

Residential Substance Abuse Aftercare Treatment: A Multisite Examination of Structure, Goals, and Staff



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Abstract

The availability of substance abuse treatment programs has continued to decline despite the rising number of inmates incarcerated for drug-related offenses. Evaluating these programs is important to the legitimacy of drug treatment; however, the extant literature gives little attention to organizational structure and its impact on client success. The current study applies organizational theory to provide a conceptual understanding of how structure, goals, and staff can affect the delivery of treatment. This case study utilizes a sample of interviews (N=92) from residential aftercare treatment providers in California serving parolees participating in a mandatory substance abuse treatment aftercare program, known as the Senate Bill 1453 program. Analysis revealed structural weaknesses that led to communication issues relative to the receipt of medical information, client assessments, and program eligibility. Additionally, conflicting goals, and

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inconsistent program and staff certifications were evident. This paper explores the impact that these organizational issues may have on treatment received by clients, such as successful completion or the effectiveness of treatment received. The effectiveness of substance abuse treatment is directly reflected in policies that are created to address drug offenders, however, future research examining the effectiveness of these programs should recognize both organizational as well as individual elements to program success.

Introduction

A 1995 national survey revealed that 53% of Americans believed drug use was more of a public health issue than a criminal justice issue, requiring treatment rather than incarceration (Belenko, 2000). Why, then, has there been such a large surge in imprisonment rates, with only a small percentage of offenders under correctional supervision receiving the treatment they need? It can be argued that, where rehabilitation is concerned, politicians and policy makers are still reluctant to accept rehabilitation as an alternative to formal punishment (Cullen & Johnson, 2011). However, high incarceration rates, especially in California, necessitate alternatives. In California alone, parolees are historically returned to prisons at a rate of 66%, which is higher than any other state (Little Hoover Commission, 2003). A large percentage of those who return to prison have committed technical violations, mostly involving drug relapse or new drug offenses (California Department of Corrections and Rehabilitation [CDCR], 2007). It is, therefore, not surprising that 85% of parolees in California have a history of chronic drug use.

Partially as a function of the large percentage of inmates with histories of drug abuse, California suffers from extreme prison overcrowding. While the prison population dropped to about 133,023 by the time of this writing (CDCR, 2012a) from about 170,000 in 2007 (CDCR, 2009b), California retains one of the largest correction populations in the nation, with severely limited options for treatment. In the last several years, many state correctional systems have implemented changes to reduce prison populations, largely in response to simultaneous needs to address the addiction among inmates and address budgetary constraints. For example, during the brief period between 2007-2011, the CDCR implemented several programs and laws designed to address addiction and reduce the number of untreated, incarcerated addicts, including Senate Bill 1453, Mandatory Conditions of Parole, Treatment Incentive program, Non-revocable parole, and AB109 to name a few. In practice, these provide a rapidly changing vision which first provides and then eliminates drug treatment, and transforms the nature of parole supervision from one which emphasizes revocation as a primary sanction for failing in drug

rehab to one in which neither drug treatment nor revocation is a likely option for those offenders who need it most.

These programs and laws, although successful in reducing the prison population, have increasingly shifted their primary focus, which disregards the root problem: drug addiction. In fact, drug treatment is now less funded than ever before even though research shows that substance abuse treatment is vital in reducing recidivism rates among this population, the reliance on imprisonment as a response to drug use, and may ultimately be more cost effective (CASA, 2001; Cullen & Jonson, 2011; McCollister et al., 2003). Although there are several reasons as to why substance abuse treatment has received less funding, a greater emphasis on criminal sanctions for drug use due to community and policymaker resistance have oft been cited (Cullen & Jonson, 2011). Still, however, substantiating these claims has largely focused on individual elements to the success of substance abuse treatment, such as through recidivism rates—and to a lesser extent, the overall implementation and structure of the program. In order to provide a better understanding of this approach to the effectiveness of substance abuse programs, a focus on one particular initiative to reduce recidivism among the substance abuse population in California (SB 1453) will be highlighted.

Current Focus

In an effort to reduce the recidivism rate in California, Governor Arnold Schwarzenegger signed and enacted Senate Bill 1453 (SB 1453) in 2007, which was designed for non-violent, non-serious offenders with histories of substance abuse. The primary objective of SB 1453 was to help remedy the overcrowding issue in California's prisons by providing substance abuse treatment to its participants (CDCR, 2009a). Clients were not only mandated to complete a 90-day Substance Abuse Program (SAP) in prison, but were also mandated to complete an additional 150-day residential substance abuse aftercare treatment program in the community as a parole condition. Upon successful completion of the SB 1453 program, parolees were discharged from parole.

Successful completion of the SB 1453 program was contingent on a number of different elements: substance abuse treatment, family re-unification, employment, and various other goals. Evaluators from California State University, Long Beach were contracted by the California Department of Corrections and Rehabilitation (CDCR) to evaluate the effectiveness of the SB 1453 program. While effectiveness is measured in a number of different ways, including number of successful completions and recidivism rates (Petersilia, 2004; 2006), it can be argued that

other factors, such as the overall structure of the program, program goals, as well as qualifications of staff can affect the treatment that clients receive. Broome and colleagues (1999) posit that “poor treatment results are commonly assumed to be a patient problem and that comparatively little attention has been given to the way program staff, administrative policies, and resources are used to respond to patient needs” (as cited in Heinrich & Lynn, 2002, p. 605-606). Organizational theorists argue that there are many factors that can affect the overall effectiveness and efficiency of an organization. In particular, the structure (Weber, 1922), conflicting goals (Perrow, 1972; Weber, 1922), as well as human relations and staffing issues (Barnard, 1938; McGregor, 1957) are believed to be key factors that contribute to the overall effectiveness and efficiency of an organization.

This case study seeks to borrow from the rational/structural, goals model, and human relations literature relative to organizational theory in order to provide a conceptual understanding of substance abuse treatment programs using interview data collected during the evaluation of SB 1453.

Conceptual Framework

The criminal justice system is made up of a number of complex organizations and/or systems—police, courts, and corrections. While each of these systems can be evaluated from an organizational standpoint, the corrections system has faced many organizational issues relative to its prison system, parole operations, and mandated drug treatment programs (CDCR, 2009a, 2007; Fletcher, Lehman, Wexler, Melnick, et al., 2009; Petersilia & Snyder, 2013, Reisig, 1998; Taxman & Henderson, 2009). Within the social sciences, various schools of organizational thought have emerged to help explain how organizations function, and what affects their efficiency, productivity, and effectiveness. These schools of thought can generally be separated into four categories: the rational system, human resources, political, and cultural/symbolic (Aktan, 1995). For the purposes of this case study, a focus on rational systems, inclusive of goals, as well as human relations (staffing) will be highlighted.

Rational systems are largely built upon the ideals set forth by Weber (1922) and his model of bureaucracy. According to Weber (1947), organizations will benefit from official goal setting, formal roles and relationships, as well as a fixed division of labor. Both Fayol (1949) and Weber (1922) argued that authority and management ensured that employees received the necessary guidance to carry out their individual tasks. The Rational systems approach argues that problems within organizations occur when the structure of the organization and the goals, roles, and

relationships do not fit. It is further argued that unclear or conflicting goals often lead to duplicate and ambiguous organizational roles (Perrow, 1972; Weber, 1922). Rational systems rely highly on the structure of the organization as well as delineated goals in determining efficiency, each of which deserves their own discussion (Merton, 1940; Weber, 1922; for more recent discussions see Casey, 2004; Jones, 2010).

Weber (1922) argued that carrying out and meeting the purpose and mission of the agency is vital to its efficiency. During the Industrial Revolution, the United States faced rapid increases in technology and rapid growths in organizations, leading to increases in productivity. With an increase in organization size and a desired increase in productivity came the necessity to develop ideals by which organizations should be structured in order to maintain and/or increase these levels of productivity and to ensure that the organization would not break down with growth. Providing structure to an organization meant that four major principles needed to be met: (1) the division of labor or specialization; (2) the scalar and functional processes; (3) structure; and (4) the span of control (Scott, 1961). It is within rational assumptions that structure is noted as being a key principle to efficiency and productivity (Casey, 2004).

Where goals are involved, it is argued that having official, formal goals will benefit an organization as all employees and managers will be responsible for working toward commonly held organizational objectives. According to Perrow (1961), goals are clear and can be measured; however, issues arise when conflicting goals exist, as well as determining official goals from operative goals. Perrow (1961) describes official goals as “the general purposes of the organization as put forth in the charter, annual reports, public statements [...] operative goals designate the ends sought through the actual operating policies of the organization; they tell us what the organization actually is trying to do, regardless of what the official goals say are the aims” (p. 855). Aside from the importance of goals in an organization, staffing practices have also been introduced as a means of increasing organizational productivity and efficiency.

Neoclassical authors argue that, although the overall structure of an organization is important to understand in terms of productivity and effectiveness, individual factors must also be taken into consideration. For example, Barnard (1938) argued that the will of an individual to cooperate in tasks is vital to efficiency and productivity. For this reason, incentives were proposed to be necessary in order to foster cooperation—“people will not work for what they are not convinced is ‘worth while’” (Barnard, 1938, p. 139). The use of incentives in fostering individual cooperation paved the way for additional human relational assumptions. For one,

human relations within an organization were found to hinder effectiveness and efficiency, especially where worker satisfaction is concerned (Roethlisberger, 1941; see also Jones, 2010). "Perhaps the things most significant to a person," wrote Roethlisberger (1941), "was not something in his immediate work situation" instead, human sentiments, or satisfaction was (p. 17). Human relations authors assumed that management should rely less on the external control of individuals, and more on making sure the employee's self-interests fit the organization's interests. While much of the human relations assumption relies on the interests of employees, it also infers that motivation is highly correlated with qualifications and efficiency.

Within the substance abuse treatment literature, organizational research has identified four major findings that appear to be relevant to improving substance abuse treatment programs that use evidence-based practices (EBPs). One of the major factors is related to the qualifications of staff, and the correlation between under-qualified staff and their willingness to use evidence-based substance abuse treatment program models (McCarty et al., 2006, 2007; Roman & Johnson, 2002). Additionally, the type of organization, such as publicly funded or privately funded organization, has led to the adaption of different criteria regarding medications and social health services (Roman & Johnson, 2002). Last, Roman et al. (2002) argue that when staff perceive workplace "justice" they are more likely to be committed to the organization. While each of these different findings highlight the complexities of managing a substance abuse treatment program, they all infer that these factors have implications on not only the program itself, but also patient outcome. The notion that program structure/goals and quality of staff can affect patient outcome is rarely considered in criminal justice research. In order to understand the correlation between these factors and substance abuse patient outcome, it is first important to explore the issue of rehabilitation, recidivism, and this special population.

Background

The Legitimacy of Rehabilitation

It is "with few and isolated exceptions that the rehabilitation efforts that have been reported so far have had no appreciable effect on recidivism" wrote Martinson (1974, p. 25). This one statement alone led to the belief that rehabilitation "doesn't work." Events of the 1970s seemed to politicize the conventional wisdom of criminology relative to rehabilitation. It was argued that rehabilitation, in all likelihood, justified giving government officials (judges and correctional officials) too much discretion when it came to individualizing treatment for many offenders

(Cullen & Gendreau, 2001). Rehabilitation thus became the target, as policymakers began to lose their confidence in rehabilitation, and it became seen as simply another social welfare program that limited personal accountability (Cullen & Gilbert, 1982). As a result, the “well-being of offenders receded in importance as one ‘get tough’ law after another was passed to inflict more discomfort on ‘career criminals’ and ‘super-predators’” (Cullen & Jonson, 2011, page 294).

In the late 1970s, however, the cynical view of rehabilitation took a different turn when a number of studies measuring the effectiveness of treatment programs found flaws in Martinson’s original meta analytic study (Cullen & Johnson, 2011). In particular, his study reviewed programs in terms of “reduced recidivism,” which does not support his “nothing works” conclusion (Cullen & Johnson, 2011). In 1979, Canadians Gendreau and Ross challenged the work of Martinson by focusing on individual rather than program-related variables in order to identify what distinguishes an effective from an ineffective treatment program (Petersilia, 2004). Gendreau and Ross (1979) used a variety of methods, including narrative reviews, meta-analysis studies, and their own clinical experience to develop principles that are found to be evidence of effective interventions that also reduce recidivism. These principles were used in Andrews and colleagues’ (1998) meta-analysis, which showed that when the appropriate interventions were used, a 30-percent reduction in recidivism resulted (see Cullen & Gendreau, 2000). Other works, such as MacKenzie’s meta-analysis showed that particular types of programs were effective in reducing offender recidivism (MacKenzie & Hickman, 1998). Beyond these meta-analytic works, the public has generally become more supportive of treatment among offenders, especially for juveniles, as they are perceived to be more malleable to treatment than adults (Cullen, Fisher, & Applegate, 2000; Cullen et al., 2007; Nagin, Piquero, Scott, & Steinberg, 2006).

Substance Abuse Population

The historically high incarceration rates in California have been of great concern to criminologists and more so to policymakers (Clear, 2007, 2008; Petersilia, 2006). It is estimated that the State of California spent over 10-billion dollars on its corrections system in 2012, accounting not only for housing offenders, but also on its parole operations (CDCR, 2012b). While other states arguably face similarly rising costs to corrections, California in particular has been the focus of this incessant problem, as it possesses one of the highest total inmate populations, totaling 133,000 in 2012 (CDCR, 2012a), but also one of the highest national return-to-prison rates—63.7% at three-years, and nearly half (47.4%) within a year of release (CDCR, 2012b). Since a large number of inmates are released from

California's prisons each year onto parole supervision (125,000), and return at an alarmingly high rate (65.1%), much of the focus has been placed on parole operations, and the way in which violators are frequently sent back to custody (Little Hoover Commission, 2003). Historically, California parolees were returned to prison for violating parole conditions at high rates (as high as 68,000 in 2007). Recent legislation known as AB 109 has instead diverted technical violators to county jails, still ignoring the underlying lack of treatment for a population that consists largely of those with histories of chronic drug use (approximately 85%) (see for example CRB, 2003; CDCR 2012b).

This issue is not unique to California inmates or parolees. The literature suggests that a large majority of offenders under correctional supervision have a history of drug use and/or drug related criminal activity—this includes both federal and state inmates. For example, an estimated one-fifth of the state prisoner population, one-half of the federal inmate population, and one-quarter of jail inmates have been incarcerated for drug-related offenses (Karberg & James, 2005; West & Sabol, 2008). Further, Mumola and Karberg (2006) indicate that 34.9% of the state and 27.5% of the federal prison inmates self-reported meeting the criteria for drug dependence and drug abuse 12-months prior to their admission into prison. These numbers indicate the vital need to focus resources on treatment of substance abusing inmates as well as those that are supervised in the community—for these offenders, “supervision is not enough [...] it is treatment, not merely supervision, however intensive, that is needed” (Prendergast, Anglin, & Wellisch, 1995, p. 72).

Effectiveness of Substance Abuse Treatment

Substance abuse treatment programs have generally proved to be promising in terms of reducing drug and drug related criminal recidivism (Burdon et al., 2007; CDCR, 2009a; California Department of Alcohol and Drug Programs [CDADP], 2005; Hiller et al., 2006; MacKenzie, 2006; Mitchell, Wilson, and MacKenzie, 2007; Taxman, 1999). In their meta-analysis of 66 drug substance abuse treatment programs, Mitchell and colleagues (2007) found that participation in a substance abuse treatment program resulted in an 8-percent reduction in post-release offending. In particular, therapeutic communities (TC) significantly reduce both recidivism and drug use of those who participate (Mitchell et al., 2007). In California, participants in the Substance Abuse and Crime Prevention Act (SACPA/California Proposition 36) who successfully completed the treatment program had lower recidivism and drug relapse rates after a 12-month follow-up than those who did not participate, or failed to successfully complete the program (CDADP, 2005). Further, treatment

programs for inmates with severe substance abuse problems, both in-prison, as well as residential aftercare programs, generally have a lower recidivism and drug relapse rate, are better prepared to reenter society (Burdon et al., 2007; CDCR, 2009a; Hiller et al., 2006; McCollister, Prendergast, Hall, & Stacks, 2004), and are cost-effective alternatives. For example, McCollister and colleagues (2004) sought to examine the cost-effectiveness of the Amity in-prison therapeutic (TC) and Vista aftercare programs for substance abusing offenders in Southern California. In their 5-year follow up study, the authors found that participants in treatment yielded 81 fewer incarceration days (13%), which resulted in a cost-effectiveness ratio of \$65. In comparison with the average daily incarceration cost for California inmates (\$72), the results suggested that treatment offered in prison and then mandated into a community-based aftercare treatment program is a cost-effective tool.

Still, however, the number of offenders who are in need of substance abuse treatment dwarf the number of programs that are actually available, even though the literature suggests that substance abuse treatment programs are effective in reducing recidivism and drug relapse among inmates with chronic drug histories (Luigio, 2000). In 2004, for example, there were approximately 258,900 state prison inmates and 269,200 federal prison inmates actively participating in a substance abuse treatment program, which only accounts for approximately 40% of inmates (Mumola & Karberg, 2006). For those being supervised within the community, this number is astonishingly low. For example, it is estimated that less than 10% of those under community supervision receive or have access to substance abuse services—numbers mirrored in California (Lehman, Greener, & Flynn, 2012; Taxman, Perdoni, & Harrison, 2007; for California specific, see Petersilia & Snyder, 2013). Despite the inadequate availability of substance abuse treatment programs for offenders currently in the community, almost 700,000 individuals will be released from state and federal prisons and return home each year, a majority of which were originally housed for drug-related offenses (Carson & Sabol, 2012; see also Petersilia & Snyder, 2013). This exacerbates an already severe problem, as these substance abusers will be released into the community with little or no opportunities to participate in drug treatment programs; likewise, those who return to prison are often held in retention centers where there is little to no opportunity for treatment (Little Hoover Commission, 2003).

In other words, prisoner reentry must not only take into account the experiences that an inmate gained in prison, but also their experiences and opportunities after release. It is for this reason that Reggie Wilkinson believes that “reentry is a philosophy, not a program” and must be accomplished with “thorough associations with community partners, families, justice professionals and victims of

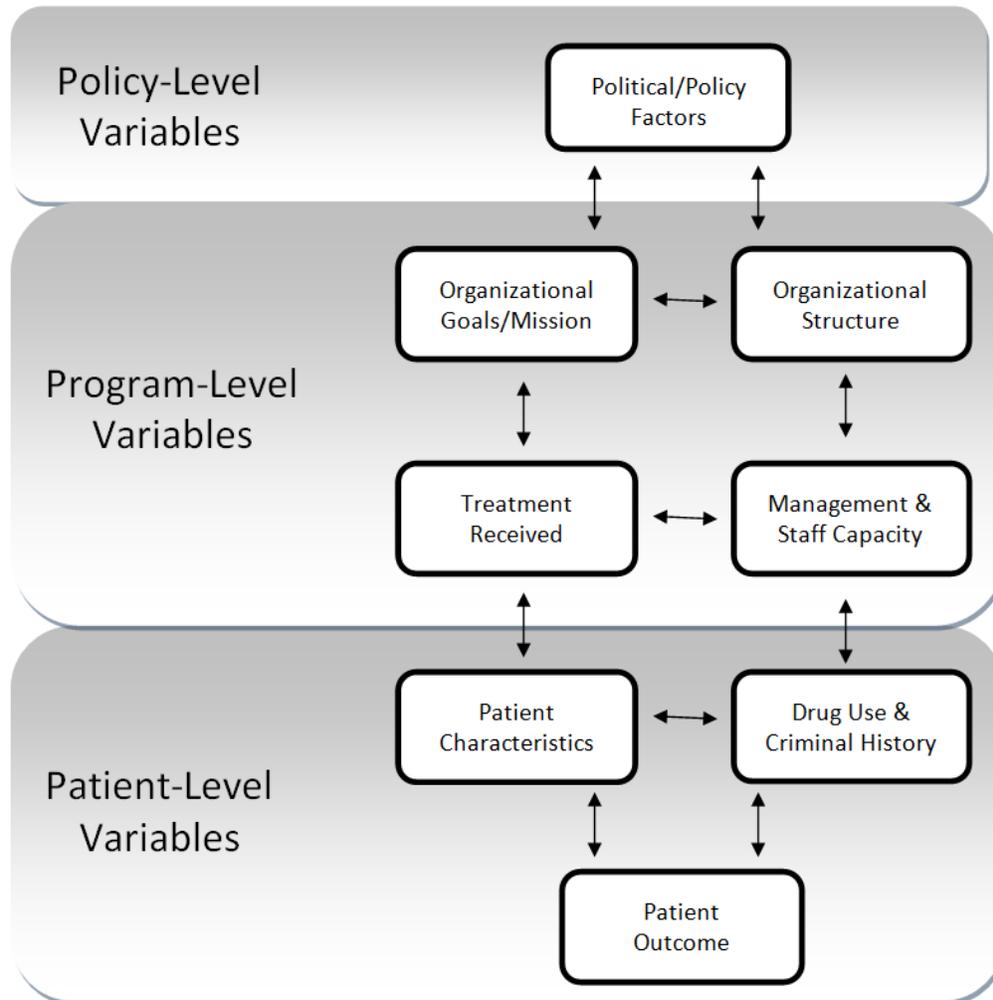
crime" (as cited in Petersilia, 2004, p. 5). And so, while treating substance abuse offenders in prison is important, their continued treatment in the community is just as important, as these offenders who lack treatment in the community are likely to resume their substance abusing ways (Lagan & Levin, 2002; Taxman, Perdoni, et al., 2007; Zhang et al., 2006). With this in mind, not all treatment received in the community is created equal, especially when multiple actors are involved in the implementation of an effective program (i.e. community partners, family members, criminal justice officials, etc.). It is for this reason that evaluating substance abuse programs as organizations and the way in which they can impact individual treatment is vital to the discussion of program effectiveness.

Substance Abuse Program Organizations

Where the effectiveness of substance abuse treatment programs is concerned, little attention has been given to the way by which significant variations in outcomes are associated with organizational, management, and the overall implementation of treatment programs (Aktan, 1995; D'Aunno & Vaughn, 1995; Etheridge & Hubbard, 2000; Heinrich & Lynn, 2002; Mardsen, 1998). In their landmark study, D'Aunno and Vaughn (1995) found that the effectiveness of drug abuse treatment is largely dependent on the clients' medical and social needs relative to drug abuse. In addition, the authors noted that organizational factors, such as resources and staffing, are significantly related to quality of services that clients receive. Similarly, Gerstein and Harwood (1990) found that heterogeneity in treatment processes, philosophies, staffing and other programmatic issues often led to conflicting and complex ideals as to how substance abuse treatment programs should be managed, and these complexities can and do ultimately affect patient outcome. In their meta-analysis study, Etheridge and Hubbard (2000) found that organization characteristics impact effectiveness of programs, even though they have similar goals and objectives. While organizational theories have been used widely in health and mental health care studies, Mardsen (1998) argues that substance abuse treatment researchers have not relied heavily on organizational theories in their studies investigating program effectiveness. For this reason, researchers suggest that organizational theory, especially where structure, management and staff practices, as well as goals and objectives are involved, is necessary when examining program effectiveness. Recognizing that multiple organizational levels are involved in patient outcome is vital to understanding how the overall structure of an organization can impact the overall effectiveness of a substance abuse program as well as patient outcome. Figure 1 provides a hierarchical structure delineating different divisions typically involved in a substance abuse treatment program, with

patient outcome at the bottom. This figure is meant to provide a visual of organizational variables that can affect a patient's treatment outcome.

Figure 1: Multilevel Model of a Substance Abuse Treatment Systemⁱ



This paper seeks to borrow from the rational/structural, organizational goal, and human relations literature from organizational theory in order to provide a conceptual understanding of the California Senate Bill 1453 (SB 1453) program. It is from this case study that a conceptual framework will be provided for substance abuse treatment programs.

Methodology

This case study drew upon secondary analysis of data previously conducted from a cross-sectional study of the Evaluation of Mandatory Residential Substance Abuse

Aftercare Services, which was conducted by a research team at California State University, Long Beach (CSULB). While the original evaluation study incorporated several different research strategies, only one data source was utilized for the purpose of this paper—the treatment provider interview database. A total of 92 treatment provider interviews were analyzed in this study.ⁱⁱ For the purposes of this research, all Community Based Programs (CBP) have been stripped of their program names in order to protect their identity. Using the treatment provider interview database, researchers extrapolated variables relative to communication, training, and certifications, among others, which will be framed within organizational assumptions. These variables will be discussed in both quantitative and qualitative form in order to gain a better understanding of the organizational strengths and weaknesses identified in CSULB's evaluation of the SB 1453 program.

California Senate Bill 1453 (2006)ⁱⁱⁱ

On September 30, 2006, Governor Arnold Schwarzenegger signed Senate Bill 1453 (SB 1453) into legislation. This bill was created in response to pressures from federal judges and policymakers, frustrated with the rising corrections costs due to the rise in imprisonment rates within the state. Three California Federal judges mandated the release of 43,000 non-violent inmates from many of California's prisons in order to reduce prison overcrowding (Williams, 2009). In particular, this bill was designed to reduce the alarmingly high recidivism rate by mandating certain parole-eligible inmates into substance abuse treatment immediately upon release from a California institution. These eligible parolees were placed into a sanctioned residential aftercare program for 150-days, and upon completion of this program, would be discharged from parole supervision.

Eligible inmates must first complete a 90-day in-prison substance abuse treatment program (IPSAP) as sanctioned by the California Department of Corrections and Rehabilitation (CDCR) and managed by the Office of Substance Abuse Treatment Services (OSATS; formerly the Division of Addiction and Recovery Services [DARS]). Successful completion of the IPSAP is determined by the Successful Completion Assessment Team (SCAT), which consists of a OSATS correctional counselor III, a OSATS parole agent II, a contractor program director, transitional counselor, primary counselor, and others who have interacted with the inmate while s/he progressed through the IPSAP. Inmates who successfully complete the IPSAP as determined by the SCAT team, are then reviewed by the Board of Parole Hearings (BPH) to determine whether or not the inmate will be placed into the SB 1453 program. The SB 1453 program mandates community-based residential substance abuse treatment for parolees who complete a

minimum of 90-days in an IPSAP. Eligibility for participation in the SB 1453 program is framed within the following criteria:

An offender must:

- a. Be classified as nonviolent and non-serious.
- b. Not have been sentenced for a crime that requires him/her to register as a sex offender pursuant to PC Section 290.
- c. Meet the current criteria for entry into an IPSAP and/or other programs sanctioned by OSATS that provide substance abuse services to inmates
- d. Must meet the minimum time constraints of at least 90 days of successful participation in an IPSAP and/or other program sanctioned by OSATS that provides substance abuse treatment services to inmates.

An offender is excluded if:

- a. He served an indeterminate sentence or a sentence for a violent felony.
- b. Is returned to custody for a Good Cause Finding by the Board of Parole Hearings (BPH) for a violent or serious violation.
- c. Is currently a parole violator/returned-to-custody.
- d. Was convicted on or after January 1, 1997, with a controlling or noncontrolling case for corporal injury, violation of a protective order, or stalking, who is required to complete a 52-week batterer's program. Inmates convicted of battery where probation was granted or the execution or imposition of the sentence is suspended shall also be ineligible based on the requirement to complete a 52-week batterer's program. Proof of completion of a 52-week batterer's program in the community may determine eligibility.
- e. Is currently serving or has previously served a civil addict commitment.

Prior to their release, OSATS staff screens SB 1453 participants; this screening report is forwarded to Substance Abuse Services Coordination Agencies (SASCA) to determine further placement into a Community Based Program (CBP). Currently, there are four SASCA agencies throughout the state—one in each parole region. The task of each SASCA is to identify licensed community-based substance abuse treatment providers within their region and ensures that each facility is suitable for SB 1453 placement. The IPSAP transitional counselor, SASCA, and OSATS parole agents then work together to place the offender in the appropriate treatment facility.

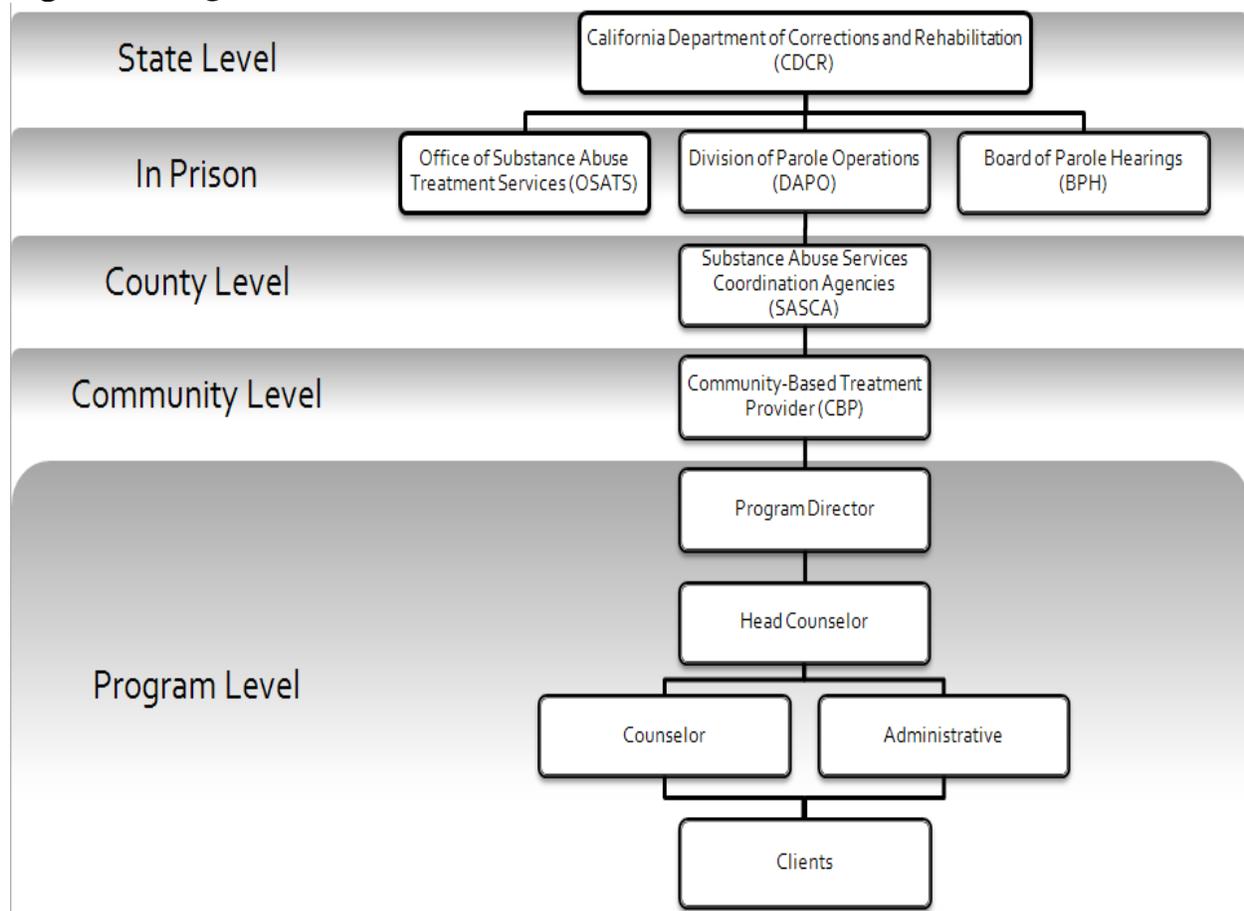
Successful completion of the community-based residential substance abuse treatment program is determined by the Aftercare Successful Completion

Assessment Team (ASCAT), which consists of a SASCA representative, a community-based treatment provider designee (counselor), an OSATS parole agent II, as well as the DAPO agent of record. Successful completion of the SB 1453 program, and thus discharge from parole supervision, is based on a number of criteria, assessed at three different time periods: Initial assessment, Secondary assessment, and Final assessment (at which point it would be determined if the client would be discharged from parole supervision). SB 1453 ASCAT Status Reviews for each time period addressed the following components of therapy:

- a. Program Compliance
- b. Treatment Goals
- c. Self-Help Group Attendance
- d. Family Reunification
- e. Employment Status
- f. Goals for next review date

After its first implementation in 2007, SB 1453 participation consisted of 2,425 participants. Of those who entered, 52.4% (1,270) successfully completed the program, 18.5% (449) failed to complete the program, .5% (12) were unsuccessful after completing 150 days, and 28.6% (694) were still currently active in the program. Following this initial evaluation of the SB 1453 program, CDCR entered into a contractual agreement with the California State University, Long Beach (CSLUB), Department of Criminal Justice to evaluate the effectiveness of the SB 1453 mandatory residential aftercare program.

It should be noted that, due to budgetary concerns and reallocation of both state and correctional funds, the Evaluation of Mandatory Residential Aftercare Programs Project (SB 1453) was terminated as of March 2010. The secondary data analysis included in this case study use a number of different interview/survey elements (as outlined in the methodology section) of the evaluation in order to extrapolate organizational and training/qualification data relevant to this case study. Figure 2 shows the organizational structure of the SB 1453 actors involved in the program.

Figure 2: Organizational Structure of SB 1453 Actors

Findings

The SB 1453 program faced many programmatic issues from its inception in 2007, until its demise in 2010. During this three-year period, a group of researchers from CSULB were contracted by the California Department of Corrections and Rehabilitation to evaluate the effectiveness of the SB 1453 program that focused not only on longitudinal outcomes, but also treatment services provided, types of treatment models used, staff training qualifications, as well as other individual treatment-center variables. During this evaluation period, researchers traveled throughout California to its four DAPO regions: Region I, which incorporates all of Northern California, and a majority of the Central Valley; Region II, which incorporates much of the coastal region; Region III, which incorporates the greater Los Angeles area, and; Region IV, which incorporates Orange County and south to the California-Mexico border. Researchers sought to visit and interview program directors for every community-based program (CBP) in the state, as well as to catalog the services they provided. Using the IVTPA and CLB researchers were able

to gather not only quantitative, but also rich qualitative data to help foster a better understanding of not only how SB 1453 was being practiced in each center, but also any inconsistencies and/or irregularities that occurred during these visits. This section hopes to highlight the structural, goals, and staffing issues that were apparent during the three years that the evaluation of SB 1453 was active.

Structure

Scott (1961) argued that there were four principles by which rational/classical organizational theories were built around: (1) the division of labor; (2) the scalar and functional processes; (3) structure; and (4) the span of control. According to Scott (1961), division of labor, or specialization, was the key principle in that it led to increased efficiency by dividing work according to particular function by making use of the best person for the task at hand (Fayol, 1949). Weber (1922) however, argued that these principles must be met with fixed rules and regulations that not only delineated tasks, but also introduced authority for the discharge of those tasks. Secondly, a division of labor was found to be a key principle. Under this assumption, authority and management ensured that employees received the necessary guidance to carry out their individual tasks (Fayol, 1949; Weber, 1922).

Where the SB 1453 program is concerned, many of the principles as proposed by Scott (1961), Fayol (1949), and Weber (1922) were in place during the program's inception. For one, SB 1453 was a state-mandated program that made aftercare treatment a condition of SB 1453 clients' parole—if these clients did not successfully complete the program, they would remain on parole, and/or be sent back to prison. Figure 2 (see above) shows the delineation of all the state agencies involved in the implementation of the SB 1453 program, from state-level actors, all the way down to the clients themselves. During the evaluation of SB 1453, through interview data with CBP staff, communication was identified as a major weakness in the program. Table 1 outlines the strengths and weaknesses identified by CBP staff.

Table 1: Strengths and Weaknesses of Program

Strengths		Weaknesses	
Case Management; Collaboration b/w DARS, SASCA, ASCAT Team	11.2%	No Open Communication b/w CDCR, OSATS, SASCA, CBP	15.58%
Prepared for Treatment	14.44%	No Timely receipt of Continuity of Care Assessment from SAP	8.80%
Innovative Programmatic Concept	10%	Ineffective Communication from CDCR & SASCA RE: special needs/medication	7.80%
Incentive to Get off Parole Early	44.45%	Untimely receipt of documentation b/w/ CDCR, OSATS & SASCA, RE: SB 1453 Status	12.55%
Program Gives Clients Sufficient Time for Treatment	7.78%	Lack of Employment Skills/Education Opportunities and Resources Upon Discharge	28.12%
Clients are Better Functioning	6.67%	Clients Lack Understanding of Treatment Goals	7.30%
Addicts Get Treatment	5.55%	Program Should be Longer	19.85%

Although the majority of strengths identified during the evaluation spoke highly of the way that the SB 1453 program was designed and implemented, only a small percentage of the strengths gave credit to the communication between each of the

divisions involved in the SB 1453 program. Conversely, a number of different communication-related weaknesses were identified during interviews. For example, 15.58% of CBP staff identified a lack of open communication between CDCR, OSATS, and SASCA. While this weakness in itself can be expected of such a large program, effective communication between state-level, county-level, and program-level agencies is vital, especially where continuity of care, medical records, and program status are involved. The following example provides a glimpse into the communication weakness identified during an interview:

Researcher: What do you see as the most critical opportunities to improve this initiative?

Treatment Center A: The way that they are screened in the penitentiary, women who come as 1453 that have mental health issues won't be able to participate in the program like they should. We need information from the penitentiary. Generally, there is no open line of communication, and we have to go through parole and SASCA.

In this example, it is clear that the treatment center feels there is no open communication between the center and the In-Prison Substance Abuse Program (IPSAP) in prison. The treatment provider feels that a proper screening process (with complete information) would benefit the client. However, communication issues limit from whom they can receive information. Without proper screening, the client may not receive the proper treatment plan, which can affect the overall treatment they receive and also the outcome of the program.

In another communication-related example, a lack of communication between CDCR, SASCA and the CBP can have medical consequences:

It was reported by a CBP that a female client arrived at Treatment Center B without any indication of ongoing medical issues or any medications. Once the client arrived, however, she began asking Treatment Center B staff when her previously scheduled surgery was for cancer. Although the COP worked diligently with SASCA Region IV to track down the client's medical records, the delay resulted in her missed surgery for cancer.

This egregious example goes to show how communication and the delay of vital medical information from other divisions can have not only programmatic complications, but potential life-threatening consequences as well. Ineffective communication from CDCR & SASCA regarding special needs and medication was identified 7.8% of the time as a weakness by CBP staff. Although situations similar to the above are not likely, still others showed up at a CBP without their necessary

medications and services, which could directly affect their treatment and outcome of the program.

A number of CBPs identified the lack of timely receipt of documentation from CDCR & SASCA regarding the status of their client as a weakness (12.55%). This lack of timely receipt of documentation meant that clients who showed up at a CBP were unaware of their status, and whether or not they would be able to participate in treatment. One example follows:

Treatment Center C reported that when a client was up for his final ASCAT review to determine if he would be discharged from parole, he was informed that his initial SB 1453 eligibility had been made in error. Although the ASCAT team determined that he had successfully completed the program and was thus discharged from parole, his last minute change in status meant that he would not only leave Treatment Center C, but would also remain on parole. Once the parolee left the center, it was noted that he was in distress and relapsed within one week.

A number of other CBPs echo similar scenarios directly related to communication between divisions involved in the SB 1453 program. The evaluators noted that “there are simply too many steps involved to ensure accurate tracking of inmates ordered into these programs” (Ireland, Malm, Fischer, Brocato, 2009). This example paints a rather clear example as to how communication within a highly structured environment, as proposed by Weber (1922) can work against an individual and their treatment progress in a substance abuse treatment program.

Goals

Much of the literature on organizational goals focuses on effectiveness of both management and organizational behavior, while failing to address: *for whom* is effectiveness being measured; *how* is effectiveness being measured; and *what* is a good outcome (Stojkovic, Kalinich, & Klofas, 2008). Effectiveness of an organization, or in this case, a program, has generally referred to the result of measuring organizational goals against some observed outcome. The goal model has generally dominated when examining organizational effectiveness. According to the goal model, organizations are assumed to be rational entities and evaluators are led to assume that organizations are motivated to meet the goals identified (Perrow, 1961). Measuring organizational performance based on goals is complicated by the fact that there is a distinct difference between official and operative goals (Perrow, 1961). Conflicting goals, whether official or operative have

been cited as affecting not only the behavior of individuals, but the organization overall.

As identified in the CA SB 1453 section, a client's successful program completion is dependent on a number of different elements, many of which are outside treatment services, including:

- a. Program Compliance
- b. Treatment Goals
- c. Self-Help Group Attendance
- d. Family Reunification
- e. Employment Status
- f. Goals for next review date

The overall goal of the SB 1453 program is to decrease recidivism rates among substance abusing offenders by reducing the rate at which they relapse to drug use and criminality. With this official goal in mind, ASCAT teams assessed parolee treatment progress, and, ultimately, determined successful completion of SB 1453 based on client adherence to program rules and fulfillment of specific requirements. More specifically, clients were expected to set and accomplish treatment goals, attend self-help group meetings, reunite with family, and find employment, while simultaneously developing a discharge plan which includes saving money and arranging housing accommodations. Discretion among ASCAT team members came into play when determining whether or not a client was "successful" in the program—conflicting goals between the client, CBP and ASCAT team became apparent during interviews:

One of the main components of successful completion is finding a full-time job. However, in some regions, parolees could be deemed "successful" if they had not sought out employment, yet had put in volunteer hours, or gone back to school. Volunteer work and education were thus seen as substituting for this requirement. Alternatively, in other regions of the state, working less than full-time or working full-time in a job that was deemed to be below the clients' skill level was deemed "unsuccessful."

While obtaining full-time employment was one of the components necessary for successful completion of the SB 1453 program, members of the ASCAT team found that other elements of treatment were more important, and thus, their self-defined goals were in conflict with the goals set forth by the SB 1453 program. For those who were fully employed at the time of treatment, the issue of managing treatment expectations with employment expectations created treatment goal conflicts. This conflicting goal was apparent when a treatment counselor chastised a client who

found full-time employment: “when I’m leaving to go home you’re coming in from work. I vouched and asked them to let you work, but now you haven’t worked on the 12-steps; you are not completing treatment goals” (Ireland et al., 2009, p. 31). Goal conflicts, in terms of official goals/components to successful completion and those that the ASCAT team found to be adequate, in many instances affected the program outcome and treatment received by the client.

Aside from the goals set forth by the SB 1453 program, it was also noted that some clients were not in the program to seek substance abuse treatment and the goal of becoming sober, but rather, were in the program for the incentive of getting off of parole in 5-months. One client noted their selection of a particular treatment setting:

Client in Treatment Center D: “If structure and rehabilitation is what you are seeking out of this program, then this program is not for you. The program is chill and easy, it’s why a lot of the guys choose to go here.”

By participating in a substance abuse treatment program with clients who are not as motivated as others, and who have different goals in terms of becoming sober, the treatment that some clients receive is gravely affected by their unmotivated counterparts. This goal-related issue is reflected in the fact that 8.8% of CBPs identified the untimely receipt of continuity of case assessment from their in-prison substance abuse program. With untimely receipt of this information, SASCA is less able to place clients in the proper programs—that is, a structured program where clients are motivated, versus an unstructured program where clients have more leniencies in their programming.

Staffing

Human relations theorists argue that the will of an individual to cooperate in tasks is vital to efficiency and productivity (Barnard, 1938). Additionally, it has been argued that it is management’s task to motivate employees and encourage their capabilities (McGregor, 1957). Issues within an organization take place when staff are either unmotivated to work toward organizational goals, or are undertrained (McCarty et al., 2006, 2007; McGregor, 1957). McCarty and colleagues (2006, 2007) identified that under-qualification of staff is a major factor in whether or not evidence-based practices were used in substance abuse programs.

In addition to the questions provided in the IVTPA, researchers also sought to garner information regarding staff (specifically counselors). Although not every interview occasion provided the opportunity to gather this information, when

possible, researchers asked treatment provider administrators: the number of counselors on staff (both fulltime and part time); the number of caseloads per client each counselor holds; and, the level of certification of each counselor. In all, there were an average of eleven (11) counselors per treatment center, and each counselor held a caseload of just under ten clients (9.45). Additionally, 80% of counselors were fully trained and held either a county or state license to practice.

While it is encouraging that 80% of counselors were found to be fully licensed/certified, the research team questioned why 100% of the staff was not licensed/certified to practice. Further investigation into those CBPs that did not have a completely license/certified counseling staff provided additional issues relative to treatment rendered. For instance, in a couple of CBPs, it was noted that only *half* of counseling staff were fully licensed or certified, and not all were in the process of receiving their licenses or certifications. McCarty and colleagues (2006, 2007) note that under-qualified staff are less likely to use evidence-based practices. Upon review of IVTPAs with these treatment centers, the following was noted among researchers:

Treatment Center E & F Observations: Much of the staff lacks knowledge of therapeutic meanings and/or philosophies. The clinical director lacks clinical experience; the CBP lacks structure; some of the staff lack knowledge of all of the services the center provides; effectiveness is questionable.

Although not every CBP visited during the evaluation of SB 1453 used evidence-based practices, the lack of knowledge among some of the counseling staff in regards to treatment goals and philosophies particular to that treatment center is unacceptable. Lack of complete knowledge of the models/philosophies used in treatment and services provided can affect client treatment—it is after all, the CBPs responsibility to render treatment to the client.

Licensure among counselors (or lack thereof) is a direct reflection of the CBP. With this in mind, it was not a surprise to this researcher that only approximately 10% of CBPs involved in this evaluation were certified by the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which are stringent, nationally recognized accreditation organizations. Ninety percent (90%) of CBPs were accredited by state organizations. CARF is a non-profit organization that signals a service provider's "commitment to continually improving services, encouraging feedback, and serving the community" (CARF, 2011). JCAHO is "focused on patient safety and better quality outcomes" by creating efforts to sustain improvement in services (JCAHO, 2011). These two organizations require continual training among

staff, and accreditation must be obtained on an annual basis. A number of CBPs in this evaluation noted that they had “lost” accreditation with CARF.

In addition to licensing of staff counselors and CBP accreditation, this researcher noted that approximately 98% of staff members were themselves recovering addicts. While many treatment providers noted the importance of having staff and counselors who have been through treatment themselves, D’Aunno and Vaughn (1995) note that “units that rely heavily on staff in recovery may be less able to provide mental health and medical services.” This is another staffing issue that adds to the other issues raised in regards to the SB 1453 program.

Discussion

Although recent reports suggest prison rates within California are beginning to decline as a result of recent legislation known as Assembly Bill 109 or “realignment,” some have referred to such declines as more of a “hype,” that only provides short-term solutions (see Petersilia & Snyder, 2013). Assembly Bill 109 was enacted in response to federal mandates to reduce California’s overcrowded prison population (see Williams, 2009). This bill diverted the responsibility of low-level offenders from the state to the county. AB 109 also made it nearly impossible to return parole violators to prison, however, violators were simply diverted to county jails (see Petersilia & Snyder, 2013). Although this act provided for an overall reduction in the state prison rates within California, it has done little to tackle the underlying issue—why inmates continue to return to prison at such an alarmingly high rate.

Research suggests that a large percentage of offenders under correctional supervision have a history of chronic drug use—at upwards of 85% among California’s parolee population (CRB, 2003; Mumola & Kardberg, 2006; Petersilia & Montes, 2007). With this in mind, and given that approximately 62% of those serving a prison sentence within California for drug offenses return to prison within three years (see CDCR, 2012b), the solution to California’s problems seems simple—provide substance abuse treatment to these offenders. Although rehabilitation has started to regain momentum, a large percentage of offenders requiring treatment do not receive it (Cullen & Johnson, 2011; Taxman, Perdoni & Harrison, 2007). Mumola and Kardberg (2006) estimate that only about 40% of federal and state inmates are receiving the substance abuse treatment that they need. Upon release, and under community supervision, this number is alarmingly lower with less than 10% of those who need substance abuse treatment actually receive it (Lehman, Greener & Flynn, 2012; Taxman, Perdoni & Harrison, 2007) with similar

numbers reported in California (see Petersilia & Montes, 2007; Petersilia & Snyder, 2013).

With this in mind, a number of state-mandated drug treatment programs were enacted under the leadership of Governor Arnold Schwarzenegger. One program in particular, was Senate Bill 1453, signed and enacted in 2007. This program mandated in-prison treatment for certain substance abuse offenders, and continued treatment in the community following release. Upon successful completion of treatment, these clients were discharged from the program and did not have to serve out a parole sentence. While this program was innovative and generally received positive feedback from all SB 1453 actors (see Figure 2), California's budget crisis reduced funding for substance abuse treatment programs, including SB 1453, which ended its evaluation in 2010.

During the evaluation of SB 1453, however, a number of inconsistencies between state, county, and community level organizations (see Figure 2) were noted. While much of the literature on effectiveness of substance abuse treatment programs focuses on individual level factors, little is placed on organizational aspects of programs and how these organizational factors can affect patient outcome (Aktan, 1995; Broome, 1999; Fletcher, Lehman, Wexler, Melnick, et al., 2009; Taxman & Henderson, 2009). Findings showed that the structure of the program, inclusive of all SB 1453 actors involved in its inception, contributed to communication issues, especially in regards to receiving medical information, proper assessments, as well as confirmation of the client as a participant in the SB 1453 program. Combined, these communication issues often delayed treatment progress or led to improper client screening. In the most egregious of cases, the communication issues led to unsuccessful client discharge even though s/he had met all of the required treatment goals, or successful client discharge despite little to no progress in treatment.

Other findings relative to goals indicated that the SB 1453 program required a number of different components or goals for successful completion. Some of these goals conflicted with treatment. For example, clients were required to find a full-time job while in treatment. A full-time position often conflicted with counseling sessions, and ultimately, the client missed vital treatment sessions because they were working. Also, some CBPs lacked structure, which some clients preferred because it meant that they could just "do their time" and get off parole. Placing clients whose goal is not to receive treatment and seek sobriety, conflicts with those who were not only mandated, but also motivated to achieve the goal of sobriety. These conflicting goals can affect patient outcome.

Finally, with regard to staffing, it was noted by evaluators/researchers that particular CBPs had counselors on staff that were not fully trained and/or certified to provide services to clients. In such cases, counselors and other staff were not knowledgeable of the center's treatment models, philosophies or services provided. Lack of knowledge of these key treatment elements meant that effective treatment information was likely not conveyed to SB 1453 clients. Lack of stringent accreditation among CBPs was also noted. In particular, only 10% of CBPs were accredited by CARF or JCAHO, which requires continual training, and annual reviews to remain accredited. Lastly, 98% of staff were noted as being recovering addicts.

Although the evaluation of SB 1453 provides much more rich data in regards to organizational components and treatment rendered, this case study chose to focus on structure, goals, and staffing. There were many limitations in this study, including missing interview data (number of counselors and staff in particular), lack of articulation to each question, and lack of individual-level data. While this study chose to focus on organizational level data (structure, goals, staffing), it could have been improved by including individual-level data as well, such as: motivation for seeking treatment; opinion on services rendered; and whether or not the individual successfully completed the program.

Future research can build on this case study by including both organizational as well as individual-level data to garner a more complete picture of how organization can affect the implementation of treatment rendered to substance abusers. Recognizing that the successful completion of a substance abuse program may involve more than individual-level factors is important to the understanding of the effectiveness of these programs overall, as well as to the understanding of why some individuals may be less successful than others. More importantly, the results of this case study can help to better inform future substance abuse treatment programs by ensuring that organizational factors, such as streamlined communication, non-conflicting goals, as well as proper program and staff accreditation are given more consideration.

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Notes

ⁱ This table was adapted, and slightly modified from Heinrich & Lynn (2002).

ⁱⁱ The interview instrument is comprised of the Interview of Treatment Provider Administrator (IVTPA) and Checklist for Best Practices (CLBP).

ⁱⁱⁱ Penal code section numbers have been excluded from the following list. For penal code information, CDCR (2009a).