

Evaluation of Program Rehabilitation and Restitution (PRR) Supporting Statement

A. Justification

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Substance Abuse Treatment (CSAT) is requesting OMB approval for a revision on the data collection previously approved by OMB (OMB No. 0930-0248) that expires October 31, 2006. This data collection specifically requests approval for questions that have been added to the previously approved base-line instrument in order to enhance the 24- and 36-month follow up interview data collection. These questions are shown on pages 8-10 below.

The Project Rehabilitation and Restitution (PRR) initiative developed an intensive case management model intended to reduce recidivism and relapse, and increase pro-social functioning and pro-social lifestyle among substance-abusing first-time felony offenders. Hypotheses of the ongoing study are that providing comprehensive, long-term case management services will facilitate a pro-social lifestyle leading to higher rates of sealing or expunging of criminal records and that the prospect of stigma reduction provided by a sealed criminal record will motivate offenders to remain crime and drug free after completing judicial supervision.

PRR continues to support knowledge development and systems change initiatives toward the implementation of a sophisticated, multi-system program for substance-abusing offenders. It provides the opportunity for certain non-violent, substance-abusing felony offenders to recover from their addiction, fulfill their court-imposed obligations to the community, and become more fully functioning citizens of the State of Ohio, with all the privileges of United States citizenship returned to them.

To accomplish this mission, CSAT in FY2002 made available funds for cooperative agreements with two sites in states with existing statutory capability to seal or expunge non-violent felony records within five years of a substance-abusing offender's release from judicial supervision. PRR was designed as a "response to the increasingly serious problem of non-violent substance-abusing persons becoming involved with the criminal justice system, with that involvement resulting in short and long term consequences detrimental to the substance abuser, her or his family, and society." (*Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative*. SAMHSA November 18, 2000)

Grants were awarded through a competitive application process to sites in Clermont and Cuyahoga Counties of Ohio, a State with statutes that provide for the expungement of non-violent felony records three years post completion of court-imposed sanctions and

supervision. Recipients were Clermont County TASC¹, a component of the Board of Commissioners, and ODADAS,² which subcontracted with the Cuyahoga County Department of Justice Affairs and its TASC agency. The Courts of Common Pleas in both counties also had programs that allowed judges to defer conviction of substance-abuse related felonies if the offender pled guilty and successfully completed a case management intervention that included treatment, probation, and other court sanctions. COSMOS Corporation and its subcontractor, the National Development and Research Institutes (NDRI), were selected through competitive application to provide technical assistance to grantees in designing and implementing a PRR model that would recruit non-violent substance-abusing, first-time felon-volunteers to populate a longitudinal study.

PRR has been collecting and will continue to collect Government Performance and Results Act (GPRA) Client Outcome Measures. Included in the current Discretionary Services GPRA tool are the domains for the developed National Outcome Measures (NOMs). Using the data collected via the use of the GPRA tool, CSAT can generate information on abstinence from substance use, employment, social connectedness, housing, involvement in the criminal justice system, access to services and retention in treatment. These measures are used to monitor the program's effectiveness in providing substance abuse treatment.

The study developed and continues to utilize a Questionnaire Development System (QDS)³ baseline and follow-up instrument that is a synthesis of previously implemented instruments and scales and is designed to gather repetitive, quantitative measures at each phase of the study. Under the current OMB approval the instrument package has been administered to three groups: 1) 378 persons in a Cuyahoga County strength-based case-management experimental model, known locally as *Second Chance*, that coordinates linkage to treatment, training, employment, peer support services, and advocates for sealing of participants' felony records after criminal justice supervision; 2) 267 persons in Cuyahoga TASC services-as-usual control model that coordinates linkage to treatment and services for approximately six months; and 3) 130 persons in a Clermont County strength-based case management model, known locally as *New Life*, that coordinates linkage to treatment, training, employment, peer support services, and advocates for sealing of participants' felony records after criminal justice supervision.

Cuyahoga, the largest county population in Ohio, with over 1,200 first-time felons annually, recruited sufficient study-eligible volunteers to populate both the experimental and control groups during October 2003—September 2005. The study population is 66 percent minority (62 % Black, 32 % White, 4 % other).

Clermont, a rural county with no urban center, contained an insufficient number of study-eligible volunteers to support experimental and control groups of a size that would be

¹ Treatment Alternatives to Street Crime, a national case management model also known as Treatment Alternatives for Safer Communities in most States.

² Ohio Department of Alcohol and Drug Abuse Services.

³ QDS is a software application for questionnaire development, entry and management of interview data.

statistically significant for analyses contemplated by the PPR study design. However, Clermont's 95 percent rural and White criminal justice population provided for study of a treatment model, behavior, and motivation within a substance-abusing offender population that is rarely addressed. The Clermont County population was and will continue to be the basis of a process and systems change study independent of the Cuyahoga initiative that utilizes experimental and control populations. Both studies will continue to utilize the same instrument package and both address the same issues: 1) the effectiveness of a strength-based model that coordinates services after criminal justice supervision and 2) the motivational effect of achieving a sealed felony record.

Participants for all groups were recruited from Cuyahoga and Clermont County TASC client pools of first-time non-violent felons referred by an Ohio Common Pleas Court and determined to be substance abusers through administration of the Addiction Severity Index (ASI)⁴ in Clermont and TASC's CIAI⁵ in Cuyahoga copies of which are included in Appendix G for informational purposes.

Client focus groups have been conducted at 6- and 12-months in both counties for data on perceptions of the program and quality of services. During FY2006-08 client focus groups will continue quarterly to acquire additional qualitative data. Also, stakeholder focus groups that include criminal justice, treatment, and social service provider representatives will continue to be conducted to address perceptions of the program and changes in attitudes regarding the efficacy of sealing felony records. (See Appendix D)

ODADAS, in fulfilling its responsibility for the Substance Abuse Prevention and Treatment Block Grant (SAPTBG), maintains MACSIS⁶, an information system that tracks client treatment services utilization. As mentioned above, the PRR grantees utilized standardized client assessment instruments, the ASI in Clermont and the CIAI in Cuyahoga for processing of client referrals to the local TASC agency from which study participants were selected. State, local, and regional criminal justice agencies also maintain databases that provide for screening of study participants to verify their eligibility and monitor their criminal record as they progress through the sealing process. These information systems are a key source of performance indicator data for state and county administrators in managing programs and assuring quality of service delivery.

PRR utilizes MACSIS and other collateral treatment information systems and criminal justice databases provided through state and local jurisdictions to verify self-reported information, augment information on dropouts or absconders, and to examine long-term effects of the program, e.g., *remaining eligible* for sealing of a program participant's felony record. Essential to the PRR study are significant quantitative data provided by state and county MIS systems including:

⁴ Addiction Severity Index

⁵ Computer-assisted Intake Assessment Instrument

⁶ Multi-Agency Community Services Information System

1. Independent confirmation of self-reported information on the timing and modality of client treatment episodes;
2. Frequency and types of services received during treatment episodes;
3. Client post-treatment outcomes by linking to collateral State databases, i.e., criminal justice records obtained from the Offender Information Database supplied by the Ohio Department of Rehabilitation and Corrections (ODRC), the Cuyahoga County Adult Probation Department, the Ohio Division of Parole, and CRIS⁶⁷ that provide data on re-arrests, recidivism, and convictions that are required for record expungement.
4. MACSIS provides information on treatment, vocational, employment, educational, Medicaid, and a variety of other medical services billed to the counties.
5. Client utilization of other public and private services pre- and post-treatment, pre- and post-probation, and success or failure in the PRR program; and
6. Verification of absence of criminal conviction.

Combining treatment process information, client interviews, and collateral databases enriches the investigation of linkages among client baseline characteristics, treatment quality, effective case management, and longer-term influences on clients achieving a pro-social life.

Data collection and analyses for Cuyahoga and Clermont County projects are enabled through 42 USC 290aa (Section 501 [d][4] of the Public Health Service Act), which authorizes the collection of evaluation data related to the improvement of the quality of treatment and rehabilitation services. This enabling legislation is included in Appendix I.

2. Purposes and Use of Information

Scope of the Problem

The negative effects of a criminal record, particularly if it reports a felony charge or conviction, continue far beyond an offender's compliance with court ordered sanctions. Because the record is public, it can affect opportunities for employment, housing, education, and credit. When the offender is a substance abuser, as two-thirds of arrestees indicate, continued recovery during reentry to society becomes more difficult.

Substance abusers in state, federal, and local criminal justice systems represent a continuing problem in human terms of productive years lost and in the high costs of incarcerating large numbers of prisoners who are of no proven danger. In 2003, about 6.9 million individuals were under some form of correctional control, with nearly 2.1 million in prison or jail and about 4.8 million under community supervision (Glaze and Palla 2004). The 1997 Department of Justice survey of inmates in state and federal prisons, estimated that 69 percent of state prisoners were drug- or alcohol-involved, and 56 percent reported using illicit drugs in the month prior to the offense (Mumola 1999). The proportion of drug-using

⁶⁷ Cuyahoga Regional Information System is a criminal justice database that includes counties in northern and eastern and surrounding States,

offenders among those arrested according to the Drug Use Forecasting system data has rarely fallen below 60 percent and has reached as high as 85 percent (National Institute of Justice 1998).

A large body of research shows the effectiveness of drug abuse treatment in reducing drug use and criminal behavior for individuals with drug problems who are involved with the criminal justice system. Those with legal involvement (under arrest, pending trial, or legally referred to treatment) who are admitted to community-based treatment are retained in treatment longer and achieve positive outcomes—reduced drug use and reduced criminality—than those who are not criminal justice-involved (Farabee, Prendergast, and Anglin 1998). Felony offenders with drug problems who are given the alternative of drug treatment in lieu of incarceration have better outcomes on average than similar offenders who do not participate in treatment (Lang and Belenko 2000), with the caveat that the treatment alternative should be designed for the specific needs of drug-involved offenders. Inmates who participate in drug abuse treatment during incarceration have positive outcomes, particularly if prison-based treatment is followed by treatment after release. Evidence is emerging that drug courts are effective in reducing recidivism; while preliminary evaluations of other outcomes have been promising, more research is needed (U.S. Government Accountability Office 2005).

Higher crime rates related to drug use have been found in studies of probationers and prisoners. Over half the probationers in a 1986 urinalysis study of an intensive supervision program in Brooklyn, New York tested positive for drugs other than marijuana (including marijuana, two-thirds tested positive). The vast majority of the nation's prisoners (over 80%) are recidivists; about three-quarters previously used drugs (Innes 1988). Many of these prisoners have severe substance abuse problems. Indeed, about one-third of the inmates previously used a major drug (heroin, methadone, cocaine, LSD, and PCP) on a regular basis; over half reported using drugs during the month prior to committing the crime for which they were incarcerated (Innes 1988). Slightly more than half were under the influence of substances at the time of the offense for which they were incarcerated.

Over 65 million people have a criminal history on file with state government, which means that about 30 percent of the nation's adults live a substantial portion of their lives contending with the consequences of a criminal record (Eggleston 2004). For many, the existence of a criminal record creates roadblocks to rebuilding their lives, supporting themselves and their families, and becoming productive members of the community. A criminal record creates a stigma that affects recovering addicts/felons for many years. Offenders often report that their efforts to gain employment and advance in their careers are severely hampered by the burden of a criminal record.

Overview of PRR

PRR uses a stigma reduction approach in an attempt to reduce social stigma and lower recidivism rates among first time felons by sealing their criminal records. The project systematically explores the rehabilitation effects of case management leading to the sealing of criminal records. The target population consists of first time non-violent felony offenders with substance abuse problems who are convicted or who have pled guilty and are having their conviction held (diversion) pending successful completion of treatment intervention, which includes Treatment Alternatives to Street Crime (TASC) case management (also known as Treatment Accountability for Safer Communities in many states outside of Ohio), and probation. The sealing of criminal records (for arrest and conviction) occurs only after individuals have successfully satisfied such terms set forth by the court.

PRR will continue during this requested OMB approval period to (1) provide technical assistance to develop and implement comprehensive, strengths-based case management services, and (2) evaluate the effectiveness of these services in increasing the number of felons eligible to have their records sealed. The study is confined to jurisdictions in Ohio, where existing statutes permit non-violent felony records to be sealed. Two counties representing urban (Cuyahoga County which includes the city of Cleveland) and rural (Clermont County which is adjacent to Cincinnati and Kentucky) environments were selected on the basis of a competitive grant application. Subjects in each county were drawn from referrals by the respective County Court of Common Pleas.

The target population consists of individuals that are first time non-violent felons with a history of substance abuse. They met all statutory requirements for expungement eligibility or plead guilty to a felony that is held in abeyance pending successful completion of court-ordered sanctions and probation.

Technical assistance to participating counties will continue to be provided by the COSMOS/NDRI team to (1) develop and implement a comprehensive, strengths-based, case management and treatment model that would increase the number of offenders having a felony record expunged or maintaining eligibility to have it expunged at a later date, and (2) involve the various stakeholders, such as case managers, treatment providers, community outreach workers, probation officers, prosecutors, public defenders, and Common Pleas Judges in implementing the strengths-based model.

The PRR longitudinal study in Cuyahoga County recruited 645 felon-volunteers that have been randomly assigned to either an *experimental group* that receives services through the strengths-based case management model designed and implemented for the PRR project or a *services-as-usual* control group that receives TASC case management through the model in place at the beginning of the study.

In Clermont County where the expungement-eligible population was of insufficient number to support an experimental-control research design all study-eligible volunteers receive strengths-based case management services. The Clermont component of the PRR

study utilizes quantitative and qualitative research methods to describe and understand the effects of treatment and other supportive services and responses by the Common Pleas judicial system to the strengths-based design. Qualitative methods are used because they are especially useful in understanding complex issues such as how the justice system reacts and adapts to modifications that are driven by the needs of the case management/treatment system. To date there has been little qualitative research conducted on systems change, especially regarding criminal justice systems response to case management and treatment model modification. Another factor supporting study of the Clermont population is that that few studies of substance abuse case management and treatment in a rural setting are undertaken. Literature reviews that are a component of the PRR project have identified very few studies of substance abuse program intervention among rural criminal justice offenders.

A panel of nationally recognized experts in the fields of criminal justice and substance abuse and two advisory groups: an evaluation advisory group of recognized experts in research and substance abuse treatment in criminal justice settings and an advisory group composed of local stakeholders, helped frame the critical questions addressed in the study.

Instruments approved through OMB 0938-0248 have been administered in collecting data at baseline, six-, and twelve-month points. This application requests approval for additional questions presented below that enhance the previously approved instruments. The additional questions enrich the data collected regarding motivation by stigma reduction as participants progress through the criminal justice treatment continuum. They also provide critical information on motivation to continue drug and crime free behavior immediately after the stigma of a criminal record is expunged.

New questions for which OMB approval is requested are found below:

STIGMA ENCOUNTERS & RECORD SEALING MOTIVATION

Instructions: I am going to read to you a list of statements about the problems people sometimes have after they have been arrested for or convicted of a crime. Please tell me which answer best describes how much you agree or disagree with each of the following statements.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5

16. It is not such a big deal having a criminal record; it is common in my community.

17. My family has been negative toward me because of my legal situation.

17. My friends have been negative toward me because of my legal situation.

19. Even if I got my record sealed it would continue to create problems for me.

20. I was aware of the implications of my plea at the time I appeared before a judge for my sentencing.

21. Having my record sealed will be a positive milestone in my successful recovery.

22. At the time of sentencing my main objective was to avoid serving any jail or prison time.

23. I have been convicted of a felony; however that mistake does not mean I consider myself a criminal.

24. Having my record sealed means that I should no longer be considered a criminal.

25. Most employers and agencies have a way of finding out whether a criminal record exists.

26. In Ohio, criminal record information is available to anyone that wants it.

27. Once convicted of a felony, it is difficult to get a job that provides a good salary and benefits.

28. It is difficult to get a minimum wage job after a felony conviction.

29. Having a juvenile record negatively influenced the legal outcome of the case for which I was originally referred to TASC. *Note: If respondent says they don't have any juvenile record, please indicate Not Applicable.*

YES

NO

30. By law, a job applicant must disclose any prior criminal arrests or convictions if asked on a job application or during a job interview.

YES

NO

LEGAL SANCTIONS: CLIENT PERSPECTIVES & EXPERIENCES

Instructions: I am going to read you a list of possible legal consequences that sometimes become a problem for people that are arrested or convicted of a crime. Please tell me first which answer best describes how much each possible consequence concerns you and then tell me whether or not you have experienced any of the following consequences since you were arrested.

31a. Criminal background checks are conducted when applying for jobs in Ohio, how much does this concern you?

Not at all	A little bit	Moderately	Quite a bit	Extremely
0	1	2	3	4

31b. I have been denied a job because of information revealed during a criminal background check.

YES

NO

32a. Some employers may fire or demote someone if they have a criminal history, how much does this concern you?

32b. I have lost a job, been demoted, or have been treated differently at work because of my legal situation.

33a. Professional license can be denied, revoked, or suspended following arrest or conviction, how much.....?

33b. I have had a professional license denied, revoked, or suspended because of my legal situation.

34a. Felons can be denied benefits under the Ohio public employee’s retirement system, how much....?

34b. I have been denied retirement benefits because of my legal situation.

35a. Felons can be denied a driver’s license by the Department of Motor Vehicles, how much....?

35b. I have been denied a driver’s license because of my legal situation.

36a. Federal or local housing authorities can deny placement or assistance to felons, how much....?

36b. I have been denied housing assistance because of my legal situation.

37a. Felons may be prohibited from receiving food stamps, cash, and other public assistance, how much....?

37b. I have been denied federally funded benefits and public assistance because of my legal situation.

38a. Felons in Ohio are restricted from voting while incarcerated, how much does this concern you?

38b. I have had problems registering to vote since my arrest.

39a. Some felons are disqualified from consideration for foster care or adoptive placement, how much...?

39b. I have been denied consideration for foster care or adoptive placement because of my legal situation.

40a. The Board of Education can deny an education loan, grant, or work assistance to felons, how much...?

40b. I have been denied educational assistance because of my legal situation.

41a. Felons may be denied Medicaid or other healthcare benefits, how much does this concern you?

41b. I have been denied Medicaid or other healthcare benefits because of my legal situation.

42a. Felons may be denied admission to drug treatment, mental health, or other services, how much...?

42b. I have been denied admission to drug treatment, mental health, other services because of my legal situation.

43a. Felons may be denied a variety of personal loans (e.g. mortgage, car, personal credit), how much...?

43b. I have been denied a personal loan because of my legal situation.

SOCIAL ROLE SCALE

Instructions: Now I am going to ask you some questions about your life and the way you viewed yourself at the time you came to TASC and about your life and your view of yourself now. Please tell me which answer best describes your situation. Note: Retrospective questions (44) are to be asked only at the time of the 24-month interview. Forty-two month interview captures current perceptions (45) only.

44. At the time of your initial involvement with TASC did you view yourself as [role]?

(0) Not at all (1) Rarely (2) Sometimes (3) Often (4) Always

45. Do you currently view yourself as {role}?

(0) Not at all (1) Rarely (2) Sometimes (3) Often (4) Always

Role	44. Baseline	45. Current
1. Criminal		
2. Worker		
3. Addict/alcoholic		
4. Parent		
5. Caregiver		
6. Recovering Person		
7. Student		
8. Victim		
9. Survivor		
10. Failure		
11. Partner		
12. Son/daughter		
13. Person w/ a disability		
14. Mentor		
15. Spiritual person		
16. Mental health consumer		
17. Gang member		
18. Athlete		

Instructions: This next set of questions has to do with your prior experiences with the criminal justice system, particularly the case for which you were referred to TASC and this program.

46. Do you have a juvenile record (including any arrests, adjudications, or commitments)?

YES NO

47. Think back to when the judge originally referred you to TASC and this program, were you represented by:

(1) Public Defender (2) Private Defense Attorney (3) No representation

48. Most of the information that helped you to decide what to plea was given to you by (choose one):

- a) Public Defender
- b) Private Defense Attorney
- c) Prosecutor
- d) Judge
- e) Don't know/Not sure

49. Did anyone discuss with you the longer-term consequences of pleading guilty to a felony?

YES NO

49a. If so, what were you told? _____

50. Were you given any legal alternatives to your case disposition for which you were originally referred to TASC?

YES NO

50a. If so, what alternatives were you given? _____

The Cuyahoga research design includes baseline and follow-up interviews over a 36-month period that track 285 first-time felons to the point they are eligible for expungement and track 360 offenders that plead guilty to a felony that will be held pending their successful completion of treatment, other court-imposed sanctions, and probation. Interviews test for a wide array of possible effects, including recidivism, employment, education, drug use, family relationships, support of children, mental and physical health, HIV/AIDS risk factors, assumption of personal responsibility and life adjustment factors.

All baseline and 6-months interviews have been completed at both sites. Twelve-month interviews are nearing completion in Cuyahoga and have begun in Clermont. During FY2007-09 24-months interviews will be completed at both sites, but at 36-months in Cuyahoga only. Interviews require 1 ½ to 2 hours depending on the memory and speed of the respondents. The follow-up interview goal is a minimum 80 percent completion rate at 36-months. Follow-up rates for 6- and 12-months interviews exceeded 87 percent in Cuyahoga. These data will be supplemented by file studies of county, state, and regional criminal justice electronic repositories and probation laboratory urinalysis results.

Focus groups have been conducted in each county at 6-, and 12-months. During FY2007-08 quarterly focus groups will continue to provide feedback on client perceptions of the strengths-based model. Groups consist of 8 to 15 participants chosen at random. A protocol for the client focus groups has been developed (Appendix B), and standard focus group procedures, including having a facilitator and co-facilitator, will continue to be followed (Carlson, Siegal, & Falck, 1995; Kruger, 1988; Morgan, 1988; Shedlin & Schreiber, 1995).

Included in the Appendix are the following client focus group materials developed for the project: telephone recruitment script (B2), informed consent information sheet and signature form for non-incarcerated clients in both counties (B3 & B4), and the informed consent addendum and signature form to audio tape focus groups for non-incarcerated clients (B5). At 24-months in Clermont; 36-months in Cuyahoga, clients will be asked to volunteer a urine sample to verify self-reported drug use, the consent form for which is included in Appendix F (F5) for Cuyahoga County and Clermont County. Additional file study data will be gathered on the number of case management sessions and the number and frequency of other interventions for program participants.

Treatment Intervention: The experimental study in Cuyahoga County tests the effects of a strength-based case management intervention (experimental group) on the number of records sealed compared to the *services-as-usual* intervention (control group). Experimental and control groups for both expungement-eligible felons and offenders that pled guilty to a

felony, which is held pending successful completion of treatment and sanctions, will also be tested. The assessment in Clermont County will address both expungement-eligible and guilty-plea felons, but will not test for strengths-based model effectiveness due to the absence of a control group.

Experimental Condition: The innovative condition involves the application of a comprehensive, integrated, strengths-based case management model within the County TASC agency. The model involves smaller case manager caseloads, more frequent client contact, and follow-up focusing on the difficulties encountered in adhering to the treatment plan, and priority in obtaining treatment and other service slots. Case management teams at each site participated in strengths-based case management training. These specially trained teams provide service for the experimental group in Cuyahoga and all participants in Clermont. Cuyahoga control group case managers received no strengths-based training. A virtual firewall was established situating experimental and control case managers on separate floors and restricting communication between the two groups. (Misunderstanding and resentment were an unanticipated outcome of the isolation and restricted communication among the case manager groups). Resultant issues and challenges are being addressed during the current transition phase of PRR as TASC begins implementing the strengths-based model. The model implementation and TASC transition experience will constitute an important section within the process evaluation.

Strengths-based case management services are provided during TASC supervision, with access provided to needed treatment and other services post-TASC until the end of the PRR study. In Clermont, the specially trained team provides all case management services for the entire length of the study period. In Cuyahoga, the first six-months of case management services are carried out by the specially trained TASC team and services for the next three years are coordinated by the Community Reentry (CR) component of Lutheran Metropolitan Ministries. In order to make the client's transition between agencies as seamless as possible in Cuyahoga, CR outreach workers are introduced into the process at the time of the orientation to the TASC program, made available for meetings with the client and TASC case managers as needed, and participate in client graduation ceremonies when participants complete the TASC program. When clients fail to show for appointments at TASC or with probation officers CR outreach workers attempt to locate the clients and persuade them to comply voluntarily with court-ordered sanctions rather than risk a violation that can prevent their achieving a clean felony record. If requested by a client or TASC, outreach workers appear at court as an advocate.

Control Condition: The control condition is the TASC case management model in place at the beginning of PRR. Referred to in this document as *services-as-usual*, the model uses TASC case managers as services brokers that identify client deficits and make referrals to community agencies for substance abuse treatment and other services during the client's four to six months in TASC. Clients, unlike those in the experimental condition, receive no priority in accessing needed services.

Client Focus Groups and TASC Participation

These groups focus mainly on client perceptions of the case management program and the services provided. A protocol for the client focus groups has been developed (Appendix B), and standard focus group procedures are followed. Question guides are on topics such as: client satisfaction with case management, service referrals, and treatment; extent to which client service needs were met; accessibility, effectiveness, and appropriateness of treatment and other services provided; barriers to treatment and other program services; and client perceptions of what it means to have a felony record and the anticipated or experienced impact. These groups are designed to provide systematic feedback to program operators as the program evolved, with a focus on finding out whether efforts are unfolding as planned and to uncover any barriers. Focus group information is presented and discussed with program staff to identify necessary adjustments to the program.

In both counties, client perceptions of the experimental case management programs, particularly their interaction with the case managers, are highly positive indicating an overall active and supportive environment that is the hallmark of a strengths-based case management model. Clients did identify several areas for improvement. For instance, in Cuyahoga County clients felt the employment service was ineffective in placing clients into jobs; insufficient guidance and information was given on the sealing process; and treatment referrals at times seemed inappropriate for marijuana users. This feedback led to several changes in implementation including a switch in the employment provider; increased collaboration among outreach workers at CR and the Public Defenders office to help identify those who are sealing-eligible, when they are eligible, and facilitate the sealing process; and the introduction of a marijuana treatment component within TASC.

During Phase II of the evaluation, focus groups will continue as TASC evolves to adopt a strengths-based ideology for the entire agency. These focus groups will explore client perceptions of the case management program and the services provided and will cover the same topics as above: client satisfaction with case management, service referrals, and treatment; extent to which client service needs were met; accessibility of services; effectiveness of treatment and other services provided; barriers to treatment and other program services; and client recommendations for improvement. Experience from the initial experimental phase of the study suggests it takes up to 12 months to implement a model that effectively translates to clients. Therefore, focus groups will be conducted four times annually with clients keeping in mind that the program is expected to evolve and improve over time.

Client Focus Groups and Community Reentry (Cuyahoga County)

These groups focus mainly on client perceptions and experiences with the extended services provided by Community Reentry (CR) following their TASC participation. Questions address client transition from TASC to CR and subsequent experiences, including topics such as: how clients were introduced and what they were told about this extended

service period; nature of contacts with CR staff; service need and provision; and client satisfaction with CR staff and services. This extended period of service provision is provided to clients as an option and a resource should the client feel they need assistance following their completion of TASC, a time during which clients would otherwise be left to navigate the system alone. The focus groups are designed to gather an understanding of the extent to which clients are aware of which follow-up services are available, whether they are needed, and what types of services were needed, and what barriers to service provision existed. Again, the purpose is to identify what changes, if any, need to be made to the model to match client needs more closely. During Phase I focus groups reported that, as expected, some clients who were doing well on their own and had no needs following their participation in TASC, whereas other clients were still struggling with addiction and other issues and felt continued services were a very valuable and helpful resource.

During Phase II of the evaluation similar focus groups will be held annually (two per year) with both CR staff and those clients in regular contact receiving services from CR to address evolving issues. CR has been contracted to provide services to this population until the end of federal funding to the grantee but negotiations are underway with the Cuyahoga County Board of Commissioners to continue provide outreach services within the emerging TASC strengths-based model.

Case Manager Focus Groups

These groups focus on the perspective of the case managers regarding the implementation of the program. Initial groups conducted during Phase I focused on case manager experiences with the research component and the strengths-based approach and include such topics as: hopes and expectations; nature of impact on job responsibilities; impact of the research component of the study; effectiveness of strengths-based case management; accessibility of services; and effectiveness of treatment and other services provided; and the overall applicability of the model within the TASC structure. Three such groups were held during the model's implementation. Feedback from case managers indicated a general satisfaction with the application of the model and the opportunity it provides to be an effective clinician. Much like the clients, several areas for improvement, such as the need for improved job placement and a more appropriate intervention for marijuana users, were identified that led to program changes during the implementation phase of the project.

Agency-Wide Adaptation of Strengths-based Approach

Later focus groups shifted attention from Second Chance implementation to the potential for adopting the model agency-wide throughout TASC. Case managers were asked their opinion of the issues to be considered in an attempt to adopt a strengths-based model in TASC. Key issues included: 1) efficacy of strengths-based in relation to caseload size; 2) the ability to meet billable service requirements; 3) the need for teambuilding and the

creation of a TASC community to foster a positive and productive work environment; 4) outstanding needs regarding the Management Information System currently being constructed; and 5) the creation of a policies and procedures manual to ensure proper guidance, training, and uniform implementation. Additional focus groups were held with Regular TASC case managers who were responsible for case management of the control group clients to gain their perspective on the transition. It was discovered that the research process had polarized the two groups and bred some lingering resentment, providing reinforcement for the notion of team building as a central and necessary feature of the transition. These case managers identified many of the same challenges for moving forward and their responses helped define plans for facilitating and evaluating the institutionalization of strengths-based practices within TASC. The TA and evaluation plan is under development.

Completion of the comprehensive strengths-based training for all TASC staff that was the basis for development of the Second Chance model implemented for the study (provided by COSMOS/NDRI consultants). This training consisted of 4 one day-long sessions held April 27, April 28, May 4, and May 5 of 2006. The focus of this training was primarily on team building and the basic application of strengths-based techniques. The goal was to create a team atmosphere that involves: increasing self-awareness; improving communication and interpersonal skills; identifying team and individual strengths; and matching tasks to strengths. The training explores how these skills are applied to offender assessment and supervision.

Need for Information

Three specific objectives for PRR are designed to provide the information needed by the grantee and by policy makers in the area of criminal justice and substance abuse treatment. These objectives include:

Objective 1: A formative evaluation to provide feedback on the implementation of the program;

Objective 2: A systems evaluation to examine the number of services offered to the felons, and changes in attitudes towards sealing records on the part of critical stakeholders, such as district attorney offices, judges and service providers.

Objective 3: An outcomes evaluation to examine the effect of the intensive case management model on the eligibility to have records sealed, social, psychological, and health status, HIV risk behavior, and the actual proportion of subjects who have their records sealed.

Information is gathered on program participants from three separate data categories:

Self-report— An interview at baseline, 6-, 12-, 24-, and 36-months is gathered directly from clients. The self-report protocol explores a wide array of possible effects, including recidivism (re-arrest, conviction), drug use, motivation towards treatment and record sealing, employment and job satisfaction, education, family relationships and quality of life, mental and physical health, HIV/AIDS risk factors, and client service utilization and satisfaction. Phase I of the evaluation included the completion of baseline, 6-month, most 12-month, and the beginning of 24-month follow-up interviews. Phase II of the evaluation will see the completion of 24-, and 36-month follow-up interviews

Focus groups— During Phase I of the evaluation, focus groups have been conducted with clients, staff (e.g., case managers), and stakeholders (e.g., treatment, criminal justice). These were performed as part of the formative evaluation to provide feedback to project personnel on the fidelity of program implementation. Focus group and other data contributed to midcourse adjustments to the model. Focus groups with TASC case managers gathered a staff perspective on the fidelity of program implementation and provided additional feedback to inform program adjustments. Stakeholders were asked to describe their perceptions about the nature of services that they provide, the substance abusers referred to them, and the operation of the program.

File data abstraction —Collateral information systems provided through state and local agencies to verify self-reported information, provide additional information not gathered via self-report, and to examine long-term program effects. During Phase I of the evaluation procedures for transferring systems files were constructed between the NDRI evaluation team and several local agencies, most important, Common Pleas Probation for criminal justice record searches and MCSIS for service utilization and cost data. Data from both agencies will be transferred near the end of 36-month interviews.

Consequences Of Not Having The Information:

1. The evaluation will continue to provide feedback to program administrators during the current, critical transition phase that will determine the strengths-based model's sustainability. Without the focus groups and objective data program administrators will be blind as to unforeseen client needs and barriers to treatment. The scenario that all client needs and barriers will be accounted for, and all aspects of the program will be equally implemented is an unrealistic assumption.

Specifically, the failure to continue collecting data providing feedback to PRR will:

- (a) Create blind spots in the treatment protocol in which unforeseen treatment and services needs are not met, and unforeseen barriers prevent clients from receiving the services needed to prevent recidivism and relapse, and remain eligible to have their records sealed.

- (b) Create blind spots related to the implementation of the strengths-based case management protocol throughout TASC and other divisions of the Cuyahoga Department of Justice Affairs and the response of treatment providers.
- (c) Reduce the ability to assess the contribution of outside treatment and service providers to the success of the TASC model.
- (d) Result in failure to modify the program in a timely manner to further reduce the rates of recidivism and relapse, and improve clients' social functioning.
- (e) Reduce the ability of the program to monitor the need for additional educational and other health services regarding clients' risk for HIV/AIDS.
- (f) Fail to forewarn of possible resistance to sealing records among critical stakeholders, such as prosecutors or community organizations that would be instrumental to the process of having records sealed. Under these circumstances the program will fail to achieve its objective of increasing the number of records sealed without initiating additional activities to change stakeholder attitudes. The attitudes of treatment providers are also important to maintaining client motivation to have their records sealed.
- (g) Fail to verify (after expungement is approved by the judicial system) that the felony is actually sealed from public access.

Therefore, the failure to collect the planned feedback data in each of the specified areas would severely limit the ability of the model to succeed and result in wasted Federal funds.

2. The evaluation will provide information to CSAT and other potential users of the strengths-based case management model. Failure to collect this data would deprive CSAT of the information needed to determine the success of the model and to make the determination as to whether to extend the model to other treatment agencies. Specifically, CSAT would have no reliable information as to the success of the program regarding:

- (a) Reducing recidivism and relapse,
- (b) Fostering the development of pro-social attitudes and behaviors,
- (c) Increasing the number of first-time felons to have their records sealed, and
- (d) Reduction of HIV/AIDS risk behavior.

3. Use of Improved Information Technology

The burden has been reduced through the use of technology. Interviewers enter data directly on a personal computer or laptop using the automated interview software Questionnaire Development System (QDS), (Nova Research, Inc). QDS is a software application for questionnaire development, data entry and management of interview data; it allows the programmer to build skip patterns, consistency checks and to import data directly into SPSS (or other applications) for data analysis without intermediary data entry. The automatic features reduce the amount of time needed to administer the follow-up test battery while improving the accuracy of data collection. Therefore, it reduces the burden on both the respondent and the interviewer. The battery is designed as a single QDS document with redundant items edited out.

The interview instrument structures are programmed by the programmer/analyst after the instruments have been finalized. Personal computers are password protected. No client identifier is entered into QDS; clients' locator information is collected on paper and entered into a separate tracking database. The interviewers back up their interview data daily on zip disks and forward the updated zip disk monthly to the CSAT evaluation contractor. The evaluation director reviews the completed and edited instruments and import QDS data files into SPSS for analysis. All files are created as SPSS-Windows system files. SPSS system files are updated as new batches of interviews are entered. To maintain quality control, the evaluation director reviews one randomly selected interview each week for each interviewer.

Data flow (completion, logging in, data entry) and interview schedules are tracked using FoxPro, a relational database. Separate databases have been created and are periodically updated for the study's baseline and follow-up interviews, forms or other data sources. Computer files created are documented with codebooks specifying the name of each variable, the source of the variable, and any intermediate recording that may have occurred. The various files are linked to create a complete set of data (a master file) for each subject that can be aggregated for statistical analysis, both across subjects and longitudinally over time. No personal identifying information is contained within the aggregated files. All computer files are backed up on the server and on zip or compact disks stored in secured locations.

4. Efforts to Identify Duplication

An extensive effort was made to identify duplicate data collections. This effort consisted of an extensive review of the literature, and a search of existing databases, such as NCJRS, Criminal Justice Abstracts (Silver platter), Criminal Justice Periodical Review (Canada dial-up), Government Websites (BJS, ONDCP), and Sociological Abstracts by CSAT.

The study was also informed by a Delphi activity of a nationally recognized group of experts in criminal justice and substance abuse treatment. In addition, two advisory groups composed of a second group of experts in criminal justice and substance abuse treatment, and a group of local stakeholders contributed to the evaluation. A panel of leading experts in the area of criminal justice and substance abuse research and case management was also

consulted to provide additional guidance for the search for duplicate programs or research. No duplicate data collections were uncovered by these searches.

5. Involvement of Small Business Entities

COSMOS Corporation is a small business. The data collection will have no impact on other small business entities.

6. Consequences of Information Collected Less Frequently

The scheduled data collection was designed to monitor the program at critical junctures and provide feedback to the program developers and CSAT. Focus groups provided an early warning to program developers about how critical client needs were being met and how the program was perceived. The 12-month focus group provided a perspective of the first phase of case management covering the standard case management period. Focus groups during FY2007-08 at 18-, 24- and 30-months will continue to provide feedback on the functioning of the strengths-based model. These groups provide “real time” feedback to the program developers and administrators. The time periods were deemed both necessary and sufficient by the research/treatment and the local stakeholder advisory groups. Less frequent data collection would impair the ability of the evaluation to provide feedback during the critical period of program development, and extend the feedback beyond the period in which the experimental cohort moves through the program. The schedule has facilitated changes in the Cuyahoga PRR that have been reflected in the evaluation design. All focus groups in both Clermont and Cuyahoga Counties provide rich qualitative data needed for study of the case management model.

Multiple data collection points for the objective test battery are essential if the study is to be able to identify changes in critical behaviors and drug use patterns over time. Less frequent data collection would impair the ability of the study to gain an understanding of the interrelationship between the extended case management services and the outcome variables over time. Baseline, 6- and 12- month test battery administrations followed the CSAT schedule for administration of the GPRA Client Outcome measures (OMB 0930-0208). These first-year data collections were needed to provide feedback to program developers and administrators on the implementation and progress in creating positive client change, and to provide data to CSAT pertaining to the success of program implementation and early signs as to whether the program was meeting study objectives.

The 36-month interview will provide final data on client pro-social changes over time and will be analyzed in conjunction with criminal justice databases that determine the client’s eligibility for felony record expungement. Thus, the 36-month interview provides important data on the success of the program in meeting many of its substance-abuse intervention and pro-social objectives. Although client recall of past events is a well-known problem, QDS instruments will compensate for client problems in recall by focusing on the most recent 3-month period in addition to the events of the past year. File data collections at the conclusion

of the study will be used to verify case management and treatment events, determine the number of records expunged, and the number of clients that maintain eligibility for expungement, and provide cost data for specific elements of the strengths-based model.

7. Consistency with the Guidelines in 5 CFR 1320.5(d)(2)

This information collection fully complies with Guidelines in 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

The required 60-day notice of intent to conduct research was published in the Federal Register, Volume 71, and Number 88 on May 8, 2006 on pages 26765-26767. No comments have been received. A copy of the notice is included in Appendix H.

The basic concept of PRR and its evaluation design was put before a panel of national experts in substance-abusing offender research in a three phase Delphi activity. Panelists were Dr. Jan Chaiken, former Director of the Department of Justice Bureau of Justice Statistics; Dr. Kevin Knight, Institute of Behavioral Research, Texas Christian University; Dr. Todd Clear, Professor of Law, Police Science and Criminal Justice Administration, John Jay College, CUNY; Dr. Richard Stephens, University of Akron; Dr. Roger Peters, University of South Florida; and Ronald Williams, President of New York Therapeutic Communities, Inc. and founder of Stay'n'Out, one of the first offender treatment programs.

On July 29, 2002, a Research Advisory Group (RAG) convened in Cincinnati, Ohio to begin linking developing treatment models with an evaluation design. In addition to the project director and co-principal investigators, the RAG includes Dr. Richard Stephens, Professor of Sociology at the University of Akron who was principal investigator for CSAT's earlier Cleveland Target Cities project and the Persistent Effects of Treatment Study (PETS); Dr. Harvey Siegal, Center for Interventions, Treatment, and Addictions Research, Wright State University; and David Levine, Clinical Director, Clermont County TASC. The RAG continues to meet by conference call at least monthly.

PRR grantee meetings in Washington, DC and Columbus, Ohio included presentations and facilitation by Drs. Peters, Siegal, and Stephens; Leo Hayden, President of the National Center for Violence Interruption; Jennifer Mankey, Executive Director, Center for Network Development; and Ronald Williams and SandeepVarma, New York Therapeutic Communities, Inc. Additionally, Debbie Mukamal, staff attorney for the Legal Action Center, provides input to the project.

Dr. Elizabeth Hall, UCLA Integrated Substance Abuse Programs, was instrumental in creating client locator protocols for PRR, and serves as an ongoing resource for client, the client locator, and the interview team.

Ms. Bobbie Herron-Boyer, a consultant for the National Addiction Technology Transfer Center, the National TASC Association, the U.S. Office of Juvenile Justice and Delinquency Prevention, and the Substance Abuse Mental Health Services Administration, provides strengths-based training and consults on quality assurance related to clinical and case management issues.

9. Payment to Respondents

Payment for participating in focus groups and interviews is standard practice in substance abuse studies. In the current study, participants have been compensated \$20 for the baseline interview, \$25 for the 6-month interview and \$30 for the 12-month interview. They will be compensated \$35 for both the 24- and 36-month interviews. The increasing scale is designed to encourage participants to continue to cooperate in the follow-up interviews. Participants have also been compensated \$35 for each focus group they participate in and those that volunteer for a urine toxicology test at 36-months will be compensated an additional \$10. Other substance abuse studies conducting baseline and follow-up interviews with retention rates of at least 80 percent at the final interview phase have used cash as the preferred method of payment (Wexler et al., 1999). American Express or other easily cashed checks will be given to Cuyahoga participants. In Clermont County, in accordance with Board of Commissioners (CBOC) protocol, participants have received \$20 merchandise vouchers redeemable at local retailers. Follow-up interview rates in Clermont are far below those in Cuyahoga. During FY2007-09 the PRR contractor will compensate clients for interviews, a responsibility previously fulfilled by TASC, which is an agency of the CBOC. Because the contractor intends to compensate clients with cash or cash vouchers (e.g. American Express check or credit card) and increase compensation to \$35 per interview, follow-up rates are anticipated to rise.

10. Assurance of Confidentiality

Code numbers protect participant identity. The correspondence of code numbers to participant names appears only on the informed consent forms. The Principal Investigator keeps these forms in a locked file separate from other data and instruments. Data are password protected and encrypted for transmission from the field offices to principal investigator(s).

To inform respondents of the protections afforded by the Federal Human Subjects Regulations (45 CFR Part 46), an interview consent form explains to the respondents why the information is being collected, how the information will be used, how long the interviews will take, that the collection is voluntary and not required for a benefit or treatment, and that no individuals' names will be associated with the study or published results. Separate consent forms have been developed for incarcerated and non-incarcerated clients, for participation in the focus groups, and for permission to conduct a urine toxicology test. Each consent form is reviewed with the respondent to ensure that everything is understood before they are asked to sign them. Appendix F includes: the baseline and follow-up consent forms for non-incarcerated clients in Cuyahoga (F1) and Clermont (F3) Counties; a prison/jail consent form for incarcerated clients in Cuyahoga (F2) and Clermont (F4) Counties; and an informed consent addendum to conduct a urine toxicology test (F5).

Privacy Act System of Records 09-03-0036, Alcohol Drug Abuse and Mental Health Epidemiological Data (most recently published in the Federal Register, Vol. 64, No. 11, Page 2914, January 19, 1999) is followed in the treatment of client records.

Under 42 USC 241 (Section 301(d) of the Public Service Health Act), “the Secretary may authorize persons engaged in biomedical, behavioral, clinical, or other research (including research on mental health, including research on the use and effect of alcohol and other psychoactive drugs), to protect the privacy of individuals who are the subject of such research by withholding from all persons not connected with the conduct of the research the names or other identifying characteristics of such individuals. Persons so authorized to protect the privacy of such individuals may not be compelled in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings to identify individuals.” Confidentiality of client treatment records in federally assisted alcohol and drug abuse programs is protected under 42 CFR Part 2 (OMB 0930-0092). COSMOS/NDRI, as required by 301(d) obtained a Certificate of Confidentiality from SAMHSA for the initial OMB approval period and is requesting a Certificate for the October 2006-October 2009 continuation.

11. Questions of a Sensitive Nature

The PRR evaluation involves questions about alcohol and drug abuse. These questions are inherently of a sensitive nature, and include drug usage patterns, criminal activity, health status and medical treatment. Additional items query participants about sexual behavior related to HIV/AIDS risk behavior. However, these topics are also discussed in the course of the case management services in both the experimental and control groups, and have not been demonstrated to cause undue hardship or stress on the participants. The questions are necessary to determine the effectiveness of the strengths-based case management model in treating substance abuse and in HIV/AIDS prevention.

12. Estimates of Annualized Hour Burden

These estimates of the annualized hour burden are based on the experience of administering the QDS package utilized in PRR data collection under the current OMB approval (OMB 0930-0240) during FY2003-2006.

Data Collection	Number of Respondents	Responses per respondent	Hours per response	Total hour burden
Cuyahoga Follow-up battery: 24- & 36 month	874	1	1.85	1617
Clermont Follow-up Battery: 24-month	90	1	1.85	167
Client Focus Groups: Cuyahoga @24- & 30- month	120	1	1.50	180
Electronic File Data: MACSIS (1)	5	2	4.00	40

Probation (2) CIAI (1), TASC (1),				
Quality Assurance (Treatment Staff)				
Multimodality Quality Assurance (MQA)	6	1	.75	5
Stakeholders				
Attitudes Towards Sealing Records	18	2	.08	3
Cuyahoga and Clermont Focus Groups	18	2	1.50	45
Case Manager Focus Groups	15	6	1.50	135
Total Burden	1046			2192
3-Year Annual Average	349			731

13. Estimates of Annualized Cost Burden to Respondents

There are no capital or start-up cost and no operation and maintenance of services to respondents. The costs of data collection are provided within the funding to the grantees.

14. Estimates of Annualized Cost to the Government

CSAT supports PRR through two cooperative agreements with Clermont County TASC and the Cuyahoga Department of Justice Affairs, which administers PRR as a subcontractor to the Ohio Department of Alcohol and Drug Abuse Services (ODADAS), which is technically the PRR grantee. Those cooperative agreements fund enhanced case management, substance abuse treatment services for first-time felons not covered by the existing SAMHSA block grant are state funding, and other services such as job readiness, training, and placement. They also provide for data collection and incentives to study participants for GPRA follow-up interviews at 6- and 12-months and the QDS battery of instruments administered at 6, 12, 24-, and 36-months. Some participants will also receive incentives for participation in focus groups at 18-, 24-, and 30- months.

TASC case managers in Cuyahoga County have collected baseline data. Follow-up data collection in Cuyahoga is conducted through a subcontract with the Educational Development Center (EDC). All data in Clermont County are collected by specially trained TASC personnel hired specifically for this purpose and supervised by Clermont’s research director. The cost to SAMHSA/CSAT for the data collection portion and participant incentives components of the cooperative agreements is included in Table 1 below.

Evaluation design, analysis, quality assurance, and reporting are provided through a contract with COSMOS Corporation and its sub-contractor, National Development and Research Institutes (NDRI). The contract provides for both technical assistance to the sites in developing model programs and evaluation activities. Table 1 provides estimated annual costs related to evaluation activities only.

Table 1. Estimates of Annualized Costs to the Government

Clermont County	100,000
Cuyahoga/EDC	325,000
COSMOS/NDRI*	600,000
Project Officer/CSAT	<u>16,000</u>
Total Cost	1,041,000 ÷ 3 years =
Annualized Cost	\$347,000

15. Changes in Burden

Currently, there are 1,123 total burden hours in the OMB inventory. The decrease of 392 hours is due to a program change of a reduction of 775 study participants from the 900 originally proposed, attrition from baseline to follow-up response rate, and the inclusion of a 24-month follow-up. CSAT is requesting burden approval for 1,046 responses and 2,192 hours that provide a burden rate of 349 responses and 731 hours per annum for the period of November 1, 2006-October 31, 2009.

16. Time Schedule, Publication and Analysis Plan

Time Schedule. As discussed above, the requirements for sealing records (a minimum of one year of supervision followed by three years post-supervision) involves following clients and taking measures over an extended period of time. In Cuyahoga County the intake / enrollment period took place over a 24-month period, concluding in September 2005 in order to accumulate a sufficient number of cases. Thus the last participant in expungement-eligible cohort (N=285) entering the study at month 24 cannot achieve expungement before September 2009. The last participant in sentence diversion group (pled guilty to a felony with conviction held pending successful completion of treatment and sanctions, N=360) will reach eligibility for record expungement in September 2006. The final PRR 36-month interview, anticipated in September 2008, will examine at least two years' behavior of the entire diversion population after expungement. Criminal justice and other file searches will be complete by March 2009. At the time of that interview 75 percent of the convicted expungement-eligible population will have reached the required date for expungement, i.e., three years post-probation. Criminal justice file searches will identify those whose records have been expunged and those who have lost eligibility due to probation violation or other infractions. Three to six months, contingent on when all file searches are completed will be needed for final data analysis, final reports, and publications of the project. Thus, the data collection will continue uninterrupted under this requested OMB approval and be completed by the spring of 2009 with the final report and publications on or before September 2009. The following schedule is based on OMB approval for continuation of data collection by October 2006.

Activity

12-month follow-up interviews (Clermont)
2007

Schedule

October 2006-August

24-month follow-up interviews (Cuyahoga)	October 2006-September 2007
24-month follow-up interviews (Clermont) 2008	October 2006-September
Quarterly client focus groups	September 2006 – October 2008
36-month follow-up interviews (Cuyahoga only)	September 2007 – May 2008
Criminal Justice file data collection September 2009	September 2006-
Services Utilization file data collection	April 2008
Complete analysis, project report and publications 2009	October 2008-September

Publications. The COSMOS/NDRI team plans to disseminate findings in a variety of forums. The first project related article was published in the Offender Substance Abuse Report in the January/February 2005 issue (Wexler, Melnick, and Chaple 2004). Publishable papers will be developed following data collection and analysis of all participant interviews at 12-, 24, and 36-months for nationally distributed, professional and academic journals, such as the Journal of Substance Abuse Treatment, The Health Services Research, and the Journal of Addictive Diseases.

During the current OMB approval, the following presentations were delivered:

Wexler, H.K., D. Sedlacek, F. Rauschenberg, and M. Chaple, "TASC Strengths-Based Stigma Reduction Model," presented at the 10th National TASC Conference on Drugs and Crime, Raleigh, NC, 2003.

Wexler, H.K., G. Melnick, and M. Chaple, "Implementing and Evaluating Collaborative Research," presented at the annual meeting of the American Society of Criminology; Nashville, TN, 2004.

Wexler, H.K., G. Melnick, M. Chaple, J.P. Gorman, L. Roberts, and T. Egan, "TASC Second Chance: A Strength-Based Stigma Reduction Model," presented at the 12th National TASC Conference on Drugs and Crime, Cleveland, OH, 2005.

Chaple, M.J., H. Wexler, and G. Melnick, "A Low Risk Criminal Justice Population: When Less is More," presented at the annual meeting of the American Society of Criminology, Toronto, ON, 2005.

Wexler, H.K., G. Melnick, and M. Chaple, "Program Rehabilitation and Restitution: A Stigma Reduction Model," presented at the National Association of Pretrial Services Agencies' 33rd Annual Conference and Training Institute Houston, TX, 2005.

Wexler, H.K., G. Melnick, and M. Chaple, "Unmet Psychological Needs Among First Time Felons," presented at the GAINS National Conference, Boston, MA, 2006.

Cannon, H.M., D. Matia, M. Murphy, D. Peterca, and C. See, "CSAT Program Rehabilitation and Restitution," presented at the Federal Consortium Addressing the Substance-Abusing Offender, semi-annual meeting, Washington, DC, 2006.

Wexler, H.K., G. Melnick, and M. Chaple, "Program Rehabilitation & Restitution: Criminal Justice Alternatives to Reduce Felony Record Stigma," presented at the Minnesota Association of Pretrial Services Agencies' 10th Annual Conference Saint Paul, MN, 2006

Presentations will continue in similar settings as requested.

Analysis Plan. The evaluation study is an intent-to-treat design involving the random assignment of volunteers to an experimental group that receives special case management services designed to facilitate the sealing of records or to a control group that receives treatment as usual. The study's primary hypotheses are that providing comprehensive, long-term case management services facilitates a pro-social lifestyle leading to higher rates of sealing of criminal records and that the prospect of stigma reduction provided by a sealed criminal record would motivate offenders to remain crime and drug free for at least three

years after completing judicial supervision. Due to differences between the Cuyahoga and Clermont studies, separate analytic plans have been developed for each study.

Cuyahoga County Analytic Plan. In all of the analyses for the study in Cuyahoga County, the NDRI investigative team's procedure is to conduct the main analyses using the intent-to-treat rule; i.e., to preserve the strengths of the randomized experimental design by retaining all admissions to both conditions. Consideration of specific objectives and hypotheses, and the characteristics of the data collected, will determine the choice of analytic approaches. All data will be maintained in a pass code protected computerized system and analyzed using standard statistical procedures. Descriptive statistics will include percentages, means, rates, correlations, measures of variance, and the shape of distributions, as appropriate to the measurement level of each variable.

PRR in Cuyahoga County provides a formative evaluation that allows the program to make mid-course corrections and to evaluate the effect of the program at both the systems and the individual client level.

Objective 1 (Formative Evaluation): To provide feedback on the implementation of the program and document the services received by all participants. The study provides descriptive information about patterns in the service delivery that will permit program staff to monitor the implementation of the program more effectively. Descriptive data such as mean scores, standard deviations, confidence limits, and percentages are provided to the program. Categorical events are tested by chi-square analysis to determine the expected vs. actual number of activities carried out, the number of participants, and number of activities carried out within the projected time span. Separate client focus groups consisting of 10 to 12 participants each will be conducted for experimental and control subjects at 18-, 24-, and 30-months to determine the client perception of the two treatment conditions and to inform the quantitative findings. Thematic analyses will be conducted to explore each of the dependent variables and services utilization in particular. An additional focus group at each time period will consist of 10-12 case managers. Thematic analyses will permit reporting on problems and issues regarding the implementation of strengths based management.

Objective 2 (System Impact): Systems impact is determined by the effect of the experimental program on Judicial, and Probation procedures, and the adoption of the experimental model (case based strength management) by the entire TASC program. Qualitative data collection involves conducting focus groups composed of stakeholders representing the Judicial, Probation, and Parole components of the criminal justice system, along with TASC case managers and supervisors, and community service providers. Thematic analyses are conducted with the aim of identifying key themes related to systems changes and the adoption of the strength based case management model. Although this aim is primarily descriptive, the data are subject to some qualitative analyses that will serve as a check on the descriptive data. For example, repeated measures t-tests can determine changes in the number and demography of felons assigned to Diversion and Standard Care by the judiciary, the number of felons remanded to jail by Probation, the size of managers' caseloads, and the number and types of referrals to community services.

Objective 3 (Client Impact): Under this objective, the effect of case management on the sealing of records, and the subsequent sealing of records on client functioning are tested. The inclusion of Diversion clients in the study has added another dimension to the analytic plan. The rationale for expanding the study to include Diversion clients is that this population is also given the opportunity to avoid a felony conviction, only the mechanism is different with those eligible to have their records sealed after waiting three years post completion of community supervision while diversion clients can apply typically after 12 months upon completion of treatment intervention and probation. Because neither group has any other prior felony convictions, the expectation is that clients in both groups would be motivated to avoid the stigma of having a criminal justice record. However, the question of the potential for differential motivation between the groups is raised. For instance, “sealing eligible” offenders must contend with the burden of a felony conviction for four years, which greatly limits their potential for finding employment and adopting a pro-social lifestyle, and which, in turn, may make recidivism or relapse more likely.

When incorporating comparisons by referral source (i.e., sealing vs. diversion) into the analysis it is important to note that participants were not randomized into these groups by the court at the time of sentencing disposition; however, sampling procedures allowed for stratification by referral source then randomization into the experimental and control conditions. Thus, the analysis can be conducted in a parallel fashion as if two separate randomized studies had taken place, one study on diversion clients the other on sealing eligible clients. This is necessary since initial analyses identified pretest differences (e.g., age, gender, race/ethnicity, drug of choice) between these groups. If the experimental effect is found to be the same for sealing eligible and diversion clients, results (not data) can then be pooled to increase power. On the other hand, if the experimental effect is found to be different within these two groups, the approach is likely more effective with one type of client than with the other.

Dependent variables include the number of clients whose records are sealed and client functioning (e.g., re-arrest, recidivism, substance use, mental status, physical health, HIV/AIDS risk behavior, physical functioning, education, employment, and adherence to probation or parole requirements). Outcomes will be adjusted to reflect time at risk for specific behaviors; i.e., days to a follow-up point minus days in that period the individual was not actually at risk (usually because the individual was not free in the community, thus not able to engage in the behavior).

Hierarchical linear modeling (HLM) is used to determine within-person, time-related, and multi level phenomena studied under this objective. HLM incorporates data from multiple levels to determine the impact of individual and grouping factors upon some individual level outcome. Another advantage of HLM over competing analytical models is that it adjusts for missing data; an important advantage in a repeating measures experimental design. Applying HLM in the present study is appropriate since longitudinal data are implicitly multilevel and nested. That is, observations made at different points in time on individuals are hierarchical in that all observations are nested within individuals. It provides

a means of examining the existence, nature, and causes of within-person performance change over time. As a result, HLM allows for a more complete analysis of dynamic criteria: (a) it explicitly recognizes and investigates systematic individual change patterns over time, (b) it provides for the estimation of both static and longitudinal performance parameters (i.e., intercept and slope), and (c) it enables analyses of both within- and between-person performance change patterns.

In the present study, HLM is used to determine the effects of the individual level predictor variables (level 1) as they are nested within treatment conditions (level 2) and sentencing dispositions (level 3) on a number of individual level outcomes. The broad outline of the outcome domains to be investigated include the expectation of: (1) greater number of records expunged from standard court subjects and greater number of diversion subjects who do not receive a criminal record, (2) less drug or alcohol use, (3) less criminal conduct (e.g., arrests and parole violations, and self-reported offenses), (4) fewer and less severe psychological difficulties (e.g., depression), (5) less victimization, (6) reduced HIV/AIDS risk behavior, (7) better educational achievement or job skills, (8) more employment, and (9) improved family functioning (e.g., reunification with children).

When applying HLM to the study of individual performance over time, the focus of the level-1 and level-2 analysis shifts. The level- 1 model is a within-person model that examines the nature of intra-individual performance over time. The independent variable is performance and the dependent variable is a time vector. Estimated in this model are intercept (i.e., initial performance) and slope parameters (i.e., performance trend) for each individual. Second, level-2 and level 3 comprise an inter-individual model that examines the relationships between individuals and the intercept and slope parameters estimated in level-1. In the present study level 2 consists of the diversion and standard court groups, and level the experimental and control groups.

Clermont County Analyses. The analyses will be limited for the Clermont sample due to the small N and the lack of a control group. However, Clermont's criminal justice population, which is 95 percent rural and White, provides for study of a treatment model, behavior, and motivation within a substance-abusing offender population that is rarely addressed. Given the relatively small number of subjects and the lack of a control group the analyses for the Clermont study are mainly descriptive and qualitative. Nevertheless, both studies utilize the same instrument package and both studies examine the same issues relating to: 1) the effectiveness of a strength-based model that coordinates services after criminal justice supervision and 2) the motivational effect of achieving a sealed felony record.

As in Cuyahoga, the Clermont evaluation involves a formative evaluation, a systems impact evaluation, and a client outcomes evaluation.

Objective 1 (Formative Evaluation): Provide feedback on the implementation of the program and document the services received by all participants. Descriptive analyses and qualitative focus group feedback will be same as in the Cuyahoga study described above.

Objective 2 (System Impact): Systems impact will be determined by the effect of the experimental program on Judicial, and Probation procedures, and the adoption of the experimental model (case based strength management) by the entire TASC program. The same qualitative and descriptive analyses described above for the Cuyahoga evaluation will be conducted in the Clermont study.

Objective 3 (Client Impact): Under this objective, the effect of case management on the sealing of records, and the subsequent sealing of records on client functioning is tested.

As discussed above, the N for Clermont County precludes the formation of experimental and control groups. Therefore, all qualifying subjects received the strengths based case management condition so that the quantitative analysis for Clermont County will rely primarily on descriptive statistics and qualitative study methods. Descriptive statistics will examine all of the variables of interest described above, such as sealing of records and avoidance of a felony conviction, drug use, involvement in criminal activity, employment, physical and mental health, family functioning, and other measures of pro-social living. Descriptive statistics will include percentages, means, standard deviations, correlations, measures of variance, and distribution shapes, as appropriate to the measurement level of each variable. Bivariate comparisons (e.g., by age, gender) will be made using chi-square, t-tests, or ANOVA where appropriate but will be limited. Incorporating other desired breaks would have to consider the relative statistical power available.

Due to limitations in appropriate quantitative procedures, qualitative procedures will provide important supplemental data. Using qualitative procedures, key behavioral concepts can be identified (e.g., thematic analyses of focus group material) that can help to inform existing patterns of behavior such as patterns of drug use and crime, the range of treatment experiences and service utilization, and the nature of community or external support.

17. Display of Expiration Date

OMB approval expiration dates will be displayed.

18. Exceptions to Certification for Statement

There are no exceptions to the certification statement. The certifications are included in this submission.

B. Collections of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods

The target population consists of first time non-violent felony offenders with substance abuse problems who have either been convicted or who have pled guilty and are having their conviction held (diversion) pending successful completion of treatment intervention, which includes Treatment Alternatives to Street Crime (TASC) case management (also known as Treatment Accountability for Safer Communities in many states outside of Ohio), and probation. In order to be eligible to participate in the study individuals must meet two distinct criteria. First, they must satisfy criminal justice criteria for inclusion in a diversion program or be eligible for sealing under Ohio Statute. Second, they must be eligible to participate in the TASC program, which means they must present with a drug or alcohol abuse or dependency diagnosis. All clients meeting the dual criteria are offered the opportunity to participate in the study. In Cuyahoga County, volunteers were then randomized into either an experimental or control condition, a process that was done blindly to reduce the risk of sampling bias. Baseline profiles on the 645 study participants demonstrate no significant pretest differences regarding demographics, drug use, criminal history, and a number of other important variables that could potentially explain differential outcomes.

2. Information Collection Procedures

Data collection procedures are described as they pertain to each of the three objectives of the evaluation.

Objective 1 (Formative Evaluation): Several measures track the implementation of the case management sessions and client follow-through. Data collected under Objective 1 used to provide feedback on the implementation of the project and to identify potential problem areas.

Client Services Implementation:

a. File data will track the number of case management sessions scheduled, sessions attended, referrals, and client referrals follow through. This file data will come from a variety of sources: TASC records of information completed by TASC case managers and entered into RiteTrack (Department of Justice Affairs MIS), MACSIS, ODRC (Ohio Department of Rehabilitation and Correction) and other criminal justice records, particularly from Common Pleas Probation and the Probation Urinalyses Testing Laboratory, Court of Common Pleas, and CRIS (Cuyahoga Regional Information Services). These data files will be edited by the providing agency and transferred electronically to the evaluation team following the final 36-month client interview.

b. Client Services Utilization and Satisfaction instrument provides additional information from the client/consumer perspective on the utilization of services at the 6-, 12, 24-, and 36-month follow-up interviews.

Objective 2 (Systems Impact): The Stakeholder Attitudinal Change Survey (Appendix C2) will determine changes in stakeholder attitudes towards sealing records. Both stakeholders and key officials will be asked to complete the form at the conclusion of the project. The identified key partners and stakeholders from Cuyahoga County consist of the following organizations: ODADAS, Cuyahoga County Department of Justice Affairs-TASC, Ohio Department of Rehabilitation and Correction (ODRC), Cuyahoga County Court of Common Pleas, Alcohol and Drug Addiction Services Board of Cuyahoga County, Community Assessment Treatment and Services (CATS), Cuyahoga County Department of Workforce Development, Cuyahoga County Department of Work and Training, Cuyahoga County Department of Children and Family Services, Cuyahoga County Employment and Family Services, Cuyahoga County Prosecutor's Office, Cuyahoga County Public Defender's Office, Cuyahoga Community College, Goodwill Industries, Lutheran Metropolitan Ministries Community Re-entry Program, Cleveland Works, and Cuyahoga County Community Mental Health Board.

Objective 3 (Outcome Study): Extensive client data (see below) has been collected at baseline and follow-up interviews at 6- and 12-months. During FY2007-09 follow-up interviews will be administered at 24- and 36-months. Variables include subject functioning assessed in terms of adherence to probation requirements, re-arrest, recidivism, substance use, mental status, physical health, HIV/AIDS risk behavior, education, employment, and the maintenance of eligibility for having records sealed. Subjects' attitudes and motivation toward having their records sealed are also assessed. Under this objective, differences between subjects in the experimental and control groups are tested and potential subgroups in which strengths-based case management has the greatest positive impact on offender functioning and recidivism are identified. Because of the requirement that a substantial period of time elapse between release from criminal justice supervision and eligibility for sealing of records, some subjects may not meet the time requirements for having their records sealed during the course of the study. Results among these subjects will constitute a partial test of main hypothesis that strengths-based case management services will lead to less recidivism and higher rates of maintaining eligibility to have records sealed.

Instrumentation for collection of baseline interview and test data

Computer-Assisted Intake Assessment Instrument (CIAI): (See Attachment G1.)

Does Cuyahoga TASC administer a clinical screening instrument to all referrals? It occurs prior to entry into the study. The CIAI screens for substance abuse and psychiatric disorders and provides a DSM-IV Axis diagnosis for AOD abuse/dependence. It includes background information, social support, motivation for treatment, drug and alcohol use, drug history, drug treatment and mental health history, criminal justice involvement, sources of financial support, medical problems, and provides an estimate of the needed level of care.

Addiction Severity Index (ASI) (Attachment G2) is a clinical screening instrument administered to all Clermont TASC referrals. The ASI screens for substance abuse and provides a DSM-IV Axis diagnosis for AOD abuse/dependence. It occurs prior to entry into the study.

- PRR Study Locator Form: (See Attachment A1.) This instrument provides information needed for tracking clients for follow-up. It includes information on addresses, military service, personal identification such as driver's license, parents and siblings, emergency contacts, best locator, additional locators, hangouts, agency contacts, hospitals, and parole/probation.
- PRR Baseline & Follow-up Protocol: These instruments include current (i.e., the year prior) social support, drug and alcohol use, drug and mental health treatment, criminal justice involvement, sources of financial support, and medical problems. Participants are queried about discrete time periods (e.g., past 3-months, past 12 months) to increase the completeness and accuracy of the responses.
- Circumstances, Motivation, Readiness (CMR): The CMR assesses external pressure for treatment, motivation to change, drug related behavior, and readiness for substance abuse treatment.
- Quality of Life Scale: This scale includes general life satisfaction, living situation, daily activities and functioning, family, social relations, finances, and health.
- Indiana Job Satisfaction Scale: This scale contains information about general job satisfaction, advancement and security, supervision, co-workers, and feelings about job.
- Lifestyle Criminality Screening: This section provides a risk index predictive of future incarcerations. It includes nonsupport of child, school dropout, employment history, drug abuse history, marital background, tattoos, intrusive instant offense, and use of a weapon. (Although it is expected that the distribution will be skewed towards low risk, the index has demonstrated predictive value in other situations where the index was skewed towards high risk.)

- Risk Assessment Battery: This battery assesses HIV/AIDS risk behaviors, such as alcohol and drug use, syringe use and cleaning, sexual practices, and concern for contracting HIV/AIDS.
- Motivation for Sealing Records: This section assesses client motivation for having records sealed and perception of stigma associated with having a criminal record.
- Client Service Utilization and Satisfaction: This section records client referral and follow-up. It includes the number of contacts and client satisfaction with services provided. For the 36-month interview the form will include client reasons for applying or not applying to have records sealed.

Baseline and Follow-up Interviews consist of the following components:

Interview Component	Baseline Interview	Follow-up Interview
PRR Study Locator	X	X
PRR Interview Protocol	X	X
Circumstances, Motivation, and Readiness	X	X
Quality of Life	X	X
Indiana Job Satisfaction	X	X
Lifestyle Criminality Screening	X	
Risk Assessment	X	X
Motivation for Sealing Records	X	X
Client Service Utilization and Satisfaction		X

File Records Data: File data to be provided by the counties from the data they currently collect include: Criminal justice data on arrests and incarceration, docket information recording records sealed, and billing records from service providers tracking number of client visits.

Quality Assurance

Treatment Agency Quality Assurance: The Multimodality Quality Assurance Instrument (MQA) will be used to collect data on the organizational characteristics of the substance abuse treatment providers to which clients are referred. The instrument contains all agency domains specified by the Joint Commission on Accreditation of Healthcare Organizations and the substance abuse treatment literature Clinical supervisors (Appendix E2), administrators (Appendix E3), and primary treatment staff (Appendix E4) evaluate treatment policies and the treatment elements employed. The cover letter to accompany the survey is included in Appendix E1.

Quality Control of Data Collection Procedures: Computer assisted instruments are used to further enhance the quality of the data collection. Computerized instruments have been programmed to prevent missing data, or out-of-range responses. The CIAI and GPRA Client Outcome Measures are currently computerized. The Questionnaire Development System has been used to computerize the remaining instruments. Specially trained TASC case managers accomplished data collection at baseline in Cuyahoga County and during all phases of the project in Clermont County. Follow-up data collection in Cuyahoga County will continue to be conducted by EDC. The research evaluation team will continue to have an active role in training all new project interviewers in the use of the computer-assisted instruments, interview content, and general interviewing techniques or practices.

3. Methods to Maximize Response Rates

Sample Attrition and Techniques to Reduce Attrition: The original sampling design allowed for possible 5 percent subject attrition at 6-month follow-up, 10 percent at 12-month follow-up, 20 percent at the final follow-up interview. This estimate was based on a prior 5-year follow-up study of the Amity prison-based substance abuse treatment program in which 90 percent of the subjects were located, and 80 percent interviewed at the 5-year follow-up (10 percent of the subjects had either died, or refused to be interviewed). During the 2003-06 OMB approval period, in Cuyahoga County locating rates exceeded 95 percent and follow-up interview rates exceeded 87 percent. In Clermont County where locating rates are acceptable, follow-up interview rates are currently only 75 percent at 6-months and less than 50 percent at 12-months.

The most useful information to locate subjects for follow-up continues to be that supplied by subjects at the time of admission to the program, which includes the individual's driver's license, vehicle license, and social security numbers; names, addresses, and phone numbers of all immediate relatives and of two unrelated friends; date and place of birth; areas of town the subject frequents, and locations where social services are received (if relevant). Other sources for tracking subjects are agency records (Department of Corrections, Department of Motor Vehicles, Social Security Administration, and local jails). The current, impressive Cuyahoga rates are based on the combined procedures of the PRR Study locator form, accessing of prison records, and the technology and efforts of the investigative team. The locator form is administered upon subject's entry into the

study and is updated at each of the subsequent interviews. In previous evaluation team studies those subjects lost to follow-up were almost always those who could not be located, not subjects who failed to cooperate after being located.

The tracking and searching protocols in place for PRR have been effective in maintaining study cohorts for longitudinal investigations (Wexler, et al., 1999a). The data collection contractor (EDC) provides to COSMOS/NDRI by the fifth working day of each month, a report that describes follow-up status by participant ID number and group (experimental and control) for all participants. That report includes a matrix that describes the number and type of attempted contacts, the number and types of responses, follow-up interview target dates, interview dates confirmed with participants, interviews conducted, no shows, and reschedules. The report also includes a separate table for participants that have not confirmed an interview date within 30 days of the 6-, 12-, 24-, and 36-month post baseline target date. When analysis COSMOS/NDRI suggests that required data collection rates are not likely to be achieved, a meeting of the PRR Team, including County, EDC, TASC, LMM Community Re-entry, COSMOS, and NDRI (including telephone participation with consultant, Dr. Elizabeth Hall) will be convened within 10 workdays to develop and recommend strategies for enhancing participant locator success rates. Within 48 hours of the PRR Team meeting, Cuyahoga County will convey in writing recommended actions of the Team to EDC.

4. Tests of Procedures

The large majority of the instrumentation being utilized for this study has a demonstrated reputation through previous application in the field.

PRR Study Locator Form (Appendix A1) –The persistent application of follow-up procedures outlined in the manual titled “*Staying in Touch: A fieldwork manual of tracking procedures for locating substance abusers for follow-up studies*” (1996) produced by CSAT has consistently achieved at least a 90 percent follow-up rate for longitudinal studies conducted since 1974. The PRR locator form is adapted from the model in the manual.

The following components comprise the PRR baseline and follow-up interviews. The corresponding sections for each component are in parentheses. The show cards to be displayed during the interview in order to assist the client in responding to select questions are included in Appendix A5.

- a. PRR Interview Protocol (Sections A – L) – modified from the original NDRI Interview Protocol and used for the Amity Prison Therapeutic Community Evaluation 1-year follow-up (Wexler et al. 1999b) and 5-year follow-up (Prendergast, M.L., Hall, E.A., Wexler, H.K., Melnick, G., & Cao, Y. [In press] The Prison Journal).
- b. Circumstances, Motivation and Readiness (CMR) (Section M) – a factor based instrument consisting of four scales that assess motivation to change and readiness for

treatment. Previous research has found a significant relationship between the CMR scales and reduced recidivism and relapse among prison-based substance abusers (DeLeon et al., 2000). Alpha reliability for the scales in prison based populations ranges from 0.53 and 0.58 for the relatively discrete items measuring external pressure in the Circumstances-1 and Circumstances-2 scales, to 0.80 and 0.84 for the Motivation and Readiness scales (Melnick, G., De Leon, G., Thomas, G., Wexler, H. K., & Kressel D., 2001).

- c. Quality of Life Interview (Lehman, Passidente, & Hawker, 1986) (Section N) – modified and shortened from its original version by NDRI/CIRP staff. The instrument is used to measure client’s satisfaction with various aspects of their lives (e.g. family, social relations, finances, and health).
- d. Indiana Job Satisfaction Scale (Resnick & Bond, 2001) (Section O) – consists of 34 Likert-scaled items designed to measure job satisfaction with an internal consistency reliability estimate of 0.95 (Bond & Dietzen, 1993).
- e. Lifestyle Criminality Screening Form (Section P) – consists of four behavioral markers for criminal lifestyle: irresponsibility, self-indulgence, interpersonal intrusiveness, and social rule breaking. In a five-study sample comprising 1154 subjects, the internal consistency for the Lifestyle Criminality Screening Form was determined to be moderate ($\alpha = .70$) (Walters, 1998).
- f. Risk Assessment Battery (Section Q) – gathers descriptive data on recent HIV risk behaviors, including drug injection and sexual risk behaviors.
- g. Motivation for Sealing Records (Section R) – designed as a self-report instrument addressing stigma reduction for ex-offenders, particularly stigmas they may encounter because of their criminal record and their motivations for having their records sealed. It is based on a review of the literature and a limited amount of documentation on the topic.
- h. Client Service Utilization and Satisfaction Form (Section S) – developed for use in this project and have not previously been implemented in the field.

Of the instruments selected for this study only the GPRA Client Outcome Measures was computerized. In order to increase the quality of the data being collected, the Questionnaire Development System (QDS) was used by COSMOS/NDRI to computerize the remaining instruments into a single package. Before implementation for PRR the package was successfully pilot-tested of this package to check logistical flow, test QDS programming, and introduce staff to the use of the software.

5. Statistical Consultants

Project Oversight:

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Data Analysis and Evaluation:

National Development and Research Institutes (NDRI), Inc.	Harry K. Wexler Ph.D.	Principal Investigator	(212) 845-4452
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SAMHSA/CSAT	Ken Robertson	Project Officer	240-276-1621
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