (Steadman et al., 2002).

Taxman and Bouffard (2000, 2002) evaluated an organizational boundary-spanning services integration strategy to build a "seamless system of care" between jail-based substance abuse treatment and community-based treatment for offenders funded through the U.S. Department of Justice Residential Substance Abuse Treatment (RSAT) block grant program. They found that despite formal agreements to coordinate between jails, parole and probation agencies, and local public health agencies, the operational practices needed to transcend interorganizational boundaries were not well implemented in the six jurisdictions they examined. With one exception, the sites transitioned fewer than 15% of their clients to community-based treatment. Most efforts were placed into providing clinical services rather than in creating processes that bridged organizational boundaries.

The drug court model posits that judicial supervision coordinated with comprehensive substance abuse treatment and other