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The opportunities and challenges of multi-site evaluations: Lessons from the jail diversion and trauma recovery national cross-site evaluation

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ABSTRACT

Multi-site evaluations, particularly of federally funded service programs, pose a special set of challenges for program evaluation. Not only are there contextual differences related to project location, there are often relatively few programmatic requirements, which results in variations in program models, target populations and services. The Jail Diversion and Trauma Recovery–Priority to Veterans (JDTR) National Cross-Site Evaluation was tasked with conducting a multi-site evaluation of thirteen grantee programs that varied along multiple domains. This article describes the use of a mixed methods evaluation design to understand the jail diversion programs and client outcomes for veterans with trauma, mental health and/or substance use problems. We discuss the challenges encountered in evaluating diverse programs, the benefits of the evaluation in the face of these challenges, and offer lessons learned for other evaluators undertaking this type of evaluation.

1. Introduction

Multi-site evaluation- defined broadly as "an evaluation in which two or more sites engage in a coordinated effort to address a core set of study questions" (Straw & Herrell, 2002) poses a unique set of challenges for evaluation design, implementation, and analysis. For example, multi-site evaluations typically involve a centralized study design and management, but are dependent on sites to collect data. There may be differences between and among sites in the target population, program intervention, degree to which the program is fully implemented, number of program enrollments, data quality, and/or follow-up data collection rates. Any of these factors can complicate the analysis of data from multiple sites (Callahan, Steadman, Tillman, & Vesselinov, 2013; Rog & Randolph, 2002).

The challenges of multi-site evaluations particularly apply to evaluation of federally funded projects in which the funder imposes few specific programmatic requirements, in order to encourage a range of responses to an identified problem (Cook, Carey, Razzano, Burke, & Blyler, 2002; Leff & Mulkern, 2002). The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Jail Diversion and Trauma Recovery–Priority to Veterans (JDTR) grant program was an initiative of this type. Grantees were not required to use a specific service model to divert veterans with trauma-related conditions from the criminal justice system to treatment. The broad parameters of the Request for Applications (RFA) allowed grantees to exercise creativity in order to meet the program's goals in a manner responsive to local needs and conditions.

Programs like JDTR can offer communities opportunities to develop new approaches and services, to enhance infrastructure by building new relationships among diverse service systems, and to develop inventive ways to work with new populations. Grantees have flexibility in how they choose to serve the target population and create the best fit for their communities. Because these programs are new, program modifications to address implementation challenges are expected during the process, and are welcomed, not penalized. Each grantee site becomes, in essence, a "mini-laboratory" for implementing a new program approach for a locally defined target population, and frequently results in forging new inter-agency and cross-system relationships.

While the funder's approach of minimizing required program elements promotes the development of innovative responses to an identified issue, and is positive for grantees, it presents challenges in designing and conducting cross-site evaluations. Grantees'

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programs are implemented in a variety of settings and targeted to different populations, with a range of programmatic practices and services. These inter-site variations make it difficult to generalize findings across sites. However, we believe that our experience shows that multi-site evaluations can provide meaningful information, particularly when the collection and analysis of quantitative outcome data is combined with a process evaluation. This mixed-methods approach to a multi-site evaluation allows outside, impartial evaluators to use common measures and methods to provide standardized information to funders, providers and policy-makers. It also allows evaluators to deliver qualitative information depicting each site as its own "laboratory," with distinctive strengths, accomplishments and challenges.

The JDTR Program provided a unique opportunity to use a mixed-method evaluation design to understand a diverse group of criminal justice diversion programs for veterans who are trauma survivors with mental health and/or substance use problems. To demonstrate how we optimized this opportunity, we describe the JDTR Program below, placing it in the context of the growing clinical understanding of trauma, its impact, and its relation to the evolution of diversion programs over the past 25 years. We then describe the JDTR National Cross-Site Evaluation within the framework of a multi-site, mixed-methods evaluation approach, and describe lessons learned through this complex process.

2. Trauma: Its prevalence and impact

In a medical context, the term "trauma" is often used to refer to serious bodily injury. In a behavioral health context, "trauma" is defined as the psychological response to extreme events that are experienced as physically or emotionally threatening and have lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being. Trauma may be caused by exposure to violence, including combat, physical assault, and sexual abuse, as well as to natural disasters, accidents, or any other events that induce powerlessness, fear, recurrent hopelessness, and a constant state of alert (SAMHSA, 2013).

A number of studies have documented strong and significant relationships between traumatic experiences in childhood and adulthood and a wide range of physical and behavioral health problems, social and economic costs, and early mortality (Felitti & Anda, 2010; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). While post-traumatic stress disorder (PTSD) is the diagnosis most commonly associated with trauma, it is just one of many that may result from traumatic experiences. Trauma exposure has also been linked to anxiety, depression, psychosis, and other psychiatric diagnoses (Afifi, Boman, Fleisher, & Sareen, 2009). Unaddressed trauma may also result in a range of behaviors, including substance abuse and interpersonal violence, which can lead to arrest, incarceration, and recidivism (Steadman et al., 1999).

Studies have found high rates of traumatic experiences among a range of marginalized populations, including people with criminal justice involvement. In a study of more than 4000 incarcerated males, Wolff and Shi (2012) found that 44.7% had experienced physical trauma in childhood and 31.5% in adulthood, while 10.9% had experienced sexual trauma as children and 4.5% as adults. Steadman (2009) found that, across several SAMHSA Targeted Capacity Expansion Jail Diversion grants, both women and men who participated in the program reported almost universal exposure to traumatic experiences prior to incarceration (95.5% and 88.6%, respectively).

PTSD diagnosis can be seen as a proxy measure for exposure to traumatic experiences (albeit one that under-estimates such exposure), and veterans have higher rates of PTSD than the general population. Vaughan, Schell, Tanielian, Jaycox, and Marshall (2014) found that 23% of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans who received services from the U.S. Department of Veterans Affairs (VA) met the criteria for PTSD, compared to the 3.5% annual rate of PTSD found among the general population. Trauma responses and trauma-related diagnoses among veterans may be the result of combat, military sexual trauma, childhood trauma prior to enlistment, or a combination of these experiences (Cobb et al., 2014). While there is, to date, relatively little research on the effect of trauma on veterans' justice system involvement, studies suggest that 50% or more of incarcerated veterans may be diagnosable with PTSD (Tsai, Rosenheck, Kasprow, & McGuire, 2013; White, Mulvey, Fox, & Choate, 2012).

3. Jail diversion programs

Jail diversion is one of several strategies proposed by scholars and practitioners of therapeutic jurisprudence, which explores ways in which the law may be applied with therapeutic intent, rather than simply as a tool of punishment (Winick, 2002). Jail diversion refers to several procedures or programs that prevent inappropriate arrest and detention or remove people from the criminal justice system prior to arraignment or prior to sentencing. It is accomplished by diverting individuals to community-based treatment or rehabilitation or to other sentencing alternatives, such as probation, restitution, or community service (DeMatteo, LaDuke, Locklair, & Heilbrun, 2013).

There are many points at which arrestees and defendants may be diverted. Munetz and Griffin (2006) describe a "sequential intercept model," defining a series of possible points at which people with behavioral health issues might be engaged, either to divert them from the justice system directly into treatment, or to prevent them from being funneled into more consequential stages of the justice system. The model identifies five points of interception: law enforcement and emergency services (Intercept 1); initial detention and hearing (Intercept 2); jails and courts (Intercept 3); reentry from jails, prisons and hospitalization (Intercept 4); and community supervision and community support services (Intercept 5).

Because the structure of criminal justice systems varies by state (and, within states, by local jurisdictions), there is no national uniformity in processes or nomenclature. There are, however, some commonalities among jail diversion programs. Steadman, Morris, and Dennis (1995) categorize jail diversion programs as being of two types: "pre-booking," which attempt to divert eligible individuals before charges are formally filed, and "post-booking," which identify and attempt to divert eligible individuals after arrest, as early in the criminal justice process as possible.

Specialty courts, also known as "problem-solving courts," are a frequently used approach to post-booking jail diversion (Bureau of Justice Assistance, n.d.). Problem-solving courts have been developed to deal with a range of issues, including substance abuse and mental health issues; there are also youth courts, Driving While Impaired (DWI) courts, and prostitution courts (Winick, 2002). Veterans' courts are the most recently developed type of problem-solving court, which were created based on the belief that veterans exposed to combat trauma who are involved in the justice system may benefit from treatment instead of incarceration (Pratt, 2010).

Jail diversion programs in the mental health sector grew rapidly after they were introduced in the early 1990s. Much of this growth was spurred by federal funding, including a total of 34 Jail Diversion programs funded by six cohorts of SAMHSA's Center for Mental Health Services (CMHS) Targeted Capacity Expansion for Jail Diversion grants from 2002 to 2007 (Policy Research Associates, n.d.), and 40 programs funded by the Department of Justice's Mental Health Court Grants Program since 2003