VERA
INSTITUTE OF JUSTICE

To: **Nebraska Community Corrections Council**

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Re: **Process Evaluation of Specialized Substance Abuse Supervision (SSAS) in Nebraska**

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In 2000, after decades of enacting stringent mandatory minimum sentences and limiting early releases from prison, Nebraska faced its second prison population crisis in a decade. State leaders recognized the need for a new approach to control prison growth, while at the same time maintaining public safety and holding offenders accountable. In 2003, the legislature created a new state entity – the Community Corrections Council – which was charged with creating a community corrections infrastructure for Nebraska. To date, the Council has supported the development of a number of community corrections options for nonviolent offenders, including day-evening reporting centers, a fee-for-service voucher program for substance abusing offenders, and a standardized model of drug treatment services.

Most significant among these efforts is the development of Specialized Substance Abuse Supervision (SSAS). SSAS is an evidence-based supervision program for prison-bound felony drug offenders and early-release parolees that combines treatment with services that address other types of needs. SSAS was piloted in five sites in 2006 with the explicit goal of reducing growth in the state's prison population, which is currently at 138% of the system's capacity and is projected to be at 166% of capacity by 2011 if things continue as they are. A statewide rollout of SSAS is Nebraska's most promising way to prevent continued prison overcrowding, given the scope of services provided and the population it could potentially reach.

A successful statewide rollout of SSAS requires the creation of a policy feedback loop early on, to inform the Council and other proponents of the program about the successes and challenges of implementation. This information, in turn, can be used to further develop the statewide model and present a data-driven approach for moving forward with reform efforts. To facilitate this process, Vera's Center on Sentencing and Corrections will conduct a process evaluation of SSAS that will examine the implementation process in the five pilot sites. The results of the process evaluation will then be used to create recommendations for how statewide implementation should proceed.

The process evaluation will have national significance as well. SSAS is one of the few examples of a pilot program that is implemented on a local basis but designed to impact state-level trends and policies, and there is currently no evidence-based model for

implementing these types of initiatives. The findings from this process evaluation will thus have broad applicability to other states that are trying to achieve similar goals. The remainder of this memo outlines our approach to the evaluation, followed by a timeline for the work.

Evaluating the implementation of SSAS

The goal of the process evaluation is to determine how SSAS has been implemented, and to use that information to help the Council develop a model of statewide implementation. As such, this component of the research will focus on four main questions related to implementation: 1) To what extent were SSAS procedures implemented as intended?; 2) Was implementation of these procedures consistent across sites?; 3) What have been the biggest successes and challenges of implementation challenges?; 4) How do probation and parole cases flow through the system?

We will explore each of these questions as they relate to six stages of SSAS—sentencing/referrals, supervision, treatment provision, service provision at day-evening reporting centers, violations, and program completion/transition. Attachment 1 contains a specific list of questions to be explored at each of these stages, but more generally the process evaluation will focus on how decisions are made, how closely system responses match up to offender needs, and coordination between different managers and providers to provide the necessary services and supervision.

Data collection and analysis

Vera will rely on a combination of data sources and analytical techniques to explore the four implementation issues outlined above. In addition to reviewing SSAS policies and procedures, the evaluation will employ both qualitative and administrative data and analysis.

Policy and procedure documents

A review of policies and procedures related to SSAS supervision is a critical first step in the process evaluation, because in order to assess how well the program was implemented, one must know how the program was intended to function. Vera staff have already completed most of this work as a preliminary step in the planning process. We reviewed all available SSAS policies and procedures, as well as documents related to the standardized model of drug treatment services. These documents were the primary resource for developing the questions outlined in Attachment 1. As a follow-up to this work, we may also review policies and procedures from individual treatment providers to gain a better understanding of how these policies fit in with SSAS polices and procedures.

Qualitative data

The primary source of data for this evaluation will be interviews and focus groups with individuals involved in the six stages of SSAS supervision, including judges, referring officers, SSAS officers, parole officers, treatment providers, day-evening reporting center coordinators, day-evening reporting center service providers, and SSAS clients. The purpose of the interviews and focus groups is to explore how SSAS has been implemented across sites and to identify the implementation challenges that exist. Interviews with judges and treatment providers will be conducted one-on-one, mainly because of the individualized nature of each of their roles in SSAS. It is likely that at least some of these interviews will be conducted over the phone, due to the impracticability of having Vera staff travel great distances to interview participants from different geographic areas. The remaining interviews will be conducted in focus groups, with participants organized according to position. In other words, we will conduct focus groups of SSAS officers, focus groups of parole officers, etc. Each group will include representation from the five SSAS sites as well, so that we can explore differences in implementation and coordination between sites in addition to gaining a more general perspective on the implementation process. Vera staff plan to conduct interviews and focus groups in two stages, using findings from the first set to identify emerging themes to flush out in further interviews and additional participants who would help us gain a better understanding of how SSAS works.

Administrative data

Finally, administrative data will be utilized to track SSAS probation and parole cases as they flow through the system via the pathways outlined in Attachment 2, and to describe the characteristics of these cases at different points in the system using statistical analysis. Among the main goals of these analyses are to determine the percentage of screened cases that end up enrolling in SSAS, and to examine the background characteristics of SSAS clients.

In the case flow analysis we will track, at an aggregate level, the number of individuals screened for SSAS eligibility that are then sentenced to SSAS, and the number that ultimately enroll in SSAS supervision. We will track these case flows separately by site as well. Due to unavailability of data at several of the discrete system points identified in the case flow chart, it is not possible to break down case flow in as much detail as is presented. The detail is provided mainly for contextual purposes. The descriptive analysis, in turn, will focus on background characteristics of SSAS cases (such as race, gender, probation/parole, crime of conviction), characteristics of the treatment and supervision they receive (such as length of treatment and referred level of care), and preliminary short-term outcomes (such as violations, completion rates, and unsuccessful discharges). These analyses require administrative data from probation's NPMIS and voucher data systems, and parole data. We will also utilize aggregate-level data on day-evening reporting center services. Vera staff will work with the Office of Probation Administration (OPA) and the Parole Administration to collect all relevant data.

Projected Timeline

The process evaluation of SSAS will take six months to complete. Vera will begin the process evaluation in October 2008 and will present the final report to the Council by March 31, 2009. A more detailed task timeline is included as Attachment 2.

Following completion of the process evaluation, our next steps in Nebraska may include an outcomes evaluation, which would examine the impact of SSAS on incarceration and other recidivism outcomes. This evaluation is dependent on funding to support Vera's continued technical assistance and research support in Nebraska.

Attachment 1:
Process evaluation research questions

Stage 1: Referrals:

- Are referring probation officers conducting eligibility screenings properly and in their entirety?
    - If no, then why not? What are the obstacles?
- Are SSAS officers conducting suitability screenings properly and in their entirety?
    - If no, then why not? What are the obstacles?
- How many individuals have been screened for SSAS?
    - Of those individuals, how many have been sentenced to SSAS?
    - Of those individuals, how many have enrolled in SSAS?
- What are the main reasons that overrides occur?
    - Do they occur more with probation cases or parole cases?
    - How are they resolved?
    - Who ultimately approves or dismisses an override?
    - Does any of this vary by district and/or county?
- For probation cases, how do judges make decisions about who to sentence to SSAS?
    - How closely do they follow the recommendations of pre-sentence investigation reports (PSI) for SSAS-suitable cases?
        - For recommendations into SSAS?
        - For recommendations against SSAS?
    - When judges deviate from the PSI, what are the reasons?
    - What do judges perceive to be the purpose of SSAS?
        - To serve as an alternative to incarceration?
        - To provide a higher level of supervision for community supervisees?
    - In the case of probationers, is SSAS a sentence or a condition of probation?
    - Once a judge orders SSAS, is an individual allowed to refuse it?
        - If so, then what percentage refuse?
    - Does this vary by district and/or county?
- For parolees, who ultimately decides whether or not an individual should participate in SSAS—parole officer, parole supervisor, or SSAS officer?
    - How much collaboration takes place between parole and SSAS officers?
    - If there is disagreement about whether or not a supervisee should be in SSAS, how is it resolved?
    - How can communication be improved?
    - Once a parole case is referred to SSAS, is he/she allowed to refuse it?
        - If so, then what percentage refuse?
    - Does any of this vary by district and/or county?
- What are the background characteristics of cases referred to SSAS?
    - Gender

    - Race
    - Age
    - Crime of conviction
    - Employment status
    - Education
    - Marital status
    - Geography
    - LS/CMI score
    - SSI score
    - Do these characteristics vary between probation and parole cases?
- What, if any, differences exist between probationers and parolees who participate in SSAS and those that participate in other drug treatment and evaluation programming/sentencing (i.e. those that receive drug treatment vouchers but are not in SSAS, those sentenced through drug courts)?
    - Does this vary by district and/or county?
- At what point during parole supervision does a parole supervisee begin SSAS supervision? (right away?)
    - How is this decided?
- Are probation officers entering all required information into NPMIS?
    - If not, then why? What are the obstacles?
    - If not, then what information is missing and/or inconsistently entered?
    - Is entry consistent across sites?
    - Is entry consistent across probation and parole?

Stage 2: Supervision:

- How are hiring decisions for SSAS officers made?
    - How long do SSAS officers hold their positions?
    - Why is turnover among SSAS officers so high and how can it be prevented?
- How many SSAS officers are currently working?
- What are the background characteristics of these officers?
- How long after sentencing/referral does an individual begin SSAS supervision and treatment?
    - Does this vary between probation and parole?
    - Does this vary by district and/or county?
- What happens during intake?
- With respect to parolees under SSAS supervision, what is the role of the parole officer once SSAS begins?
    - How much communication occurs between SSAS officers and parole officers?
    - How can communication be improved?
    - How are decisions made between SSAS officers and parole officers?
        - What decisions remain with the parole officer and what decisions are within the SSAS officer's authority?
    - Do they meet regularly? If so, how often?
    - How can communication be improved?

- What is the process by which SSAS officers, referring officers, and treatment providers develop a case plan?
    - How is the LS/CMI and full suitability screening used?
    - What other information is used in this process?
    - How do they communicate?
    - Who, if anyone, leads the process or has ultimate decision-making authority?
- Are supervision requirements different for probation and parole cases? If so, how?
- What are the primary duties that SSAS officers perform on a daily basis?
- How is the role of the SSAS officer distinct from that of the referring officer?
- How large are SSAS caseloads?
    - What percentage of officers carry more than 30 cases?
    - Can officers adequately supervise cases on this caseload?
- How are SSAS cases supervised? To what extent is the supervision protocol being followed?
    - How often do SSAS cases meet with their officers? With their treatment providers?
        - What is discussed in these meetings?
    - How often are home visits conducted?
        - Announced visits? Unannounced visits?
        - How long do visits last?
        - Who is present during visits?
        - What is discussed?
        - If a problem is identified during a home visit, is action taken? If so, what kind?
        - If an individual is not home during unannounced home visits, how is this handled?
    - How often are criminogenic needs assessed?
        - How are needs assessments used to make decisions about service delivery?
        - What happens if an individual does not complete a service to which he is assigned?
    - How often are clients drug tested?
        - How often do they move between testing levels (I, II, III)?
- What are the background characteristics of cases that enroll in SSAS?
    - Gender
    - Race
    - Age
    - Crime of conviction
    - Employment status
    - Education
    - Marital status
    - Geography
    - LS/CMI score
    - SSI score
    - Do these characteristics vary between probation and parole cases?
- How do probation and parole officers feel about SSAS supervision?

    - Is there buy-in?
    - If not, what do they see as the main problems?
- How do any of the above vary by district and/or county?

Stage 3: Treatment provision:

- How are standardized treatment providers distributed across the 5 SSAS pilot sites?
    - What is the distribution of treatment providers across the state? Is it comparable to the 5 SSAS sites?
- What is referred level of care and how is it decided?
- What percentage of SSAS cases fall into each level of care?
    - Does this vary between parole and probation?
    - Does this vary by district and/or county?
- How are substance abuse treatment providers chosen for each offender?
    - How often do SSAS officers refer offenders to individual treatment providers?
    - How often are offenders referred to providers outside of their local community?
    - Are SSAS clients ever switched from one treatment provider to another after treatment has begun?
        - If so, how often?
        - If so, what are the most common reasons?
- What percentage of cases are referred to inpatient vs. outpatient treatment?
    - Are the criteria consistent among probationers and parolees?
    - Does this vary by district or county?
- What does the intake process consist of?
- How closely do providers follow the standardized model for delivery of substance abuse services?
    - How closely do they follow screening requirements?
    - How are treatment plans developed? Are they developed in conjunction with supervision plans? How are decisions made?
    - Do treatment conditions vary by individual client? Or are they determined entirely by the referred level of care?
- What services are provided by each provider?
    - Do services go beyond substance abuse treatment?
- What are the qualifications of treatment providers?
    - Are they in accordance with the standardized model?
    - Has the provider worked with offenders prior to this initiative?
- What types of assessments are administered and how often are they administered? (Probe SSI, ASI, CASI)
- What is the nature of the relationship between SSAS officer and treatment provider?
    - Is there cross-training between officers and treatment providers?
    - Do they consistently meet every month? Is this often enough?
    - How often does the client attend monthly meetings? Does anyone else attend?
    - How long after sentencing/referral does the first meeting occur?
    - On which specific areas of treatment and supervision do they collaborate?
    - How are treatment decisions made after the case plan is set?

- How long does treatment usually last?
    - How often does this coincide with the length of SSAS supervision?
- What is the completion rate for SSAS offenders (completion of treatment only)?
- What are completion rates (for treatment) by treatment provider?:
- What are the cost components for each provider? Where does funding for each component come from?
    - What percentage of SSAS cases are paid for through vouchers?
    - What are the reasons why someone may not receive a voucher?
- Is aftercare required? How are decisions made about who goes to aftercare?
- How is aftercare different from continuing care?
- Who administers aftercare?

Stage 4: Day-evening reporting center services:

- How are decisions made between SSAS officers and DRC coordinators about what other services should be part of SSAS supervision?
    - Are individuals required to participate in core DRC services (education, vocation)? (we know they are required to participate in treatment and CBT)
    - If there is disagreement between the DRC coordinator and the SSAS officer, how is this resolved?
    - How can communication be improved?
- How are cognitive groups run?
    - How often do they occur?
    - How big are the groups?
    - What is the protocol?
    - How long do they last?
    - How are officers trained?
    - How often do SSAS cases attend groups?
- In addition to the four main components of DRC services, what other services are provided?
    - How much variation is there between centers in the types of services provided?
    - What is average number of services provided per center?
- What services are most frequently used at DRCs? How does this vary by DRC/county/probation-parole status?
- What, if any, services in DRCs are underutilized?
- Are all services provided in-house (i.e. contractors deliver services at DRC)?
    - How often do SSAS officers run life skills groups (as opposed to contractors)?
    - Does this vary by site?
- How closely do services match client needs?
    - If there are gaps, where do they exist?
    - How does this vary by district and/or county?
    - How does this vary between probation and parole?
- Can service plans be revised once an individual begins SSAS supervision?
    - If so, who decides to revise and how are decisions made?
    - How often does this happen?

- What is the working relationship between DRC coordinators and SSAS officers?
    - Is it collaborative?
    - How often do they meet?
    - How often are updates provided?
    - How do they communicate? How can communication be improved?
- How do coordinators decide when and how to expand services? Who else is involved in the decisions?

Stage 5: Violations/failures to meet treatment conditions:

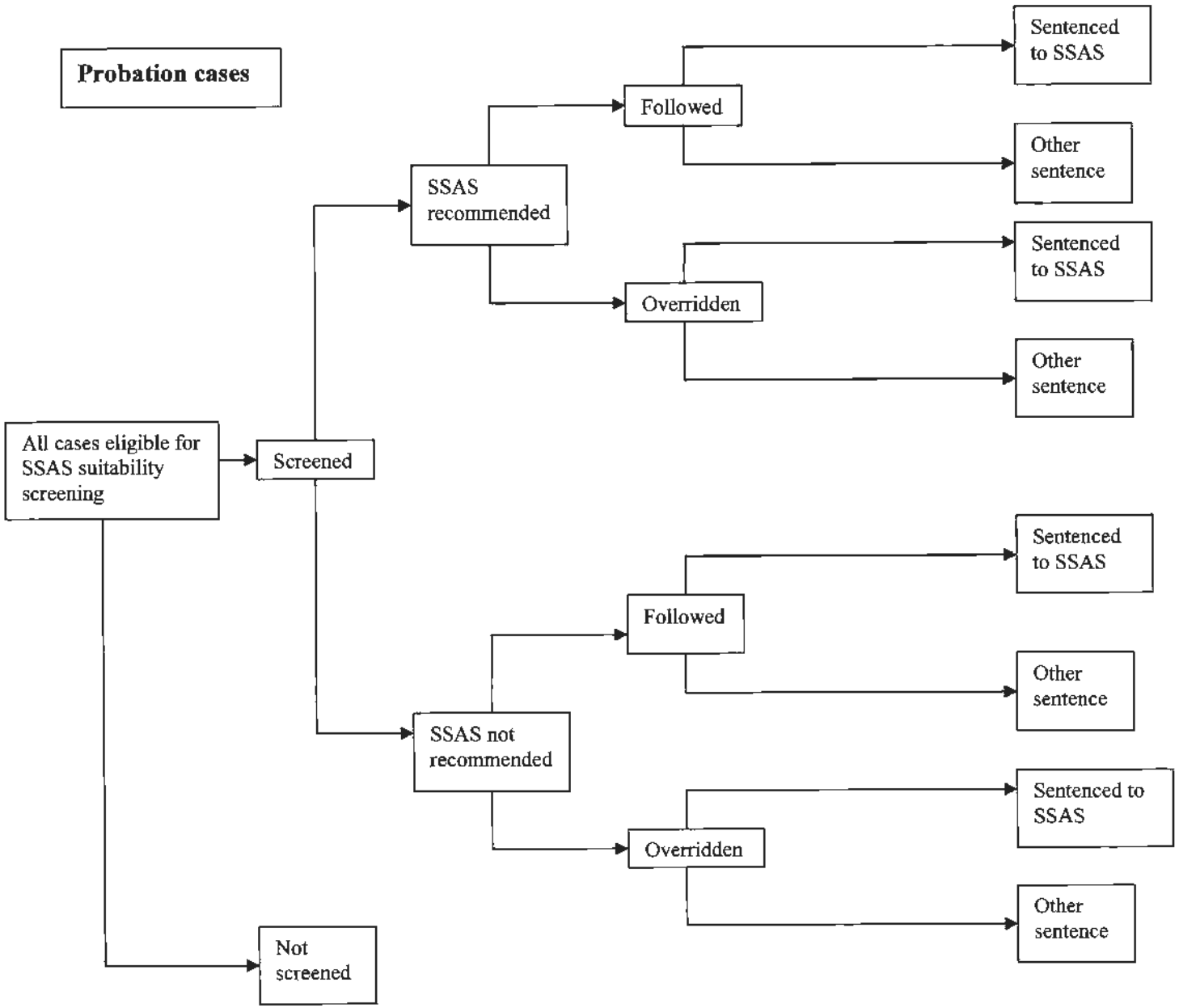
- What happens when an offender fails the conditions of SSAS supervision?
    - How often are individuals formally sanctioned vs. informally?
    - What sanctions are available?
        - What sanctions are administered most frequently?
        - What sanctions are underutilized?
    - Does any of the above vary by county/district?
- How are sanctioning decisions made?
    - Who is involved in the decision-making process?
    - To what extent are graduated alternatives employed?
        - How often is the administrative sanctions matrix used and for what types of violations?
        - How often do officers deviate from the matrix?
        - What dimensions do officers consider most heavily in making decisions?
- How do sanctions differ between criminal violations, non-criminal violations, and relapse events?
    - Do the options differ?
    - Do the decision-making procedures differ?
    - Are certain types of violations more likely to be dealt with informally (no sanctions)?
- How often do violations lead to formal revocation proceedings?
    - How do SSAS officers and Chief Probation officers makes decisions to proceed with formal revocations?
    - How does this vary by type of violation?
- How are violations among parole cases handled?
- When relapse occurs, how involved is the treatment provider in determining the response?
    - Do providers report all relapse behaviors to SSAS officers?
- How do case plans/treatment plans change when a violation or relapse event occurs?
    - Is treatment suspended? If so, for how long?
    - Does this vary between violation and relapse behaviors?
- How often are violators discharged from SSAS supervision?
    - What conditions usually lead to unsuccessful discharge? (i.e. how many and what kind of violations, etc)
- What is the violation rate of SSAS probationers to date?
- What is the breakdown of sanctions received to date?

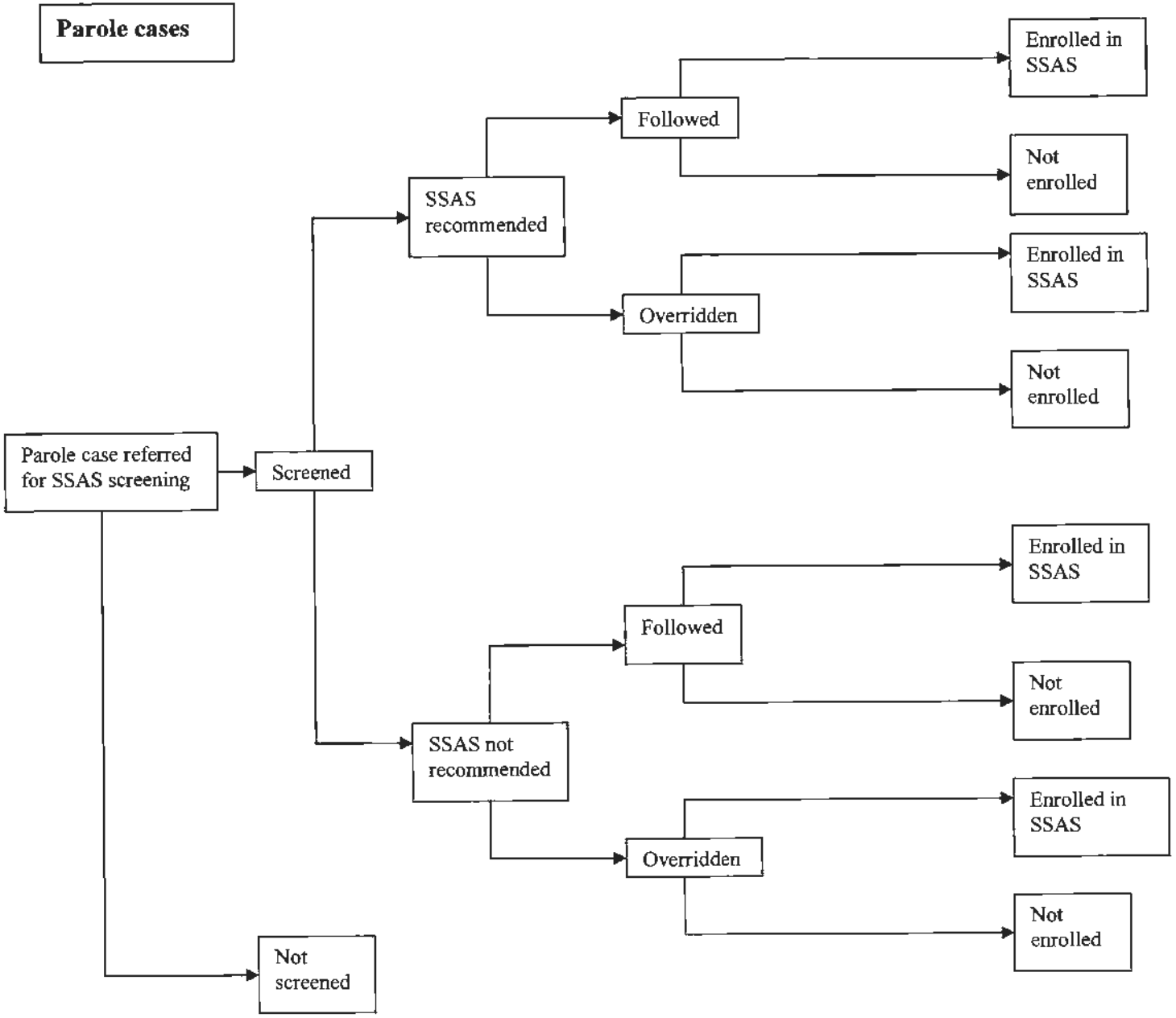
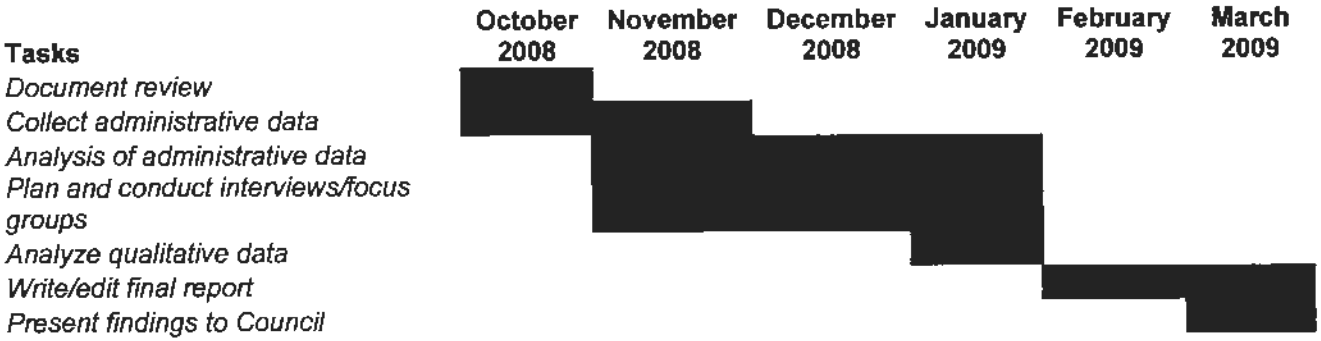
    - How does this vary by type of violation?
    - How does this vary by county and/or district?
- What are the biggest facilitators of and barriers to success on SSAS supervision?

Stage 6: Completion and transition:

- How long are SSAS cases under supervision?
    - Does this vary by individual?
- How are decisions made to transition individuals out of SSAS supervision?
- How often do SSAS officers add requirements to the core set of completion requirements?
    - What types of requirements are most often added?
    - Are cases ever dismissed or transitioned out of SSAS supervision without meeting the required outcomes?
        - If so, why?
- What, if any, requirements take the longest to achieve?
- How long before completion does transition planning begin?
    - Who is involved in transition planning?
    - What does transition planning consist of?
- What is continued care and how long does it last?
    - How is continued care different from aftercare?
- Upon completion of treatment, do clients have access to other treatment resources if they do not continue with aftercare?
    - If so, then what is available and how often is it used?

Attachment 2:
SSAS Case Flow Charts




Parole cases
Parole case referred for SSAS screening
Screened
Not screened
SSAS recommended
Followed
Enrolled in SSAS
Not enrolled
Overridden
Enrolled in SSAS
Not enrolled
SSAS not recommended
Followed
Enrolled in SSAS
Not enrolled
Overridden
Enrolled in SSAS
Not enrolled

Attachment 2:
Process evaluation task timeline