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Final Report

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**National Evaluation of the Residential Substance Abuse
Treatment for State Prisoners Program
From Onset to Midpoint**

EXECUTIVE SUMMARY

Based on research evidence, the quickest and most cost-effective method to reduce the demand for drugs of abuse is to treat chronic, hardcore substance abusers. These are the persons who consume the most drugs, do it most frequently, commit the most crimes, and burden the health care system to the largest extent. Without treatment these hardcore users continue to use drugs and engage in criminal acts, and when arrested, they typically continue their drug use upon release and return to criminal activity. Data from jails in cities around the country document that 65 percent of arrested adult men test positive for drugs, and the proportion of drug users among the 1.4 million inmates in State prisons and local jails is even higher. Without intervention these persons return to the community highly likely to continue daily substance abuse and crime. Research evaluations have shown consistent reductions in recidivism rates for offenders completing certain kinds of treatment programs offered for persons in custody.

The Residential Substance Abuse Treatment for State Prisoners Formula Grant Program, created by Title III (Subtitle U of the Violent Crime Control and Law Enforcement Act of 1994) emerged as a direct result of these research evaluations. Like the REFORM and RECOVERY projects of the nineteen eighties, the RSAT program encourages states to adopt comprehensive approaches to substance abuse treatment for incarcerated offenders. RSAT, however, suggests that a number of important elements

comprise programming so that the probability of achieving successful outcomes will be improved. Such a mix could include such components as therapeutic community treatment or cognitive skills training, relapse prevention, aftercare services, sufficient time in treatment, and isolation from the general population during the treatment period.

What is the Residential Substance Abuse Treatment (RSAT) for State Prisoners Program?

The Residential Substance Abuse Treatment formula grant funds were designed by Congress to be used to implement residential substance abuse programs providing individual and group treatment for inmates in residential facilities operated by State and local correctional agencies. Through the Corrections Program Office of the Office of Justice Programs of the Department of Justice, state and local correctional agencies receive funds to develop (or enhance existing) programs that will:

- (1) last between 6 and 12 months;
- (2) be provided in residential treatment facilities set apart from the general correctional population, that is, in a totally separate facility or a dedicated housing unit within a facility exclusively for use by program participants;
- (3) be directed at the substance abuse problems of the inmate;
- (4) be intended to develop the inmate's cognitive, behavioral, social, vocational, and other skills so as to solve the substance abuse and related problems; and
- (5) continue to require urinalysis and/or other proven reliable forms of drug and alcohol testing of individuals assigned to treatment programs during and after release from residential custody.

The total funding for this five-year effort is \$270 million. This sum is divided as follows: 1996 - \$27 million; 1997 - \$36 million; 1998 - \$63 million; 1999 - \$72 million; 2000 - \$72 million. Each state is allocated a base amount of 0.4 percent of the total funds available for the program, and the remaining funds are allocated to each participating state on the basis of the ratio of the prison population of each State to the total prison population of all participating states. The federal share of a grant-funded project may not exceed 75 percent of the total costs of the project. The 25 percent matching funds must be in the form of a cash match. In addition, the Office of Justice Programs – Corrections Program Office makes available upon request of the States technical assistance and training on effective substance abuse treatment strategies and programs to assist the States with design and implementation. Such technical assistance and training are provided both at national and regional workshops as well as on-site.

What is the National Evaluation of the Residential Substance Abuse Treatment (NERSAT)?

The National Institute of Justice and the National Development and Research Institutes, Inc. (NDRI) entered a cooperative agreement wherein NDRI would evaluate through the use of surveys the extent to which the goals of the RSAT program were being accomplished in its first two years, and the problems that were encountered by the participating States.

This report highlights the results of these surveys, and lays out what the RSAT legislation has accomplished at the midpoint of its existence (December 31, 1998)

- All fifty-six jurisdictions — that is, the fifty States, the five Territories, and the District of Columbia.¹ — developed plans for RSAT programs

- Forty-seven *States* have RSAT programs that have actually begun admitting clients.

- Seventy RSAT *programs* are known to have actually begun admitting clients.

- The main treatment approaches being utilized in the RSAT programs are the therapeutic community, which is the most frequently used (24 percent). The next most frequently used main modality is cognitive behavioral treatment (13 percent), followed by Twelve-Step programs (5 percent). The remainder (58 percent) are mostly programs that are attempting to combine these treatment modalities, i.e., combining elements of cognitive behavioral and 12-Step programming (14 percent), therapeutic community with cognitive skill training (21 percent), therapeutic community with 12-Step programming (1 percent), all three main modalities: therapeutic community, cognitive behavioral and 12-Step programming combined together (15 percent), and there are another 6 percent that are using other treatment modalities.

- Over 90 percent of the programs considered substance abuse education, relapse prevention, peer encounter groups, training of problem solving skills and anger management training to be important program components. Over 80 percent of the programs identified positive peer pressure, social skills

¹ In this report we refer to all of these as States for brevity.

training, AA-type meetings, scheduled group therapy, one-on-one counseling, and continuous therapy as important components for treatment. Thirteen other treatment components were identified by between 50 percent and 79 percent of the programs.

- Many of the treatment components that were reported by most of the programs included interventions that have usually been considered unique to either the TC, Cognitive behavioral or 12-Step models. For example, Peer Encounter Groups, which originated as a TC element, is used by almost all programs as is Problem Solving Skills, typically one of the Cognitive Skills components, and 12-Step AA Type Meetings. The results suggest a shift away from “pure” treatment models toward a merging of models and adoption of treatment components that program operators consider “best practices.”

- Not all of the RSAT programs are new programs. More than three out of four (76 percent) of the programs are new, however, and were designed and implemented as a direct result of the RSAT funds becoming available. The remaining 24 percent are existing programs that were expanded in capacity through the use of RSAT funds.

- Thus far over 13,000 clients have been admitted to RSAT programs during the RSAT initiative. Naturally, not all of these are currently in residence in the RSAT programs. Some of these have dropped out, been administratively discharged, or successfully completed the programs.

- As of the midpoint of the RSAT initiative approximately 7,700 clients are currently being treated in RSAT programs.

- Over 9,600 RSAT treatment beds or slots have thus far been generated by the RSAT initiative.
- There are over 860 full time equivalent (FTE) staff to provide substance abuse treatment (exclusive of custodial or support services) in the RSAT programs.
- Over 3,600 RSAT treatment clients have successfully completed and graduated from RSAT programs thus far.
- All State RSAT Officials responding to the initial NERSAT state survey assert that the RSAT initiative has helped their state increase its substance abuse treatment capacity for substance abusing offenders in their custody.
- At RSAT's mid-point at the end of 1998 programs were in varying stages. Some continue to move through preparation, hiring and training stages while others are actually admitting clients and operating, and some are already graduating clients who have successfully completed programs. At the same time, new programs are still coming into the pipeline, that is, proceeding into detailed planning and/or hiring staff.
- Some states have encountered problems in using RSAT funding. Where significant delays have occurred, States report having the most difficulty with locating appropriate facilities, constructing facilities, recruiting trained treatment staff, and contracting with treatment providers because of State bidding and proposal processes. Problems were rated by respondents along a continuum of severity from 1 (least severe) to 5 (most severe). The reasons most frequently identified as more severe problems (severity ratings of 4 and

5) were difficulties in recruiting substance abuse treatment staff (38 percent of the states cited this), locating or constructing appropriate facilities (cited by 29 percent and 20 percent, respectively), state regulations (28 percent), and delays required by state bidding or competitive proposal processes (21 percent). Difficulty in getting training for substance abuse treatment staff was also rated as a moderate problem (severity ratings of 2 or 3) by 62 percent of the states.

- About half of the programs combine what have traditionally been distinct treatment approaches. Where programs are combining treatment approaches, such as therapeutic community treatment with 12-step treatment, we have some concerns that the new combination treatments may be less effective in reducing recidivism because their combination treatment components may be watered down to facilitate acceptance, and they may be comprised of incompatible components. Only careful process and outcome research can reveal the differential impact of these changes in traditional treatment approaches.

- At the mid-point in the RSAT effort, there are 21 RSAT programs now in operation or about to get underway that serve youthful or adult female clients either exclusively or in a combined population of offenders. While 70 percent of the RSAT programs were male, 18 percent included both male units and female units and 12 percent were designed solely for women. We view the proportions of RSAT programs for female offenders as relatively high compared to programming for inmates generally, but more programs tailored for women's needs should be undertaken. We have some concern regarding the paucity of program evaluation research evidence indicating

success in reducing recidivism that would support the use of any particular modality with women offenders who were also substance abusers. Thus, the RSAT programs that serve women inmates should focus on the special needs of women inmates, provide these needed services, and undertake careful evaluations of effectiveness. A strong need for such research clearly exists.

- About 70 percent of the RSAT programs, now in operation or about to get underway, are for adult offenders, the remainder are for juvenile offenders. Of the latter, twenty-four states (25%) have opted to initiate programs under this legislation for both adults and juveniles; and five states — Arizona, Minnesota, Montana, North Carolina, South Dakota — have initiated only juvenile RSAT programs. As in the case of female offenders, a paucity of research evidence exists to support the use of any particular treatment modality with incarcerated youthful offenders who are also substance abusers. Thus, the RSAT programs that serve these youth should focus on their special needs, and undertake careful evaluations of effectiveness.

- A small proportion of the RSAT programs, 17 out of 97, now in operation or about to get underway (as of March, 1999), have been initiated in county jails, and these tend to be concentrated in just a few states — Virginia, Florida, Texas and Kentucky. The great bulk of the RSAT programs have been started in State institutions. Because county jails typically receive lesser proportionally from funding programs where states and counties are both targeted for substance abuse treatment funding, most jails did not have adequate drug treatment services prior to the RSAT enactment. RSAT Formula Grant Program guide stipulates that States must implement residential programs with a planned time in treatment of between 6 and 12

months. This places a burden on most local and county jail facilities because the length of stay is typically less than three months. Preliminary findings from model demonstration drug treatment programs in jails indicate that even relatively short-term interventions (6 to 8 weeks) can provide inmates with important coping skills to manage high-risk situations and can increase the fund of knowledge regarding the recovery process, health-related consequences of drug abuse, relapse prevention principles, and linkage to continuing programming after release. Careful outcome assessments of RSAT-funded jail-based programs are vital to inform whether short term programming should be enhanced.

- Being national in scope, RSAT's potential effect on communities is as wide as possible. It has mobilized a tremendous amount of resources to provide substance abuse treatment for several thousand inmates. It holds the promise of breaking the cycle of dependency and slowing the revolving door of criminal justice. Moreover, it goes to the heart of the President's intention to break the cycle of drug abuse and crime — a primary concern of present-day national, state and local criminal justice policy.

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