

# EVIDENCE-BASED CORRECTIONS & TREATMENT

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## How are Correctional Agencies Doing in Adopting Evidence-Based Substance Abuse Treatment Programs and Services?

Offenders are four times more likely to have a substance abuse disorder than the general public (National Household Survey on Drug Use and Health, 2006). Overall, it is estimated that half of female offenders and one-third of male offenders have a disorder that warrants intensive treatment services. Less than 10% of the offender population can participate in treatment services on any given day, and they are more likely to be involved in services that are not appropriate given for the severity of their disorder. To be effective at reducing recidivism, emphasis should be placed on providing appropriate services designed to reduce criminogenic needs.

**Methods** In the first survey of the correctional landscape of prisons, jails, and community corrections, the goals were to: 1) describe and assess the drug treatment services currently available to offenders; and 2) estimate offenders' access to drug treatment services. The NCJTP survey sample consisted of: 1) *Directors of state correctional agencies* in all 50 states (n=240; 71% response rate); and 2) *Administrators of Prisons, Jails, and Community Correctional Agencies* in both the adult and juvenile justice system (n=663; 65% response rate).

**Access to treatment services** Findings from the NCJTP survey show that the most frequently provided treatment services are drug and alcohol education and outpatient group counseling for less than 4 hours per week (these are considered low intensity services). The program capacity for these services is such that few offenders can participate on any given day (see below table). A major challenge is that most offenders need intensive services but do not have access to such services either in the correctional or public health system.

### ACCESS TO DRUG TREATMENT SERVICES ON A GIVEN DAY

Adult Setting	% of Total Population in Drug/Alcohol Education	% of Total Population in Outpatient Group Counseling	% of Total Population in Intensive Treatment
Prison	6.1%	2.5%	8.9%
Jail	6.2%	5.8%	3.9%
Probation/Parole	3.3%	2.5%	1.1%

A small portion of the adult offender population has access to testing for health issues such as HIV/AIDS (26% of adult offenders), tuberculosis (36%), or Hepatitis C (26%), with few community offenders having access to these services.

**Service Delivery System** Over the last two decades, correctional systems have been encouraged to put in place certain tools and structures to improve service delivery and outcomes. Below is a summary of the service delivery systems in place, and the use of evidence based practices (see NIDA, 2006) for drug-involved offenders.

### SERVICE DELIVERY SYSTEM AND USE OF EVIDENCE-BASED PRACTICES

Adult Setting	% Use Standardized SA Tool	% Use Risk Tool	% Active Referrals	% Use CBT Programming In Outpatient	Avg. # EBPs in Use (of 13)
Prison	53.5%	25.2%	10.6%	10.5%	5.6
Jail	34.5%	0.9%	5.6%	1.3%	4.6
Community Corrections	42.1%	49.4%	19.1%	3.2%	4.7

**Standardized SA Screening Tool** The most commonly used substance abuse screening tools are the Substance Abuse Subtle Screening Inventory (SASSI) (26%) and Addiction Severity Index (ASI) (16%).

**Standardized Risk Assessment Tools** These tools measure an offender's likelihood to recidivate and are reported to be used in 33% of all adult facilities, with the Wisconsin Risk and Needs (WRN) being used in 22% of facilities, and the Level of Service Inventory (LSI-R) in 17% of facilities.

**Referral Strategies to Community Treatment Agencies** Active referral strategies, such as scheduling an appointment for the offender, are reported in 19% of community corrections agencies, but only 11% of prisons, and 6% of jails. Most agencies use passive referral strategies.

**Use of Evidence-Based Practices** The average correctional agency implements less than one third of the recommended EBPs. Across all adult facilities the most frequently utilized evidence based practices are systems integration (68%), incentives (52%), and drug testing (44%).

## Findings about organizations, leaders, and systems

Organizational functioning is a key to EBP adoption and other service innovations. Administrator opinions on the importance of substance abuse treatment are significantly associated with EBP adoption. Administrator education and experience in human service delivery are associated with EBP adoption. Furthermore, the use of sound service delivery practices (e.g. standardized substance abuse screening instruments, specialized programs and facilities, and systems integration) are important levers for EBP adoption.

**Organizational learning** The adoption of EBPs is affected by the degree to which the correctional and/or substance abuse agency creates an environment where acquiring and applying new ideas is encouraged. The learning environment focuses on building teams to try new processes and to achieve better service performance, as well as ensuring that staff can learn and grow from the experience.

**Interagency working relationships** The degree to which the organization builds relationships with other agencies that sustain innovative service delivery is also a factor affecting EBP adoption. The focus of the relationships is on creating intertwined partnerships to support the general goals of the agency, including programs that support evidence-based practices. The relationships should be functional and focus on integrating service delivery (e.g. shared assessment tools and information, shared funding, etc.).

**Clarity of mission regarding treatment** Treatment is a secondary goal of correctional agencies. The fit between treatment and public safety is an issue that often requires the leadership to ensure the innovation is aligned with

### Select NCJTP Publications

- Taxman, F.S., & Kitsantas, P. (2009). Availability and capacity of substance abuse programs in correctional settings: A classification and regression tree analysis. *Drug and Alcohol Dependence*, 103(Supp 1), S43-S53.
- Henderson, C., Taxman, F. S., & Young, D. (2008). A Rasch model analysis of evidence-based treatment practices used in the criminal justice system. *Drug and Alcohol Dependence*, 93: 163–175.
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## CURRENTLY FUNDED STUDIES OF THE EBCT RESEARCH TEAM

- *Manualized Treatment in a Seamless System of Care (NIDA)*. This randomized clinical trial assesses the effectiveness of different models of providing treatment services to offenders: seamless criminal justice/treatment system vs. traditional criminal justice supervision. The RCT examines the impact on reducing recidivism and drug use, and improving social adjustment.
- *Evidence-Based Practices in Corrections Project: The Maryland Division of Parole and Probation*. A 19 year old agreement with the Maryland Department of Public Safety and Correctional Services has contributed to the development of innovative strategies to advance correctional practices. The agreement developed the Proactive Community Supervision Project which reduces rearrest rates and technical violations. The current Maryland project focuses on adapting evidence based practices in pre-release facilities.
- *Juvenile Assessment and Referral Services in the Juvenile Justice System (NIDA)*. This project is designed to assess the impact of on-site coaches, booster sessions and standard agency protocols on the utilization of assessment, treatment planning, and case management procedures in Maryland's Department of Juvenile Services. The goal is to examine the impact of the different strategies on youth utilization of services.
- *Using Rewards in Justice Treatment Programs (NIDA-CJDATS2)*. This two year study of the implementation of contingency management procedures in six federal reentry courts and probation offices. The contingency management protocol involves a specialized technology program—JSTEPS—to assist with the mechanics of having a structured process for handling rewards and sanctions on target behavioral objectives.
- *Innovator's Award—Simulation of Risk-Needs-Responsivity (BJA)*. This study develops a simulation model for states and local agencies to identify the various services that are needed to effectively manage the offender in the community based on different risk and need factors.
- *Correctional Health (BJA)*. This study examines the trends in sharing information between correctional agencies and health organizations. Findings will be used to develop a prototype of sharing information.

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# SUPERVISION: A CRIME REDUCTION STRATEGY

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With over 6 million adults on community supervision and failures from community supervision contributing to a growing incarcerations population, uncovering effective community supervision policy needs to be on the forefront of criminal justice research. Probation and parole are the backbone of corrections, yet little research has been conducted on effective tools of improving supervision outcomes. A researcher-practitioner collaboration resulted in the development, and study of the Maryland Proactive Community Supervision (PCS) model.



Maryland's PCS was designed to adapt the evolving evidence-based practices literature to supervision agencies. This involved four main dimensions:

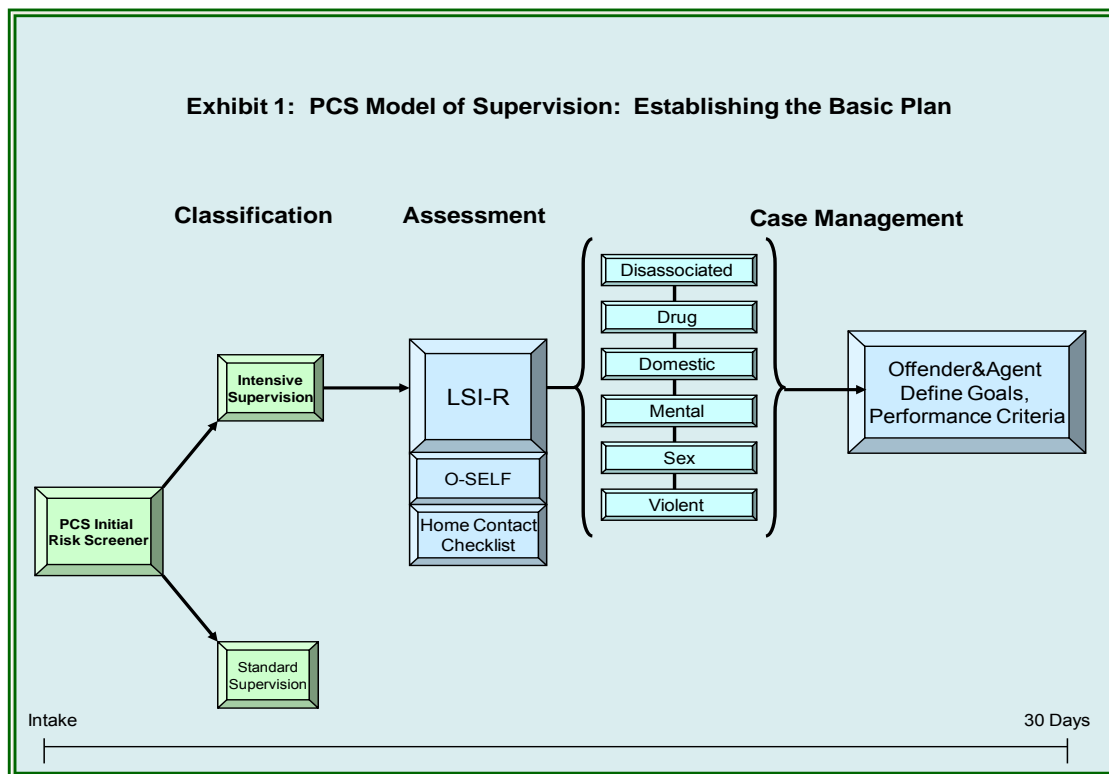
- 1) Use valid risk and assessment tools to identify criminogenic risks and needs
- 2) Develop case plans that are responsive to the criminogenic needs of high- and moderate- risk offenders
- 3) Provide appropriate services and controls, and ensure that the programs and services use social learning or cognitive-behavioral interventions
- 4) Provide an environment where the offender can learn prosocial behaviors and successfully complete supervision. The behavioral management strategy positions the probation/parole employee to use the evidence-based tools—risk/needs assessments, case plans, appropriate services, incentives and rewards—in a manner that is fair and consistent and to engage the offender in all phases of the supervision.

## THE CHANGE PROCESS

- 1) *Create a social learning environment in probation offices.* The goal was to convert the face-to-face contacts to information exchange sessions where the goals of supervision could be assessed, refined, and restated. Like in other education settings, assessment and other data collection exercises were shared with offenders to allow them to learn about their own behavior
- 2) *Train the supervision staff to have expertise in the use of communication strategies and applications of the risk-need responsivity model.* All of the staff participated in several staff development and booster sessions where the core components of the social learning environment were reinforced.
- 3) *Use performance measures for offenders, supervision staff, and PCS offices.* Each PCS office was asked to report performance measures such as employment of offenders, participation in treatment programs, and other relevant areas in addition to typical performance indicators (arrest, positive urine results, and warrants for technical violations).
- 4) *Create an organizational learning environment for the staff (like the social learning model for offenders).* This process involved training supervisors on supervising skills, discussing recent research findings in corrections and how to apply them to their organization, and forming agency wide book clubs, reading journal articles and other literature to encourage the staff to broaden their perspective

## MAJOR FINDINGS

- ❖ **Rearrests** The offenders were monitored for rearrest after their placement on supervision. Participation in PCS reduced the likelihood of rearrest by 42% (PCS sample 30% was arrested vs. non-PCS sample 42%,  $p < .05$ )
- ❖ **Technical Violations** The results of the analysis of technical violations during a year of supervision revealed that 34.7% of the PCS group committed a technical violation as compared to 40.1% of the non-PCS group. Although approaching statistical significance ( $p=.10$ ), receiving PCS seems to reduce the odds of technical violations. On average, PCS agents attempted to modify offender behavior for 268 days after the first technical violation before requesting an arrest warrant compared to non-PCS agents who waited only 210 days ( $t$ -statistic:  $-2.69$ ,  $p \leq .05$ ).



## POLICY IMPLICATIONS

The new generation of community supervision focuses on improving the interaction between the offender and the supervision staff through a series of targeted activities: risk and need assessment, case management, and monitoring of the case plan. This model is a variation of intensive supervision but emphasizes behavioral management strategies (not enforcement) and involving the offender in the process of case management (as opposed to authoritarian models that dictate what the offender *should* do). Unlike prior models of intensive supervision, the behavioral management model arms the supervision staff with tools of motivational enhancement, social learning environments, and targeted emphasis on core criminogenic needs. Together, this represents an evolution of “accountability” to shared responsibility for the offender, including, obtaining needed services to ameliorate the risk of supervision.

The Proactive Community Supervision model provides a new generation of supervision practices that could shift the direction of outcomes from probation supervision. Replications have occurred in Travis County, Texas where they implemented a similar type of model and recently reported on similar positive findings. Improving the success of community supervision can also work toward reducing intakes to prison, since nearly a third or more of intakes to prison are from failures in community supervision. The lesson from this and other jurisdictions experimenting with new models in supervision is that there is much to learn, and it is a worthwhile pursuit to encourage supervision that focuses on engaging offenders in behavior change models. A national strategy to strengthen community supervision is needed to adopt behavioral management strategies. Supervision should not be the front door to prison.

Taxman, F. S. (2008). No illusions: offender and organizational change in Maryland's proactive community supervision efforts. *Criminology & Public Policy*, 7(2), 275-302.

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# What Works: The State of Criminal Justice Supervision- Substance Abuse Treatment

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Advancing Correctional Excellence! (ACE)

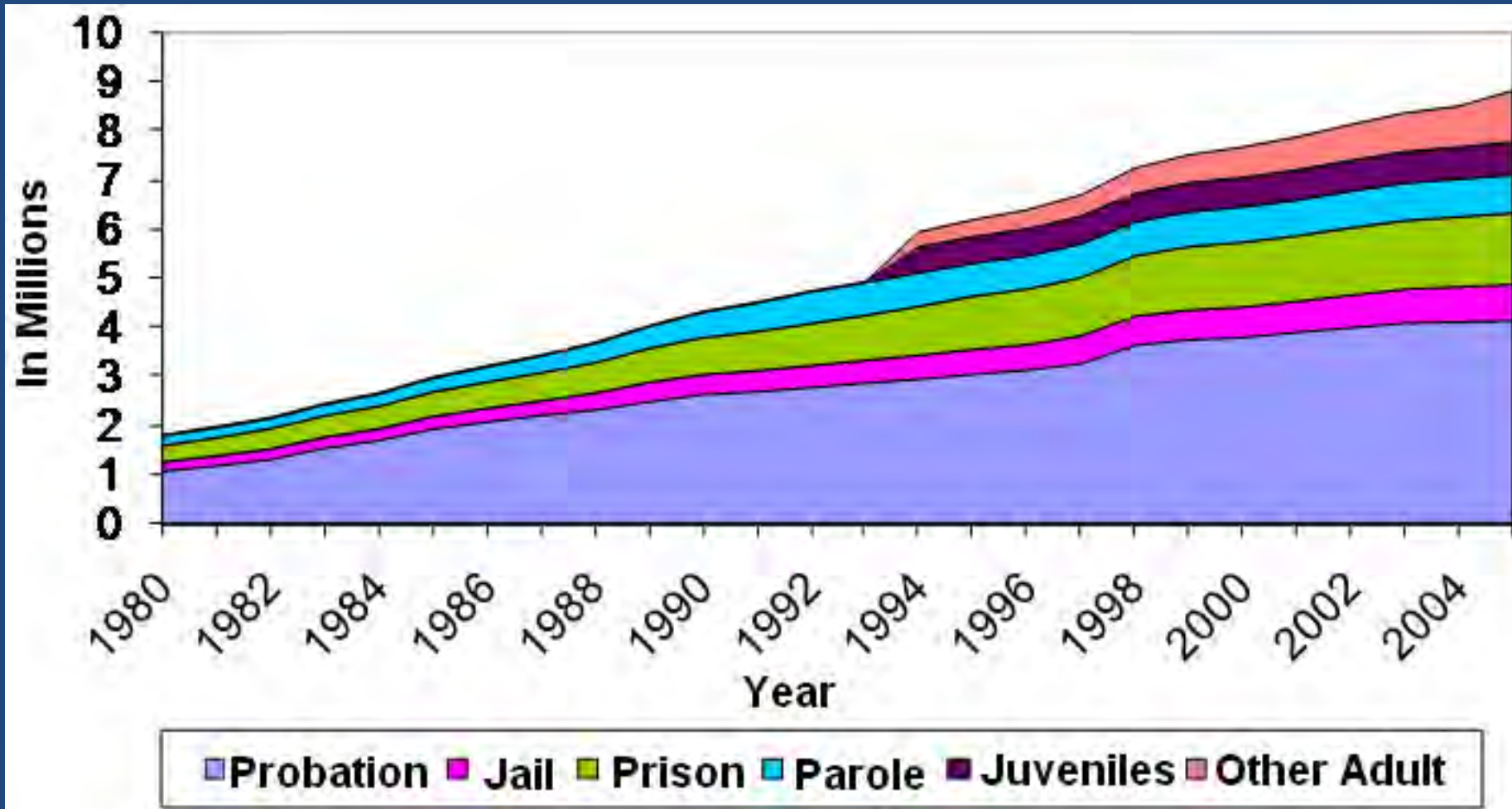
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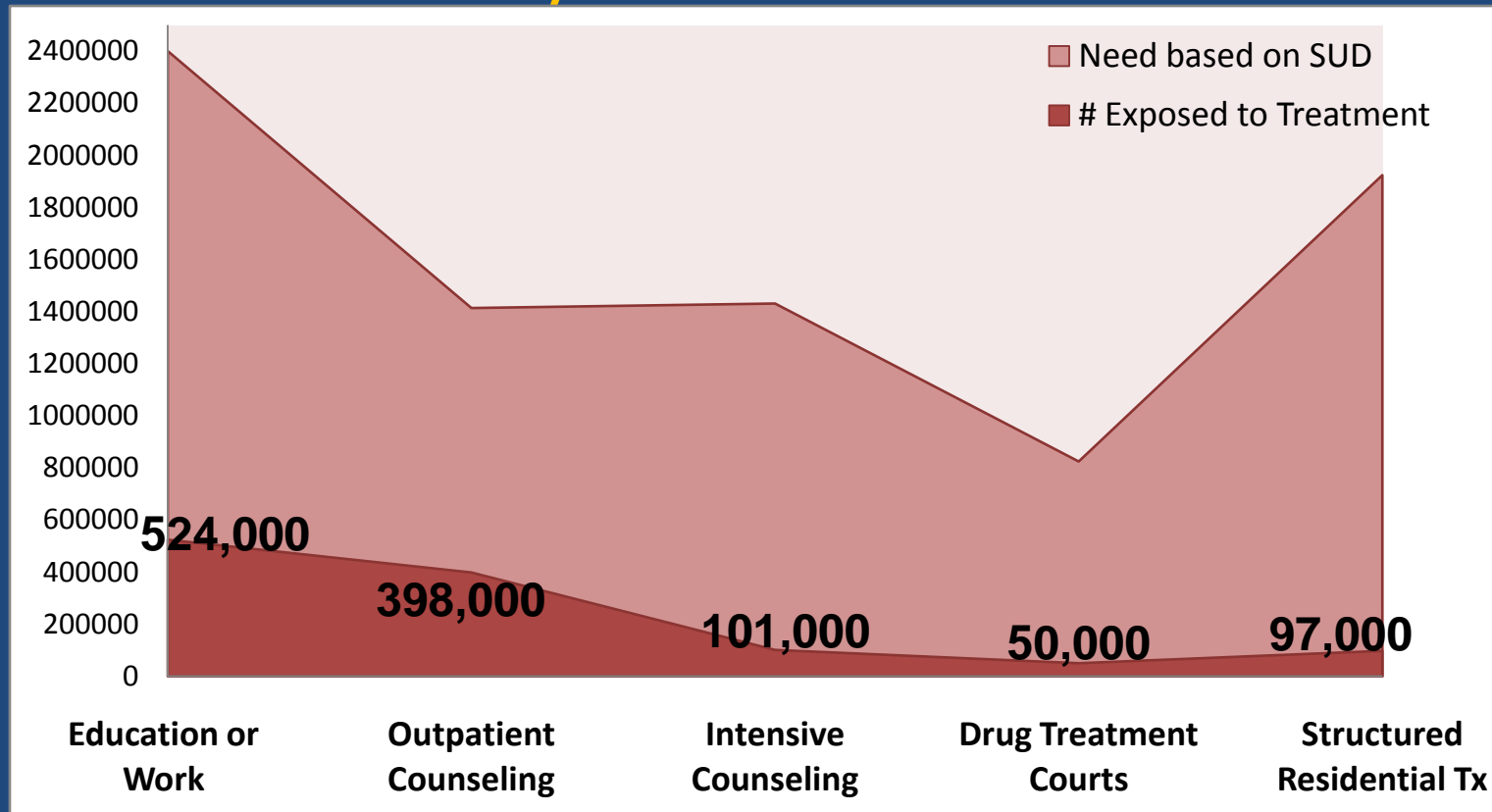
Acknowledgements: NIDA U01 DA 16213; *CJ-DATS is funded by NIDA in collaboration with: SAMHSA, CDC, NIAAA, and BJA; NIDA R01 DA017729*

# Insatiable Appetite: The Ever Expanding Correctional Population: 8+M Adults, 650K Juveniles



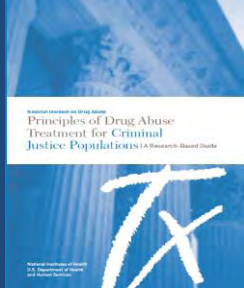
\*Bureau of Justice Statistics, 2005 adjusted with estimates from Taxman, et al, 2007.

# Current Array of Services Is Unlikely to Reduce Recidivism



- ◀ Less than 11% can receive tx a year; on any given day, ~7.6% are in treatment
- Treatment offered is inconsistent with needs
  - Not multi-dimensional—should address 3+ criminogenic conditions
  - Should include criminal thinking, peer associations, work

# Use of EBPS



Setting	Mean EBPs Adopted
Adult Prison	5.6
Adult Jail	3.9
Adult CC	6
Juvenile Res.	5.7
Juvenile CC	4.8
Drug Court	5.6

- Standardized risk assessment
- Standardized substance abuse assessment
- Use of techniques to engage and retain clients in treatment
- Treatment duration of 90 days or longer
- Comprehensive Services
- Use of therapeutic community/CBT
- Continuing care or aftercare
- Use of graduated sanctions and incentives
- Use of drug testing in treatment
- Systems integration
- Addressing co-occurring disorders
- Assessment of treatment outcomes
- Family involvement in treatment
- Availability of qualified treatment staff
- Developmentally appropriate treatment



# Factors\* Associated with the Use of EBPs in Adult Correctional Programs



- Community based programs
- Administrators:
  - Background in human service
  - Knowledge about EBP
  - Belief in rehabilitation
- Performance driven culture
- Emphasis on training
- Emphasis on internal support

- ✦ All factors listed were statistically significant in multivariate analyses.
- Factors not impacting use of EBPs: Size of Population, Physical Plant, Staffing, Leadership

# Barriers to Change

- Innovations are not the primary goal of corrections
- Corrections agencies often do not have responsibility to manage the services
- Corrections agencies seldom have a budget
- There may be no consensus that the corrections agency should venture into service provision
- The legal status of the offender makes it difficult to argue for more dollars for treatment services

# Barriers to Change 2

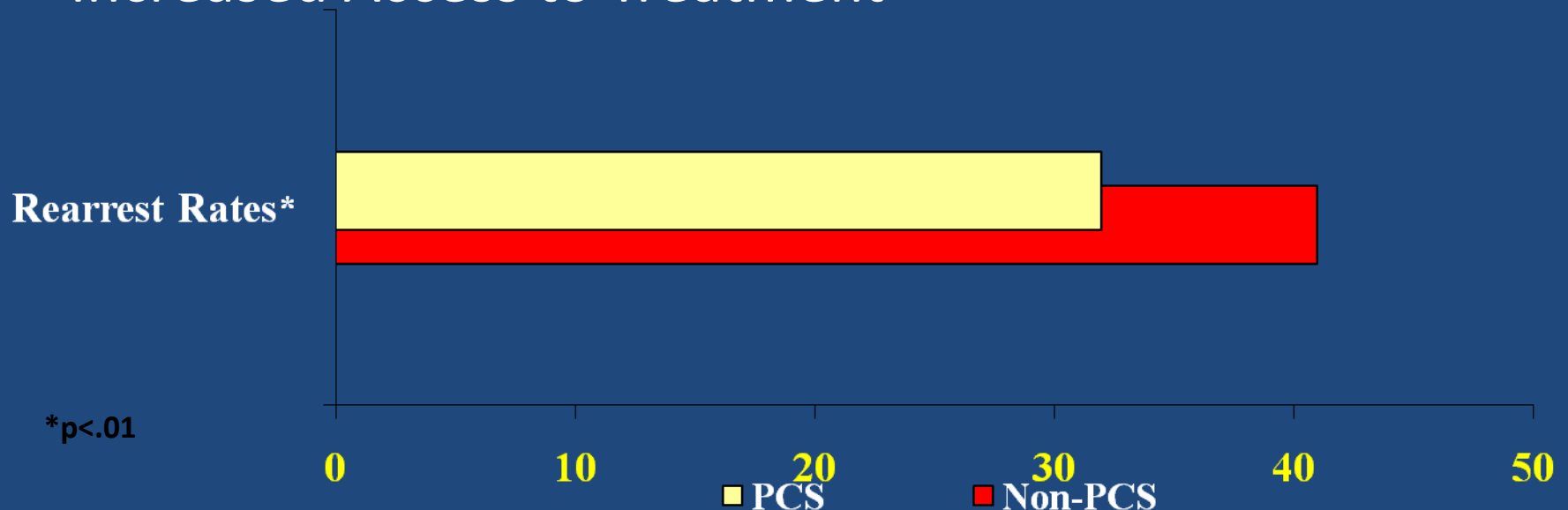
- **Staff skills—lack of infrastructure**
- **Lack of foundation for change**
- **Align new practices into daily staff routines**
- **Implementation should be focused with an eye on sustainability**

# Summary and Conclusions

1. Agencies pursue different avenues regarding their adoption of evidence-based practices
2. Some focus on a more clinical perspective; others reinforce an offender management (safety) perspective
3. Criminal Justice Innovators were more likely than Clinical Innovators to be a community corrections agency
4. Clinical Innovators perceived a higher need for training than Criminal Justice Innovators
5. Relative to the Non-Innovators:
  - a) Clinical Innovators had higher rehabilitation orientations, saw a greater need for training, and had more internal support for new programming
  - b) Criminal Justice Innovators also had higher rehabilitation orientations

# Positive Findings for new Supervision Approach: Maryland's PCS Model

- ✓ PCS: Use Risk-Needs Tool, Focus on Criminogenic Factors, Address Compliance, and Improve 'Relationship'/ownership to Supervision
- ✓ Reduced Recidivism & Technical Violations
- ✓ Increased Access to Treatment



•**38% Reduction in Odds of Rearrest Rates**

# Advancing Practices, Even in Low Resourced Environments

- Today Drug Abusing Offenders are *Unlikely* to Receive Adequate Level of Care, Progress can be made if:
  - Expand the use of standardized risk and need tools to assign to appropriate treatment
  - Convert Drug/Alcohol Education services into more proven effective drug treatment strategies
  - Integrate criminal justice and treatment agencies processes
  - Focus on moderate to high risk offenders
  - Ensure that programs are sufficient duration –6 months
  - Use of medically assisted treatments
- Use External Supports and Partnerships to Alter CJ Cultures
- Focus on Probation!
- Emphasize revised role of CJ Personnel—from security to behavioral managers

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