SUBSTANCE ABUSE TREATMENT PROGRAMS IN CORRECTIONS: AN INTEGRATED APPROACH

by

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DEDICATION

This is dedicated to my grandmother, Chris; father, Thomas; mother, Lauren; sister, Erin; and brother, Patrick for their never ending support and encouragement in my academic pursuits.

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I would like to thank my dissertation chair, Faye S. Taxman, for her guidance and assistance throughout this process. I would also like to thank my fellow graduate students, especially Stephanie Maas, for helping me think through my research project and offering suggestions. Finally, I greatly appreciate the support of my many relatives, friends, and colleagues.

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ABSTRACT

SUBSTANCE ABUSE TREATMENT PROGRAMS IN CORRECTIONS: AN INTEGRATED APPROACH

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Nearly 70 percent of the offender population has a problem with substance abuse. Treatment is an important component for those individuals who struggle with substance abuse, not only to help with their addiction but also to decrease future recidivism. Despite the promising nature of research on drug abuse treatment, many offenders are not able to obtain the appropriate treatment services. In addition to the concern over lack of relevant services, there are also barriers to implementing effective treatment programs that serve the needs of the offender population. Integrated services between correctional and public health treatment agencies are recommended to improve the overall efficiency and effectiveness of the justice system while positively impacting offenders to achieve a break from the cycle of incarceration.

This study examined factors that predict integration of services among a survey of correctional administrators. Competing values theory was the framework for this analysis

due to the varying decisions criminal justice administrators face about the type of correctional programs to offer and how to integrate services with other organizations or agencies, including substance abuse treatment. A tension exists between punishing offenders and providing offenders with treatment programs, depending on administrators' views regarding the goal of corrections. Regression models tested the hypotheses about factors that affect integrated services. Organizational factors, personal characteristics of administrators, and structural factors were used to examine the degree to which services are integrated, and were found to be statistically significant. In a series of separate models examining the impact of each independent variable on integration, there were statistically significant findings for organizational culture and beliefs about crime and punishment on level of integration of services. In the multivariate models, organizational factors, personal characteristics of criminal justice administrators, and structural factors combined to result in the greatest percentage of explanation of integration of services. Despite significant findings in both the individual and nested models, the independent variables predicted small percentages of the dependent variable (1.1 percent for organizational culture, 1.3 percent for rehabilitative beliefs, 1.7 percent for traditional sanctions, and 16.9 percent when combining all three sets of independent variables), indicating that there are many other factors impacting service integration not tested in the current study. The research has policy implications due to the recent passage of the Affordable Care Act and the subsequent move towards a health care system that provides coverage for offenders released from prison and those under community corrections. Having access to health care may help offenders obtain needed substance abuse treatment services. From a

theoretical perspective, the study contributes to the literature in the field by using competing values theory at the level of the individual worker (criminal justice administrator). Future research should examine other factors impacting integration, such as resource availability, facility location, and barriers to treatment within the organization.

CHAPTER ONE: INTRODUCTION

Nearly 20 percent of the adult population has experience with the correctional system at some time in their lives. At the end of 2010, 7.1 million adults in the U.S. were under correctional supervision (Bureau of Justice Statistics, Retrieved on 1 September 2012). Seven out of ten of these adults were under community corrections (probation and parole), while three in ten were incarcerated. Many juveniles were also incarcerated at year-end 2010, with 2, 295 youth in state prisons (Bureau of Justice Statistics, Retrieved on 1 September 2012).

The existence of substance abuse and addiction across the correctional population is widespread. In 2004, 53 percent of state inmates and 45 percent of federal inmates reported that they abused drugs or were dependent on drugs sometime within the year before they were sent to prison. One out of every six inmates in state prisons committed the offense that resulted in their incarceration to get money to buy drugs (Bureau of Justice Statistics, Retrieved on 1 September 2012). The "War on Drugs" that began with the Reagan administration in the 1980s escalated the use of prison for drug related offenses as the government decided to tackle this social problem by taking a criminal justice approach to it (locking up drug users). The federal government spent nearly 18 billion on America's drug problem in 2000; however enforcement related efforts received the majority of the funding, as opposed to treatment programs (Lock, Timberlake, &

Rasinski, 2002). There is a revolving door for drug-involved offenders where they are incarcerated, released into the community, and then end up back in prison. Substance abuse addiction often plays a role in this vicious cycle, which is one reason why integrating services is of interest (Harrison, 2001). Prison staff must cope with the issues of drug dependence and addiction along with other concerns about how to manage the correctional population, such as keeping offenders safe and occupying their time (Cole & Smith, 2011). The current research explores the topic of substance abuse programs through an examination of level of integration of services offered between treatment and correctional agencies where the two organizations work together to provide substance abuse treatment to offenders. The concept is an essential one as it can lead to decreased substance abuse and recidivism for offenders in the future (Taxman, 1998; Thanner & Taxman, 2003). The study examines the impact of organizational factors, criminal justice administrators' views on crime reduction and punishment, and correctional agency structural factors on the level of integration of services. Structural factors refer to the structure of the organization itself, such as its size, funding level, and programs offered. Competing values theory (Cameron et al. 2003) is the framework for the research as correctional agencies face value decisions regarding the types of treatment services to offer offenders and whether or not to integrate with treatment agencies. The research contributes to the literature on competing values theory and its application in the field of criminology. Moreover, there are policy implications because of the passage of the 2010 Affordable Care Act and its goal of integrated service delivery ("Building Healthier Communities by Investing in Prevention," 2011). The main goal of the ACA is providing

quality and affordable health care to all Americans, including those under the correctional population or those that have had limited access to health care in the past. Many offenders will receive health care for the first time which expands the access to substance abuse treatment programs (Cuellar & Cheema, 2012). By obtaining needed treatment services, offenders may be able to break free of the cycle of incarceration through this seamless system of care.

CHAPTER TWO: SUBSTANCE ABUSE TREATMENT, INTEGRATED SERVICES, AND THE AFFORDABLE CARE ACT

There is a challenge providing substance abuse treatment services to offenders because there are questions about which agency should take the lead (or all of the responsibility) in providing services and which programs have priority. Substance abuse treatment agencies typically have the expertise, yet criminal justice agencies have the access to clients because so many individuals under the purview of the correctional system have problems with substance abuse and/or addiction (Belenko & Peugh, 2005). Substance abuse treatment and correctional services have a lot to gain by integrating services (Fletcher et al., 2009). Service integration could result in a unified treatment plan where correctional and treatment agencies jointly address assessment, placement into programs, and compliance. Other benefits of service integration include decreased substance abuse and recidivism of the offender. Aligning the agencies' goals to focus on the reduction of recidivism will bring the organizations together with a clear and measurable outcome that can unify all players involved. It could lead to overall efficiencies as two organizations would no longer spend time separately conducting the same activities with the identical goal of helping the offender address their addiction and abuse issues. Society has an interest in seeing that these services are fully integrated as the costs of addiction and crime are high. The Affordable Care Act (ACA) is timely given its recent passage in 2010 and relates to the current study because integrated service

delivery is one of its goals. Under the ACA, many offenders will receive health care for the first time. For offenders struggling with substance abuse, this may result in them gaining access to treatment programs, which could lead to decreased future recidivism.

Literature on Substance Abuse Treatment

Treatment is important for those individuals who struggle with substance abuse. While offenders are forced into abstinence when they are incarcerated, they need treatment to recover and stay clean when they eventually re-enter the community (McCarty & Chandler, 2009). Research on the effectiveness of drug abuse treatment is promising. Prendergast, Podus, Chang, and Urada (2002) conducted a meta analysis of 78 studies of drug treatment in outpatient settings between 1965 and 1996. The studies all contained a comparison and a treatment group. The results showed the importance of drug abuse treatment in reducing both crime and future drug use. Aftercare, or maintaining a continuum of care, is very important for offenders after release into the community. Offenders may face the same pressures and triggers that led them to addiction and fall into old patterns. Aftercare provides offenders with support, not only with substance abuse but also with employment, housing, and other needs (Prendergast et al., 2002). Harrison (2001) found that offenders who participated in six months of aftercare had the greatest opportunity to be successful across all outcomes. Hiller, Knight, and Simpson (1999) discovered positive findings for an in prison therapeutic community followed by aftercare in the community. The treatment plan reduced recidivism rates and increased the amount of time before an offender was arrested again compared with an untreated comparison group. The implications of these research findings in terms of what

should occur in prison and/or probation and parole settings is the use of certain key treatment programs followed by aftercare to fight substance abuse and reduce recidivism.

Despite the promising nature of drug abuse treatment research, many offenders are not able to obtain the daily services they need. Belenko and Peugh (2005) estimated that one third of male inmates and more than half of female inmates need long term residential treatment. Despite this great demand, there is a large gap between services available and the need for services. "Treatment capacity in state prisons is quite inadequate relative to need, and improvements in assessment, treatment matching, and inmate incentives are needed to conserve resources and facilitate inmate access to different levels of care" (Belenko & Peugh, 2005, p. 269). Similarly, Taxman, Perdoni, and Harrison (2007) found that 74 percent of prisons, jails, and correctional agencies provide substance abuse treatment through remedial education and programs, such as intensive supervision, vocational education, and work release. While the percentage is high, they found that less than 25 percent of incarcerated offenders and less than 10 percent of those under the control of community correctional agencies have daily access to treatment services. It is important to note that the majority of services available are for drug treatment without a clinical component, meaning offenders receive treatment plans that do not use an evidenced based approach, or include therapeutic components. Taxman et al. (2007) highlighted the concern that available treatment services may not be sufficient for the population served.

In addition to the concern over lack of relevant services, there are also barriers to implementing effective treatment programs. If these challenges are unknown or ignored,

it could lead to an erroneous conclusion that the drug treatment program is not effective. Making this assumption could lead to fewer programs or correctional actors that do not buy into the programs. Farabee, Prendergast, Cartier, Wexler, Knight, and Anglin (1999) compiled a list of barriers to effective programs, many of which directly tie to implementation issues. They are: (1) client identification, assessment, and referral; (2) recruitment and training of treatment staff; (3) redeployment of correctional staff; (4) overreliance on institutional versus therapeutic sanctions; (5) aftercare; and (6) coercion. Client identification issues involve placing offenders into programs that do not suit them. Instead, clients should be assessed and then matched to programs based on their own needs. Also of importance is the use of risk and responsivity in order to properly classify offenders based on their risk. The tool then assigns offenders to the correct level of treatment and learning style based on that assessment (Thanner & Taxman, 2003; Andrews & Bonta, 2010). Correctional facilities face difficulties finding qualified treatment staff. In addition, staff turnover disrupts the continuity of the program, especially if it is in its early stages. Many treatment programs use strategies involving peer influence and treatment culture as opposed to more evidenced based therapeutic approaches. Aftercare with parolees face challenges when the services are strictly voluntary. As a result, offenders miss an important stage of the treatment process as they integrate back into the community. Finally, the long-term effects of coercing treatment (as opposed to allowing it to be voluntary) are still unknown. Treatment staff need to take into consideration all of these challenges as they build their own programs (Farabee et al., 1999).

Another potential issue is varying views among staff as the best way to provide substance abuse treatment. Forman, Bovasso, and Woody (2001) found that 82 percent of staff strongly support 12 step approaches and 84 percent strongly support spirituality as an approach. The research community does not significantly support these approaches as evidenced based (Forman et al., 2001; McCarty et al., 2007). Staff also greatly differed on the usefulness of medications to treat addictions and the use of confrontational approaches as an aspect of the treatment program (Forman et. al, 2001).

"Because the criminal justice system deals with a large proportion of chronic drug abusers, the criminal justice system is an ideal place to organize and provide needed drug treatment services" (Harrison, 2001, p. 464). Although criminal justice agencies are not service providers, they have the population who needs substance abuse treatment and therefore should integrate services with treatment providers. Substance abuse is a disorder of the entire person: Offenders struggling with substance abuse are more likely to be from a poor family, have a mental illness, and lack a high school degree. Additionally, substance abusers often received welfare growing up, had a substance using parent or caregiver, and experienced physical or sexual abuse (Harrison, 2001). Belenko and Peugh (2005) drew a parallel conclusion from their study, "The preceding analyses clearly point to high rates of prior drug involvement among incarcerated populations, linked to high prevalence of drug-related behavioral consequences, and other social and health problems" (p. 277). Integration of services provides an opportunity to address the multiple needs of offenders struggling with substance abuse.

Integrated Services

"Human services integration (SI) initiatives are, by their nature, complex approaches to service provision. They consist of multiple partners, operate along numerous dimensions and at various levels of intensity, and encompass a variety of components, structures and designs" (Konrad, 1996, p. 5). Two or more groups or organizations can link together to provide better services for people who need them. Nonintegrated services include programs with their own legislation, rules, and specifications, with no connection to other programs. Lack of service integration creates issues for clients receiving the services because they are often inefficient, unresponsive, repetitive, and do not focus on the clients' needs first (Konrad, 1996).

The interest in integrated services began in the 1970s with the Department of Health, Education, and Welfare's initiative to integrate early education and child-care services for children. In the 1980s, integrated services assisted people become socially and economically self-sufficient by targeting specific groups needing public assistance. From the 1990s to the present, this concept took shape in the form of services for families and at risk youth, which included the creation of mental health and employment centers. Many programs focus on schools as teachers face difficulties teaching and positively impacting children when they have problems at home. This resulted in collaborations among schools, state and local governments, and community agencies. The U.S. Department of Education and the American Educational Research Association held a conference on linking services for children and families in the mid 1990s (Konrad, 1996). Similarly the Law Enforcement Assistance Administration (LEAA) sponsored treatment

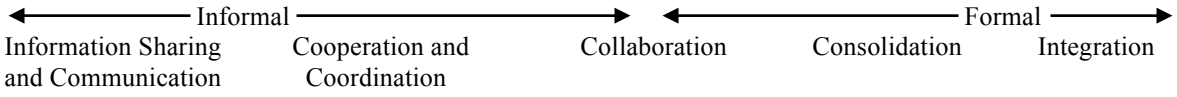
integration through special case management services (Treatment Alternatives to Street Crime) in the 1970s which bridges justice and community health services.

Integrated service delivery is currently of policy interest because of the passage of the Affordable Health Care Act (link to the ACA: http://housedocs.house.gov/energycommerce/ppacacon.pdf). An example of what service integration looks like within the ACA is community health teams that work together to decrease costs and improve outcomes. The teams collaborate and integrate to provide physical and mental health services to those in need (Bainbridge, 2012). Another example is patient-centered medical homes for people with chronic conditions. "The patient-centered medical home is a way of organizing primary care that emphasizes care coordination and communication to transform primary care into 'what patients want it to be.' Medical homes can lead to higher quality and lower costs, and can improve patients' and providers' experience of care" ("Patient Centered Medical Home Recognition," 2014). The medical homes can increase their effectiveness if they communicate and work together with mental health and substance abuse treatment providers in providing integrated care (Cuellar & Cheema, 2012). "Ideally, these medical homes will coordinate with corrections and probation officers to help former prisoners with benefit enrollment, continuity of treatment from prison to community, and understanding probation terms and court orders" (Cuellar & Cheema, 2012, p. 936). The relevant aspects of the Act and its impact on correctional agencies are described in depth later in the chapter.

Integration is just one dimension on a continuum to describe how agencies work together. The item is from Konrad's (1996) article entitled *A Framework for*

Conceptualizing Integration Initiatives and displays the continuum ranging from informal to formal levels of integration. "At their most informal, activities are less likely to be guided by established agreements, protocols, or procedures, and are likely to occur infrequently or on an as-needed basis. The most formal relationships are governed by officially sanctioned, comprehensive written agreements or documents that clearly specify rules and boundaries" (Konrad, 1996, p. 9).

Intensity of Integration Continuum



According to Konrad's model, different facets contribute to integration:

1. Information sharing consists of the sharing of information about programs, services, and clients among two or more organizations.
2. Cooperation and coordination is the beginning of some level of structured networks where agencies come together to improve procedures or structures so that programs can be more effective.
3. Collaboration can include dimensions of both informality (information sharing and communication as well as cooperation and coordination) and formality (consolidation and integration), which is why it is placed in the center of the continuum. Autonomous, separate agencies work toward a shared goal or outcome. Each agency is seen as an equal in the process.

4. In the area of consolidation, there is one unified leader with line authority over separate divisions. There is a great deal of collaboration, coordination, cooperation, and information sharing and communication.
5. The final dimension on the continuum is integration and is of greatest interest for this study. “A fully integrated activity or system has a single authority, is comprehensive in scope, operates collectively, addresses client needs in an individualized fashion, and is multipurpose and cross-cutting” (Konrad, 1996, p. 11).

A number of factors impact the continuum and thus the level of integration between two organizations. Konrad (1996) described them as different dimensions within the concept of service integration, “In surveying myriad SI projects that have developed in recent years, the various models and approaches that have been designed, and the general literature on SI initiatives, it is clear that any such initiative has a number of dimensions on which the level of integration may vary in its nature and intensity” (p. 12). Some of the dimensions include: partners (which organizations are involved), target population (the intended users of programs and services), goals (what is desired to be accomplished), program policy and legislation (regulations that must be followed, the basis for programs), governance and authority for the service integration initiative (the responsible party, the decision maker), service delivery system or model (the way that services are structured and delivered), stakeholders (their level of involvement), planning and budgeting (the way that resources are obtained and allocated), financing (available funding), outcomes and accountability (how performance and success is defined and

measured), licensing and contracting (procurement of materials), and information systems and data management (how data is used, recorded, and distributed) (Konrad, 1996). Each of the dimensions in the list can occur at different places along the continuum and include aspects of both informality and formality. The dimensions most relevant to the current study are partners (as agencies must work together to achieve service integration), goals (as this relates to whether or not correctional agencies want to include treatment services as part of their programming), authority (displayed in leadership, which is one of the organizational variables included in the study), and the service delivery model (as the way that services are integrated may affect levels of integration).

For this study, the level of integration of services is between substance abuse treatment and correctional agencies. The desire to integrate these two organizations began in the 1930s with the treatment of heroin addiction and now includes partnerships like Treatment Alternatives to Street Crime, rehabilitation supervision, drug treatment courts, and prison-based treatment programs (Fletcher et al., 2009). It is possible that the integration of these services could increase the efficiency and effectiveness of the systems, make it easier for offenders re-entering into the community, and facilitate an easier transition from correctional to community substance abuse treatment (Lehman et al., 2009). Integration of services is important because substance abuse tends to have root causes that also need addressing for the offender to more fully recover. Additional services are often necessary because of the psychosocial and medical needs facing offenders, which might interfere with their ability to complete and have success in the

treatment program. Therefore, it is important to address their overall needs as well (Durkin, 2002).

The seamless system approach refers to an integrated treatment plan for the offender where treatment and criminal justice agencies work together to provide services (Taxman, 1998). "The seamless system model develops a service delivery system between the treatment and criminal justice agencies with umbrella policies and practices at each decision making point: Assessment, placement, compliance, transition to continued treatment, and discharge" (Thanner & Taxman, 2003, p. 140). Collaboration of substance abuse treatment providers and criminal justice personnel is key to improving offender outcomes. They should work together as a team on conducting assessments, testing, creating a treatment plan, and developing sanctions and rewards. The process increases communication and eliminates concerns over confidentiality that can become a barrier if not addressed up front. Drug tests can then become a regular tool for both organizations that is based on biological data and does not rely on the offender self-reporting drug use. Reducing the likelihood of the offender recidivating should be the primary goal of substance abuse treatment. Taxman (1998) explained the concept, "The emphasis on recidivism reduction brings the systems into alignment, requires each to rethink operations and priorities for the agencies individually and jointly, and reallocates resources accordingly" (p. 114). Behavioral contracts can also be implemented in order to tie together the three players (treatment provider, criminal justice actor, and offender). Outlining the role of each player serves as a way for everyone to take responsibility for his or her part in the seamless system approach. Criminal justice supervision can play an

important role in overall treatment, such as by conducting drug testing, making sure the offender shows up for face-to-face meetings, and ensuring the offender is completing community service. Sanctions should be clearly outlined, swift, certain, and become incrementally severe based on the non-compliant behavior displayed. Positive behavior should be equally recognized and rewarded in a similar manner (Taxman, 1998). The benefits to all involved are clear when treatment providers and criminal justice actors work together.

Friedmann, Taxman, and Henderson's (2007) study entitled, *"Evidence-based treatment practices for drug-involved adults in the criminal justice system"* is another example of what integrated services looks like between criminal justice and treatment agencies. The focus of this study was to gain an understanding of the factors that lead criminal justice and treatment agencies to offer evidence based substance abuse treatment practices. The study used open systems theory, which views an organization's institutional and external environment as components that have an effect on structure and processes. Data for the analysis came from the National Criminal Justice Treatment Practices Survey. Various questions in the survey dealt with use of EBPs and included use of a standardized risk assessment, techniques to engage and retain clients in treatment, and cognitive behavioral approaches. The majority of the programs offered less than 60 percent of EBPs to substance abusing offenders. The results suggest that there is room for improvement in the use of EBPs in providing these services to offenders. "Nonetheless, these findings suggest features of offender treatment organizations more likely to be ready to accept EBPs: large, accredited, network-

connected, community programs with a performance-oriented, nonpunitive culture, training resources, and an administrator who has a background in human services, high regard for the importance of substance abuse treatment, and an understanding of EBPs" (Friedmann et al., 2007). Correctional and treatment agencies should integrate in order to provide drug treatment services with an evidenced based approach.

In addition, Lehman, Fletcher, Wexler, and Melnick (2009) examined the connection between organizational factors and collaboration on integration of services in criminal justice and drug abuse treatment agencies, using data from the National Criminal Justice Treatment Practices Survey. The researchers found that level of collaboration and integration varied by setting, with jails and community corrections having higher levels of integration than prisons. Size of the organization and having more specialized services resulted in more formal collaboration and integration. Also, agencies with substantial collaboration and integration offered more drug abuse treatment services.

Of particular interest to the current research is the work of Fletcher and colleagues (2009) in an article entitled *Measuring Collaboration and Integration Activities in Criminal Justice and Substance Abuse Treatment Agencies.* The researchers used criminal justice administrator data from the National Criminal Justice Treatment Practices Survey. The researchers tested a measure of integration to understand how it aligned with Konrad's model, described above. The dependent variable examined integration between substance abuse treatment providers and criminal justice agencies (prisons, community corrections, and the judiciary). The measure is the same one used to operationalize the dependent variable in the current study. Fletcher et al (2009) conducted

a factor analysis and found support for the model outlined by Konrad. The level of participation in the activities measured supports a "hierarchical systems integration concept" (p. S62). Overall, administrators were more likely to engage in less structured, less formal activities such as sharing information, networking, and coordinating services as opposed to more formal activities like exchanging funding or developing procedural manuals together (Fletcher et al., 2009). More informal integration (as opposed to formal) along Konrad's continuum was reported in this study. Fletcher and colleagues (2009) concluded that, "the overall systems integration index is a measure that can be used for further study to examine organizational antecedents to systems integration as well as outcomes of systems integration" (p. S62).

It is also important to note the possibility that services may be contracted out and private prisons may offer services differently from public (state or federally run) prisons. "Given a decision to provide a service, the government must decide whether the service shall be provided internally (in house), jointly (public employees plus contracting out), or externally (contracting out)" (Ferris & Graddy, 1986). Because of the boom in the number of prisons due to the increasing size of the correctional population, private prisons emerged. "Governments contract out government responsibilities to private corporations, attempting to have private entities perform a public function while still holding these corporations publicly accountable" (Gran & Henry, 2007, p. 173). Harding (2001) described this relationship as that of "purchaser-provider" where the public sector needs certain services and the private sector purchases and then provides them. Prisoners are still under the control of the state or federal system, even when provided with public

sector services. Some of the issues with contracting out services include inadequately trained staff, quality on the job training, and staff turnover (Gran & Henry, 2007). Even in public prisons, there may be contracted services, such as vendors that have contracts with correctional agencies. Taxman and Henderson (2009) highlighted why this issue matters, "Often, agencies blend the internal and external staff without attending to the issues of goal cohesion, seamless procedures, or supervisory controls of the staff. When there is a mix of staff, the overlapping agencies involved in the delivery of services in correctional settings affect functionality due to unclear roles, areas of responsibility, and converging missions" (p. S3). The future of private prisons and contracting out for treatment services depends on whether accountability can be maintained and the ability of the private sector to deliver quality programs and services at a lower cost (Harding, 2001). The government is essentially giving up a degree of control by contracting out services and must ultimately decide if it is worth it (Ferris & Graddy, 1986). Contracting out of services, either completely or partially, in corrections may impact the likelihood that certain agencies will integrate their services.

Integrating services between correctional and treatment agencies are beneficial for both the organizations and offenders under their control. Organizations can increase their efficiency and effectiveness by working together to accomplish the same goals (assisting the offender with substance abuse and decreasing future recidivism). Integration is also important in addressing the multiple needs of the offender, which overlap between the two agencies. Finally, service integration is desirable to provide the offender with a

seamless system of care. For these reasons, it is in the interest of correctional agencies to work with treatment agencies and ultimately integrate their services.

The Affordable Care Act

Passage of Health Care Laws

Since 2006, three health laws passed that impact the health insurance coverage of offenders: the 2006 Mental Health Parity and Addiction Equity Act, the 2007 Second Chance Act, and the 2010 Affordable Health Care Act. The Mental Health and Parity and Addiction Equity Act focuses specifically on coverage of mental health and substance abuse treatment services as part of all health insurance plans. The Act decreases significant financial concerns for people needing mental health and substance abuse treatment. The components of the Act are especially important for the correctional population as offenders have high rates of both mental health and substance abuse issues (Cuellar & Cheema, 2012).

The Second Chance Act includes a provision for the federal government to give 100 million dollars to state, local and community organizations to provide quality and positive reentry processes and programming for offenders. The Act promotes community-based correctional facilities where incarcerated offenders begin to find employment and treatment services prior to release into the community. With the provided grant funding and planning, states can examine ways to improve reentry, including finding offenders employment and assisting offenders find health care providers (Cuellar & Cheema, 2012).

The 2010 Affordable Health Care Act is of greatest interest to the current research given its recent passage and intended impact to all Americans (link to the Act: http://housedocs.house.gov/energycommerce/ppacacon.pdf). The ACA set goals to integrate service delivery and takes a comprehensive approach to health insurance reform, with a focus on prevention, early detection, management of care, and promotion of healthy living across the country with the end goal of decreasing cost and increasing quality of care. "Through the Prevention and Public Health Fund, the Affordable Care Act works to address factors that influence our health – housing, education, transportation, the availability of quality affordable food and conditions in the workplace, and the environment. By concentrating on the causes of chronic disease, the Affordable Care Act helps move the nation from a focus on sickness and disease to one based on wellness and prevention" ("Building Healthier Communities by Investing in Prevention", 2011).

The Act seeks to provide quality and affordable health care to all, including the previously uninsured who are typically men of low socioeconomic status. The Act also impacts offenders. "Offenders returning to the community will be affected by the Act in several ways: through mandates to obtain health insurance; through the existence of insurance exchanges in which low-income people will be able to receive federal tax credits to reduce the cost of purchasing mandatory coverage; and through the expansion of Medicaid" (Cuellar & Cheema, 2012, p.934). Cuellar and Cheema (2012) estimated that as many as 245,000 former inmates will enroll in Medicaid each year after reentering the community. An enormous number of people will have access to health care for the

first time. For corrections, it is very promising as offenders should be able to receive needed health and substance abuse treatment services, leading to possible reductions in recidivism.

Benefits of the ACA

One benefit of the ACA is a streamlined health insurance enrollment process. A single application determines eligibility for health insurance plans. An easy process of determining eligibility is important for all and particularly so for offenders, as they may not have the skills or education level to fill out numerous forms or navigate a difficult and burdensome enrollment process. The Act requires outreach for vulnerable populations to assist them with enrollment, which likely will include correctional populations (Bainbridge, 2012).

Another possible benefit of the Act is the reduction of health and racial disparities related to health care access. Many inmates under correctional control are in poor health due to chronic medical conditions, mental health issues, and damage from substance abuse. When compared with the population of the country as a whole, prisoners have higher rates of hypertension, asthma, and arthritis (Cuellar & Cheema, 2012). Prisoners are also more likely to have an infectious disease. After release, former inmates have high mortality rates due to homicides, suicides, drug overdoses, and cardiovascular disease (Cuellar & Cheema, 2012; Binswanger et al., 2012). "This creates a public health imperative to treat former inmates, both to prevent the spread of disease and to reduce harm, which can include crime and family violence that arises from substance abuse" (Cuellar & Cheema, 2012, p. 932). Additionally, African Americans and other minorities

are at increased risk for serious health problems when compared with whites. The disparity is due to a combination of individual (drug use, genes) and societal (low socioeconomic status, living below the poverty line) factors (Phillips, 2012). Minorities are less likely to have had health care insurance coverage in the past. The changes in health care with the passage of the ACA will hopefully result in minorities gaining needed physical and mental health treatment to hopefully reduce the disparity. In the future, offenders will likely be in better health when they enter correctional facilities because of their access to health care, which may reduce health care costs within facilities (Phillips, 2012).

There may be a connection between having health insurance and decreased drug use and recidivism. Freudenberg et al., (2005) studied adult women and adolescent men after they were released from New York City jails. The study subjects were out of jail for one year when they participated in the research. Having health insurance after release provided protection against recidivism and substance abuse. The findings are similar to the results discussed previously regarding the importance of substance abuse treatment followed by aftercare in the community (Prendergast et al., 2002; Harrison, 2001; Hiller et al., 1999). Offenders with access to health care may be able to afford and seek substance abuse treatment in ways not possible in the past.

Impact of ACA to the Correctional System

Offenders under correctional control have more substance abuse disorders than the general population (Bureau of Justice Statistics, 2010). Correctional agencies are being asked to find ways to manage offenders, provide them with services, and decrease

the overall correctional population. Correctional agencies should integrate their services with treatment providers, to include health care, because it can lead to the following: decreased drug use and recidivism, enhanced public safety, a seamless system of care for the offender, efficiencies, and cost savings. Benefits also include a healthier incarcerated population and a reduction in the number of individuals under the correctional system. In addition to the practical reasons why correctional agencies should want to integrate services, there is another reason: Correctional agencies have an ethical responsibility to help this disadvantaged population get healthy and find needed substance abuse treatment services (Freudenberg et al., 2005).

CHAPTER THREE: ORGANIZATIONAL FACTORS OF TREATMENT AND CORRECTIONAL AGENCIES AND COMPETING VALUES

The literature base regarding the impact of how organizational variables affect the delivery of drug treatment services and programs to offenders is growing. It is an important area to continue to explore as organizational factors may influence the services provided in organizations. Grella and colleagues (2007) described their importance, "This research is a necessary precondition to understanding how various organizational characteristics and treatment approaches are associated with offender outcomes following their release to the community, namely, recidivism and drug use" (p. 292). For those reasons, the current study included organizational variables. Climate, culture, commitment, leadership, and cynicism for change were the organizational variables examined in this research. What are the impacts of an open climate and culture, committed employees, transformational leaders, and those open to change on level of service integration? The current research sought to explore that question. In addition, the study hoped to fill the gap in the literature on a possible link between organizational variables, how criminal justice administrators view punishment and crime reduction, structural factors and the level of integration of services.

Competing values theory is the theoretical framework for this research because it proposes that there are struggles and tensions that treatment providers and criminal justice administrators face as they provide substance abuse treatment to offenders. The

framework outlines four main competing values: Collaborate (do things together), create (do things first), control (do things right) and compete (do things fast). Both groups of workers face decisions about the type of programs to offer, the best way to manage offenders, and the degree to which the services are integrated with the other agency. Based on the literature, integration of services may become realized if both organizations place an emphasis on the collaboration value. The competing values model is also useful because values are an important component of both organizational factors and criminal justice administrators' crime and punishment views.

Organizational Factors

Organizational factors are an important component of this research because the way that an organization functions and handles its responsibilities has the potential to impact the level of integration of services with another agency. The organizational variables included in this study are: organizational climate, organizational culture, organizational commitment, leadership, and cynicism for change. Each is discussed in detail below, including examples from the literature. It is important to develop an understanding of these variables to determine the degree to which they may have an impact, positive or negative, on the outcomes. The goal is to learn about these variables to determine their relevance to the concepts of integration or competing values.

Organizational Climate

Organizational climate is similar to organizational culture in some ways due to the component of shared values and beliefs. Hemmelgarn, Glisson, and James (2006) defined organizational climate as something that "exists when psychological climate perceptions

are shared among workers within a particular work unit" with psychological climate being "the individual employee's perception of the psychological impact of the work environment on his or her own well being" (p. 77 & 78). Psychological climate is therefore at the level of the individual worker. Climate can also be defined as "the perceived representation of the organization's goals and the means and ways adopted for goal attainment" (Vardi, 2001, p.327). Neumann (1979) emphasized that the definition focuses on perceptions as opposed to attributes. The three areas most often discussed in regard to organizational climate are perceived power structure, assessment or rewards, and perceived organizational goals (Neumann, 1979). Topics involving organizational climate include burnout, job involvement, work performance, and employee satisfaction.

Hemmelgarn et. al (2006) articulated the importance of climate especially for human service provides, "If a work environment is nonsupportive, impersonal, and stressful, employees' interactions with those who receive their services will reflect the lack of support, impersonality, and stress that employees perceive in their work environment" (p. 78). On the other hand, when employees are part of a positive climate, individuals receiving their services benefit as well. Vardi (2001) discussed the tie of the organizational climate to the ethical climate, where workers form beliefs about proper behavior within the organization. Ethical climate is important because it relates to misbehavior amongst employees. Positive climates offer emotional support and comfort as well as a fair rewards system, which some employees may come to expect within their organization. Not only do employees feel more satisfied with their organization as a result but they also may perform their job duties more effectively (Vardi, 2001).

Finney, Stergiopoulous, Hensel, Bonato, and Dewa (2013) conducted a systematic review (including eight studies) to understand the factors affecting correctional officers' job stress and burnout, which are particularly prevalent in their workplace because of their vast responsibilities: keeping the facility and inmates safe and secure, preventing recidivism, and assisting offenders with rehabilitation. Finney et al. highlighted the importance of this subject, "Workplace stress and burnout among CO's can lead to unsafe correctional facilities, high turnover rates, high absenteeism, lower productivity and decreased effectiveness in the workplace as well as negative personal and social outcomes like decreased life satisfaction and work-family conflict" (p. 9). Stressors in the tested category of organizational structure and climate included organizational support, organizational justice, organizational climate, and administrative strengths. The study found that organizational structure and climate most consistently related to job stress and burnout. The recommendation was to improve communication between management and correctional officers (Finney et al., 2013).

Organizational climate is also linked to adoption of innovation in the use of substance abuse treatment programs. Simpson, Joe, and Rowan-Szal (2007) conducted a study of close to 60 treatment programs over the course of two years to gain an understanding of the process of innovation and their adoption. Clinical supervisors, counseling staff, and clients of substance abuse treatment programs comprised the population of the study. Simpson et al. (2007) defined organizational climate as clarity of mission, cohesion, and openness to change. The definition is closest to the definition of organizational climate used in the survey for the current study. A stronger organizational

climate resulted in an increased likelihood of innovation adoption. In summary, the literature indicates that organizational climate is important because of its impact on organizational members' satisfaction, stress level, and willingness to change.

Organizational Culture

Organizational culture is the 'way things are done around here' and includes the norms, beliefs, and expectations that exist in a particular organization (Hemmelgarn et al., 2006). Schein (2004) formally defined culture as "a pattern of shared basic assumptions that was learned by a group as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems." Culture is not static and unchanging; instead it is dynamic and becomes altered as values and norms within the population change or are affected by factors, such as the environment (Hall & Tolbert, 2005).

Organizational members socialize its population to behave in ways acceptable to the culture and reward individuals when their behavior falls in line with these expectations. Social learning theory explains how members observe their peers and learn from them. Members also develop schemas in their minds that serve as reminders of the culture (Hemmelgarn et. al., 2006). Managers and leaders should know what is in the hearts and minds of individuals within the organization to benefit the organization. Once employees begin to internalize the organization's values as their own, there is no longer a need to try to control the employees or force them into a certain way of thinking and behaving (Kunda, 1992).

The concept of culture is closely tied to leadership, which is another topic discussed in greater detail below. Schein (2004) described culture as beginning with leadership as one leader places his/her own values and beliefs upon the organization. If success follows, than those values and beliefs become part of the organization's culture. As the organization encounters difficulties or stresses, leadership is vital in developing new ways of functioning and leading a change process if necessary. Of course, for leaders to thrive they must know and develop the organization's culture.

In *Asylums*, Goffman (1961) described the lives of individuals in "total institutions;" one is a prison. Total institutions are characterized by strict rules, being in close quarters with other members of the institution, and not being allowed to leave. Goffman provided an example of organizational culture from the perspective of the prison inmate. The needs of the inmate are secondary to that of the institution (prison) and prison management's need to manage a great quantity of people. Prisoners are assigned a number for these purposes and may become to see themselves as that number (as part of the institution) as opposed to an individual. Goffman explained, "Thus, if an inmate's stay is long, what has been called "disculturation" may occur-that is an "untraining" which renders him temporarily incapable of managing certain features of daily life on the outside, if and when he gets back to it" (p. 13). Goffman's work highlights staff challenges working with offenders as well as the challenges that inmates face when they leave. It emphasizes the need for effective aftercare and treatment programs.

Organizational Commitment

Organizational commitment is defined as "employees' interest in and connection to an organization" (Valentine, Godkin & Lucero, 2002, p. 351). Employees who are committed to their organizations often believe in and share its goals and thus want to remain there. Therefore, individuals as well as the organization itself experience positive outcomes when commitment is high. Some of the benefits include greater employee satisfaction and morale, better performance, less turnover of employees, and less absenteeism (Valetine et al., 2002). The topic is so widely studied because of its connection to job performance (Fiorito, Bozeman, Young, & Meurs, 2007). More specifically, organizational commitment examines commitment to the organization, supervisors, work groups, unions, etc. (Hunt & Morgan, 1994). Ethical concerns are positively associated with commitment (Valentine et al., 2002). Organizational commitment is also linked with trust, communication, and employee focus (Watson & Papamarcos, 2002).

A stressful correctional setting and environment may result in staff turnover, which is one reason why commitment to the organization is so important (Finney et al., 2013). Organizational commitment in a correctional setting is correlated with the concept of perceived sense of justice by employees, which includes both procedural (fair decision making process) and distributive (outcome of the process) justice (Taxman & Gordon, 2009). Positive work environments occurred when employees felt a sense of equity, influenced by a strong organizational commitment, acceptance of change, and an understanding of the goals of the organization (Taxman & Gordon, 2009).

Roman, Ducharme, and Knudsen (2006) used data from the National Treatment Center Study to examine the organizational context of providing treatment in private and public substance abuse treatment programs. The study found that employees reporting stronger organizational commitment were less likely to leave the organization. Management practices that increased commitment to the organization were job autonomy, supporting creativity, and monetary and non-monetary rewards for performance. The findings highlight the importance of committed employees so that they do not leave the organization.

A drug treatment court is an example of an organization that needs employees committed to its goals. Drug courts function very differently from adversarial aspects of the criminal justice system that pit the prosecution versus the defense. Drug courts strategically place offenders in the program, use a non-adversarial approach, integrate drug treatment into the overall offender plan and sentence, regularly employ the use of drug testing, have frequent hearings with the judge, and provide drug treatment services. Proper functioning of drug courts require the commitment of the prosecutor, defense attorney, and judge to provide drug treatment services in a different way, one that will hopefully be effective for the offender (Gottfredson, Kearley, Najaka, & Rocha, 2008).

Leadership

Leadership is a popular topic due to its potential to solve or fix organizational problems (Hall & Tolbert, 2005). Leadership is "the process by which an agent induces a subordinate to behave in a desired manner" (Bennis, 1959, p. 295). Bennis (1959) then broke down this definition even further. The agent is the leader whereas the process of

getting someone to do something is power. Finally, the resulting behavior of the followers is the influence of the leader. Leaders take on a large variety of tasks, to include planning, mentoring, encouraging, thinking critically, and solving problems (Hall & Tolbert, 2005).

Leadership is not a simple concept and there is no one set of traits that make someone become a leader. Instead, many different factors impact leadership. Often, individual characteristics lend some people to become leaders over others. Charisma, communication, and likeability are some qualities important to leadership (Hall & Tolbert, 2005). Trust is a very important variable to effective leadership and can change everything. Leaders with followers who do not trust them or who are suspicious of their motives face a very hard time (Covey, 2006). Effective styles of leadership also vary depending on the situation, environment, and the organization. Some leaders may choose a participative style while others choose an authoritative style. Desired outcomes can also vary and range from morale to efficiency or both (Hall & Tolbert, 2005). The way in which leaders find themselves in a leadership position is also not standard. Leadership can come from a position (such as that of an executive), permission (people follow you although they are not obligated to do so), production (leadership that occurs when people are happy and good things are happening), people development (the ability to develop subordinates and mentees), and personhood (the result of a lifetime of successful leadership) (Maxwell, 1993).

It is important to make a couple of distinctions when discussing leadership. The first is the difference between leaders and managers. Bennis (1991) outlined the traits of

leaders (as opposed to those of managers). Leaders innovate, are original, focus on people, are their own person, inspire trust, and have a long range perspective. Anyone can take on the role of a manager and perform supervisory duties. The same cannot be said of a leader since leaders must use their personal traits, style, and knowledge to get people to follow them and their ideas. The second distinction is between transformational and transactional leadership. Rainey (2009) explained the difference. Transactional leaders focus on fulfilling others' needs to reap performance benefits. On the other hand, transformational leaders hone in on higher goals such as self- actualization that are higher up on Maslow's hierarchy of needs. Transformational leadership is powerful because it does not rely on coerciveness or control (as might be the case in transactional leadership) to find success and motivate those below them. There is an emotional and intellectual piece to transformational leadership.

A study conducted by Roman and Johnson in 2002 connected the adoption of innovative practices with leadership. Roman and Johnson used data from the National Treatment Center Study (NTCS) to examine how new treatment techniques transition from research to practice, with a specific focus on the adoption of the drug naltrexone. Due to its recent approval by the FDA in 1994, it is an innovative way to treat substance abuse from a pharmacological standpoint. The study found that leadership played a role, with centers having administrators who have been in the field the longest and counselors with a master's degree or higher more likely to use naltrexone. "The association of 'seniority status' among center administrators and centers themselves suggests opinion leadership is important in the particular adoption process, with centers looking toward the

'voice of experience' for leadership" (Roman & Johnson, 2002, p. 217). In this example, leadership brought innovation and change to an organization.

It is also imperative to understand why leadership is key to success in corrections. "Given the increasing number and diversity of offenders in the nation's correctional institutions, the challenging responsibilities being placed on correctional agencies and organizations and the complexity of the social, political, and legal climate in which they operate, it is now more vital than ever for correctional agencies/organizations to identify and train effective leaders at all levels of management, from the frontline supervisor to the head of a correctional system" (http://www.nicic.org, p.iii). The National Institute of Corrections created core leadership competencies for correctional organizations, a difficult task given the differences in size, personnel, jurisdiction, scope, and structure of correctional agencies. Despite the challenges, the following competencies put forth were: Ethics and values, interpersonal relationships, oral and written communication, motivating others, developing direct reports, managing conflict, team building, collaboration, problem solving and decision making, strategic thinking, managing change, and program planning and performance assessment (http://www.nicic.org). The list highlights what the field of corrections views as necessary leadership qualities.

Leadership is also important in understanding the roles of different actors in corrections. For example, in prisons, leaders can begin a dialogue about the roles of correctional officers and treatment staff, including task responsibility and functions. The sense of justice discussed in organizational commitment is also relevant here as leadership impacts the justice that employees feel. The leadership qualities of respect,

honesty, and keeping promises are vital to build relationships between leaders and the rest of the work force. "An interactive leader can create a positive workplace to facilitate change through the use of management techniques that involve staff in various forms of decision-making or team-based processes" (Taxman & Gordon, 2009, p. 706). Involving employees in the change process may make them more likely to buy into it and accept the new direction of leadership. Organizational change is the next concept discussed.

Cynicism for Change

Organizational change theories identify a number of different phases of the change process, which affect staff support. One theory discusses births, foundings, and formations (Hall & Tolbert, 2005). Rogers, in *The Diffusion of Innovations,* identified that organizations (not always new) often look to existing organizations for how they handle a situation or try a new idea. The innovator is referred to as early adopter, the follower as late adopter (Rogers, 2003). There also must be available resources and an environment that can sustain a new organization. The next cycle or phase is transformation and refers to the process changes organizations go through during their life cycle, including different strategies, structures, and processes. Ecological theory is relevant in the transformation phase as organizations adapt to their environment and are also selected by the environment for survival (Hall & Tolbert, 2005). The final cycle is death, where an organization does not survive and is forced to close its doors or merges into another organization. During the "decline process," organizations do not recognize early signs of decline, see the need for change but do not take any steps to change, take inappropriate action, and finally have a crisis that results in the dissolving of the

organization (Hall & Tolbert, 2005). Organizational decline and death showcase the importance of recognizing when change needs to happen and then taking the necessary steps to transform the organization.

One reason that change in organizations is difficult is because of the human factor. Individuals often do not like change and the uncertainty that comes along with it. A cynicism for change can develop when employees feel that change cannot happen, remember past failed attempts at change, or feel threatened by the new way ahead. One possible explanation as to why people may resist change or become cynical about it is because they are used to the routines they perform and regularly repeat in their organizational life (Feldman, 2003). While these routines often become second nature to many, there is also a sense of purpose and intent behind these routines as individuals look for ways of doing things that make the most sense to them based upon their own knowledge and understanding of how the organization functions (Feldman, 2003). A change in these routines can make an individual feel that their own specialized knowledge of the organization is called into question (that someone else knows how to do it better than them), which may be threatening. Routines might also be hard to break when an organization has structural inertia, which is when organizations respond slowly to threats or opportunities in their environment (Hannan & Freeman, 1984). Certain internal and external factors that increase stability can also lead to slow changes. Examples are the politics within the organization, laws, and costs of equipment or personnel (Hannan & Freeman, 1984).

Another challenge with staff is the transition from research to practice, especially in the field of treating alcohol and drug abuse. Staff may view treatment recommendations as too complex or too expensive to implement. Staff will possibly need staff training and funding to accomplish the new innovations recommended by evidenced based practices. Additionally, staff may not be receptive to a more evidenced based approach. "Experienced-based treatment providers resent the implication that their treatments are not empirical; they point to the millions of men and women who have found stable recovery through these treatments" (McCarty, Edmundson, & Hartnett, 2006, p.5). Furthermore, McCarty, Fuller, and Arfken (2007) found a similar finding in their study. Managers and supervisors as well as those with graduate degrees were more likely to support evidenced based practices. General treatment staff members without graduate degrees were more likely to agree with statements associated with traditional beliefs, such as using confrontation as an approach, discharging non-compliant patients, and believing that people who use drugs are not ready for treatment (McCarty et al., 2007). The unwillingness of treatment staff to accept new approaches is another barrier to successful organizational change.

There are ways to overcome cynicism and roadblocks to change. One solution consists of using the components of emotional intelligence. As outlined by Balestracci (2003), positive change can occur when individuals possess self awareness about their own thoughts and feelings about things, find ways to manage their emotions in a mature way, find ways to self motivate, have empathy for the feelings of others, and handle relationships in a way that takes the above factors into consideration. Another solution is

to make the change become a part of the culture of the organization. Kotter (2007) advised that, "change sticks when it becomes 'the way we do things around here,' when it seeps into the bloodstream of the corporate body. Until new behaviors are rooted in social norms and shared values, they are subject to degradation as soon as the pressure for change is removed" (p. 8). In order to institutionalize the change and make it part of the culture, Kotter recommended showing members of the organization how the changes improved performance and taking time to make sure that management is exhibiting the new changes as well. If leaders and managers speak about change but then do not behave in line with those changes, cynicism can develop and threaten the entire change process (Kotter, 2007).

An example of an organization adopting an effective strategy for change is the Network for the Improvement of Addiction Treatment (NIATx). The Network formed to improve processes related to substance abuse treatment admissions. In order to assess what it was like for their clients, NIATx management decided to conduct walk-throughs of their facilities. By doing so, they found a wide range of problems: "Primary themes described problems reported during treatment admissions: poor staff engagement with clients, burdensome procedures and processes, difficulties with addressing the client's complex lives and needs, and infrastructure problems" (Ford, Green, Hoffman, Wisdom, Riley, Bergmann, & Molfenter, 2007, p. 379). The result was unhappy and frustrated clients, some of whom ceased their efforts to get treatment because of their difficulties. Using the collected data, consultants with NIATx made a series of recommendations, including having a person answer the phone, making assessments short and easy to fill

out, avoiding repetitive processes and steps, decreasing delays, creating private settings to ensure confidentiality, and setting client expectations (Ford et al., 2007). A follow up study found that by implementing these procedural and process changes, treatment centers reduced the number of days clients had to wait to get into treatment and provided a better retention for care (Hoffman, Ford, Choi, Gustafson, & McCarty, 2008). NIATx is a good example of proceeding through an effective organizational change process and shows the usefulness of walk-throughs as a strategy to move towards change.

Competing Values Theory

Values are more than attitudes, traits, norms, and needs; they also influence behaviors. Values make up a person's inner moral compass and consist of something desirable. They come from many different places, such as socialization, cultural upbringing, educational background, and experience (Hitlin & Piliavin, 2004). Values are "central desires or beliefs regarding final states or desirable conducts that transcend specific situations, guide the choice and evaluation of our decisions, and therefore, our conducts, becoming an integral part of our way of being and acting to the point of shaping our character" (Argandona, 2003, p. 16). Given the wide range of values that exist in a society, there is obviously a hierarchy of values. Individuals rate certain values as more important than others, which is a way to resolve value conflicts that arise when individuals must make decisions when values are competing.

While values begin at the individual level (as everyone has a set of values), they can apply to organizations as well. Within organizations exist the internal, personal values of the group, values of the founders, and newly adopted values as a result of being

part of the organization. An organization has its own set of values based on its unique mission and needs, which can be the same as an individual's personal values or different. Argandona (2003) described the benefit of having varying individual values and overarching organizational values. He stated that members within the organization may have different reasons for buying into the organization's values. An overall set of values can exist even with diversity at the individual level. "In light of all that we have said, it seems clear that an organization must have a body of values that are rooted in its people – and we have proposed a number of ways of achieving this -, but above all, that are accepted and shared within the organization, so that the organization's structure and formal and informal rules (culture) do not prevent the values from being attained, nor even are passively compatible with them, but actively foster them" (p. 21). Value complexity exists in organizations as values occur both at the individual and organizational level.

Competing values theory is based on the premise that administrators in organizations face challenges in determining which values are more suitable for their organization. Administrators' decisions then impact the organization as a whole. Cameron, Quinn, DeGraff, and Thakor (2003) put forth a model called *Competing Values Framework: Creating Value through Purpose, Practices, and People* and define that there are four aspects to the decisions that are made: Should they collaborate (do things together), create (do things first), control (do things right), or compete (do things fast). The implications of these decisions affect the direction that the organization takes and its resource allocation. Cameron et al. (2003) stated the importance of values to

organizations, “Creating value is an enormously complex endeavor both for leaders and for organizations. Yet, despite its complexity, value creation is the objective of every enterprise, every worker, every leader” (p. 8). The framework is a way for organizational leaders to consider a range of decisions to help improve organizational performance and effectiveness.

Figure 1: Competing Values Framework

Organizational structure (vertical vs. horizontal), environmental characteristics (such as availability of resources), and the type of tasks the organization must complete influence the values that an organization decides to emphasize (Cameron et al., 2003). Buenger, Daft, Conlon, and Austin (1996), in a study of Air Force Commands, identified four different values in organizations: Internal process values (focus on control and stability), rational goal values (external focus with decisions that are planned ahead), human relations values (cohesion and morale of employees), and open systems values (flexibility and growth). The values reported as most important varied among units in the Air Force and included tradeoffs when choosing values. For example, in order to gain organizational control and stability, flexibility might have to be sacrificed. Managers have to decide what decision to make for the organization once its values and goals are taken into consideration (Buenger et al., 1996).

Henderson and Taxman (2009) examined competing values among criminal justice administrators (the majority of whom were wardens) regarding the importance of providing substance abuse treatment in a resource strained environment. Substance abuse treatment programs often compete with other correctional programs in terms of both funding and implementation. The four main categories were: Those who rated substance abuse treatment as more important than other programs (37%), those that rated them equally important (27%), those that rated them less important (27%), and finally those that rated them much less important (11%). Administrators who rated substance abuse treatment as important were more likely to use evidence based practices to strengthen the quality of those programs (Henderson & Taxman, 2009). While this study measured

values at the individual level, it is important to mention because it shows the complex decisions that individuals must make, which impact the organization as a whole.

Duffee and Carlson (1996) used competing values theory as a framework in the examination of the availability of drug treatment programs for probationers and pointed out the lack of services for probationers who need them, including long waiting lists for programs. Lack of readily available treatment resulted in competing values regarding who should receive services first. Their article outlined ways that this dilemma could be solved: By giving treatment to offenders who are 1) morally deserving 2) most amenable to treatment or 3) at greatest risk. One suggestion was giving agencies shown to manage their resources effectively a larger share of resources to provide services. Duffee and Carlson (1996) called for a new policy that lays out a solution for how to properly allocate drug abuse treatment services to probationers. Their study clearly shows the value conflict that can arise when making decisions about treatment programming in corrections.

Competing values theory exists at an organizational and individual level. At an organizational level, there is interest in competition of values that the organization as a whole must deal with and then make choices based on that information. Henderson and Taxman (2009) used competing values theory to measure individual attitudes of prison wardens. The current research expands upon the use of competing values theory to measure attitudes at the level of the individual worker by using the perceptions of organizational factors and beliefs about crime and punishment of criminal justice administrators and treatment providers.

Competing values theory ties together three important concepts in this study: Organizational factors, treatment providers and criminal justice workers' beliefs about crime and punishment, and level of integration of services. Values permeate throughout each of these concepts. Individual and organizational values may have an impact on organizational culture, climate, leadership choices, the way change is handled, etc. Treatment providers and criminal justice administrators' value sets may or may not include a treatment component, which may affect their overall beliefs about crime and punishment and their willingness to integrate services. In addition, criminal justice administrators face competing values about how to best handle the correctional population. There is a tension between the value of retribution and punishing the offender and the value of rehabilitation and helping the offender via treatment programs (to include substance abuse treatment). This ties to their views on crime and punishment, which is the subject of the next chapter. The theory includes values at a systems level (organizational factors) and values at an individual level (views on crime and punishment) that may ultimately impact a concept important for decreased offender substance abuse and recidivism: integrated services. In the future, correctional agencies will face decisions about their role in assisting offenders with health care services, such as helping them sign up for coverage, finding doctors and treatment programs in the pre-release process, and providing a seamless system of care for the offenders (Gondles et al., 2012). Agencies can use competing values theory as a framework to consider how (and if) to provide health related services. The decision correctional agencies may make to assist offenders with these services will also face competition with other goals that the

organization wants to accomplish (such as keeping offenders safe and busy and providing them with other programs).

CHAPTER FOUR: BELIEFS ABOUT PUNISHMENT

Treatment providers and criminal justice administrators may have a variety of different beliefs about punishment and the best way to handle offenders in the correctional system, including rehabilitation, retribution, and deterrence. It brings up an interesting question – what is the goal of corrections and how should offenders be handled? The current study includes beliefs about crime and punishment because of their potential to impact criminal justice administrators' level of support of treatment as a component of the punishment process. Administrators' beliefs may then have an effect on the level of integration of services offered between substance abuse programs and corrections. For example, administrators who believe solely in punishment and retribution may take a very different approach to the issue of substance abuse than those who believe in a rehabilitative or restorative approach. This chapter seeks to review the varying views and theories on punishment that comprise the field.

Views on crime and punishment are complex, as is the best way to manage the correctional population. "Most practitioners and informed scholars know that the United States has the highest imprisonment rates in the world and is the only Western country to retain and use capital punishment, but that is only the beginning" (Tonry, 2007, p. 353). Three strikes and you're out laws are one example of America's willingness to lock up offenders for very long periods of time, which mandate 25 years to life for offenders

convicted of a third felony. Individuals often state that these tough policies are a reflection of giving the public what it wants – offenders incarcerated and severely punished. Applegate, Cullen, Turner, and Sundt (1996) found that while there may be global support for punitive practices (in this case Three Strikes), people are more lenient when faced with specific situations where they must assign someone a punishment. In addition, Cullen, Fisher, and Applegate (2000) described a similarly complex view of public opinion about punishment. The general public actually is in favor of a range of policies, with support for restorative justice and intermediate sanctions for non-violent offenders. Rehabilitation also continues to receive widespread support. Cullen et al. (2000) concluded with seven overall findings: 1. The American public is punitive towards crime; 2. Public punitiveness toward crime is "mushy" not rigid; 3. Utility matters: People must be given a good reason not to be punitive; 4. Violent crime is the great divide between punitiveness and nonpunitiveness; 5. The public continues to believe that rehabilitation should be a goal of the correctional system; 6. The public strongly supports "child saving"; 7. The central tendency in public opinion is to be punitive and progressive. The conclusions highlight the complexity of Americans' attitudes towards punishment and corrections.

In addition to the multifaceted views on punishment, many different theories exist on how the criminal justice system should handle offenders. Retribution is premised on the idea that the offender deserves punishment because the individual harmed others or society. It follows the idea of an eye for an eye or a tooth for a tooth common in the biblical literature. The theory is also known as "just deserts." The sentence should fit the

seriousness and nature of the crime, but the belief is still that offenders deserve what they get in terms of punishment (Frase, 2005).

Deterrence focuses on finding ways to get the public to refrain from committing crimes (i.e. deterring them). Deterrence falls into two categories. General deterrence aims to punish offenders in a way that also serves as an example to the public so that the general public does not want to commit crimes and receive similar punishment. Specific deterrence seeks to punish a specific offender so that he or she does not commit another offense in the future. In order for deterrence to be successful, it must have three components: Swiftness, certainty, and severity (Akers & Sellers, 2004).

Incapacitation is a 'lock 'em up' strategy because of its focus on incarceration. The theory views incarceration as a way to keep an offender from committing more crimes because the offender is locked up and therefore unable to do so. Selective incapacitation focuses on targeting repeat offenders, especially those that commit violent or heinous crimes (Visher, 1987).

Rehabilitation attempts to assist the offender obtain a better life after leaving the correctional system by providing training, education, etc. The goal is to restore the offender to the community and prevent future recidivism. The focus is on treatment, not punishment. The theory enjoyed dominance from the 1940s to the 1970s, at which time the theory came under attack with Martinson's piece "Nothing Works," which called into question the idea that rehabilitation programs were successful or promising. Whether or not rehabilitation was working and achieving its goals became widely questioned among both scholars and correctional workers (Cullen & Gendreau, 2000). Rehabilitation surged

back in some ways important to this research. Drug treatment courts and other drug treatment programs within prisons are widespread. Drug abusing offenders therefore have more options than just serving their time until release. "Apparent successes of drug courts have led to extension of its underlying ideas about structured, individualized treatment to mental health, firearms, domestic violence, and other problem-solving courts" (Tonry, 2007, p. 361-362).

Restorative justice brings the victim into the equation so that the offender can attempt to repair the harm done to the victim, typically through a conference. Crime victims tell the offender face to face the impact of their actions and then listen to the offender's response. The goal is for the victim to positively impact the offender and prevent future recidivism (Sherman & Strang, 2007).

As displayed above, there are many different theories and ways to view punishment. It should also be noted that these theories are not necessarily mutually exclusive. For example, a correctional officer may believe in specific deterrence and at the same time try to find ways to rehabilitate offenders.

Some studies examined how correctional actors try to resolve conflicting goals (Werth, 2013; Rudes, 2012). Werth (2013) conducted a study in California examining parole agents' and supervisors' handling of multiple goals – public safety, rehabilitation, and re-entry. In some ways, these goals were fractured and discrete as parole agents expressed concern about conflicting goals, feeling that the goals were in competition with one another. A tension existed among parole officers' roles as police officer and social worker. The law enforcement aspect of their job includes supervision and regulation of

parolees where the social worker aspect involves providing parolees with assistance. Werth (2013) found that parole agents rectified all these differing goals by taking an overall punitive approach and framing 'tough love' as offender assistance. "Parole field personnel view embracing a punitive, 'tough love' approach as the most effective way to steward paroled subjects away from criminality and toward self-betterment, 'parole success' and positive citizenship" (p. 221). Parole officers became cynical after witnessing offenders' failed attempts at change and came to believe that ultimately, people have to want to change. Parole officers viewed rehabilitation, therefore, as something coming from inside the individual. Parole officers still provided programs and services to parolees, but used them as a way to enhance supervision. Werth's study displays the difficulties that exist for correctional officers when their own beliefs and those of the organization are in conflict.

For the current research, the interest is in the beliefs of criminal justice administrators, including their views on having a treatment aspect to correctional programs and their willingness to integrate services with treatment agencies. Although many different beliefs about punishment exist, the focus for this study is on punishment/traditional sanctions versus rehabilitation.

CHAPTER FIVE: CONCEPTUAL FRAMEWORK, QUESTION, HYPOTHESES, DATA, AND METHODS

The literature showed that there is a great need for substance abuse treatment programs offered as part of correctional systems due to the prevalence of drug use and addiction amongst offenders in the criminal justice system. Treatment programs are especially important in decreasing substance abuse and recidivism of offenders (Fletcher et al., 2009; McCarty & Chandler, 2009; Prendergast et al., 2002; Harrison, 2001). Integration of services between treatment and correctional agencies are important because it can result in increased efficiencies and effectiveness for the organization and a unified treatment plan for the offender. Some unanswered questions remain about the impact of integrated services of treatment and corrections and different factors that may affect the level of integration. A national movement is afoot to provide integrated substance abuse treatment services and yet little is known about the factors that affect the ability to integrate services.

The purpose of this study is to understand the impact of correctional agency organizational factors, administrators' views on crime and punishment, and structural factors on the number and type of integration of services. Competing values theory is the framework for the analysis. Criminal justice administrators face decisions about the type of programs to offer and how to integrate services with other departments, including treatment. They also face decisions about how best to handle offenders in their

organization: through punishment or through rehabilitation (which includes providing them with substance abuse treatment programs). Data for the study came from the Criminal Justice Drug Abuse Treatment Studies (CJ DATS): National Criminal Justice Treatment Practices Survey in the United States (2002-2008). A series of linear regression models tested the hypotheses put forth regarding different factors affecting service integration.

Conceptual Framework

Despite the attention given to integration of services, questions remain about how agencies integrate services and what factors affect the level of integration. The conceptual framework illustrated below outlines three different sets of independent variables that are tested to determine their impact on service integration between treatment and correctional agencies: Organizational factors of correctional agencies, personal characteristics of administrators and treatment providers, and structural factors of the correctional agency. Organizational factors are an important component of this research because the way that an organization functions and handles its population has the potential to impact the level of integration of services with another agency. The study includes beliefs about crime and punishment because of their potential to impact criminal justice administrators' level of support of treatment as a component of the punishment process. Administrators' beliefs may then have an effect on the level of integration of services offered in substance abuse programs and corrections. The research includes structural factors because an organization's internal structure may impact the way that an organization functions and makes decision. The structural factors are size of the facility,

whether the facility conducts its own drug and alcohol testing, and number of treatment and substance abuse programs offered. Previous studies examining integration found size as an important variable (Lehman et al., 2009; Friedmann et al., 2007). Whether or not the facility conducts its own drug and alcohol testing may impact integration because correctional agencies may find working together with treatment agencies easier when the capability is in house. Alternatively, if organizations already have the capability, they may feel self - sufficient and resist integration. Finally, the number of treatment and substance abuse programs available may impact integration as it is a measure of how well established the facility already is in providing treatment to offenders. Number of programs offered also likely relates to resources. Organizations with greater resources may find it easier to pool them together with another agency to work towards accomplishing joint goals. The conceptual model represents a series of different factors that may affect the level of service integration between treatment and correctional agencies.

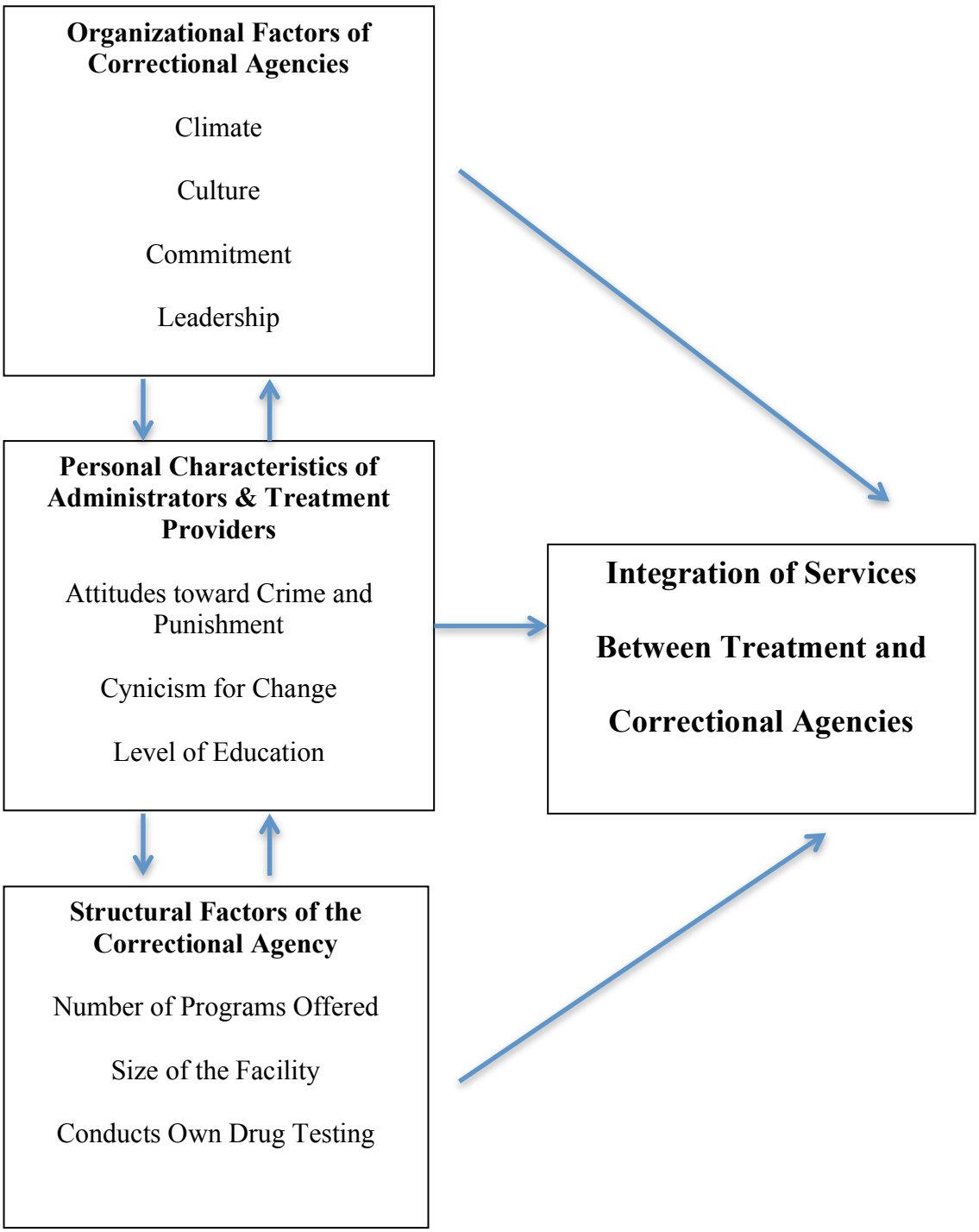


Figure 2: Conceptual Model: Substance Abuse Treatment Programs

Hypotheses

Hypothesis 1: Organizations with criminal justice administrators who report an open climate will have a higher level of integrated services than criminal justice administrators who report a closed climate.

Open climates are open to change and supportive of new ideas. This may result in higher levels of integration as administrators look for new ways to provide substance abuse treatment to offenders, including working with other agencies.

Hypothesis 2: Organizations with criminal justice administrators who report an innovative and flexible culture will have a higher level of integrated services than administrators who report cultures that are not innovative and not flexible.

Innovative and flexible cultures include cooperation, coordination, teamwork, and a future direction. Administrators working in this type of organization may be more willing to integrate services as part of the atmosphere of working together to accomplish common goals.

Hypothesis 3: Organizations with treatment providers who report commitment to their organization will have a higher level of integrated services than treatment providers who report that they are not committed to their organization.

Committed employees have pride, a sense of belonging, and feel that they have been recognized for good performances. In organizations where the importance of integrated services has been made clear to employees, those who are committed may be more likely to follow this organizational goal.

Hypothesis 4: Organizations with criminal justice administrators who report the presence of transformational leaders will have a higher level of integrated services than criminal justice administrators that have transactional leaders.

Transformational leaders put forth inspiring visions, lead by example, set high expectations, and challenge the status quo, resulting in employees who strive hard to reach organizational goals. It is predicted that administrators who have these types of leaders will be willing to challenge the status quo by striving for the best way to provide treatment services for offenders, including integration with treatment agencies.

Hypothesis 5: Organizations with treatment providers who report cynicism about change will have a lower level of integrated services than treatment providers who report that they are not cynical about change.

Employees who are cynical about change are pessimistic about the organization's ability to change or improve. It is therefore predicted that treatment providers who are cynical about change will be unwilling to work with another agency to provide services, requiring a new way of doing things.

Hypothesis 6: Organizations with criminal justice administrators who report a belief in rehabilitation will have a higher level of integrated services than administrators who report a belief in traditional sanctions.

Administrators who believe in rehabilitation will likely be more interested in finding ways to assist offenders in their struggle against substance abuse, as opposed to those whose beliefs lean more towards punishment and traditional sanctions. It is predicted therefore that a belief in rehabilitation will result in a higher level of integration of services.

Hypothesis 7: When criminal justice administrators and treatment providers agree that the organizational climate is open and report a belief in rehabilitation within the same facility, there will be a higher level of integration of services then when they disagree about those two factors.

The purpose of this hypothesis is to understand if level of agreement plays a role. It is predicted that if criminal justice administrators and treatment providers share the belief in an open climate and rehabilitation, then they will be more likely to want to work together and integrate their services.

Hypothesis 8: Organizational factors, personal characteristics of administrators and structural factors will impact the level of integration of services between criminal justice organizations and treatment organizations.

Based on the literature review above, organizational factors, personal characteristics of administrators, and structural factors were identified as sets of variables that may impact the level of integration between criminal justice organizations and treatment organizations.

Data

The data for this project came from the Criminal Justice Drug Abuse Treatment Studies (CJ DATS): National Criminal Justice Treatment Practices Survey in the United States (2002-2008), which is a publicly available dataset. It is available through and was obtained from the Interuniversity Consortium for Political and Social Research (ICPSR). The data set was ideal for this study because it contains the key variables needed to

answer the research questions: Organizational factors in correctional settings and integration of services.

The U.S. Department of Health and Human Services, National Institute of Health, National Institute on Drug Abuse funded the survey, which examined the programs and services provided to adult and juvenile offenders under justice system control. "The NCJTP survey was designed to gather baseline information on access, availability, utilization, and type and quality of extant treatment services in the juvenile system, criminal justice system, or both in various settings: Institutional corrections (prisons and jails) and communities (probation, parole, and other venues)" (Taxman et al., 2007, p. 227). Administrators, management, and staff received a self-administered questionnaire regarding treatment programs and practices throughout the U.S. Specifically, executives, administrators, treatment program directors, correctional/probation/parole staff, and treatment staff received surveys. Goals of the survey included learning about current treatment programs available for offenders, impacts of organizational factors (such as leadership, culture, and climate) on beliefs about punishment and the delivery of treatment programs, and coordination/integration across justice agencies and between correctional and treatment programs. Items in the survey included: Respondent characteristics, correctional program characteristics (e.g., size, nature, etc.), substance abuse treatment program characteristics, social network/agencies collaboration, integration of services with other agencies, attitudes toward punishment and rehabilitation (personal values), organizational needs assessment, organizational culture

and climate for treatment, cynicism towards change, organizational commitment to treatment, and perspectives on intradepartmental coordination (Taxman, 2010).

The survey included all 50 states and the District of Columbia and was a self-administrated, paper and pencil questionnaire mailed to the employees. The survey took an estimated 30 to 60 minutes to complete. Researchers used a multi-frame design that came from a census of state executives responsible for corrections, a sample of prisons, and a national two-stage cluster sample of communities with a focus on the correctional facility and office. Next, researchers conducted a purposive sample to reach survey treatment directors and staff. The geographical unit of analysis was the county and included state, regional, and local organizations (containing both staff and contract personnel). Data was collected from 2002 to 2008. The sample for the study was: Census of state correctional agency executives and clinical coordinators, state alcohol and drug abuse directors; adult prison sample; juvenile residential facilities sample; and community sample consisting of jails, probation, and parole for adult and juvenile justice (Taxman, 2010; Taxman et. al, 2007).

The sampling frame for the survey of executives consisted of all executives of state agencies and correctional agencies with responsibility for programs/services. The administrator sampling frame targeted administrators with responsibility for the facility, office, or program in adult prisons, juvenile residential facilities, and communities. For the treatment program directors, the sampling frame consisted of prison wardens, directors of juvenile facilities, jail wardens and directors, and local probation and parole office administrators. The sampling frame for correctional/probation/parole staff was

staff in prisons and community agencies in states that fell under the CJ-DATS. Finally, the sampling frame for the treatment staff was all treatment staff in prisons and community agencies in states that fell under the CJ-DATS (Taxman, 2010).

The Institutional Review Board reviewed and approved this original survey and research project for the 10 participating research centers. In addition, the current research obtained IRB approval for the secondary data analysis from George Mason University. The response rate for each section of the survey was as follows: Executives – 70.8 percent, Administrators and Program Directors – 62.5 percent (combined), Correctional/Probation/Parole Staff and Treatment Staff – 33.9 percent (combined). Each group had a different survey with certain common variables, such as type of services provided, views on crime and punishment, and organizational factors.

Note that the survey separated the responses among executives, corrections clinical directors and alcohol and drug agency directors, administrators, treatment directors, correctional/probation/parole staff, and treatment staff. The current research includes the majority of the data from administrators (criminal justice) and some data from the treatment program directors. Therefore, the study contains data from two different surveys. The final N for the survey of criminal justice administrators and treatment directors was 431. It is likely that criminal justice administrators and treatment directors were at the decision making level in determining level of integration of services. Due to the lower response rate at the staff level (a 33.9 percent completion rate of the two staff groups combined), the research did not use these surveys. The data set is ideal for the hypotheses put forth in this study because it includes survey responses about

organizational factors, views on crime and punishment, structural factors, and overall level of integration of services.

Dependent Variable

The dependent variable was level of integration of services. The scale measured integration of services with other agencies (Taxman & Young, 2004) (Taxman et al., 2007). The variable was operationalized using survey questions about working relationships between justice and treatment agencies from the perspective of the respondent. It was a continuous variable obtained from totaling eleven items based on the number of joint functioning activities. As noted by Fletcher et al. (2009) in his discussion of this scale, two factors emerged that support Konrad's model: Less structured activities at the levels of cooperation and coordination and high structure items at the levels of collaboration and consolidation. The measure was appropriate for the dependent variable because respondents ranked the level of cooperation, coordination, collaboration, and integration that existed between their organization and two others, which then offered a picture of integration of services. The measure was also beneficial because it did not leave the response up to the opinion of the respondent, but instead offered an objective way to measure integration by totaling the number of activities that occurred in the organization.

Independent Variables

The survey questions came from well - established scales. "Researchers used preexisting scales for most of the domains, particularly in organizational assessment areas, where there are numerous measures with extensive prior use and proven

psychometric properties" (Taxman et al., 2007, p. 230). Each scale contained a series of individual statements regarding the construct. Survey respondents rated their level of agreement with a Likert type scale, with a value assigned to each level of the scale (i,e. 1=Strongly Disagree; 5=Strongly Agree). The individual responses were then summed and divided by the number of statements, resulting in the final score for each scale. The first set of variables for this study was the organizational factors, which are climate, culture, commitment and leadership. The names of the scales and their citations for this section are as follows: Organizational climate (Orthner, Cook, Sabah & Rosenfeld, 2004); organizational needs assessment (Lehman, Greener & Simpson, 2002); organizational culture (Cameron & Quinn, 1999; Denison & Mishra, 1995); and leadership (Arnold, Arad, Rhoades & Drasgow, personal communication, 2000; Podsakoff, MacKenzie & Fetter, 1990) (Taxman et al., 2007). The appendix contains the full set of all questions and responses contained in the survey. Table 5 in Chapter 6 (Results), displays the frequency, mean, median, and standard deviation for the scales and their individual components. The definition given in the survey for organizational climate was the 'degree to which individuals view their organization as open to change and supportive of new ideas.' The analysis included the questions within the scale measuring open climate/innovativeness. Each scale contains multiple individual items that are then combined into an overall score. Scale reliability measures whether or not items on the scale test the same construct (Norusis, 2008). Cronbach's alpha tests the subscale reliability and ranges from 0 to 1. Norusis (2008) explained the test, "If the sum of the individual variances is close to the variance of the entire scale, the items in the

scale are not correlated, so they are not measuring the same construct. In this case, alpha is close to 0. That's what you would find if you construct a scale from random questions. If the variance of the entire scale is much larger than the sum of the variances of the individual items, this means individual items are correlated; that is, they have a positive covariance and alpha is close to 1" (p. 432). The subscale reliability for organizational climate is 0.79.

For the variable organizational culture, individuals chose their level of agreement with statements on what was promoted in their organizations. Questions measured cohesion-involvement cultures (flexible and internally focused), hierarchy-consistency cultures (stable and internally focused), performance-achievement cultures (stable and externally focused) and innovation-adaptability cultures (flexible and externally focused). The analysis included the innovation-adaptability questions and the subscale reliability is 0.669.

Organizational commitment was 'the extent to which employees feel committed to and attached to their employer.' Higher scores on the scale reflected a greater commitment to the organization.

Leadership of an immediate supervisor contained items that included transactional and transformational leadership. Transactional leadership was the 'influence based on exchanges between leaders and employees. Leaders provide goals, direction, feedback, resources, and rewards in exchange for effort, commitment, and loyalty of employees within their organization.' Transformational leadership was the 'influence based on enhancing employee commitment to higher purposes and goals. Leaders communicate

inspiring visions, lead by example, encourage teamwork, demonstrate high levels of expectation, attend to individual needs and concerns, and challenge the status quo, resulting in employees that put aside self-interest and strive harder than would normally be expected in order to achieve organizational goals. The subscale reliability for the transactional leadership items is 0.864 and for transformational leadership is 0.933.

The next set of variables was the personal characteristics of criminal justice administrators and treatment providers including the attitudes towards crime and punishment, cynicism for change, and level of education. The scales used in this study are: Attitudes towards punishment and rehabilitation (personal values; Young & Taxman, 2004) and cynicism towards change (Tesluk, Farr, Mathieu & Vance, 1995) (Taxman et al., 2007). Attitudes towards crime and punishment came from a scale that included statements about a variety of crime and punishment views and theories, including the two included in this study: Rehabilitation and traditional sanctions. For administrators, the subscale reliability for rehabilitation items is 0.789 and for traditional sanctions is 0.90. For treatment providers, it is 0.75 for rehabilitation and 0.75 for traditional sanctions items. Cynicism for change was 'the extent to which employees are pessimistic about the organization's ability to change procedures or improve.' A personal characteristic of administrators was the highest level of education completed.

The final set of variables was the structural factors that may impact the integration of services and they were: Size of the facility, total number of treatment/substance abuse services offered, and whether the facility conducts its own drug and alcohol testing. Since

this set of variables does not include the use of scales, subscale reliability is not reported for structural factors.

Additional Data Considerations

As previously mentioned, the survey questions were not identical for criminal justice administrators and treatment program directors. The survey of criminal justice administrators did not include questions on organizational commitment and cynicism for change, thus data from treatment providers is used instead. Despite having a different set of respondents for the two variables, the data contributed to the overall picture within corrections regarding factors that affect integration of services. Table 1 displays the variables included in each survey questionnaire.

Table 1: Survey Variables

Variables	Criminal Justice Administrators	Treatment Program Directors
Organizational Climate	Yes	No
Organizational Culture	Yes	No
Organizational Commitment	No	Yes
Leadership	Yes	No
Attitudes towards Crime/Punishment	Yes	Yes
Cynicism for Change	No	Yes
Level of Education	Yes	Yes
Level of Integration	Yes	Yes

Among all the variables, the only one with sufficient missing data was the integration scale for treatment providers. The 42 missing responses were fairly evening split between providers at the county level (22) and those at the prison level (20).

Because this question required respondents to check a box each time they recognize the type of integration in their organization, it is possible that missing responses were really negative responses (left blank because the integration was not there). In order to deal with the missing data for this variable, the missing responses were recoded and added to the 'no' responses on the measures of those components of integration. There was some confusion by respondents in how to fill out the survey. The issue was explored in previous research and this method of handling the dependent variable deemed appropriate (Lehman et al., 2007).

Prior to data analysis, an examination of independent variables determined if they were correlated with one another. The correlation matrix was run because multiple independent variables are included in the conceptual model. When variables are correlated with one another, it is difficult to tell which variables impact the dependent variable. Correlated independent variables weaken the overall model by making similar contributions to predicting the outcome (Norusis, 2008). Two variables without any correlation have a value of 0 while two variables perfectly correlated have a value of 1. A smaller correlation results in variables with less in common. Independent variables with a correlation of 0.70 and higher may cause problems when included in the same multivariate model for reasons discussed above (Bachman & Paternoster, 2004). The correlation matrix is in Table 2.

Table 2: Correlations Among Independent Variables

	Climate	Culture	Leadership	Rehab. Beliefs	Org Commit.	Cyn. For Change
Climate	1	0.583**	0.294**	0.151**	0.016	-0.058
Culture	0.583**	1	0.314**	0.152**	0.060	-0.093
Leadership	0.294**	0.314**	1	0.027	0.14	-0.017
Rehab. Beliefs	0.151**	0.152**	0.027	1	-0.019	0.060
Org. Commit.	0.016	0.060	0.014	-0.019	1	-0.691**
Cyn. For Change	-0.058	-0.093	-0.017	0.060	-0.691**	1

* indicates $p < .05$; ** indicates $p<.01$

Organizational climate and culture have a moderately strong correlation (0.583) that was significant at the $p<0.01$ level. Cynicism for change and organizational commitment had a strong correlation (-0.691) that was also significant at the $p<0.01$ level. Given the correlations of these two sets of variables, organizational climate and organizational commitment were not included in some of the multivariate models for

reasons discussed below. Model 1 contains the organizational factors. Organizational culture was chosen to remain in the model over organizational climate. The literature on organizational culture and its impact on integrating services is more established than that of organizational climate (Friedmann et al., 2007). Since the impact of organizational culture was significant in other studies, organizational culture was included in the model and organizational climate was excluded. Model 3 contains the organizational factors and personal characteristics of criminal justice administrators. Organizational commitment was excluded while cynicism towards change remained. Because integrating services requires a great deal of change for correctional agencies, cynicism towards change was kept in the analysis. Model 5 combined organizational factors, personal characteristics of criminal justice administrators, and structural factors. It excluded both organizational climate and commitment.

It must be noted that the scales of two variables are split into separate factors. Leadership was divided into transformational and transactional leadership. Beliefs about crime and punishment were split into traditional sanctions and rehabilitation beliefs. In each case, one was chosen to represent the overall variable in the model. The Pearson's correlation for the leadership variables was 0.822 ($p = 0.001$), which highlights the importance of not including both variables in the same model due to concerns of multicollinearity. Transformational leadership and rehabilitative beliefs were chosen to represent their variables in the model because it was hypothesized that each would have greater impact on integration (part of the hypotheses for this study). While this has not

yet been proven, it was a discretionary decision based on the predicted relationship of the variables.

In order to further explore the possibility of correlated independent variables, the variance inflation factor (VIF) test was conducted for each model during the regression analysis. The test examines the relationship between predictor variables to see if they are correlated with one another, known as multicollinearity (Chatterjee & Hadi, 2006). Chatterjee and Hadi (2006) advised that VIF values over ten signal a concern with collinearity. All the VIF results for this study were under 1.3, meaning that multicollinearity is not a concern in the models.

Method of Analysis

The process for analyzing the hypotheses is below. First, descriptive statistics examined the overall data set and each individual variable, including the mean, median, and standard deviation for survey items and each scale. Next, linear regression models tested the hypotheses, including the conceptual model.

In order to test hypotheses one through six, linear regression models were run to determine the relationship between the two sets of variables. This was an appropriate statistical test because the independent and dependent variables were both continuous (a summed score from the scales) and independent variables were not highly correlated with one another. Multiple linear regression allows for testing several factors to determine how they impact one dependent variable (Bachman & Paternoster, 2004). Linear regression is a superior statistical method to an Analysis of Variance (ANOVA) test, which was also considered, because regression allows the scales to remain intact.

Conducting ANOVA models require the scale be split into two variables (for example those who reported an open climate and those who reported a closed climate by placing respondents into one of the two categories). Splitting the data into two groups would also decrease the number of respondents (N) for each statistical test (Norusis, 2008).

The seventh hypothesis examined level of agreement between treatment providers and criminal justice administrators on organizational factors and views on crime and punishment to determine the impact on service integration within the same facility. The measure for organizational climate came from the open climate survey items for criminal justice administrators. Treatment providers responded to survey questions on climate for treatment. Crosstabs analyzed the data as displayed in Table 3 to determine if level of agreement had an effect on service integration.

Table 3: Proposed Hypothesis on Level of Agreement and Integration

Agreement Level		*Agree*	*Disagree*
		Open Climate	Closed Climate
Agree	Rehabilitation	**High Integration**	**Low Integration**
Disagree	Traditional Sanctions	**Low Integration**	**High Integration**

A series of multiple linear regression models tested the conceptual model (the eighth hypothesis). Five models predicted whether or not independent variables (organizational factors, personal characteristics of the administrators, and structural factors) impacted the dependent variable (level of integration of services). Later models

included more of the variables until all entered the model to determine if the R square changed (indicating which model had the best fit and explained the largest amount of variance in the dependent variable). An R Square change "reflects the change in the amount of variance explained when the second variable is entered into the regression model. If the change in the variance explained is substantial, it tells us that the second variable is able to give us information about the dependent variable that we do not get from the first independent variable" (Bachman & Paternoster, 2004, p. 527). The method of analysis is appropriate because it allows for the testing of different sets of variables separately and in combination to determine the impact on level of integration where the majority of variables were continuous (Norusis, 2008). Table 4 displays each multiple linear regression model and the factors included in the different models.

Table 4: Regression Models for Conceptual Model

	Model 1	Model 2	Model 3	Model 4	Model 5
Organizational Factors	Yes			Yes	Yes
Personal Characteristics of Administrators		Yes		Yes	Yes
Structural Factors			Yes		Yes

CHAPTER SIX: RESULTS

Findings

The analysis began with descriptive statistics for all independent and dependent variables and scales, including the frequencies, mean, and median for all variables as well as the standard deviation of the scales. Table 5 shows the characteristics of the criminal justice administrators and Table 6 contains similar data for treatment providers. The first number in the frequency column reflects the valid responses and the number inside the parentheses reflects the missing responses. There is a small percentage of missing data across the variables and little variation for each variable, with the exception of the measures on integration.

Table 5: Administrators' Values on Organizational Factors, Beliefs on Crime and Punishment, and Level of Integration of Services

Variable	Frequency (Missing):	Mean	Median	SD
Organizational Climate Scale	427(5)	3.78	4.0	0.63
Staff Promote Diff Ideas/Suggestions	429(3)	3.65	4.0	
Managers Open to New Ideas	427(5)	3.91	4.0	
Organizational Culture Scale	429(3)	3.4	3.33	0.70

People Willing to Take Risks	429(3)	3.09	3.0	
Management Style Emp. New Approach	428(4)	3.66	4.0	
Things Change Easily/Quickly	428(4)	3.44	4.0	
Transformational Leadership Scale	415(17)	3.79	3.92	0.68
Leader Inspires Others with Plans	414(18)	3.59	4.0	
Leader Gets Others Committed	414(18)	3.66	4.0	
Leader Leads by Doing	415(17)	3.53	4.0	
Leader Leads by Example	415(17)	3.69	4.0	
Leader Encourages Team Players	414(18)	4.05	4.0	
Leader Gets People to Work for Goal	414(18)	3.87	4.0	
Leader Shows that They Expect A Lot	415(17)	4.02	4.0	
Leader Insists on Best Performance	413(19)	3.85	4.0	
Leader Treats as Individuals	415(17)	3.84	4.0	
Leader Takes Time to Listen	414(18)	3.78	4.0	
Leader Suggests New Ways to do Job	415(17)	3.78	4.0	
Leadership Ideas Challenge Others	414(18)	3.76	4.0	
Transactional Leadership Scale	415(17)	3.73	3.8	0.75
Leader Gives Special Recognition	414(18)	3.86	4.0	
Leader Compliments Others	414(18)	3.91	4.0	
Leader Provides Goals/Objectives	415(17)	3.57	4.0	
Leader Stays Well Informed	414(18)	3.69	4.0	

Leader Provides Necessary Resources	415(17)	3.63	4.0	
Integration Scale	432(0)	8.85	8.0	6.47
Substance Abuse Treatment Programs	432(0)	3.64	3.0	
Judiciary	432(0)	1.61	1.0	
Jail/Prison or Community Corrections	432(0)	3.6	3.0	
Punishment/Deterrence Beliefs Scale	427(5)	2.56	2.5	0.76
Keep Criminals in Jail/Off Streets	426(6)	2.97	3.0	
Severely Punish Offenders	426(6)	2.64	3.0	
Keep Criminals in Jail	426(6)	2.63	3.0	
Eye for an Eye Punishment	429(3)	2.0	2.0	
Rehabilitation Beliefs Scale	432(0)	4.54	4.75	0.49
Get Effective Treatment	429(3)	4.5	5.0	
Provide Treatment	431(1)	4.58	5.0	
Treatment Matches Need	431(1)	4.65	5.0	
Provide Treatment, Jobs, Education	432(0)	4.44	5.0	

Table 6: Treatment Providers' Perspectives on Organizational Factors, Beliefs on Crime and Punishment, and Level of Integration of Services

Variable	Frequency (Missing):	Mean	Median	SD
Organizational Commitment Scale	208(9)	4.17	4.22	0.63

You are Proud to Tell Where You Work	208(9)	4.46	5.0	
What the Org Stands for is Imp. to Me	206(11)	4.56	5.0	
Your Org is Incompetent	207(10)	1.61	1.0	
You Feel a Sense of Belonging	208(9)	4.25	4.0	
You Feel Part of a Family	208(9)	4.07	4.0	
People You Work for Don't Care	208(9)	1.8	2.0	
Your Org Appreciates Accomplishments	208(9)	4.07	4.0	
Your Org Recognizes Employees	208(9)	3.6	4.0	
Your Job is Overlooked by the Org	208(9)	2.04	2.0	
Cynicism for Change Scale	208(9)	1.89	2.0	0.67
Given up Suggesting Changes	208(9)	1.87	2.0	
Changes More Trouble than Worth	208(9)	1.92	2.0	
Things go from Bad to Worse with Change	208(9)	1.84	2.0	
Change Improvement Efforts Fail	207(10)	1.9	2.0	
Hard to be Hopeful about Change	208(9)	1.91	2.0	
Punishment/Deterrence Beliefs Scale	205(12)	2.13	2.13	0.63
Show People will be Punished	210(7)	2.2	2.0	
Keep Criminals in Jail/Off Streets	210(7)	2.46	2.0	
Eye for an Eye Punishment	209(8)	1.85	2.0	
Severely Punish Offenders	210(7)	2.16	2.0	
Keep Criminals in Jail	205(12)	2.32	2.0	

Keep Drug Users off Street	207(10)	2.09	2.0	
Punish Addicts	207(10)	1.99	2.0	
Severely Punish Drug Users	206(11)	1.99	2.0	
Rehabilitation Beliefs Scale	211(6)	4.6	4.75	0.46
Get Effective Treatment	212(5)	4.56	5.0	
Provide Treatment	211(6)	4.67	5.0	
Treatment Matches Need	211(6)	4.69	5.0	
Provide Treatment, Jobs, Education	207(10)	4.49	5.0	
Integration Scale	175(42)	8.58	8.0	5.68
Judiciary	174(43)	3.01	2.0	
Community Corrections	174(43)	4.05	3.0	
Community Based Treatment Programs	175(42)	1.56	0.0	

Organizational Variables and Rehabilitation and Punishment Options. Across all organizational variables and beliefs on rehabilitation and punishment, correctional administrators reported similar values for the mean and median for each of the scales. Treatment providers also reported similar values across each variable. In addition, the standard deviation of the scales was limited, meaning a great deal of variation did not exist around mean scores. The finding is not surprising because of the similarity of mean and median scores for the variables. In both sets of data, there was much more variation (and higher levels of standard deviation) in the measure on integration of services (SD is

6.47 for correctional administrators and 5.68 for treatment providers). Greater standard deviation scores reflect that respondents were more likely to report varied responses on the integration scale. It may be because with criminal justice administrators, the integration measure examined the interaction with substance abuse treatment programs, judiciary, and jail/prison or community corrections and with treatment providers, the integration measure was with the judiciary, community corrections, and community based treatment programs.

Structural Factors. The next set of variables was the structural factors reported by criminal justice administrators and treatment providers, which included the size of the facility, the number of treatment programs offered, whether the facility conducts its own drug and alcohol testing, and the type of organization. Table 7 has data on criminal justice administrators and Table 8 contains data on treatment providers. The personal characteristics of treatment providers are also in Table 8.

Table 7: Structural Factors for Administrators

Variable	Mean	Median	Mode
Estimated Number of Offenders Served	2417.43	530	200
Total Number of Treatment/Substance Abuse Programs	4.87	5.0	4.0

	Yes Response	No Response	
Does the Facility Conduct its Own Drug/Alcohol Testing?	386 (89.4%)	46 (10.6%)	

Table 8: Structural Factors and Personal Characteristics of Treatment Providers

Variable	Frequency	Percentage
Level of Education of Treatment Providers		
High School thru Bachelor's	49	22.6
Graduate	156	71.9
Other	9	4.1
Type of Organization		
State Executive	44	20.3
State Judicial	19	8.8
County/Municipal	14	6.5
County/Municipal Judicial	1	0.5
Private/Not-for-Profit	98	45.2

Private/For Profit	38	17.5

Criminal justice administrators reported a mean number of offenders in their organization as 2,417.43 with a range of 0 to 95,000. The majority of the facilities conducted their own drug and alcohol testing (89.4 percent) and offered an average of five treatment and substance abuse programs. For treatment providers, the majority had a graduate degree (71.9 percent) and worked in private/not-for-profit facilities (45.2 percent).

Next, frequencies were run on the demographic variables to gain insight into the population that made up the sample. Table 9 contains the administrator data, which is the main population of interest for this study.

Table 9: Demographics of Correctional Administrators

Variable	Frequency	Percentage
Gender		
Female	136	31.5
Male	292	67.6
Race		
White	327	74.1
White and Hispanic	21	4.8
Hispanic	22	5.0

Black or African American	65	14.7
Other	6	1.4
Level of Education		
High School	24	5.6
Associate	31	7.2
BA/BS	127	29.4
Some Graduate Studies	69	16.0
MBA/Masters	152	35.2
J.D.	9	2.1
Other	16	3.7

The criminal justice administrator sample was predominately white (74.1 percent) and male (67.6 percent). Most of the administrators had a graduate degree or some level of graduate education (35.2 percent).

Conceptual Model: Examining the Impact of Different Factors on Integration of Services

The model below displays the expected relationship among the variables in the study and tests the eighth and final hypothesis that combines all of the variables to examine their impact on level of service integration.

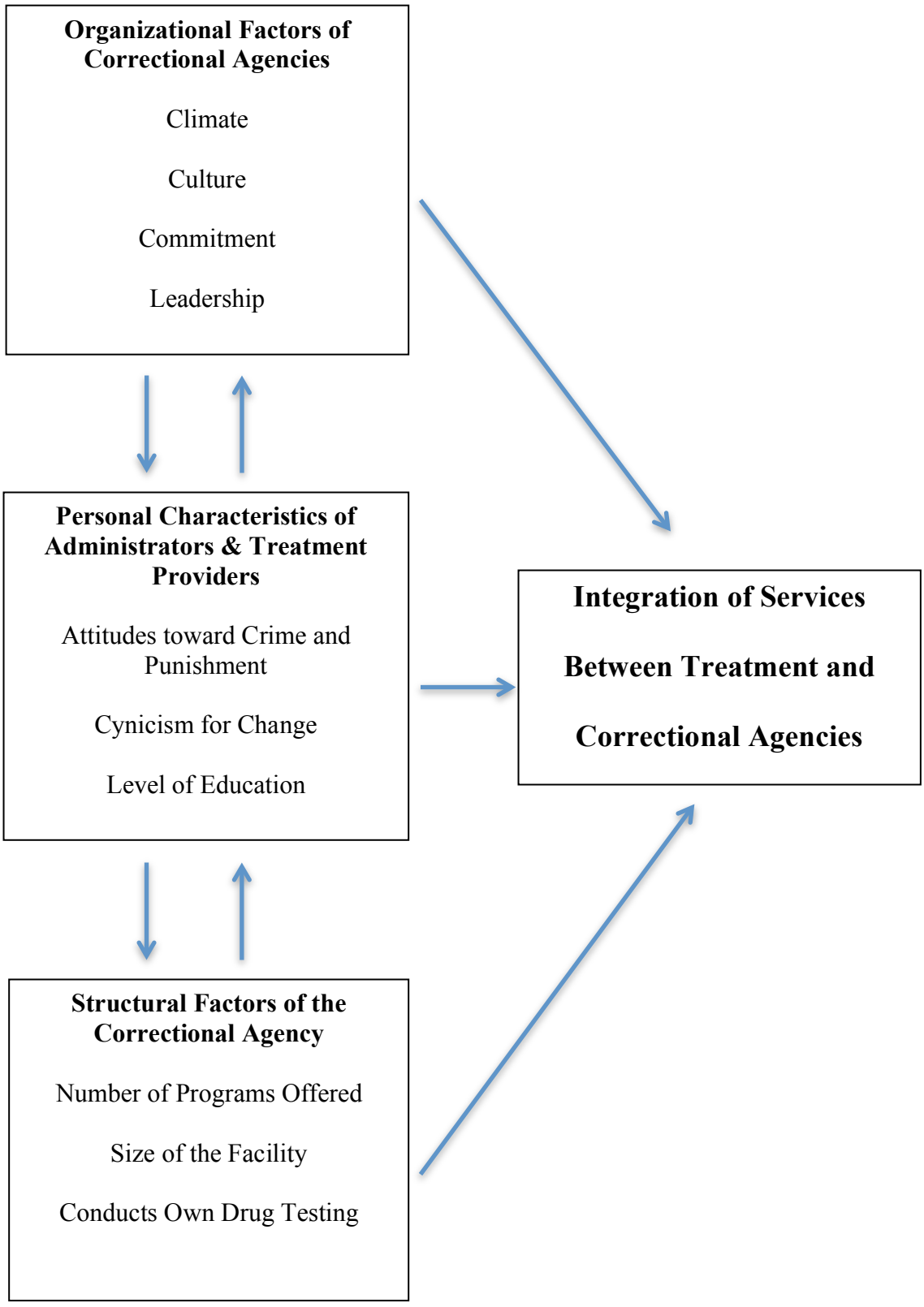


Figure 3: Conceptual Model: Substance Abuse Treatment Programs

Table 10 displays hypotheses one through six, which examined the impact of each independent variable on overall level of integration of services. Linear regression models were run to understand the impacts of individual variables on integration of services.

Table 10: Individual Hypotheses: Impact on Integration

Hypothesis	R Square	Standard Error of the Estimate	F Change	Significance Level
Climate	0.008	6.469	3.368	0.067
Culture	0.011	6.456	4.594	0.033*
Commitment	0.005	6.112	0.942	0.333
Transactional Leadership	0.003	6.436	1.403	0.237
Transformational Leadership	0.004	6.433	1.794	0.181
Cynicism about Change	0.001	6.123	0.189	0.665
Rehabilitative Beliefs	0.013	6.433	5.569	0.18*
Traditional Sanctions Beliefs	0.017	6.430	7.299	0.007**

The first hypothesis stated that organizations with criminal justice administrators who report an open climate would have a higher level of integrated services than those who report a closed climate. Linear regression tested the effect of an open climate on level of service integration. The impact of an open climate on level of integration of services approached significance (R Square = 0.008, df = 1, 425, p = 0.067) but explained very little of integration of services (0.08 percent). There was partial support for the

hypothesis as it is close to reaching the 0.05 significance level, but the R Square value was small.

The second hypothesis stated that organizations with criminal justice administrators who report an innovative and flexible culture would have a higher level of integration of services than those in cultures that are not innovative and flexible. The impact of an innovative and flexible culture on integration of services was statistically significant (R Square = 0.011, df = 1, 427, p = 0.033) but explained just 1.1 percent of the dependent variable. The finding suggests that the culture of an organization is important in criminal justice administrators' decisions to integrate their services with other organizations, but that many other factors affect service integration.

The third hypothesis stated that organizations with treatment providers who report commitment to their organization would have a higher level of integrated services than treatment providers who report that they are not committed to their organization. As discussed in the section on additional data considerations, the survey did not ask criminal justice administrators questions on organizational commitment; therefore the treatment providers' data was used instead. The impact of organizational commitment on integration of services was not statistically significant and explained very little of the dependent variable (0.05 percent).

The fourth hypothesis stated that organizations with criminal justice administrators who report the presence of transformational leaders would have a higher level of integrated services than criminal justice administrators that have transactional leaders. Since all responses on the leadership scale were divided into either category,

both variables were not included in the same model. This method was also preferred so that correlation between the two types of leadership did not affect the outcome. The Pearson R correlation for transformational and transactional leadership was 0.822 (significant at the 0.001 level), which reflected that the variables are highly correlated. Separate models were run with a comparison then made about which resulted in the greatest significance. Linear regression examined the impact of each variable on level of integration. While the analytical test was not statistically significant, transactional leaders had a slightly greater impact on integration of services than transformational leaders. For transformational leaders, the R Square = 0.003, df = 1, 413, and p = 0.237. For transactional leaders, the R Square = 0.004, df = 1, 413, and p = 0.181.

The fifth hypothesis stated that organizations with treatment providers who report cynicism about change would have a lower level of integrated services than treatment providers who report that they are not cynical about change. As was the case with organizational commitment, data from treatment providers was used because the survey did not ask criminal justice administrators about cynicism towards change. Linear regression explored the impact of cynicism about change on integration of services. The analysis testing employees who are cynical about change on level of integration was not statistically significant and only explained 0.1 percent of the dependent variable.

The sixth hypothesis stated that organizations with criminal justice administrators who report a belief in rehabilitation would have a higher level of integrated services than administrators who report a belief in traditional sanctions. All items in the punishment scale were categorized as falling into either the rehabilitation or the traditional sanctions

scale so they were not loaded into the same model. As was done with the leadership variable, two separate analyses were run with a comparison then made to determine which variable had the greatest impact on integration. Linear regression was used to understand the impact of each variable on level of service integration. Both models resulted in statistical significance, with those believing in traditional sanctions having a greater impact on level of service integration. For rehabilitative beliefs, R Square = 0.013, df = 1, 430, p = 0.018*) and for traditional sanctions, R Square = 0.017, df = 1, 427, p = 0.007**). Rehabilitative beliefs explained 1.3 percent of integration of services and beliefs in traditional sanctions explained 1.7 percent.

Finally, the seventh hypothesis stated that when criminal justice administrators and treatment providers agree that the organizational climate is open and report a belief in rehabilitation, there will be a higher level of integration of services than when they disagree about these two factors. Unfortunately, this analysis was unable to be run due to missing data. On the variable that merged the data sets by facility, there were 87 valid responses and 345 missing responses. The percentage is too large to conduct a means replacement strategy. Instead, a correlation was run in order to gain an understanding of treatment providers' and criminal justice administrators' overall reported level of service integration. A simple correlation explored the integration measure from the viewpoint of treatment providers and criminal justice administrators. The Pearson's R correlation was -0.058 with a significance level of 0.398 (two-tailed). It is surprising that there is both a weak and inverse relationship between the two variables; however, the finding highlights

the difficulty of trying to compare reports of service integration across two different surveys when matching by facility is not possible.

A series of multiple regression models tested the eighth hypothesis, which was the conceptual model on substance abuse treatment programs, shown earlier in the chapter in Figure 3. The model hypothesized that organizational factors, personal characteristics of administrators and structural factors would affect the level of integration of services between criminal justice organizations and treatment organizations. The impact of each set of independent variables and combinations of independent variables was examined to determine which had the best model fit (largest R Square value) and explained the largest percentage of the dependent variable, integration of services. Table 4 in the methods section displayed the five different models used in the analysis. The results of the multiple linear regression models are in Table 11.

Table 11: Conceptual Model: What is the Impact of Organizational Factors, Personal Characteristics of Administrators, and Structural Factors on Level of Service Integration

	R Square	Beta	Standard Error of the Estimate	F Change	Significance Level
Model 1	0.045		6.278	2.988	0.032*
Leadership		0.033			0.663
Culture		0.199			0.008**
Commitment		-0.008			0.914
Model 2	0.032		6.318	2.239	0.085
Cynicism for Change		-0.092			0.188
Rehabilitative Beliefs		0.096			0.173
Education		0.103			0.145
Model 3	0.066		6.234	2.650	0.024*

Culture		0.171			0.028*
Leadership		0.045			0.551
Rehabilitative Beliefs		0.051			0.482
Cynicism for Change		0.097			0.172
Education		0.073			0.315
Model 4	0.126		6.055	20.404	0.000**
Size of Facility		0.130			0.004**
Number of Programs		0.261			0.000**
Conducts Own Testing		0.172			0.000**
Model 5	0.169		5.919	4.696	0.000**
Size of Facility		0.091			0.187
Number of Programs		0.315			0.000**
Conducts Own Testing		0.108			0.124
Rehabilitative Beliefs		-0.004			0.952
Culture		0.124			0.096
Leadership		0.034			0.640
Cynicism for Change		-0.133			0.053
Education		0.015			0.833

* indicates $p < .05$; ** indicates $p<.01$

Model 1: Impact of Organizational Factors (leadership, culture, commitment) on Integration
Model 2: Impact of Personal Characteristics of Administrators (cynicism towards change, attitudes towards crime and punishment, and level of education) on Integration
Model 3: Impact of Organizational Factors and Personal Characteristics of Administrators on Integration (contains all variables mentioned in models 1 and 2 except commitment)
Model 4: Structural Factors of Administrators (size of the facility, number of treatment and substance abuse programs offered, and whether the facility conducts its own drug and alcohol testing) on Integration

Model 5: Organizational Factors, Personal Characteristics of Administrators and Structural Factors (contains all variables from models 3 and 4) on Integration

Model 1. Organizational factors consisted of organizational culture, leadership, and commitment. Transformational leadership (and not transactional) represented the leadership variable in the model. As shown in Table 11, organizational factors explained 4.5 percent of the amount of integration of services as reported by criminal justice administrators (R Square value of 0.045). The model had a significant F change of 0.032 (significant at the $p < 0.05$ level), indicating that the added variables improved the model fit and prediction of the dependent variable. Organizational culture had the strongest relationship with integration within the model (Beta = 0.199, t = 2.661, p = 0.008).

Model 2. Personal characteristics of administrators are comprised of administrators' views on crime and punishment, cynicism for change, and education of administrators. Personal characteristics of administrators explained 3.2 percent of the measure on integration of services. The F change approached significance at 0.085, but did not reach it. Therefore, adding these variables did not statistically improve the model. None of the standardized regression coefficients (Betas) in the model reached significance.

Model 3. The model included both organizational factors and personal characteristics of administrators. Combining organizational factors with personal characteristics of administrators resulted in 6.6 percent of the explanation of integration of services. This was a larger percentage than the first two models (4.5 percent and 3.2 percent each) and resulted in a significant F change (0.024 at the $p <0.5$ level). Within the

model, organizational culture had the strongest relationship with integration (Beta = 0.171, t = 2.219, p = 0.028).

Model 4. The model contained the structural factors of organizations using the data from criminal justice administrators. Size of the facility, whether or not the organization conducts its own drug and alcohol testing, and the total number of treatment and substance abuse services offered were examined for their impact on integration. Although the question on drug and alcohol testing was not continuous, it was dichotomous and therefore did not require special treatment before placed in the model. Structural factors resulted in an increase in the proportion of explained service integration (12.6 percent) and improved the model, demonstrated with the significant F change ($p<0.01$). All three of these variables had strong relationships with the dependent variable (size: Beta = 0.130, t = 2.859, p = 0.004; number of programs: Beta = 0.261, t = 5.712, $p < 0.000$; facility conducts its own drug and alcohol testing: Beta = 0.172, t = 3.754, $p < 0.000$).

Model 5. The final model contained all three categories of independent variables: organizational factors, personal characteristics of administrators, and structural factors. Organizational commitment and organizational climate were not included due to the high correlations of the variables. The model resulted in the greatest amount of explanation of integration of services as reported by criminal justice administrators with a total of 16.9 percent of the dependent variable explained. This was significant at the $p<0.01$ level. In the final model, the number of treatment programs offered had the strongest relationship

with integration (Beta = .315, t =4.522, p < 0.000) followed by cynicism towards change (Beta = -0.133, t = -1.947, p = 0.053).

Discussion of Results

The current research examined the impact of organizational factors, personal characteristics of criminal justice administrators, and structural factors on service integration between correctional and treatment agencies. In a series of separate models examining the impact of each independent variable on integration, there were statistically significant findings for organizational culture and beliefs about crime and punishment on level of integration of services. The results of the individual hypotheses are important because they reflect the impact of a specific variable on integration, without the interaction of any other variables (such as with the nested models). An innovative and flexible culture resulted in a greater explanation of service integration. Innovative and flexible cultures involve cooperation, coordination, teamwork, and working toward a future direction (Schein, 2004); all of which relates to service integration. Working together to accomplish common goals is a component of Konrad's continuum of integration (1996). Both rehabilitative beliefs and beliefs in traditional sanctions resulted in an increase in levels of service integration (with traditional sanctions having an even greater significance level). Criminal justice administrators believing in rehabilitation were more likely to seek out ways to assist offenders struggling with substance abuse. It is interesting that administrators believing in traditional sanctions also reported integrating services (R Square = 0.017). The finding indicates that even those with more conservative and traditional beliefs were willing to provide treatment to offenders and

work with other organizations. Despite the significant findings and support for the hypotheses, the variables accounted for a small percentage of integration of services (1.1 percent for organizational culture, 1.3 percent for rehabilitative beliefs, and 1.7 percent for beliefs about traditional sanctions).

The impact of an open organizational climate on level of integration of services approached significance (R Square = 0.008, p = 0.067). It is promising that organizational climate almost reached statistical significance, indicating that organizations with open climates have the potential to be more likely to integrate their services. Open climates include support of new ideas, openness to change, and a willingness to do things differently (Hemmelgarn et al., 2006; Vardi, 2001; Simpson et al., 2007); all items relating to integration. Despite the significance level, an open organizational climate explained only 0.8 percent of integration.

Organizational commitment, cynicism for change and leadership did not have significant relationships with integration and thus there was not support for these individual hypotheses. Employees who are committed to their organization typically believe in and share its goals (Valentine et al., 2002). It is possible that administrators who are very committed to their criminal justice organizations may not believe in service integration and providing unified treatment plans for offenders. For example, these correctional administrators may take a more punitive approach in dealing with offenders who struggle with substance abuse but still report that they are highly committed to their organization and view its overall goal as punishing offenders. Research showed that commitment not only applies to the organization as a whole, but also to individual

supervisors, work groups, and unions (Hunt & Morgan, 1994). The complexity of organizational commitment is a possible explanation for the lack of a significant relationship between commitment and service integration. The leadership variable was measured as transactional and transformational leaders. It is unknown why leadership was not a factor that affected integration as leaders of an organization likely make decisions about integration levels and how to provide services. One explanation is the characteristics of transformational leaders, which include providing a future vision and direction, focusing on more lofty goals, and exuding charisma (Rainey, 2009; Hall & Tolbert, 2005). It is possible that individuals working in organizations with transformational leaders may believe they will solve everything (here finding ways to integrate with other agencies) and that nothing more needs to be done. Employees may also follow them blindly due to their charismatic nature, even if their goals are not immediately realized. On the other hand, transactional leaders who are more focused on specific tasks may be able to find concrete ways to integrate services (Rainey, 2009). It is also possible that stylistic differences are more important, such as whether the leadership is participative or authoritative, than whether the leadership is characterized as transformational or transactional (Hall & Tolbert, 2005). Finally, it is also unknown why cynicism for change did not result in a significant change in the model. Cynicism for change deals with the human factor in organizations as its members may remember past failed attempts at change or are unwilling to break free of their familiar routines (Feldman, 2003). Even if administrators are cynical and doubtful the change will work, they might follow their organization's goals regardless of their own beliefs. The

connection between cynicism towards change and organizational goals may explain why cynicism for change and organizational commitment were highly correlated with one another (Pearson's R = -0.691**). It is also worth noting that two of the three variables (organizational commitment and cynicism for change) not reaching statistical significance came from the data on treatment providers, instead of criminal justice administrators. The issue of using different data sets is discussed more in the limitations section. More research is needed to fully understand the relationship of these variables.

A series of multiple linear regression models were run to test the conceptual model that examined the combined impact of organizational factors, beliefs about crime and punishment, and structural factors on integration of services. It was hypothesized that organizational factors would play a role in integration of services because the way that an organization functions affects how it deals with its population and how it interacts with other agencies (Grella et al., 2007). Beliefs about crime and punishment are important because whether or not criminal justice administrators believe in rehabilitation has the potential to impact how supportive they are of treatment and may influence how they believe it is best to handle the correctional population (Cole & Smith, 2010). Prior research highlighted the importance of structural factors in predicting level of integration, such as size of the facility, type of organization, and offering specialized services (Friedmann et al., 2007; Lehman et al. 2009), which is why structural factors were included in the model. When organizational factors, personal characteristics of criminal justice administrators, and structural factors combined together in the regression model, it resulted in the greatest percentage of explanation of the dependent variable, integration of

services. The three sets of variables explained 16.9 percent of the variance of the dependent variable, with a significance level of $p < .01$. Structural factors resulted in the next highest amount of explanation for integration of services with 12.6 percent, followed by organizational factors and personal characteristics of administrators combined (6.6 percent), organizational factors (4.5 percent), and personal characteristics of administrators (3.2 percent). All models were statistically significant except for the model containing only the personal characteristics of criminal justice administrators ($p = 0.085$). Organizational climate and organizational commitment were not included in some of the combined models because the variables were correlated with other variables in the models. Also, within the different models, organizational culture, cynicism for change, and structural variables had the largest impact on integration, indicated by the Beta coefficients and their significance levels (Model 1: organizational culture (Beta: 0.199; $p = 0.008$); Model 3: organizational culture (Beta: 0.171; $p = 0.028$); Model 4: size of the facility (Beta: 0.130; $p = 0.004$); number of treatment programs (Beta: 0.261; $p = 0.000$; whether the facility conducts its own drug testing (Beta: 0.172; $p = 0.000$); Model 5: number of treatment programs (Beta: 0.315; $p = 0.000$); cynicism for change (Beta: 0.124; $p = 0.053$)).

It is interesting that some of the variables lost significance when additional variables were added to the model. For example, organizational culture was significant within Models 1 and 3, but not Model 5, which contained all the variables. There are a couple of possible explanations for the loss of significance. Some variables might have greater significance in the presence of another variable. Also, one independent variable

may absorb some of the variability within the model, causing it to take away from the significance of another independent variable. Despite the changing of significance levels of the variables, the importance of structural factors is clear as this set of variables produced greater explanation of the dependent variable than organizational factors and personal characteristics of administrators when each was examined separately. Size of the facility, whether the organization conducts its own drug and alcohol testing, and the number of treatment and substance abuse programs offered all impacted service integration. Internal structure of an organization is important in the decisions the organization makes and how it works with other agencies. Cynicism towards change was also important in Model 5, which was the conceptual model. For correctional agencies, integrating their services with treatment agencies requires a new way of doing things. Organizations with workers who are cynical about change will face challenges when trying to implement new ideas and ways to offer services.

The findings of this study suggest the importance of organizational culture, criminal justice administrators' views on crime and punishment, cynicism towards change and structural factors (size of the facility, number of treatment and substance abuse programs offered, and whether or not the organization conducts its own drug and alcohol testing) on level of integration of services between treatment and correctional agencies. It is important for correctional agencies to understand what affects integration so that they can take steps to increase it within their own organization. Based on the results of this research, if correctional agencies desire to increase levels of service integration, they should find ways to foster an innovative and open culture, hire

correctional workers with certain views towards treatment, manage the change process for employees so they are prepared for new ways of doing things, and offer more treatment and substance abuse programs. Correctional agencies may also desire to integrate services because of its tie to overall cost savings. Instead of having two organizations working separately to accomplish the same goals, they can pool their resources, ideas, and skills to provide better and more cost effective programs for offenders.

CHAPTER SEVEN: DISCUSSION, LIMITATIONS, AND CONCLUSION

Many incarcerated offenders have drug charges/offenses or have issues with substance abuse (Bureau of Justice Statistics, 2010). Treatment is an important component for those individuals who struggle with substance abuse, not only to help with their addiction but also to decrease future recidivism (Prendergast et al., 2002; Harrison, 2001). Despite the promising nature of research on drug abuse treatment, many offenders are not able to obtain the appropriate treatment services (Belenko & Peugh, 2005; Taxman et al., 2007). In addition to the concern over lack of *relevant* services, there are also barriers to implementing *effective* treatment programs (Farabee et al., 1999). Integrated correctional and treatment services improve the system efficiency and effectiveness and positively impact offenders by providing a seamless system of care.

The present study suggests that innovative and flexible organizational culture and beliefs about crime and punishment impacted level of integration of services (in the individual models). In the nested models, organizational factors, personal characteristics of criminal justice administrators, and structural factors explained 16.9 percent of service integration. An innovative and flexible culture mixed with certain structural factors (size of the facility, number of substance abuse and treatment programs offered, and whether or not the facility conducts its own drug and alcohol testing) and cynicism towards change had the greatest impact on service integration with 16.9 percent of the dependent

variable explained. The present research contributes to the literature on competing values theory (Cameron et al., 2003) by using the theory to explain beliefs and values at the level of the individual (as opposed to the organizational level). The current work is significant for policy related to the Affordable Care Act's (2010) focus on integrated service delivery ("Building Healthier Communities by Investing in Prevention," 2011). The Act encourages correctional agencies to consider how, when, and why they assist offenders with finding health care and integrating needed services with treatment agencies (Gondles et al., 2012; Council of State Governments Justice, 2013).

Despite significant findings, other factors also impact integration as indicated by only 16.9 percent of the dependent variable explained in the final model. Areas for future research include an emphasis on the availability of resources, barriers to providing treatment, facility location, and funding sources. Moreover, research designs that include qualitative methods will help increase understanding about what impacts service integration between correctional and treatment agencies.

The limitations of the study include the methodology, survey questions, and missing data. One hypothesis was unable to be tested because of missing data on facility location. Survey questions of criminal justice administrators and treatment providers were not identical, resulting in the use of data from two different sets of respondents within the nested models.

Theoretical Implications

The current study adds to the literature on competing values theory and continues to build on the use of competing values theory in the field of criminology. The study

furthered the exploration of competing values at an individual level, which Taxman and Henderson (2009) used in research on prison wardens. Within the competing values framework (Cameron et al., 2003), this research focused on the importance of collaboration. A desire to achieve this goal may mean that the organization has to sacrifice other competing values, such as getting things done quickly and efficiently (Cameron et al., 2003). The study explored competing values theory by examining how correctional agencies handle offenders and whether or not there is a belief in the importance of providing treatment services. Correctional administrators face competing demands about how to handle their population: to keep offenders safe and busy, punish, and rehabilitate them (Cole & Smith, 2010). Providing substance abuse treatment to offenders falls under the rehabilitation category. The current study furthers knowledge about the importance of organizational choices that sacrifice some values to realize others (Buenger et al., 1996; Henderson & Taxman, 2009; Taxman, 2009).). That is, at an individual level, some correctional workers may value a treatment component for individuals under correctional control while others may not. The study finds that beliefs about crime and punishment among criminal justice administrators impact the level of integration of services.

Additionally, the present research finds that structural factors impact the level of integration of services, expanding current understanding of competing values theory. Two of the structural factors in the study relate to competing values. Organizations make decisions about whether or not to conduct their own drug and alcohol testing and the number of programs to offer (both of which were shown to impact integration). By

making the decision to use resources on these functions, administrators may have to sacrifice something else in the organization.

The research adds to the literature at a broader level by contributing to the idea that values impact organizational choices and outcomes (in this case, integration) (Grella et al., 2007; Argandona, 2003). The current study also points to an area of future research within competing values: the decision of correctional administrators to assist offenders with health care services. Once states implement the Affordable Care Act, researchers can examine how the idea of competing values plays out in correctional organizations. Researchers can examine how correctional organizations decide to provide health services and how they incorporate the services as part of an integrated model.

One area that is not addressed is the low predictive validity of the models. Although the study does add to the literature on competing values theory, it must be noted that the independent variables were only able to predict small amounts of the dependent variable. Organizational culture explained 1.1 percent of service integration. Rehabilitative beliefs explained 1.3 percent of service integration and traditional sanctions explained 1.7 percent. The final model, combining organizational factors, personal characteristics of criminal justice administrators, and structural factors, explained 16.9 percent of service integration. It is clear that other factors impact integration and more research is needed to further explore the relationship among these variables. Additional research is also needed that uses competing values theory as a framework to explain integration of services.

Policy Implications

In addition to expanding theoretical knowledge about service integration, this work also suggests several salient policy implications. While human service integration began in the 1970s with integration of early education and child-care for children (Konrad, 1996), it changed in the 1980s to a way of helping people become socially and economically self-sufficient. Then in the 1990s, service integration grew to include services for families, at risk youth, and employment centers (Konrad, 1996). During this time period, service integration was part of a plan to expand correctional options and initiatives included the seamless system of care and the use of graduated sanctions in drug treatment courts (Taxman, 1998; Harrell & Roman, 2001). Currently, integrating treatment services is of policy interest because of the Affordable Health Care Act and the direction the country is moving towards with health care (link to the Act: http://housedocs.house.gov/energycommerce/ppacacon.pdf).) The ACA highlights an integrated service delivery model ("Building Healthier Communities by Investing in Prevention," 2011) and pushes correctional agencies to think about how, when, and why they assist offenders with finding health care and integrating services with other agencies (Gondles et al., 2012; Council of State Governments Justice, 2013). Another policy implication is interest in criminal justice reform to reduce the demand on incarceration. Correctional administrators are interested in finding ways to reduce their population and ultimately save costs. Although criminal justice agencies are not currently considered service providers, service integration is relevant given the number of offenders who struggle with substance abuse and addiction and the resulting current challenges for

organizations. Integrated services represent a way of improving efficiency and program quality for an offender population who desperately needs it.

In running their agencies, correctional administrators routinely face decisions about what services and activities will assist those under their control with health issues related to offending. This relates back to competing values theory (Cameron et al., 2003) as it points to the value decision correctional agencies must make regarding whether they want to take on these additional services. Because of the research that shows a link between health coverage and reduced recidivism (Freudenberg et al., 2005), correctional agencies have an increased incentive to assist inmates in enrolling in health care that will become active upon their release.

Correctional administrators should consider refining their goals to include the role of service provider. Due to the findings of Freudenberg et al.'s (2005) study that showed a link between health care enrollment and recidivism, administrators could incorporate signing offenders up for health services as part of the screening process at intake (to include prison, jail, and probation). Although offenders may now receive health coverage, there is no guarantee of easy access to a health care provider. Correctional workers can also work with offenders pre-release in order to find them health providers and provide health care workers with the offenders' medical records. By working closely with mental health and treatment providers in the community, correctional agencies could provide a seamless system of care as offenders leave prisons and jails and are released to the community (Gondles et al., 2012; Council of State Governments Justice, 2013).

Providing health insurance is an important step to improve the overall health of prisoners who reentered the community and those under the control of community corrections. From an ethical perspective, public health officials have a responsibility to assist this disadvantaged population obtain health services, to include substance abuse and mental health programs, and to educate them about their health. Many of these are long-term goals: improving the health of offenders, having healthier communities, and educating the population about their general health. Short-term goals should include helping offenders find job training and employment and assisting with enrollment for health insurance (Freudenberg et al., 2005).

Under the Affordable Care Act, many offenders will now have access to health care services for the first time; a topic especially important given that this group has a wide variety of health concerns (Cuellar & Cheema, 2012; Binswanger et al., 2012). Health care provides them with the opportunity to obtain substance abuse and mental health treatment. Integrating services is a way to increase the quality of care and programs, which is one of the goals of health care reform. The current research highlighted the importance of organizational culture, beliefs about crime and punishment, cynicism towards change, and structural factors on increasing integration between correctional and treatment agencies. Both treatment and correctional agencies can work towards creating an innovative and flexible culture where there is cooperation, teamwork, and a clear future direction. They can be mindful of the views of their staff on their beliefs about crime and punishment so that they are hiring and working with people whose beliefs include a desire to help offenders and a willingness to work with other

agencies. The agencies can also examine their internal policies by offering more treatment and substance abuse programs and by conducting their own drug and alcohol testing within the facility. The Affordable Care Act can embrace these factors as part of their plan for collaboration and integration among agencies. Change may be coming for correctional agencies because of the ACA and as such, agencies need to manage the change process for their employees so cynicism about the way ahead does not become a barrier to providing effective services. Correctional agencies should consider opening their doors, providing treatment services, assisting offenders with health care needs, and integrating with other agencies.

Areas for Future Research

There are many possibilities about other factors that affect integration, which may illuminate the low overall explanation of integration in the models. The first is the wide array of facilities included in the sample: adult prisons, juvenile residential facilities and community correctional agencies. By structure, design and location, the facilities may have different opportunities to share information, cooperate, coordinate, collaborate and integrate with other agencies (Konrad, 1996). The geographic location may result in some facilities providing services independently of other agencies because they are in isolated or rural areas. Other agencies simply may not be in close enough proximity for service integration to be feasible. Facilities in rural areas might have difficulties finding the proper treatment staff for their programs (Farabee et al., 1999), resulting in decreased integration because treatment agencies are not readily available or nearby the facility.

Another way that agencies possibly vary is with their level of funding. Some states provide more funding to correctional facilities and programs than other states.

Funding levels are significant as they are closely tied to the organization's ability to provide treatment services. Treatment programs initially cost money to the organization, but may be cost effective long-term because of their ability to keep offenders from committing additional crimes and returning to the correctional system after release (Cohen, Rust, Steen, & Tidd, 2004; Daley, Love, Shepard, Peterson, White, & Hall, 2004). Relating to Konrad's (1996) continuum of integration's dimension on funding are stakeholders, budgeting, and financing. Correctional systems may also vary on the level of responsibility given to directors and administrators regarding the decision to integrate services. Authority of directors and administrators ties to the concept of leadership that the current study examines (Rainey, 2009). Barriers to treatment and problems implementing treatment programs are two factors that contribute to the organizations' difficulties in integrating services (Farabee et al., 1999; Belenko & Peugh, 2005). The two factors include issues such as matching the offender to the correct treatment program, assessment of the offender during the program, staff recruitment and training, resources, and providing enough services to meet demand (Farabee et al., 1999; Belenko & Peugh, 2005). Closely related is the wide array of views among staff regarding the best methodology behind treatment programs. Many treatment staff believe in spirituality and the 12 - step program as successful techniques, yet the techniques do not have a lot of support in the research community (Forman et al., 2001). Correctional agencies that advocate evidenced based practices might not want to integrate with

treatment staff who have differing views on substance abuse programs (Forman et al., 2001). Although the current study explained beliefs about crime and punishment, it examined the differences between rehabilitation and traditional sanctions, not the beliefs in the best method to help offenders make positive changes. Within competing values theory, the types of programs that correctional agencies offer could compete with one another (Cameron et al., 2003). For example, substance abuse treatment programs may face competition for time and resources with medical, educational, vocational, and mental health services. Henderson and Taxman (2009) explored this very topic by examining the competing values criminal justice administrators face in determining the importance of substance abuse programs in relation to other programs. They found that those rating substance abuse treatment as important were more likely to use evidenced based practices to strengthen the quality of the programs (Henderson & Taxman, 2009). The current research used competing values theory to provide a framework for the tensions correctional agencies face in handling offenders at a larger level (i.e. punish v. rehabilitate), but did not examine competition among programs within a facility.

Based on the results of the current study (only 16.9 percent of the dependent variable explained), it is clear that more research is needed to explore additional areas that impact integration, such as the availability of resources, the amount of time correctional workers and treatment providers spend working together, the preferences of staff in treating substance abuse, barriers to treatment, implementation issues, location of the facility, funding level, etc. Qualitative research is necessary to gain a better understanding of the working relationships of the agencies and factors affecting

integration in these organizations. In-depth interviewing will reveal opinions about integration and the barriers within the organization. Qualitative research could provide a direction for future researchers who create quantitative surveys on integration between correctional and treatment agencies. The current study used the National Criminal Justice Treatment Practices Survey, which is the same survey used to test integration of services in some of the other studies cited in the literature review (Fletcher et al., 2009; Lehman et al., 2007). There is a need to have additional research, both qualitative and quantitative, using a different set of data.

Limitations

One limitation of this study is the methodology relating to the survey. While a survey questionnaire was ideal for the study to reach a geographically disperse population and obtain a significant number of responses, it did not allow for interviews with respondents. Additionally, all questions were multiple choice or fill in the blank and the survey questionnaire did not include an open text section. Qualitative information could have complemented the quantitative nature of the survey by delving deeper into the topic of integration. Interviews and/or open text survey items asking questions about factors affecting service integration may have highlighted additional areas for future research and helped explain the low predictive validity in the multivariate models.

The response rate is another way that the methods are limiting. The survey on correctional/probation/parole and treatment staff was not used due to the low response rate of 33.9 percent. It would have been interesting to examine views of correctional and treatment staff and then make a comparison with views of criminal justice administrators

and treatment program directors to determine any similarities and/or differences. The response rate for treatment providers and criminal justice administrators was higher (62.5 percent); however, that leaves a proportion of the population whose views are unrepresented in the survey. The population who did not complete the survey may have responded in different ways than those who participated.

The survey contained missing data on some data such as the respondent's facility. Given the significant amount of responses missing, one hypothesis was unable to be tested. Because of the data limitation, the level of agreement between treatment providers and criminal justice administrators within the same facility on organizational factors and beliefs about crime and punishment was not tested.

Another limitation is that the survey did not query criminal justice administrators on all topics desired for the current study, to include organizational commitment and cynicism for change. As a result, the analyses were run using data from treatment providers and did not include the viewpoint of criminal justice administrators on organizational commitment and cynicism towards change. Therefore, the conceptual model included data from two different data sets.

A final limitation of this study is the lack of external structural variables. While the study addressed internal structural variables (size of the facility, number of treatment programs offered, and whether or not the facility conducts its own drug testing), external variables were not included. The survey did not ask questions on this topic and as a result, the variables were not tested. External structural variables include size of the

community, the role of stakeholders within the community, and funding from outside sources.

Conclusion

Research showed the benefit and promise of correctional and treatment agencies working together to provide substance abuse treatment to offenders. Society certainly has an interest in seeing offenders obtain needed substance abuse treatment services and not recidivate. Important societal implications of the current research include decreasing an already enormous prison, jail, and community corrections population. The purpose of the study was determining some of the factors affecting integration of services between criminal justice administrators and treatment providers. Organizational factors, personal characteristics of administrators, and structural factors combined to explain and predict a statistically significant change in integration of services (16.9 percent). Despite statistical significance, the overall amount of prediction of the dependent variable is less than 20 percent, indicating that there are many other factors impacting service integration that were not included in the study. In the nested models, the greatest impact on service integration resulted from structural factors, organizational culture, cynicism towards change and views on crime and punishment. More research is needed to further understand the relationship of these variables and determine other factors that affect integration of services, including resource availability, location of the facility, and barriers to treatment. Conducting qualitative research is essential to gain an in-depth understanding of the factors impacting integration between correctional and treatment agencies.

Competing values theory is the framework for the study and highlighted the choices organizations make regarding what is best for their population and organization. Important for this topic are the competing decisions regarding appropriate punishment and offering treatment programs to offenders. The research contributes to the literature in the field on competing values and their influence on the decisions and choices that organizations make. The study has policy implications as well due to the recent changes in health care policies that now extend coverage to people that previously did not have access to health insurance such as offenders released to the community. Offenders who obtain health care should be able to gain access to substance abuse and treatment programs, leading to possible decreased substance use and recidivism. Correctional agencies, therefore, must assist offenders obtain health care, provide treatment services, and work with other agencies if they want to be service providers and expand treatment options for offenders. Integrating services is not only beneficial to the offender, but also saves resources as correctional and treatment agencies work towards the same goals. Because of the potential positive outcomes, correctional and treatment agencies should consider ways to integrate their services in providing substance abuse treatment to offenders.

APPENDIX

Survey Questions

The first set of variables for this study is the organizational factors, which are climate, culture, commitment and leadership. The definition given in the survey for organizational climate was the 'degree to which individuals view their organization as open to change and supportive of new ideas.' The concept was measured using the same strongly disagree/strongly agree scale for statements A through J. Open climate/innovativeness is measured in items g and h. In my facility/location: A) There is a shared understanding of the changes needed to help our facility/location achieve its long-term objectives. B) There are discussions involving all the staff about the vision of the facility/location and ways to achieve it. C) We have well-defined performance outcomes and specific plans in place of how to achieve them. D) Managers and staff periodically meet and talk about what is working well and what isn't working to improve our performance. E) Opportunities are provided for staff to attend training or other developmental opportunities. F) Learning new knowledge and skills and using it in your job is highly valued by supervisors and managers. G) Staff feel comfortable promoting different ideas or suggestions, even if they conflict with established policy or practice. H) Managers are open and willing to try new ideas and ways of doing things. I) Staff generally feel comfortable discussing mistakes, errors, or problems with supervisors and managers. J) Most staff here believe that they can have open discussions with supervisors

and managers about work-related difficulties or problems. While the data for treatment providers did not ask the same question, they were asked a set of questions regarding climate for treatment that will be used in the analysis. The definition for climate for treatment was the 'degree to which staff perceive that organizational policies, practices, routines and rewards emphasize providing effective drug treatment services.' Respondents had to choose their agreement with statements A through N, with questions on empowerment most closely aligning with an open climate (letters A, D, K, L, and M). A) We are regularly kept informed about the effectiveness of our substance abuse treatment programs (e.g. through data on recidivism rates). D) Supervisors recognize and appreciate providing effective substance abuse treatment services to offenders. K). A high value is placed on the job knowledge and skills of the treatment staff to provide effective addictions treatment. L) Staff are given the training they need to provide effective substance abuse treatment services. M). Staff are given the necessary tools and means to provide effective treatment services to offenders.

For the variable organizational culture, individuals had to choose their agreement with statements A through L on what was being promoted in their organizations. Cohesion-involvement cultures are flexible and internally focused (items A through C). Hierarchy-consistency cultures are stable and internally focused (items D through F). Performance-achievement cultures are stable and externally focused (items G through I). Innovation-adaptability cultures are flexible and externally focused (items J through L). This scale stated that in my organization: A) Most people have input into the decisions that affect them. B) Cooperation and coordination is actively encouraged across

departments, units, and jobs. C) The management style emphasizes teamwork. D) There is a high level of agreement about the way we do things in terms of rules, policies, and procedures. E) Our approach to doing our work is very consistent and predictable. F) The management style emphasizes the following procedures and facilitating efficient processes. G) We have a clear long-term purpose and direction. H) There is a shared vision of what this facility/location will be like in the future. I) The management style emphasizes hard-driving competitiveness, high demands, and success. J) People are willing to stick their necks out and take risks to be innovative. K) The management style emphasizes trying new approaches and experimentation. L) Things change very easily and quickly – this facility/location is very responsive to situations that require change.

Organizational commitment was defined as 'the extent to which employees feel committed to and attached to their employer' and was measured using items A through I on the scale. A) I am quite proud to be able to tell people who it is that I work for. B) What this organization stands for is important to me. C) I work for an organization that is incompetent and unable to accomplish its mission. D) I feel a strong sense of belonging to this organization. E) I feel like "part of the family" at this organization. F) The people I work for do not care what happens to me. G) This organization appreciates my accomplishments on the job. H) This organization does all that it can to recognize employees for good performance. I). My efforts on the job are largely ignored or overlooked by the organization.

Leadership of an immediate supervisor was measured on a scale containing items A through Q and examined transactional and transformational leadership. Transactional

leadership was defined as 'influence based on exchanges between leaders and employees. Leaders provide goals, direction, feedback, resources, and rewards in exchange for effort, commitment, and loyalty of employees within their organization.' It is measured using items A through L on the scale. Transformational leadership was defined as 'influence based on enhancing employee commitment to higher purposes and goals. Leaders communicate inspiring visions, lead by example, encourage teamwork, demonstrate high levels of expectation, attend to individual needs and concerns, and challenge the status quo, which results in employees that put aside self-interest and strive harder than would normally be expected in order to achieve organizational goals.' It is measured using items M through Q on the scale. The overall items were: A) Inspires others with his/her plans for this facility/location for the future. B) Is able to get others to be committed to his/her vision for this facility. C) Leads by "doing" rather than simply by "telling." D) Leads by example. E) Encourages people to be "team players." F) Gets people to work together for the same goal. G) Shows that he/she expects a lot from others. H) Insists on only the best performance. I) Treats each of us as individuals with different needs, abilities, and aspirations. J) Takes time to carefully listen to and discuss people's concerns. K) Suggests new ways of looking at how we do our goals. L) Has ideas that challenge others to reexamine some of their basic assumptions about their work. M) Gives special recognition to others' work when it is very good. N) Personally compliments others when they do outstanding work. O) Provides well-defined performance goals and objectives. P) Stays well informed in what is being done in my work group. Q) Provides us with the necessary resources and the assistance we need to get our work completed.

The next set of variables is the personal characteristics of criminal justice administrators and treatment providers and includes the attitudes towards crime and punishment, cynicism for change, and level of education. Attitudes towards crime and punishment was operationalized using a punishment scale with letters A through L that ask respondents to rate a series of statements from strongly disagree (1 point) to strongly agree (5 points), which is the Likert type scale used for all the variables in this study. The items are designed to measure deterrence, traditional sanctions, incapacitation, just deserts, drug-user items, criminal items, and rehabilitation. Rehabilitation is measured in items B, F, G, and I with punishment/deterrence measured in A, C, D, E, H, J, K, and L. The scale consisted of the following statements: The best way to reduce crime is to: A) Show people who use drugs they will be punished severely if they don't stop. B) Make sure criminals get effective treatment for addictions and other problems while they're in prison/jail, or on supervision in the community. C) Keep criminals in prison/jail and off the streets. D) Use the "eye for an eye, tooth for a tooth" principle. E) Deter future offenders by severely punishing criminals who are caught and convicted. F) Provide criminals with treatment to address addiction, mental health problems, or other problems. G) Make sure that the treatment provided is matched to offenders' needs. H) Keep criminals in prison/jail where they can't bother law-abiding citizens. I) Provide more treatment, jobs, and educational programs to address problems that often contribute to crime. J) Keep drug users in prison/jail and off the streets. K) Punish addicts in prison/jail to stop them from using drugs. L) Deter future criminals by severely punishing drug users who are caught and convicted.

Cynicism for change was defined as 'the extent to which employees are pessimistic about the organization's ability to change procedures or improve' and contained items A through E on the scale. The following statements comprised the scale: A) I have pretty much given up trying to make suggestions for improvements around here. B) Changes to the usual way of doing things at this facility/location are more trouble than they are worth. C) When we try to change things here they just seem to go from bad to worse. D) Efforts to make improvements in this facility/location usually fail. E) It is hard to be hopeful about the future because people have such bad attitudes.

Level of education of staff include the highest level of education Staff indicate whether they have completed: High school, Associate degree, B.A./B.S., Some graduate studies, MBA/Masters, J.D., Ph.D./Ed.D., M.D., Other (specify).

The final set of variables is the structural factors that may impact the integration of services and they are: Size of the facility, whether or not the facility conducts its own drug and alcohol testing, and the total number of treatment and substance abuse services offered. Size of the facility was measured with the question: Number of offenders that are currently in all of the facilities/locations for which you are responsible: _____ approximate average population on a given day. The question on drug and alcohol testing stated: Does your agency conduct drug and alcohol testing? No or Yes. The final question about total number of treatment and substance abuse services offered fell under the broader question of: Many organizations offer a variety of services In the chart below, please provide the following information about services provided to offenders at your facility/location.

The planned dependent variable is level of integration of services. The question stated, "Below is a list of common activities between agencies. Please check all the activities that apply to your working relationship with treatment programs, the judiciary, and other criminal justice agencies on issues specific to offender substance abuse treatment." For this research, every check mark under substance abuse treatment programs will receive one point and be summed into a scale (with greater numbers reflecting greater level of integration). The responses were from A to K and were as follows: A) We share information on offender needs for treatment services. B) Our organizations have agreed to similar requirements for program eligibility for some programs. C) We have written agreements providing space for substance abuse services for some programs. D) We hold joint staffing/case reporting consultations. E) We have developed joint policy and procedure manuals. F) Our organizations have pooled funding for some offender substance abuse services. G) We have modified some program/service protocols to meet the needs of each agency. H) We share budgetary oversight of some treatment programs. I) We share operational oversight of some treatment programs. J) Our organizations cross-train staff on substance abuse issues. K) We have written protocols for sharing offender information.

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