

Evaluating Prison-Based Therapeutic Community Substance Abuse Programs: The California Initiative

William M. Burdon, Ph.D.

David Farabee, Ph.D.

Michael L. Prendergast, Ph.D.

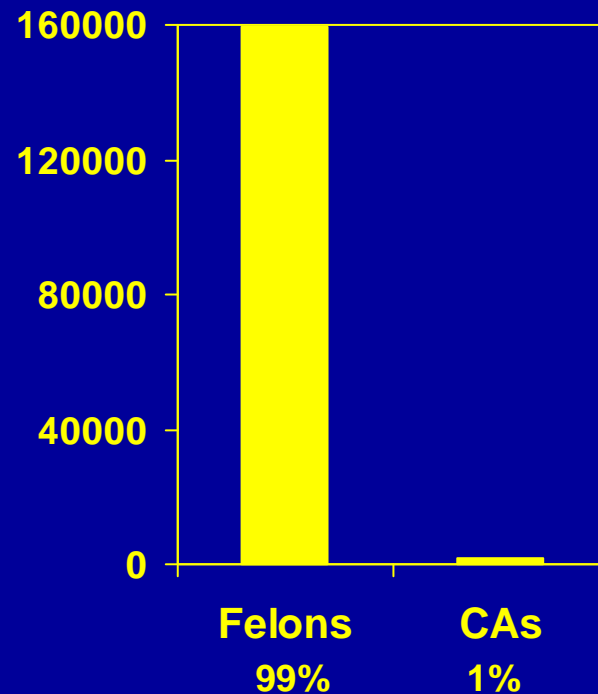
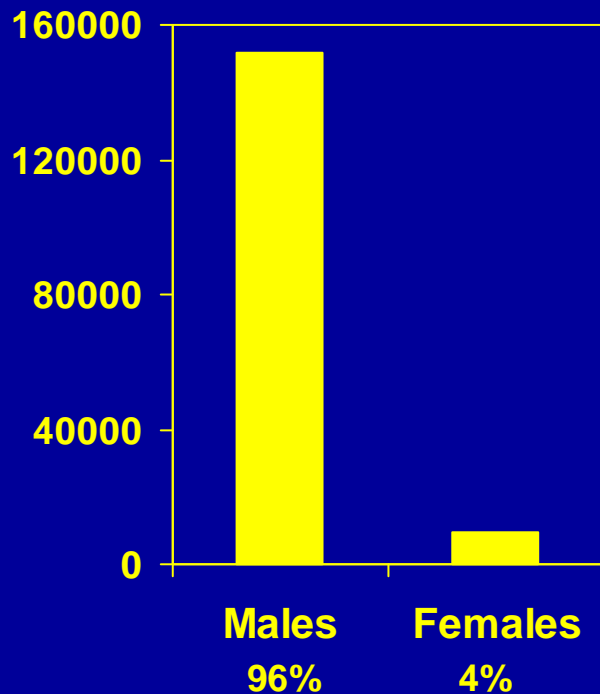
Nena P. Messina, Ph.D.

Jerome Cartier, M.A.

**University of California, Los Angeles
Integrated Substance Abuse Programs**

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California's Prison Population



Total = 161,497 (as of 9/30/01)

If California was a Country

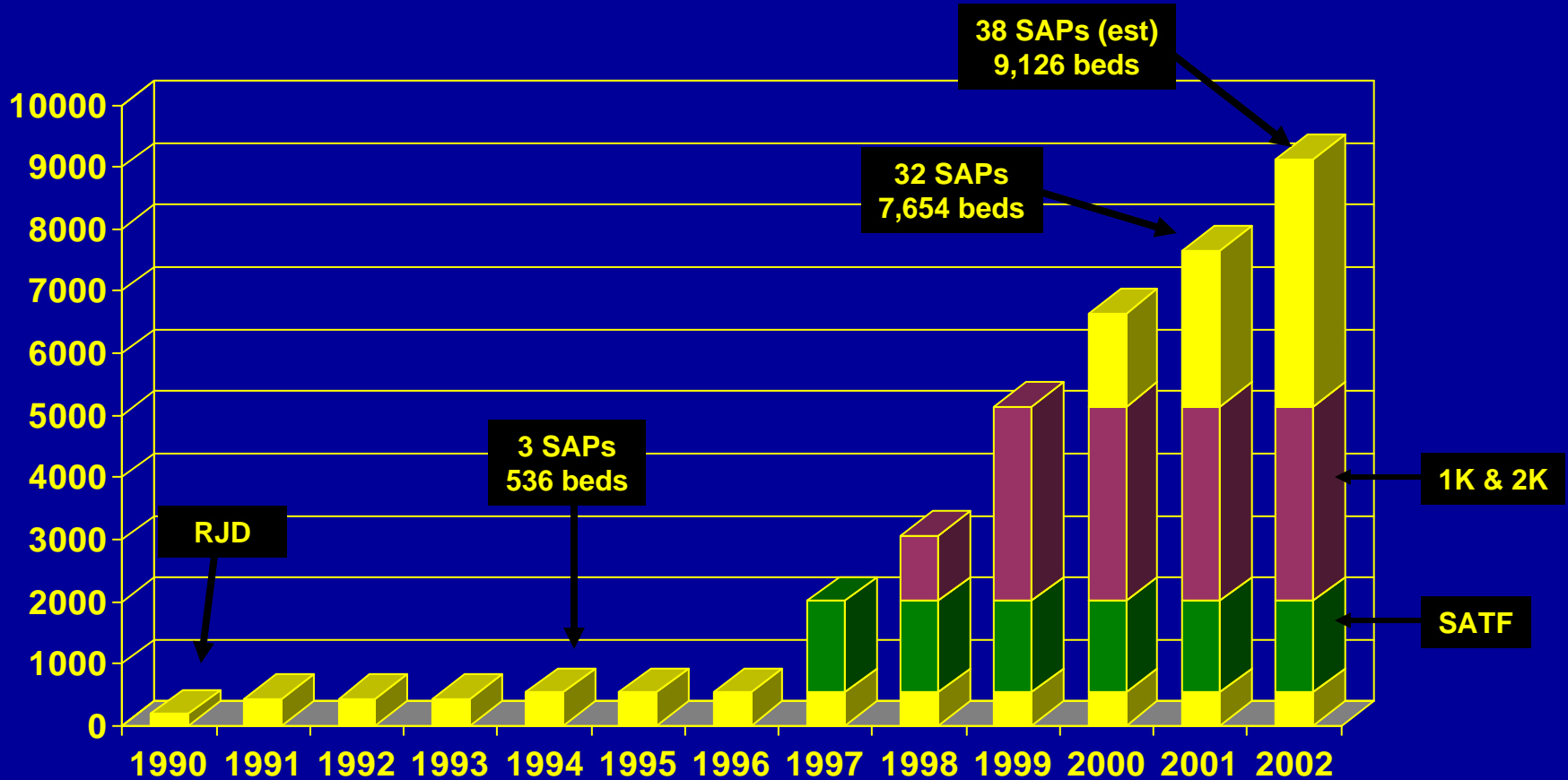
<u>Country/State</u>	<u>Prison Population</u>	<u>Country/State</u>	<u>Rate per 100,000</u>
China	1,427,407	Russian Federation	671
Russian Federation	973,600	Belarus	554
India	381,147	Kazakhstan	522
Ukraine	219,955	Turkmenistan	489
Thailand	206,011	California	474
Brazil	194,074		
South Africa	166,334		
California	161,497		

It would rank 8th among nations in prison population.

It would rank 5th among nations in incarceration rate per 100,000 population.

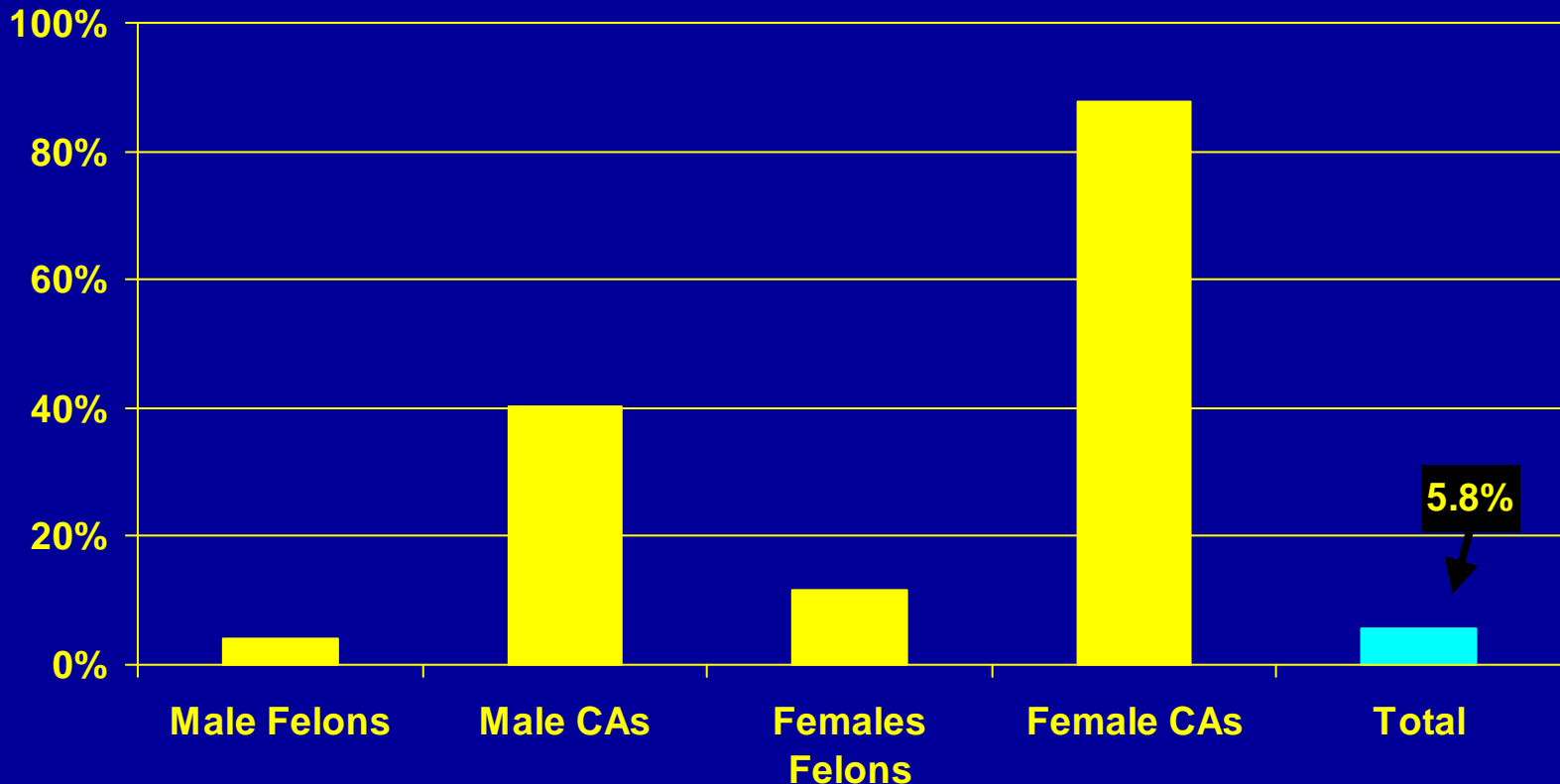
Sources: Bureau of Justice Statistics
International Centre for Prison Studies

The California Initiative



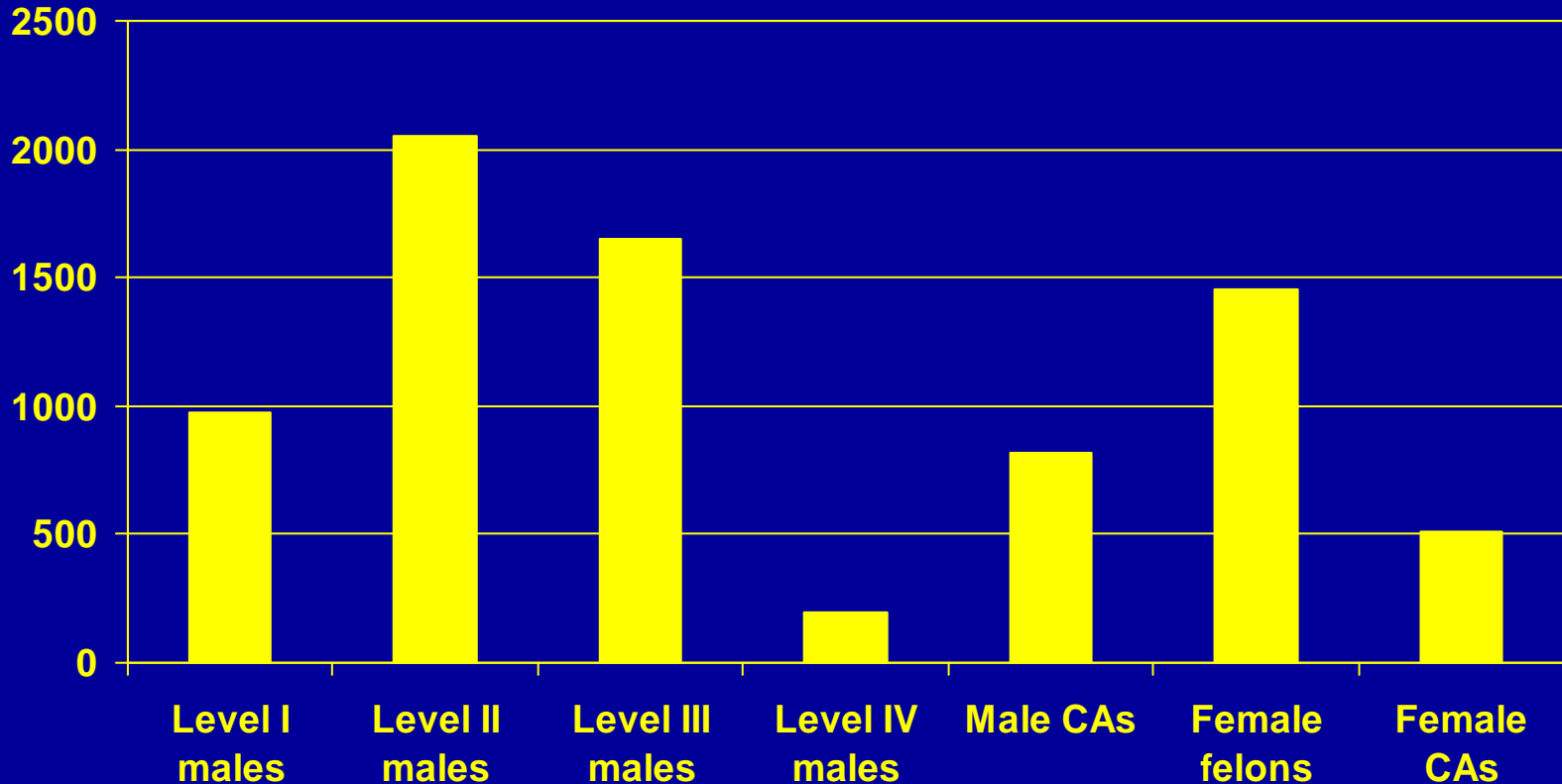
Growth of Prison-Based TC Beds

Prison-based TCs Beds as a Percent of Estimated Population in Need of Treatment



Note: *Population in need* was estimated to be equivalent to 66% of inmates scheduled to be released within 18 months.

Prison-based TCs Beds by Gender and Security Level

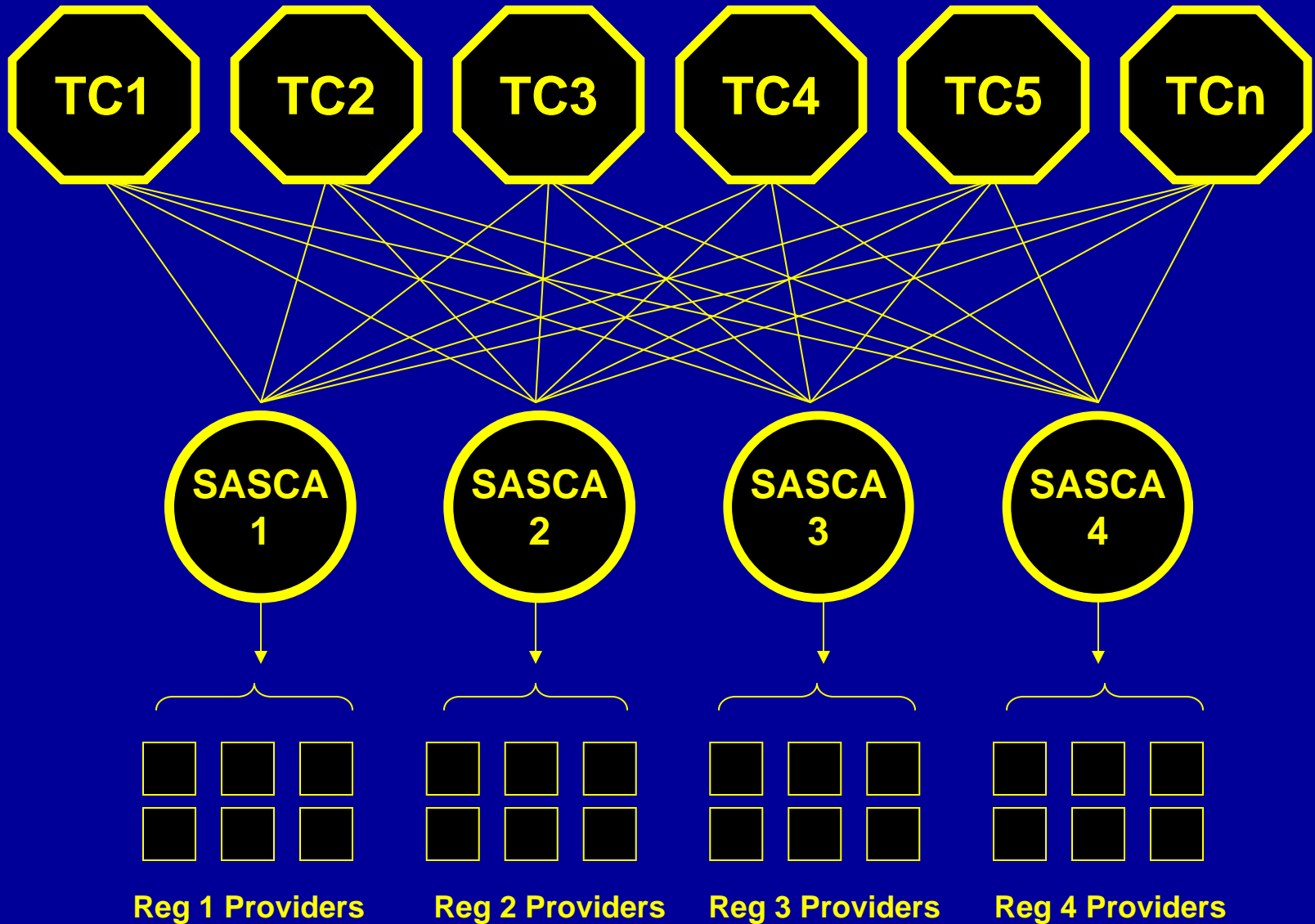


Total = 32 SAPs; 7,654 beds

Description of Treatment Model

- 6 to 24 months of mandatory prison-based treatment at end of commitment.
- Up to 6 months of voluntary community-based treatment following release to parole.
- Only partially segregated TC programs.
- Broad coverage (security level, gender, felon/CA).
- 4 hours of treatment activities per day (e.g., individual sessions, group therapy) with program staff (20 hours/week).
- Hierarchically structured into three phases: orientation, primary treatment, and pre-release transitioning
- Substance Abuse Service Coordination Agencies (SASCAs) function as transitional and case managers for parolees choosing to enter aftercare.

The TC/SASCA System



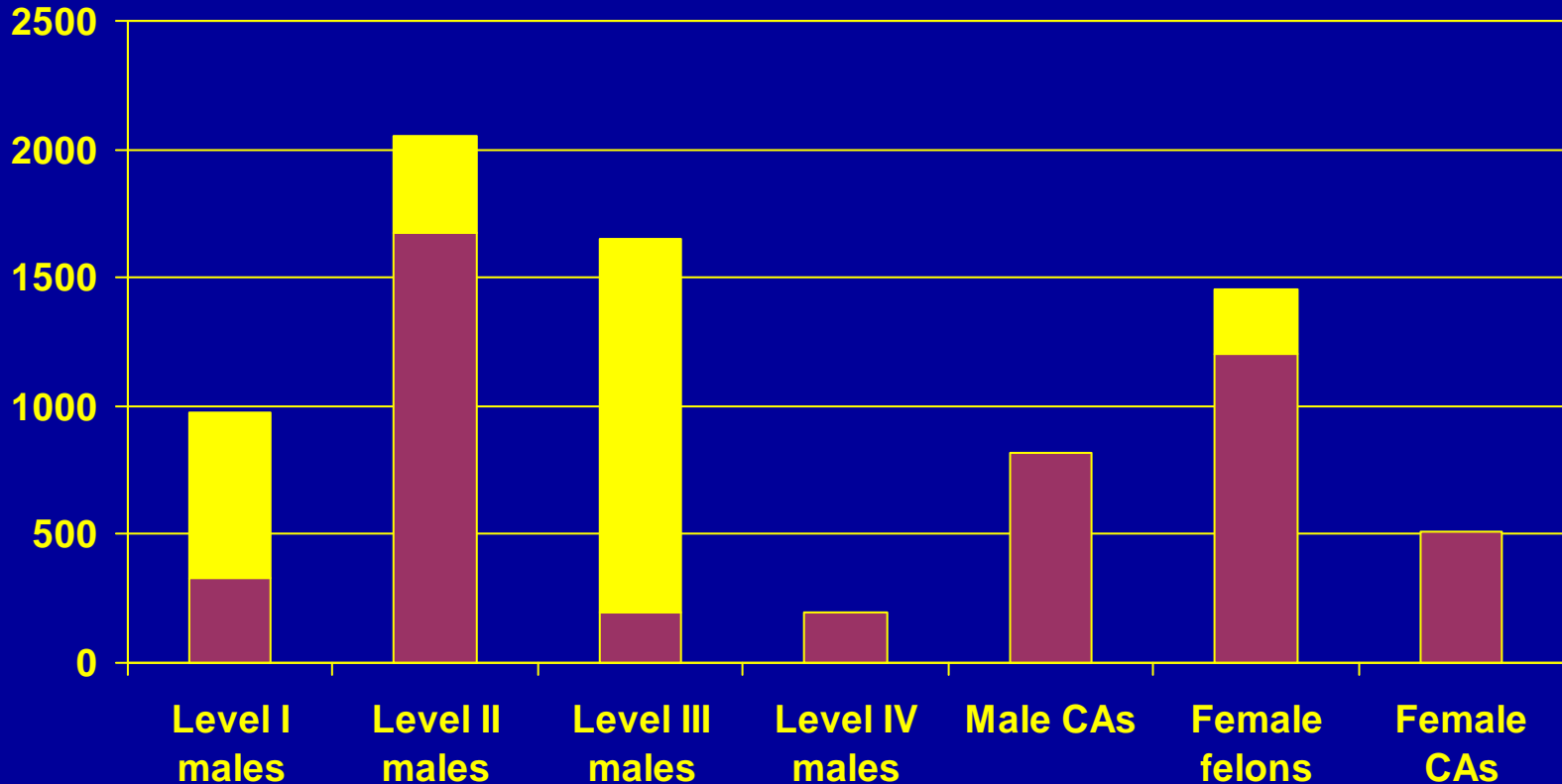
Identifying SAP Participants

- A history of substance abuse--including alcohol.
- 6-24 months left to serve.
- Exclusionary criteria:
 - Placed in a Security Housing Unit within the preceding 12 months for violent behavior (assault and/or battery).
 - Housed in a Protective Housing Unit within the preceding 12 months.
 - Certified members or associates of a prison gang.
 - Felony holds that could result in an increase in sentence length.
 - Active Immigration and Naturalization Service holds.
 - Enrolled in Inpatient or Enhanced Outpatient Program (mental health) services.

UCLA ISAP Evaluation Studies

- **SATF (1997-2002)**
 - 2 TC SAPs, 1 Institution, 739 beds each.
 - Level II males felons.
- **1,000-Bed Expansion (1998-2003)**
 - 5 TC SAPs, 5 Institutions, 200 beds each.
 - 1 TC SAP expanded, 240 beds.
 - Level I-IV male and female felons and male Civil Addicts.
- **2,000-Bed Expansion (1999-2004)**
 - 9 SAPs, 6 Institutions, 100-263 beds each.
 - Level I male felons, Male and female Civil Addicts.

Evaluation Coverage by Gender and Security Level



Total = 32 SAPs; 7,654 beds

Evaluation coverage: 17 SAPs; 4,939 beds (65%)



Process Evaluation

- **Covers all 17 TC SAPs**
- **Goals and objectives**
- **Planning and implementation**
- **Organizational structure**
- **SASCA's and Community-based Treatment Programs**



Impact Evaluation

- **Client characteristics**
- **Client needs**
- **Services received**
- **Client flows**
- **Aftercare participation**
- **Client performance**

Outcome Evaluation

- **Outcomes**
 - Recidivism.
 - Drug use.
 - Psychosocial variables.
- **Records-Based Evaluation**
 - Recidivism (OBIS).
 - Relationship between time in program and outcomes.
 - Effect of participation in community-based treatment.
 - Impact of treatment by background status.

Outcome Evaluation

- **Interview-based Evaluation**
 - Treatment-comparison group design.
 - Baseline interview.
 - Pre-release interview.
 - 12-month post-release follow-up interview.
 - Voluntary urine specimen at follow-up.
- **Economic Cost-Benefit Analysis**

Process Evaluation Results

- **Client Characteristics (SATF, 1K, and 2K)**
- **Implementation and Operational Issues**
- **SATF Program-Level Statistics**
- **1K and 2K 12-Month RTC Data**

Client Characteristics

SATF, 1K, and 2K Expansion Programs

Treatment Participation Statistics


	Male CAs	Level I	Level II	Level III	Level IV	Female Felons	Female CAs
SAP Treatment							
SAPs evaluated	3	2	1	1	1	5	2
Unique participants	2073	687	705	815	554	4313	1174
Treatment episodes	2219	694	705	817	568	4896	1366
Avg months/episode	9.6	7.9	11.2	10.5	8.9	6.1	8.1
No. of paroles	1301	271	268	310	202	2889	712
Paroles (% of tx episodes)	58.6%	39.0%	38.0%	37.9%	35.6%	59.0%	52.1%
Aftercare participation rate	76.5%	47.2%	24.6%	38.4%	38.1%	32.8%	58.0%
Aftercare							
Unique participants	1019	133	71	122	79	978	433
Treatment episodes	2547	261	139	251	214	2045	894
Avg months/episode*	2.1	1.9	2.8	2.0	2.1	2.3	2.5

* Includes only closed treatment episodes

Implementation and Operational Issues

System Issues and Treatment Issues

Corrections and Treatment: Conflicting Philosophies

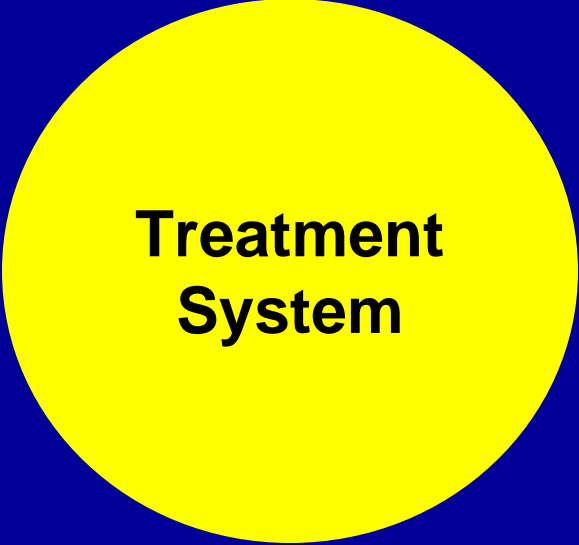


**Corrections
System**

Drug use is a crime

Society-focused

Punishment & Incarceration



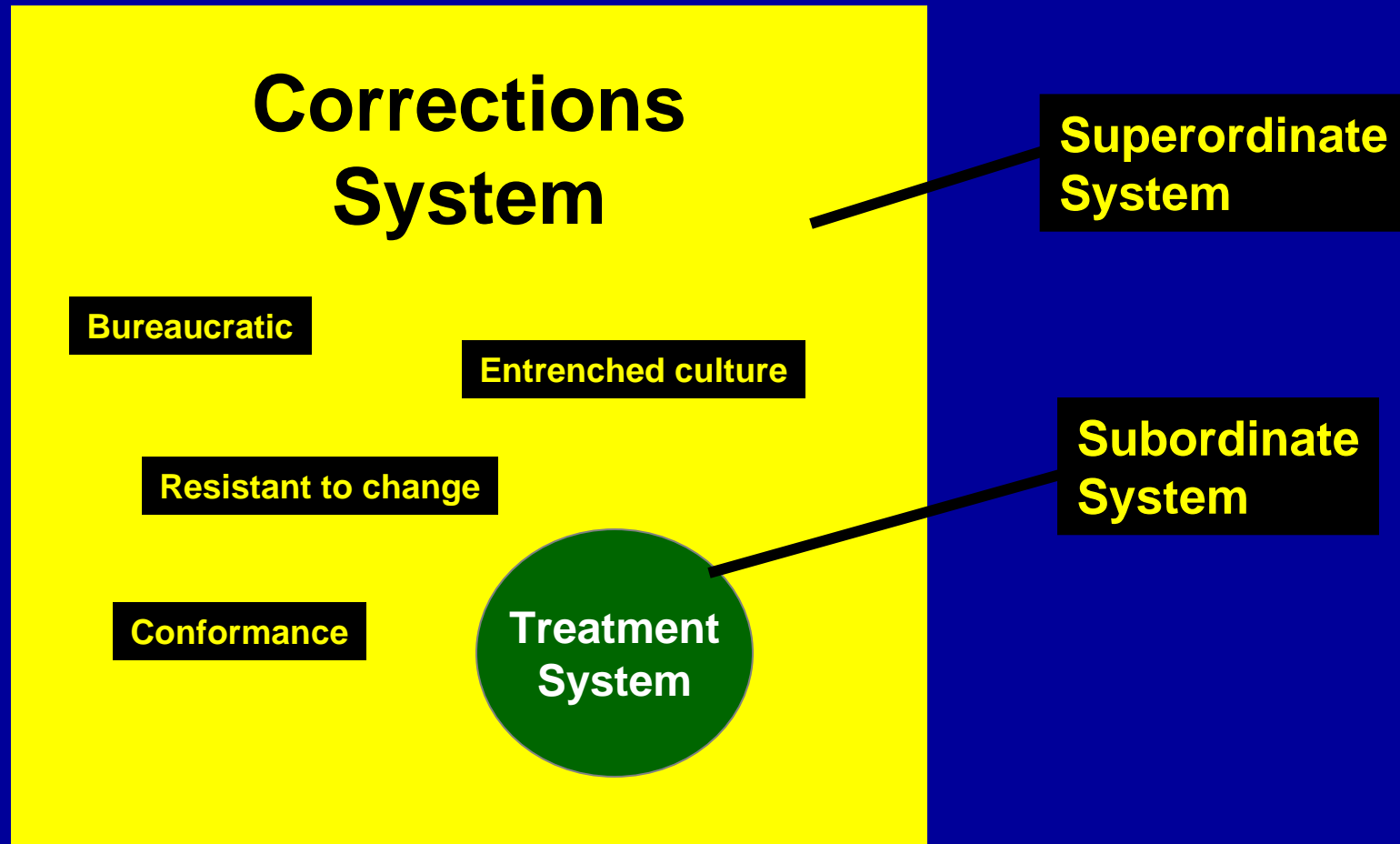
**Treatment
System**

Drug use is a disorder

Person-focused

Treatment

Corrections and Treatment: Organizational Reality



Corrections and Treatment: Who has the larger voice?

**Criminal Justice
System**

**Treatment
System**

“Drug use is a crime”

“Drug use is a disease”

“Society-focused”

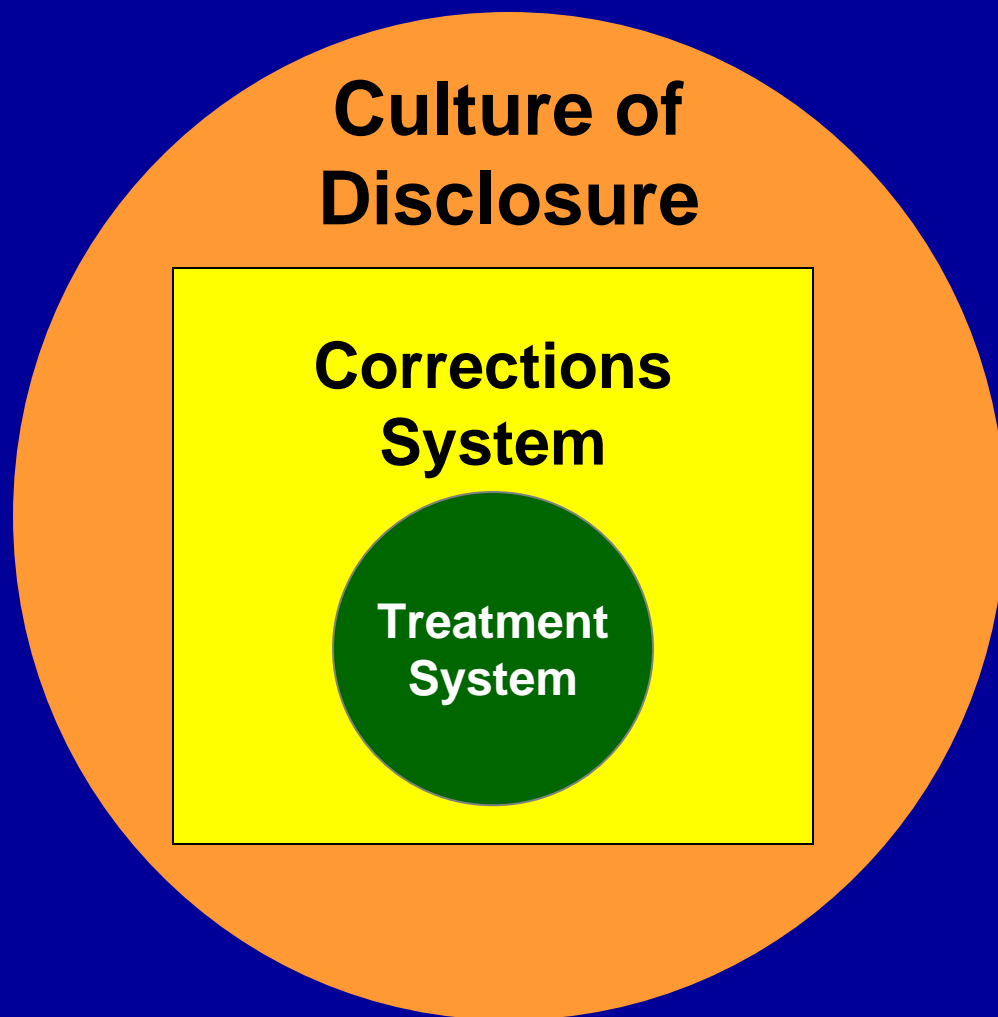
“Person-focused”

“Punishment & Incarceration”

“Treatment”



Collaboration and Communication in a Supportive Organizational Culture



Open sharing of system-, program-, and client-level information in a manner that promotes understanding and trust among people and organizations from different parts of the system.

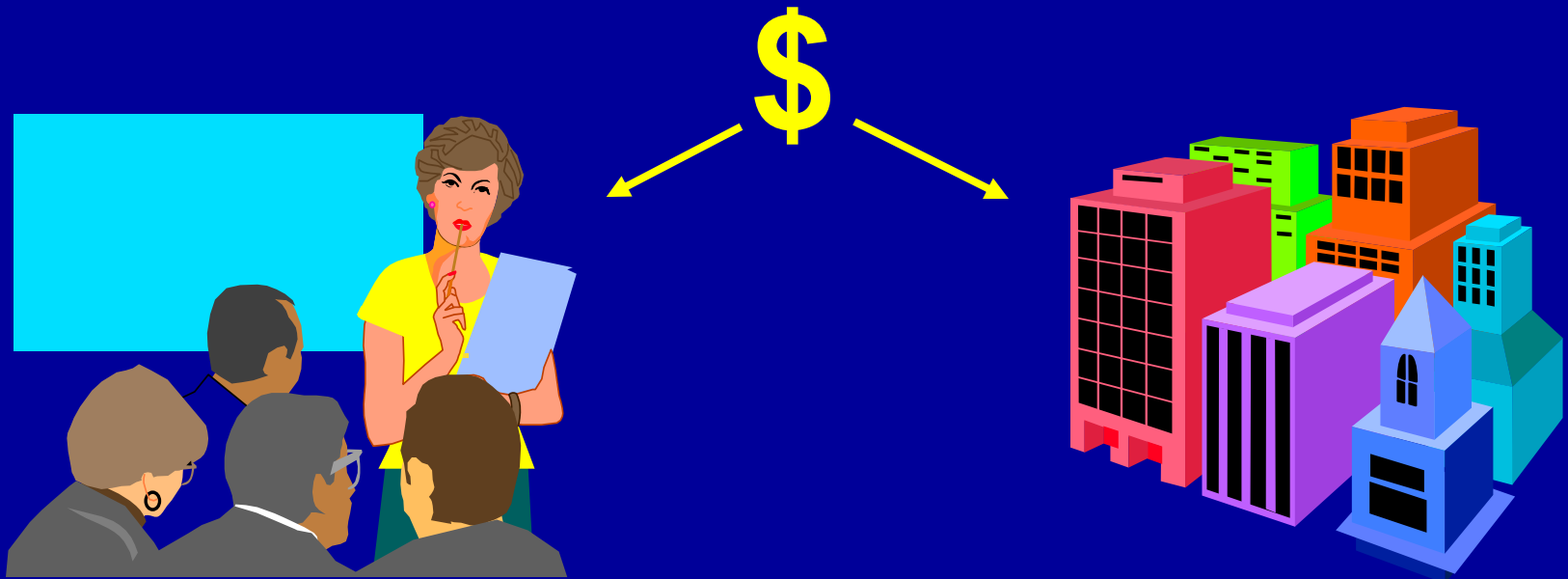
Ensures that the client receives effective, appropriate, and sufficient treatment.



Toward a Supportive Organizational Culture of Disclosure

- **Commitment and support from correctional management (departmental and institutional).**
- **Initiated at the top (director, wardens).**
- **Communicated downward to line custody staff.**

Sufficient Resources



Experienced and qualified treatment staff.

- Recruit
- Train
- Retain

Adequate physical plant needs.

- Treatment space
- Office space for staff



Treatment Issues

Screening, assessment, and referral.

- Maximize the match between needs and treatment received.
- Separate treatment for dually diagnosed and sex offenders.

Incentives and rewards in treatment.

- Alleviate resentment and resistance.
- Increase motivation and involvement in treatment.

Coerced treatment.

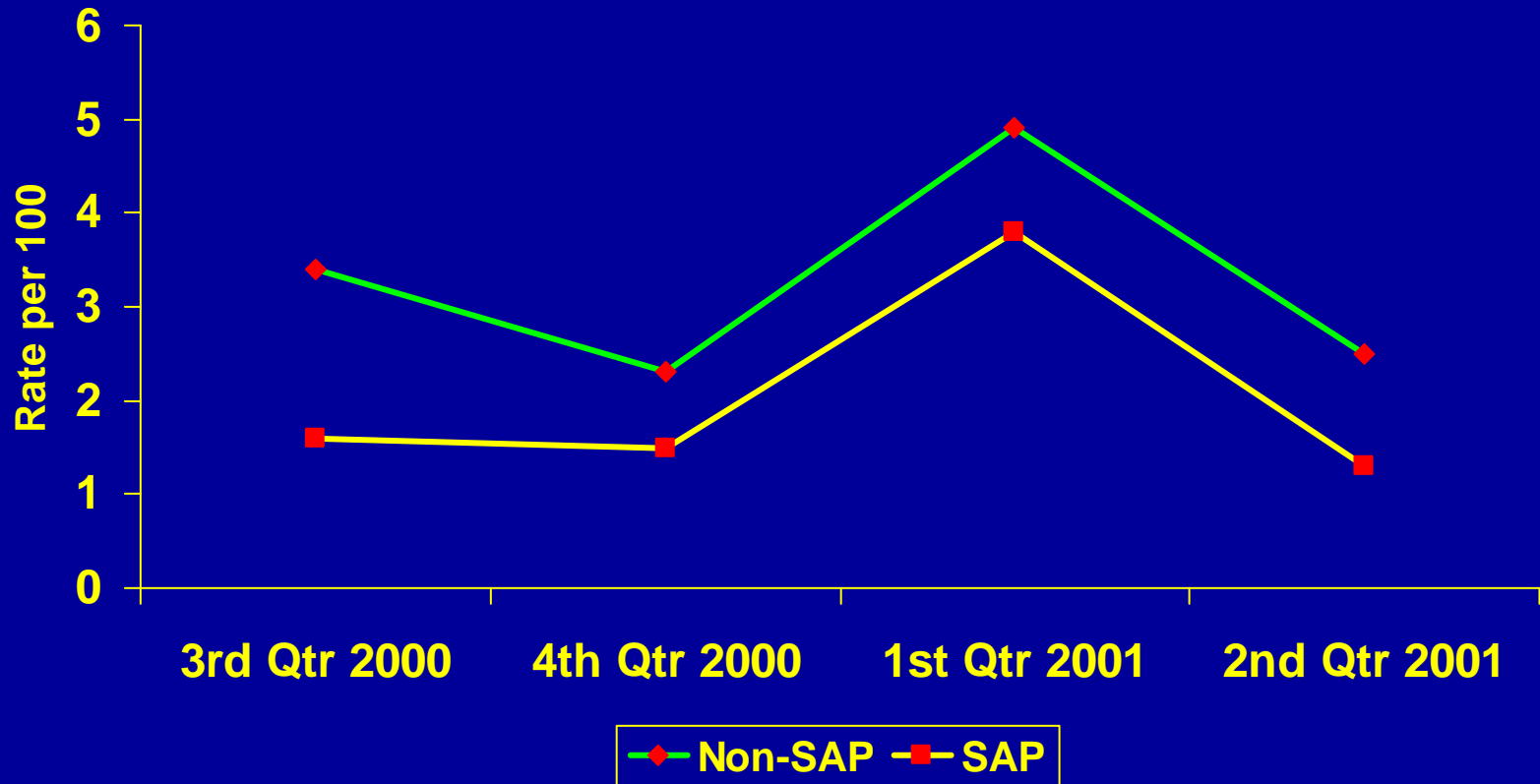
- Efficacy has only been demonstrated in community-based treatment settings.



SATF Program-Level Statistics

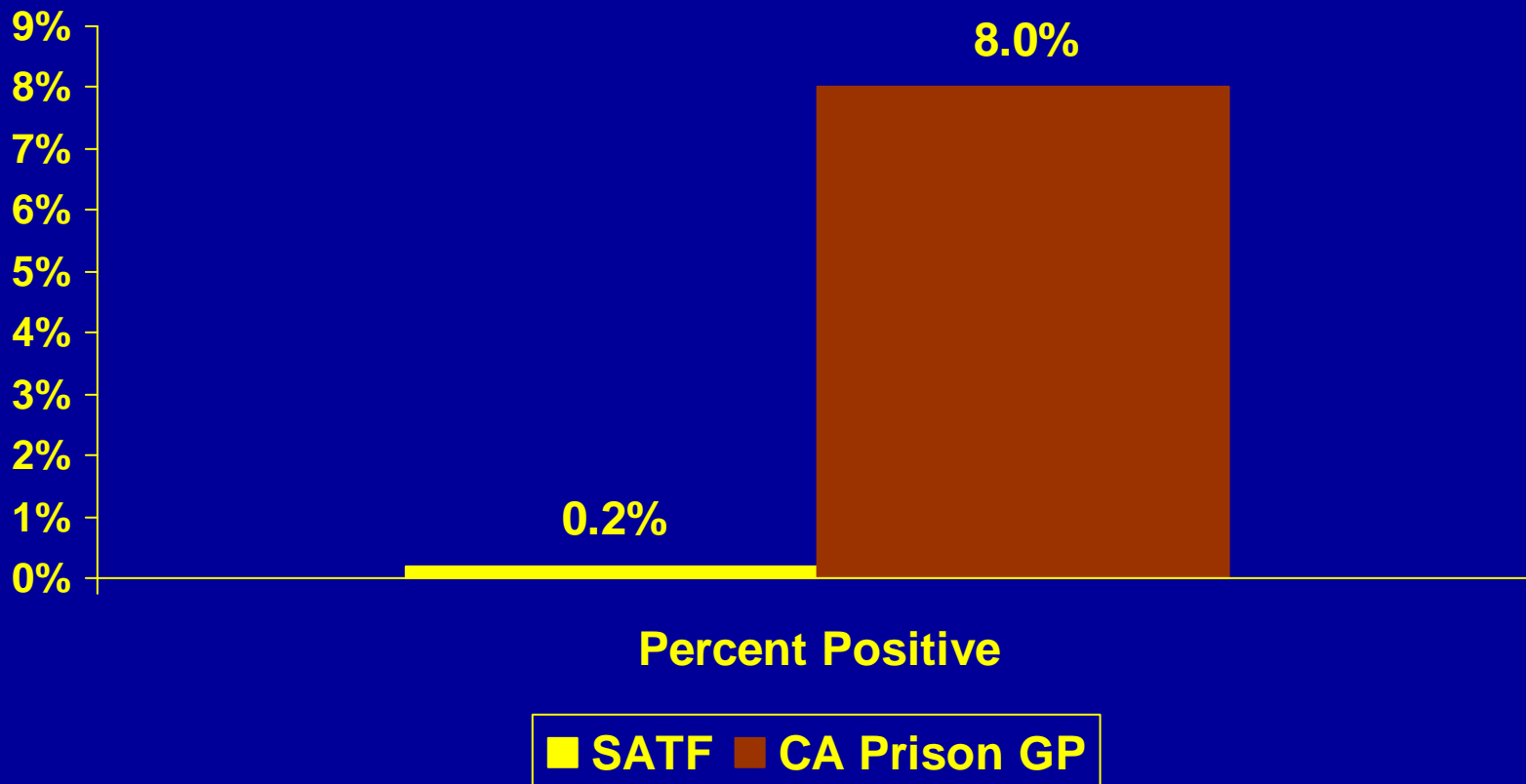
**Disciplinary Actions, Drug Tests, and
Aftercare Referrals**

SATF Disciplinary Actions (SAP v. Non-SAP Facilities)



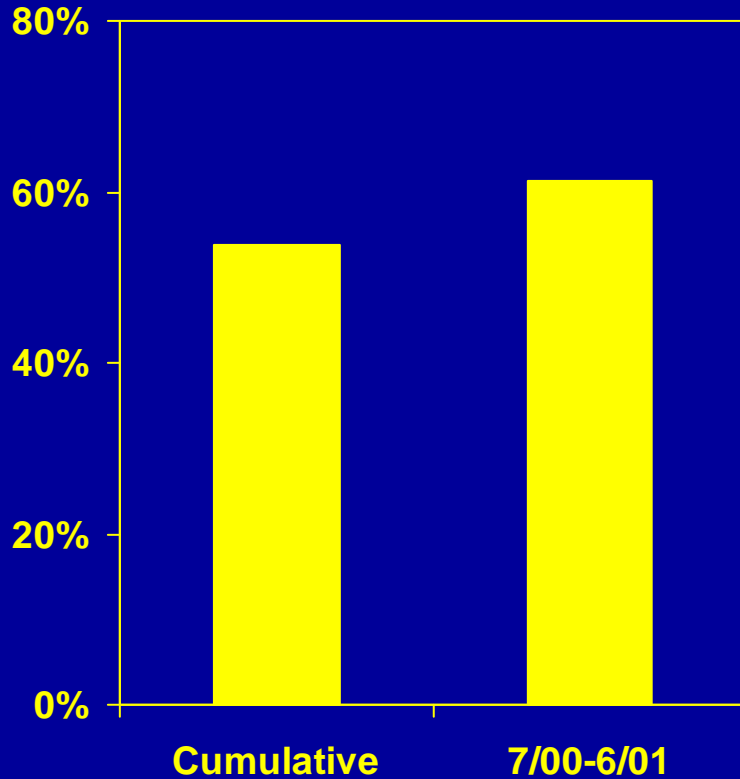
Note: SAP facilities = A & B; Non-SAP facilities = F & G

Positive Drug Tests (SATF SAPs v. CA Prison GP)

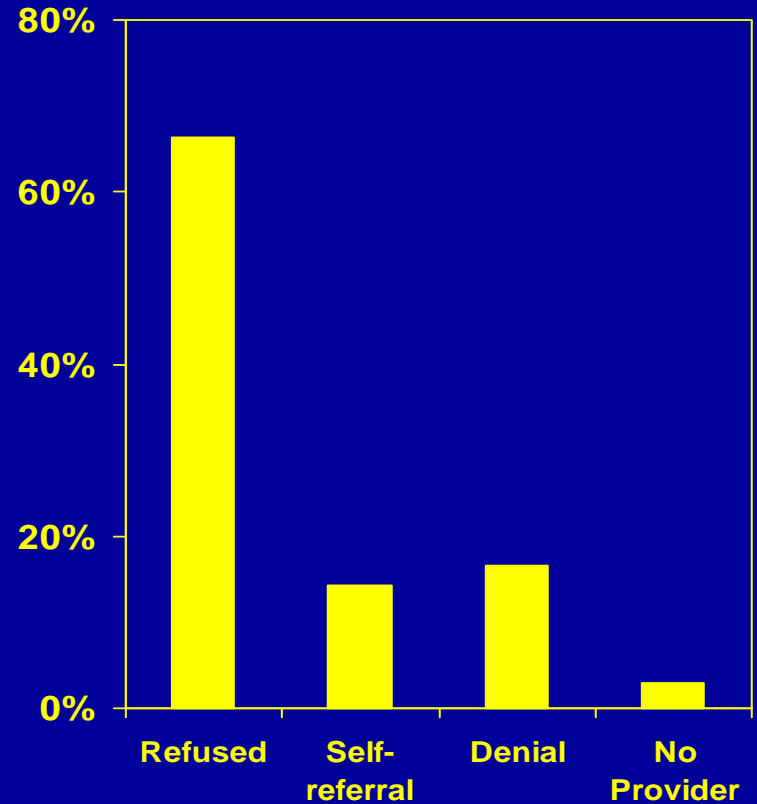


Note: 24,269 drug tests conducted in SATF SAPs since February 1998.

Aftercare Referrals at SATF



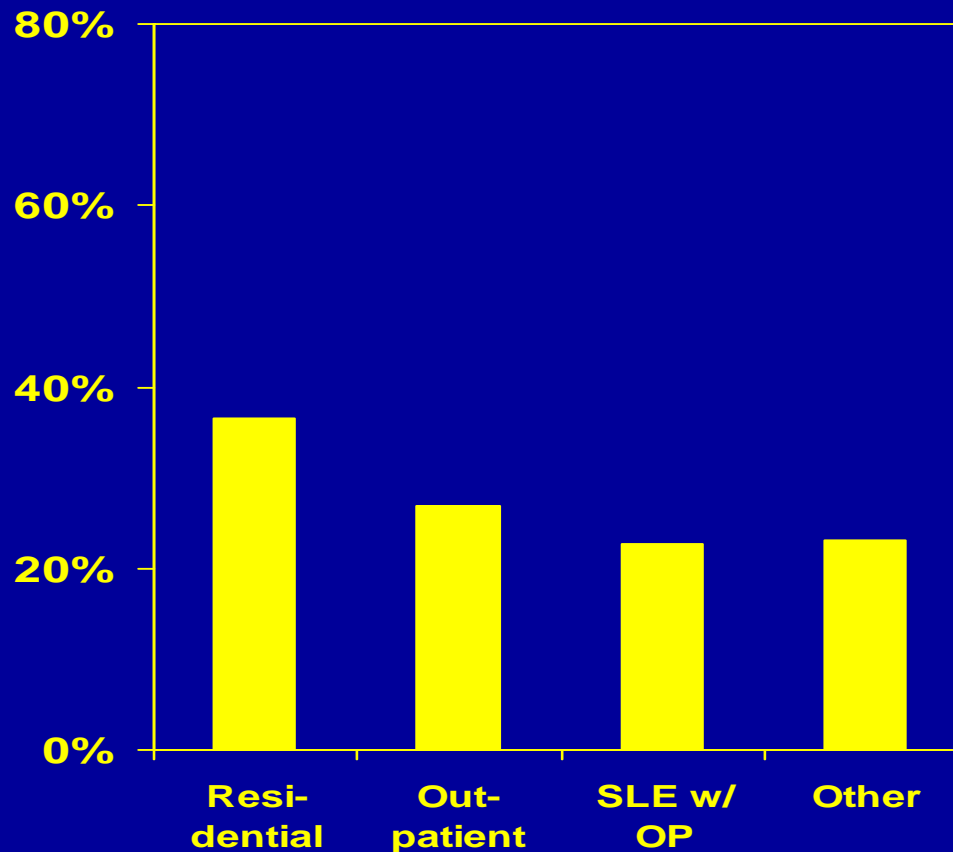
Referral Rates



Reasons for No Referral

Aftercare Referrals at SATF

(Where are they going?)



SATF Summary

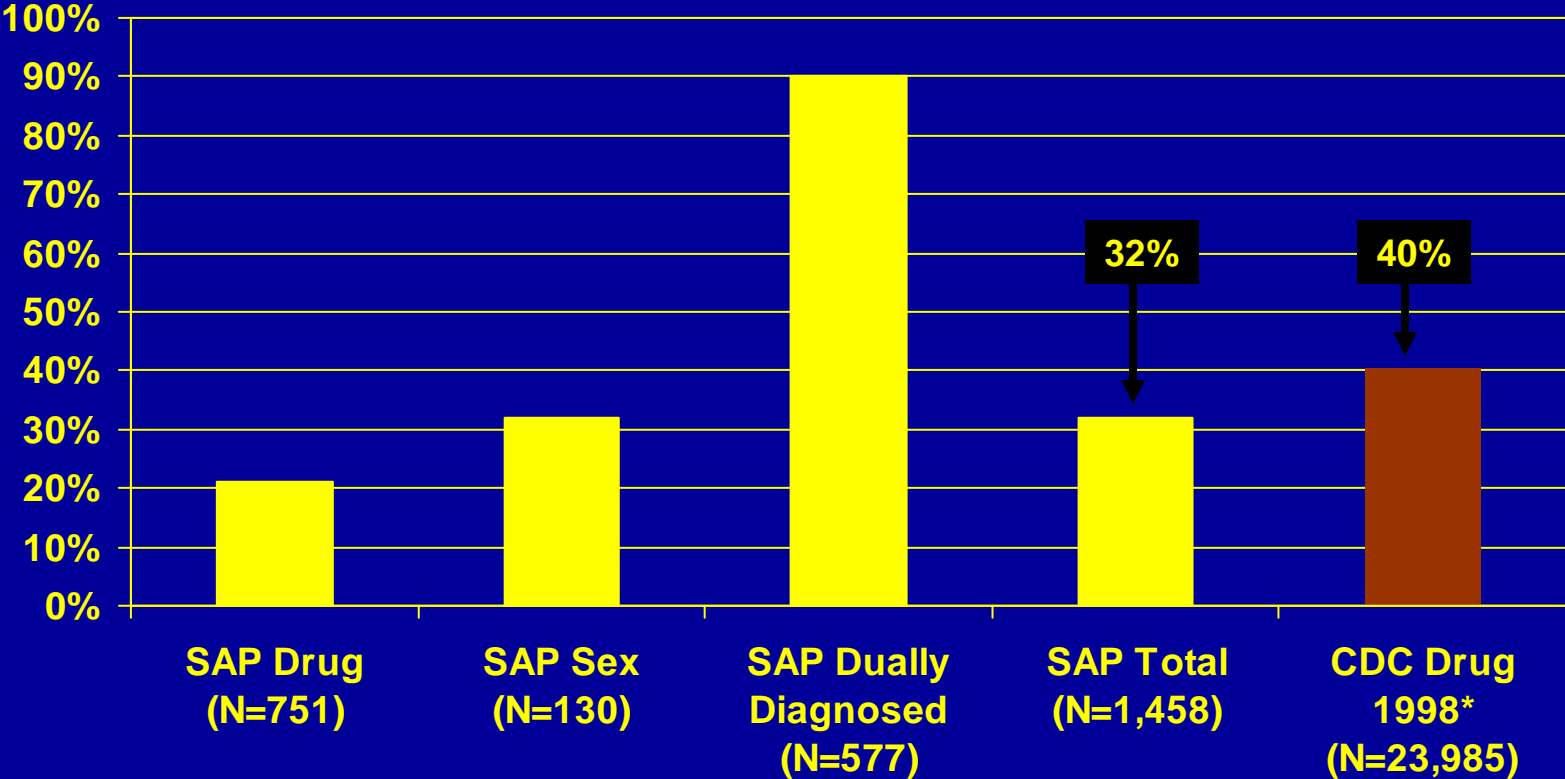
- Fewer disciplinary actions against SAP inmates.
- Significantly lower prevalence of positive drug tests among SAP inmates.
- Most inmates (82.7%) successfully parole from SAPs.
- Over half of SAP parolees (53.9%) receive referrals to aftercare.

Caution: SATF is fully segregated. All other SAPs are not.

1,000- and 2,000-Bed 12-Month RTC Data

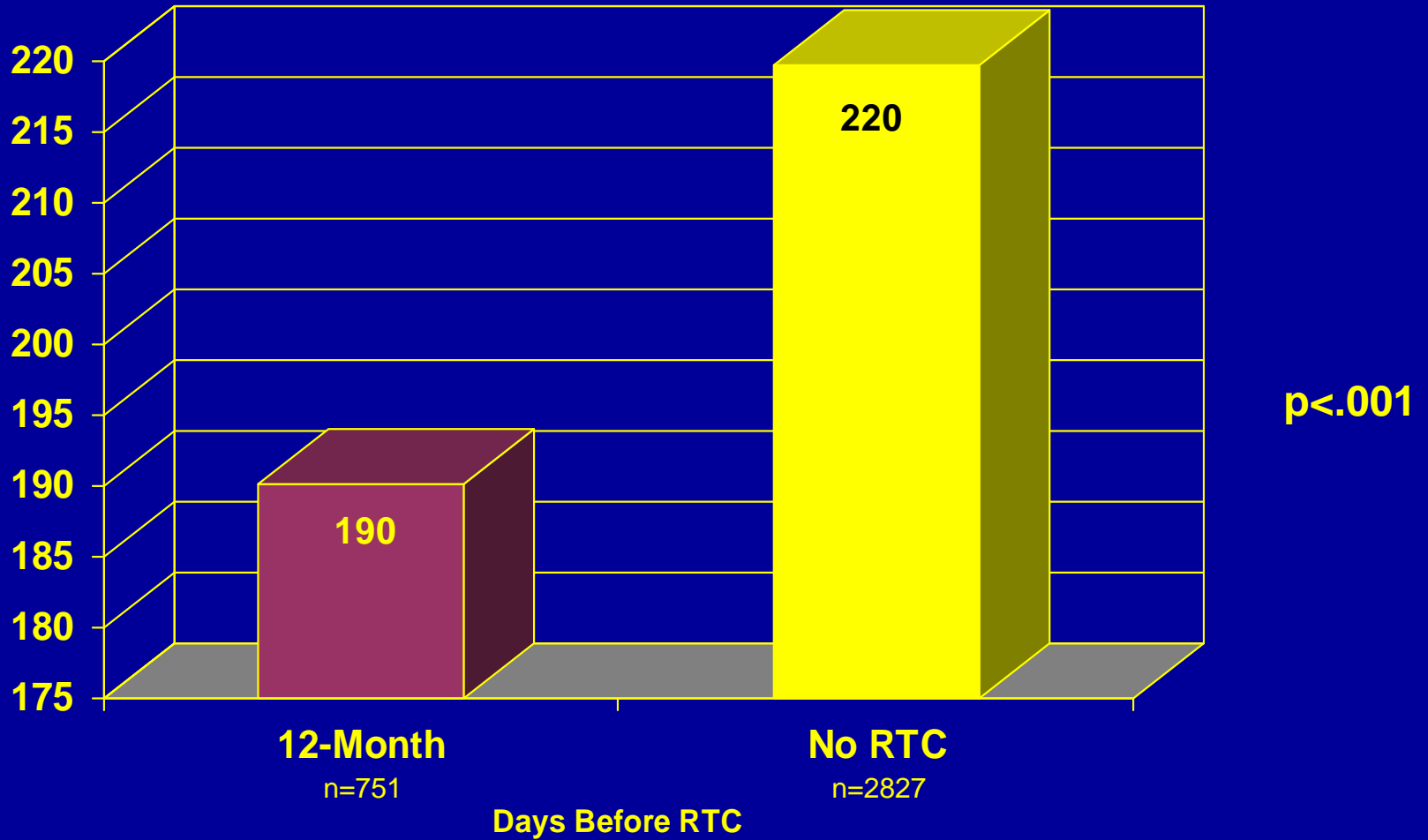
Data collected on 8,498 Offenders

RTC Rates at 12 Months

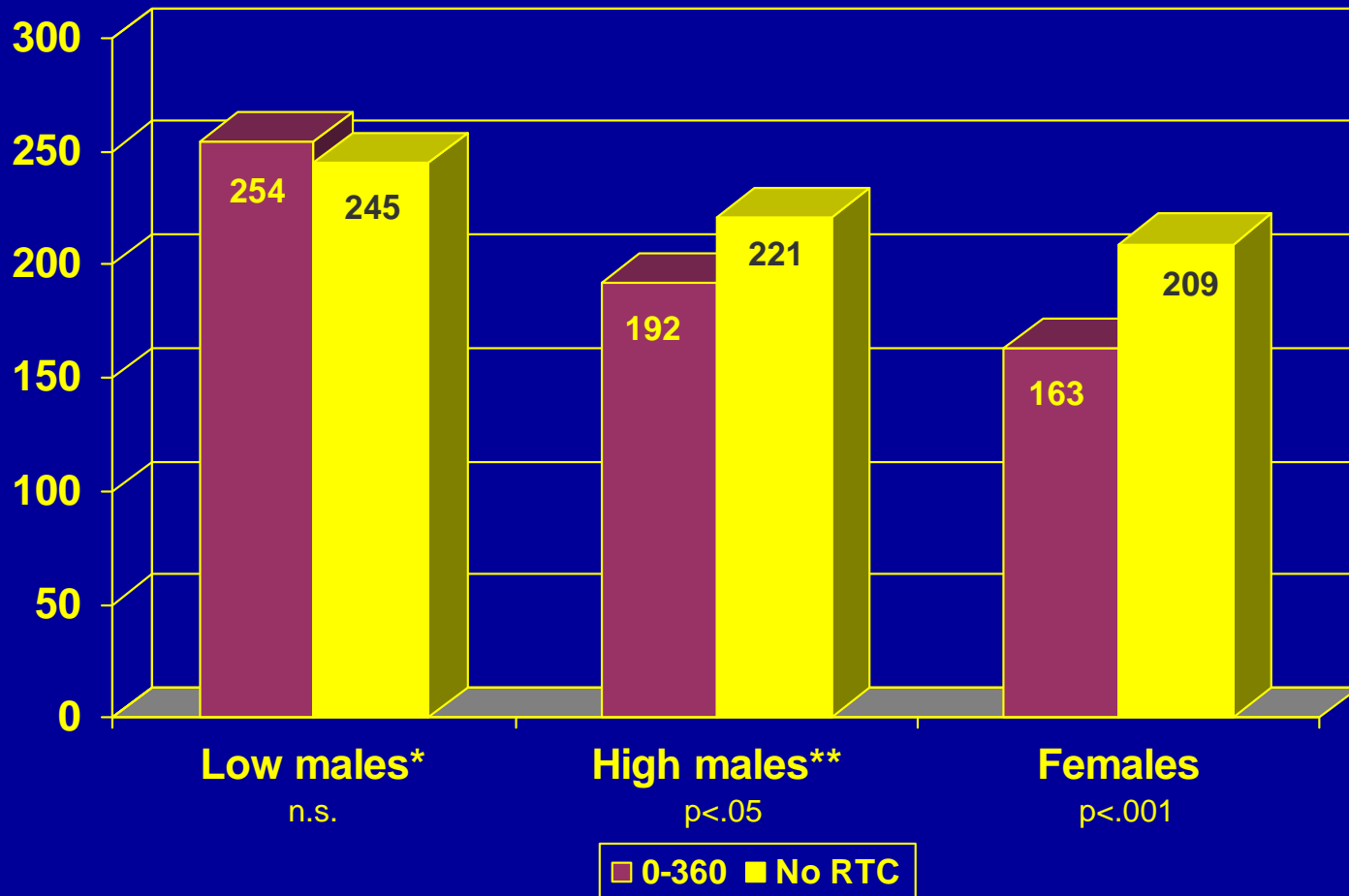


*Source: California Department of Corrections, Research Branch

Mean Days in Treatment



Mean Days in Treatment



* Low level males = Level I felons and Male CAs.

** High level males = Level II, III, and IV felons.

Special Populations

Mentally Ill (MI)

- High prevalence of substance abuse among MI.
- MI are significantly more likely to be incarcerated for a drug-related or property offense.
- Within 12 months following release, MI parolees are twice as likely to recidivate as non-MI parolees.

Sex Offenders

- Empirical support for a relationship between sexual deviancy and alcohol abuse.
- Substance abuse is a primary trigger of sex offending behavior.
- Barriers include stigmatism, denial, untrained and inexperienced treatment staff, institutional policies against disclosure, co-occurring disorders.

Others:

- HIV/AIDS
- Physically Disabled
- Geriatric



Summary & Recommendations

- **Change the culture.**
- **Hire experienced treatment staff and take steps to minimize staff turnover.**
- **Consider reducing program size.**
- **Target volunteers.**
- **Enhance motivation.**
- **Implement valid and reliable screening and assessment methods and measures.**
- **Offer incentives.**
- **Mandate aftercare.**

THE END