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Author(s): Ann Marie Rocheleau ; Amy Mennerich ; Diana Brensilber

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BARNSTABLE HOUSE OF CORRECTION
RESIDENTIAL SUBSTANCE ABUSE
TREATMENT: A PROCESS EVALUATION

EXECUTIVE SUMMARY

December 2000

Prepared by:
Massachusetts Executive Office of Public Safety Programs Division and
BOTEC Analysis Corporation for the
National Institute of Justice

By: Ann Marie Rocheleau
Amy Mennerich
Diana Brensilber

With assistance from:
Lori-Ann Landry

BOTEC Analysis
CORPORATION
103 Blanchard Ave, 1st Floor, Cambridge, Massachusetts 02138
E-mail: info@botec.com  Http://www.botec.com

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Executive Summary

With support from the National Institute of Justice, in 1999, the Massachusetts Executive Office of Public Safety Programs Division, in partnership with BOTEC Analysis Corporation, initiated a process evaluation of the Residential Substance Abuse Treatment (RSAT) program in the Barnstable House of Correction. Employing both quantitative and qualitative methodologies, BOTEC researchers collected information to describe and assess (1) the RSAT program, (2) the RSAT population and selection process, (3) program completions and terminations, and (4) the program's compliance with known principles of effective substance abuse treatment programs.

Program Description

The Residential Substance Abuse Treatment program is comprised of programs and activities in two units—the Prep and Shock Units—each of which houses 40 men. Inmates are initially classified voluntarily and spend four to eight weeks in the Prep Unit, then move into Shock where they must complete a 36-session rotation of the RSAT group (3 months). The program is designed so inmate participants have six months of substance abuse treatment.

The backdrop for the program is military in style (standards for behavior are high and inmates are held accountable for their actions), however, unlike a boot camp, there is no shouting or rigorous physical training. The program offers a blending of the self-help Twelve-Step program along with cognitive behavioral therapy and social skills training.

Although all of the houses of correction previously operated in-prison residential substance abuse units in their facilities, the intent of the RSAT funding in Massachusetts was to strengthen the link between successful program participation and successful reintegration into the community. With RSAT funding, Barnstable hired its own reintegration coordinator in January 1998. The reintegration coordinator conducts large and small reintegration groups covering the basics of community reintegration, and reintegration case management (small groups for inmates in all units covering the basics of reintegration), and individualized meetings with inmates prior to release (to conduct another Level of Service Inventory - Revised (LSI-R) and, with the help of the inmate, devises an individualized service plan (ISP) that the inmate should follow once he is released).

Structured interviews and general interaction with staff and program participants found that: 
old in RSAT vs. 35 years in general population) and marital status (more RSAT participants were single and more general population inmates were divorced or separated).

Seventeen percent of those who went into the RSAT program during the evaluation period had sentences that were less than five months; another 19 percent had six-month sentences. This would make completion of the program impossible for the former and tight for the latter.

- While the overwhelming majority of RSAT participants have serious substance abuse problems, classification staff do send a small number of inmates without documented substance abuse histories to the program because they have found that the inmates "can get something out of the program."

- Overall, most of the RSAT inmates who completed the Adult Substance Use Survey (ASUS) received a high or high-medium severity rating on the global severity score indicating a severe degree of overall disruption of life-functioning. RSAT inmates received lower scores on the defensive severity score, implying that the inmates felt comfortable discussing personal information with the treatment specialists who administered the ASUS.

- According to the Level of Service Inventory - Revised (LSI-R), the majority of RSAT participants tended to have little family support or family ties, were involved in criminal behavior, were associated with people and activities that reinforced their negative behaviors, and were at high risk for serious drug and alcohol use.

- Researchers found three areas of concern relating to the movement of inmates into the RSAT program: (1) RSAT staff are not included in the decision to initially move inmates into the program; (2) coercive tactics are used to move inmates into the program (i.e., have to choose between RSAT and moving to another HOC); and (3) little information and explanation about the program are provided to inmates prior to their entry.

Program Completion and Termination

Graduation status is bestowed on those inmates who complete the 36-session RSAT group cycle in the Shock Unit. Upon graduation, inmates either remain in the Shock Unit, move on to the Pre-Release Center (PRC), or are released from the institution. Those who remain in the Shock Unit can recycle through the RSAT group; those who go to the PRC can participate in a weekly RSAT group facilitated within the PRC; and those who are released to the community can attend an RSAT-run weekly group in the Community Corrections Center. All in all, it is set up so participants have the opportunity to attend six months of substance abuse treatment.
Of the 309 entries into the RSAT program during the one-year period of evaluation, 26 percent (81) resulted in graduation, 41 percent (125) were terminated by staff, 29 percent (91) were released early, 2 percent (5) dropped out, and 2 percent (6) were still in the program at the time of analysis.

Outside of a slight trend that showed program graduates to be slightly older (mean=31 years old) compared to program failures (mean=28), there were no differences between the two groups as far as race, marital status, number of children, offense type, or sentence length.

Sixty-two percent of the inmates were moved into Prep within one week of commitment; 88 percent were moved into Prep within a month. It was not uncommon for inmates to be moved into Prep either on the day of commitment or the day after.

Eighty-five percent of the graduates spent over four months in the RSAT units, which is the equivalent of at least one month in Prep and the 36-session RSAT group cycle (three months) in Shock.

The majority of program graduates (65 percent) were released from the prison on the same day they were released from the RSAT program. This means that they could not be involved in continued treatment at the PRC stage, but that they would be eligible for participation in the RSAT groups held weekly at the Community Corrections Center.

Ultimately, 30 percent of the graduates spent more than six months in the Prep and Shock Units, and over half (55 percent) spent between four and six months. Because the majority of RSAT participants were released right to the community on their release date from the RSAT program, it is unlikely that all of those 55 percent received the extra month or two they needed to meet the six-month RSAT requirement.

At least 14 percent of the RSAT graduates spent less than four months in the program. However, it is possible that some of these participants near graduation may have gotten moved to population for a violation, and when they returned, their prior time in the program was counted towards their eligibility for graduation.

The evaluation revealed that, with increasing frequency, inmates are classified to the Prep Unit with the intention of moving them to the PRC once they have spent a month or two in Prep. Staff explained that inmates whose sentences precluded them from full RSAT participation were still classified to the Prep Unit (and then sometimes to Shock) because it was viewed as a positive stepping stone to the PRC.

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1 Information was not available on the number of RSAT group participants in either the PRC or the Community Corrections Center.
Compliance with Effective Principles

As Table 1 indicates, the Barnstable RSAT Program has successfully incorporated 13 of the 18 recognized principles of effective substance abuse treatment programs. This includes the support of prison administrators, a treatment unit that is isolated from the general population, the inclusion of substance abuse counseling groups, a primary focus on recidivism reduction, a clear code of conduct exists for participants, and incentives for positive participation are provided to inmates.

Five of the 18 principles of effective substance abuse treatment programs have been only partially implemented by the Barnstable RSAT program. They are: drug testing, an adequate length of treatment, assessing motivation for treatment, coordinated approach involving treatment and custody staff, and continuity of care upon release. However, over the course of the evaluation, Barnstable staff demonstrated their commitment to making improvements, by constantly reviewing and monitoring the program and implementing necessary changes. For example, significant improvements have been made in the frequency of drug testing.

<table>
<thead>
<tr>
<th>Key Principles</th>
<th>Compliant</th>
<th>Partially Compliant</th>
<th>Non-Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Use coordinated approach involving treatment and custody staff</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Care should be taken in targeting the population for treatment services</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>3) Assessment of inmates' substance abuse history and prior treatment essential</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Substance abuse counseling groups should be included **</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>5) Multi-modal treatment services should be readily available</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>6) Possible drug use must be monitored **</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>7) An adequate treatment period is critical for treatment effectiveness **</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>8) Continuity of care upon release is crucial for effective long-term treatment outcomes</td>
<td>X</td>
<td></td>
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</tbody>
</table>

The principles of effective substance abuse treatment were identified in research conducted by Roger H. Peters (1993), Faye S. Taxman (1998) and the National Institute on Drug Abuse (1999).

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Recommendations

As a result of this study, evaluation staff recommend that the Barnstable County RSAT Program administrators consider implementing the following 16 action items, that could serve to improve the overall operation of the program:

1. Increase human services and custody staff by one full-time position each.
2. Continue/initiate training for all RSAT, classification, educational and volunteer staff in cognitive behavioral therapy.
3. Train all RSAT officers as drill instructors and about the standards of behavior that are expected of inmate participants.
4. Train all human services staff in the use of the LSI-Rs.
5. Initiate meetings to facilitate better communication and smoother program operations.
6. Increase voluntary programming.
7. Increase the number of groups in both Shock and Prep by one to make the groups smaller and thus, more manageable.
8. Since the Prep Unit is being used as a feeder unit for not only the Shock Unit but for the PRC and general release, then it should be acknowledged as such. There should be written classification criteria as to the eligibility and suitability of inmates for this unit, possibly one set for those going to the PRC and another set for those destined to go into Shock. It should also be a minimum of two months for those who will go on to the Shock Unit.

9. Inmates should not be moved into the Prep Unit until at least a week after commitment.

10. Human services staff and classification staff need to better inform inmates about the RSAT program prior to their entry into it.

11. There should be written classification eligibility criteria for inmates moving into the Shock Unit (inmates should be motivated and have at least four more months to serve).

12. RSAT staff should help make the determinations about who is appropriate for RSAT participation and who is not.

13. Human services staff and uniformed staff should work together to devise a plan to try to reduce the number of terminations from the program.

14. The three-month cycle of the RSAT group in the Shock Unit should be lengthened to four months (or an advanced group should be created) and graduation should be conferred on those inmates who have completed six months in the Prep and Shock Units.

15. More regularly scheduled random drug testing should be conducted in both the Prep and Shock Units.

16. The Barnstable Sheriff's Office should begin planning a long-term strategy that will try to build a bridge from the prison back into the community for inmates who have completed treatment.