WASHINGTON STATE
DEPARTMENT OF CORRECTIONS

SUBSTANCE ABUSE TREATMENT PROGRAM EVALUATION OF OUTCOMES AND MANAGEMENT REPORT

DIVISION OF MANAGEMENT AND BUDGET
PLANNING AND RESEARCH SECTION

APRIL 1988

STATE OF WASHINGTON

DEPARTMENT OF CORRECTIONS

CHASE RIVELAND, SECRETARY

P O Box 9699, MS: FN-61 • Olympia, Washington 98504 • (206) 753-1573

April 1, 1988

Dear Interested Persons:

The Washington State Legislature has made it possible for the Department of Corrections to provide substance abuse treatment services to offenders in our care. The impact of the first year of those services has been evaluated. Substance Abuse Treatment Program Evaluation of Outcomes and Management Report discusses that experience.

The Department of Corrections is fully aware of its obligation to continually monitor the investment of funds to provide substance abuse services. Since many of these services are provided by private contractors, the report reflects contract compliance procedures and the management reporting process, as well as the department's commitment to maintaining an ongoing monitoring and evaluation system. Every effort is being made to build on the positive outcomes we have observed and the experience we have gained.

The Department of Corrections uses its limited funding to educate and treat inmates about the effect of substance abuse and the methods to control the problem when they return to the community. The Department of Corrections is committed to working with offenders in this challenge to achieve chemical-free lifestyles. I am hopeful that the Substance Abuse Treatment Program Evaluation of Outcomes and Management Report will provide useful information regarding our efforts to achieve that goal.

Sincerely,

Chase Riveland

Chase Riveland
Secretary

CR:rpsw

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DEPARTMENT OF CORRECTIONS

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ABSTRACT: The frequency of infractions and the returns to prison for inmates who participated in the first year of the Department of Corrections Substance Abuse Treatment Program were analyzed. Overall, the frequency of infractions was less after treatment than before. In addition, compared to a control group, the program participants returned to prisons at a reduced level. Feedback from program participants and Community Corrections staff, as well as program monitoring, has helped direct changes to make sure the program meets changing offender and Departmental needs.

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ACKNOWLEDGEMENTS

The completion of this project was due to the combined efforts of the following:

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We wish to express our thanks to the Division of Prisons staff responsible for the coordination of the reporting process and interpretation of program content:

Division of Prisons

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Special thanks to the Word Processing Center staff who saw us through the many revisions.

SUBSTANCE ABUSE TREATMENT PROGRAM
EVALUATION OF OUTCOMES AND MANAGEMENT REPORT

The current Department of Corrections Substance Abuse Treatment Program was initiated in March 1984. Process, outcome, and management objectives were established by the Department prior to the provision of services. Those objectives are as follows:

Objective #1: Provide services to the maximum number of inmates possible.

a. Prioritize referrals for admittance based on the inmate's release date and need for treatment.

b. The length of any program shall not exceed 90 days, thus frequently allowing a new group of inmates to receive treatment.

c. All inmates shall receive written notice concerning the availability of treatment.

d. At least 20 percent of the inmates admitted to the program will complete it.

Objective #2: Assure program effectiveness.

a. Concerning institutions with intensive treatment programs, a comparable analysis of the population frequency of guilty WAC #603 rule violations will be performed.

b. To the extent possible, there will be a documentation of post-treatment tracking at 6, 12, and 18 months following discharge from the program.

c. Each client will complete a self- and program evaluation prior to discharge from the program.

d. A pre- and post-test of knowledge and skills will be administered to each client.

e. Classification staff will be notified of anyone determined in need of treatment and refuses it.

Objective #3: Provide treatment services of equal or better quality to that which is available in an outpatient clinic.

a. Within one year of operation, comply with and maintain Bureau of Alcohol and Substance Abuse program approval.

b. Counselors must be treatment professionals as described in WAC Chapters 275-18 and 275-19.

c. Each client will have a treatment contract and counselors will document progress thereof.

d. Program components will include a problem assessment, skills training, substance abuse education, individual and family counseling, and a continuum of care plan.

Objective #4: Service providers will meet all contract provisions.

a. The Assistant Director, Division of Prisons, will provide administrative management concerning budget and program development.

c. The Correctional Program Supervisor will monitor contractor performance at least monthly.

An analysis of the process aspects (Objective #1) of services delivered between March 1984 and March 1985, entitled Substance Abuse Treatment Program Evaluation, was published in November 1986. It was not then possible to report on program outcomes, because a number of program participants had not been released from prison by the time the process analysis was complete. In addition, the bulk of the participants released from prison had not been at risk in the community for as much as one year. Finally, a decision was made to extend post-treatment tracking to 24 months following discharge.

While this report will focus on the outcome aspects (Objective #2) of the treatment program, it also includes a discussion of management related considerations (Objectives #3 and #4). In part, that discussion lays out changes that have been made in the program in response to both process and outcome research findings.

PROGRAM EFFECTIVENESS AS MEASURED BY RULE INFRACTION BEHAVIOR

The frequency of guilty WAC #603 (substance-use) rule violations was suggested as the initial measure of prison behavior after treatment. Two factors resulted in this measure being broadened to look at all major infractions. The first of these was the fact that final program content was to include components of anger management, problem solving, and communication skills, as well as substance abuse education and counseling. Therefore, a hypothesis for the evaluation was that the inmate's prison conduct, as measured by infractive behavior, would improve after treatment. The second factor was prison staff suggestions that a limited focus on substance-use infractions would not provide a detailed enough picture of prison behavior or potential program impacts on that behavior. The following, which includes an analysis of infractive behavior of a non-treatment group of offenders, supports the rationale for looking at total infractions as well as substance-use infractions. While comparisons of an individual program participant's pre-treatment and post-treatment infractions will be the index of treatment impact, it is useful to consider that analysis in a broader context of all infractive behavior. It is for this reason that the investigation of infraction rates was done.

Investigation of Infraction Rates

The earlier publication, noted above, outlined the methodology for the selection of the comparison group. Briefly, it was composed of 265 inmates who were released by parole or sentence expiration between the months of December 1983 and March 1984. The original research design required a random sample from the pre- treatment population for estimating the size of the treatment population and monitoring bias in the provision of services. The comparison group was to serve as a control group for recidivism tracking. The non-treatment group infraction rates also serve as a general indicator of inmate prison behavior for offenders in prison during the early 1980s.

The infraction analysis includes 263 inmates from the comparison group (data were missing for two offenders), as well as 693 program participants who received treatment in the first year of the program and were released prior to September 30, 1986. Of these 693 program participants, 517 had completed the program and 176 had not.

The total number of infractions received by each subject was recorded. To accommodate differing lengths of stay in prison, a rate-of-infraction formula was utilized. The rate was calculated by dividing the number of infractions, substance-use or total, by the number of months in prison. Table 1 shows the mean, standard deviation and range of the infraction rates for the non-treatment group and the program participants. As can be seen in this table, substance-use infractions occur relatively infrequently.

The non-treatment and participant groups are significantly different in terms of total infractions. The difference, however, is due largely to the variance in the range of committed infractions. Note that the highest rate among the program participants is 1.9 infractions per month; the highest in the non-treatment group is less than half of that (0.87).

TABLE 1
COMPARISON OF OVERALL INFRACTION RATE AVERAGES FOR NONTREATMENT AND PARTICIPANT GROUPS

	GROUP	MEAN RATES	STANDARD DEVIATION	RANGE
TOTAL INFRACTIONS*	Non-treatment (n=263)	.109	.153	0 - .87
	Participants (n=693)	.137	.209	0 - 1.90
SUBSTANCE USE INFRACTIONS**	Non-treatment (n=263)	.029	.062	0 - .60
	Participants (n=693)	.038	.070	0 - .78

*Significant at Prob t = .0176
**Prob t = .055; N.S.

The possibility that the results were distorted by more of the treatment group having infractions was considered. For instance, referrals to treatment may have been biased toward those with infractions. The statistical test was recalculated to control for those with no infractions. Interestingly, the proportion of inmates with infractions at some time during their prison stay was the same for both groups, 66 percent. Further analyses were done controlling for escapees or for those released by the Early Release legislation which rewarded more positive prison behavior (see prior publication). In all instances, program participants had significantly higher rates of total infractions.

A comparison of substance-use infraction rates of the non-treatment group and the participant group indicates that the probability of significant difference was on the cutting edge. The proportions of offenders with substance-use infractions were 35 percent of the non-treatment group and 41 percent of the participants. The higher proportion of substance-use infractions among the program participants may be viewed as consistent with the program criteria of treating inmates "in need of services."

Individual Pre- and Post-Treatment Infractions

The comparison of individual pre-treatment and post-treatment infractive behavior was the measure of improved prison behavior built into the evaluative design. These comparisons again utilized rates of infractions. A step added to the formula subtracted the post-treatment rate from the pre-treatment rate for an individual "difference score." The scores were calculated for substance-use and other-major infractions as well as total infractions. These, and the probabilities of significant change, are the subject of Table 2.

Program-wide there was a significantly lower rate of post-treatment other-major infractions and thus a lower rate of total infractions. The rate of substance-use infractions was unchanged.

The same test was applied only to those who had one or more major infractions and again to only those who had one or more substance-use infractions. The results were virtually the same: a significant reduction in the rate of major infractions, no appreciable change in the rate of substance-use infractions.

TABLE 2
DIFFERENCE IN PRE/POST INFRACTION RATES

INFRACTION TYPE	MEAN DIFFERENCE	t	PROB t
Substance-Use	.005	1.09	.2767; N.S.
Other-Major	.041	4.36	.0001
Total	.046	4.12	.0001
(n=693)			

It is important to note that the Division of Prisons instituted a stringent random urine analysis program shortly after the treatment program was initiated. This would be expected to result in an increase in the number of substance-use infractions by inmates. Given this consideration, we could expect that some program participants might have had a significantly higher rate of substance-use infractions after this policy was implemented. At the very least, it confirms the notion that changing policies and automation often confound evaluative research.

The next step in analysis was to look at the infraction rate data at the treatment center level*. Again, the analysis was in three parts: all program participants, all participants with one or more major infractions, and all participants with one or more substance-use infractions. As seen in Table 3, none of the treatment centers showed a significant change in rates of substance-use infractions. CCCC, WSR, and PLCC showed no significant changes in either rates of substance-use or other- major infractions. The data for WSP consistently indicated a post-treatment rate reduction for both other-major and total infractions. PCCW, MICC, and IRCC also had significant reductions when controlling for those who had no major infractions.

Perhaps the most interesting information in this table is the reduction of the sample size as a result of controlling for participants who had no major infractions. Overall, this eliminated 44 percent from that analysis. Looking at the variation by treatment center indicated wide disparities. A full 65 percent of the PCCW treatment population had no major infractions. CCCC followed with 55 percent and WSP had the lowest proportion of participants with no major infractions, 29 percent. One would expect to see fewer infractions at PCCW, based on differences between female and male institutional behavior. Clearly the treatment populations in the various male institutions differed, probably as a function of the classification system assignments to the institutions.

* Treatment centers and associated abbreviations are: Cedar Creek Corrections Center (CCCC), Purdy Corrections Center for Women (PCCW), McNeil Island Corrections Center (MICC), Washington State Reformatory Honor Farm (WSR), Indian Ridge Corrections Center (IRCC), Washington State Penitentiary (WSP), and Pine Lodge Corrections Center (PLCC).

TABLE 3

DIFFERENCES IN PRE/POST INFRACTION RATES BY TYPE OF INFRACTION AND TREATMENT CENTER

TREATMENT CENTER		SUBSTANCE-USE			OTHER-MAJOR			TOTAL		
		Mean Difference	t	Prob t	Mean Difference	t	Prob t	Mean Difference	t	Prob t
ALL PARTICIPANTS N=693										
CCCC	(n=152)	.008	.75	.4525	.010	.64	.5229	.018	.91	.3653
PCCW	(n=103)	.016	1.24	.2184	.021	1.98	.0507	.037	2.06	.0419*
MICC	(n=121)	-.005	-.41	.6804	.048	2.80	.0059*	.043	1.84	.0687
WSR	(n=67)	-.005	-.34	.7351	.009	.29	.7719	.004	.12	.9037
IRCC	(n=59)	-.001	-.04	.9660	.057	2.21	.0308*	.056	1.61	.1137
WSP	(n=143)	.011	1.43	.1555	.105	3.51	.0006*	.116	3.57	.0005*
PLCC	(n=48)	-.001	-.05	.9631	.004	.07	.9631	.003	.05	.9641
EXCLUDING THOSE WITH NO MAJOR INFRACTIONS N=386										
CCCC	(n=69)	-.006	-.55	.5842	.022	.64	.5251	.016	.41	.6802
PCCW	(n=36)	.012	.59	.5620	.060	2.03	.0496*	.072	1.77	.0802
MICC	(n=72)	-.003	-.19	.8527	.080	2.86	.0056*	.077	2.01	.0483*
WSR	(n=42)	-.002	-.11	.9107	.014	.29	.7734	.012	.21	.8353
IRCC	(n=34)	.017	.77	.4454	.099	2.27	.0298*	.116	2.10	.0439*
WSP	(n=102)	.012	1.31	.1937	.147	3.57	.0005*	.160	3.58	.0005*
PLCC	(n=31)	-.002	-.08	.9373	.005	.07	.9479	.003	.04	.9707
EXCLUDING THOSE WITH NO SUBSTANCE-USE INFRACTIONS N=281										
CCCC	(n=58)	.020	.75	.4554	.021	.66	.5097	.042	.94	.3529
PCCW	(n=33)	.051	1.25	.2220	.030	1.64	.1115	.080	1.65	.1030
MICC	(n=50)	-.011	-.41	.6830	.049	1.52	.1357	.038	.74	.4616
WSR	(n=29)	-.011	-.34	.7388	-.004	-.06	.9550	-.015	-.19	.8524
IRCC	(n=26)	-.002	-.04	.9666	.104	1.92	.0662	.102	1.33	.1965
WSP	(n=66)	.024	1.43	.1563	.169	2.96	.0043*	.193	3.05	.0033*
PLCC	(n=19)	-.002	-.05	.9640	-.105	-.86	.4035	.107	-.77	.4539

* indicates Significant at Prob t ≤ .05

Approximately 44 percent of the participants had infraction rate changes in a positive direction, as opposed to 27 percent whose changes were in a negative direction. Analyzing those with higher post-treatment infraction rates did not reveal any commonalities. Neither age, race, type of crime, type of program termination, nor level of substance dependency were found to be different from those who did have an improved infraction rate. It is possible that any differences that exist hinge on psychological indices beyond the scope of this evaluation. Should the treatment evaluation be significantly expanded in the future, an attempt to identify salient psychological characteristics of treatment failures would be desirable.

The completion rate for the first year of the Substance Abuse Treatment Program, as detailed in the previous report, was approximately 74 percent. The participants that did not complete the program received on average less than 30 percent of the service hours than did those who completed the program. As seen in Table 4, the program drops had significantly more infractions of all types than did the completes.

TABLE 4
COMPARISON OF COMPLETED AND DROPPED INFRACTION RATES

INFRACTION TYPE		MEAN	t	PROB t
Substance-Use				
	Completed (n=517)	0.034	-2.30	0.0220
	Dropped (n=176)	0.050		
Other-Major				
	Completed (n=517)	0.080	-3.85	0.0002
	Dropped (n=176)	0.155		
Total	Completed (n=517)	0.114	-4.10	0.0001
	Dropped (n=176)	0.205		

The differences in pre/post infraction rates for completes and drops are presented in Table 5. Although it appears the dropped population had more post-treatment substance-use infractions, there were extremely large variations in each of the samples. In no case is there a statistically significant difference in the pre/post-treatment rates for the completed compared to the dropped. There are several possible explanations for the phenomena. It may be, as the literature suggests, "some treatment" is better than "no treatment" and just the event of program enrollment was sufficient to bring about a change. Another possibility is that changes in policy, staffing levels, or housing assignment affected a behavioral change or a change in reporting.

TABLE 5
COMPARISON OF PRE/POST INFRACTION RATES FOR COMPLETED AND DROPPED

INFRACTION TYPE		MEAN DIFFERENCE	t	PROB t
Substance-Use				
	Completed (n=517)	0.007	0.76	0.45; N.S.
	Dropped (n=176)	-0.002		
Other-Major				
	Completed (n=517)	0.032	1.44	0.15; N.S.
	Dropped (n=176)	0.069		
Total	Completed (n=517)	0.038	0.88	0.38;N.S.
	Dropped (n=176)	0.067		

SUBSTANCE-RELATED RETURNS TO PRISON

In looking at recidivism as a measure of success, the "non-treatment" group as a sample of released offenders became a true "control" group. Offenders who were paroled to supervision within Washington State and offenders who were released by sentence expiration with no out-of-state detainers or warrants were tracked for two years beyond their release dates. With these parameters, the control group reduced to 240. Also in line with these parameters, escapees were eliminated from this analysis, dropping the number of program participants to 593. Of these, 436 had been at-risk for two years at the end of September 1987.

Each offender, whether from the control group or a program participant, was tracked for two years or until returned to prison, whichever was shortest. Length of time at-risk was calculated to the date of return; jail time was not factored in, possibly inflating the time at-risk in some cases. A summary of the control group and program participant return totals to September 1987 is found in Attachment A. Table 6 compares the overall returns for the control group and the program participants who had been at risk for two years.

TABLE 6
TWO YEARS AT-RISK RECIDIVISM BY GROUP

	CONTROL	PARTICIPANT	TOTAL
Recidivists	69	92	161
Survivors	171	344	515
	240	436	676

Chi Square = 4.991; Significant at Prob = .025

Significantly more of the program participants survived the two year period. An analysis of the rate of return over the two year period showed that the difference developed in the second year at-risk. That is to say, a similar portion of the controls and participants returned during their first year at-risk. As the time at-risk increased, the likelihood of participants returning to prison decreased, so by the end of two years at-risk a significantly smaller proportion of the participants had returned.

For the recidivists in both groups, control and participant, the rate of return to prison was not significantly different over the two year period (Table 7).

TABLE 7
RETURN BY MONTHS

	CONTROL			PARTICIPANT		
MONTHS	N	(%)	(Cum. %)	N	(%)	(Cum. %)
0 through 2	6	(2.5)	(2.5)	4	(0.9)	(0.9)
3 through 5	5	(2.1)	(4.6)	13	(3.0)	(3.9)
6 through 8	13	(5.4)	(10.0)	15	(3.4)	(7.3)
9 through 11	12	(5.0)	(15.0)	20	(4.6)	(11.9)
12 through 14	10	(4.2)	(19.2)	10	(2.3)	(14.2)
15 through 17	5	(2.1)	(21.3)	15	(3.4)	(17.6)
18 through 20	9	(3.8)	(25.1)	9	(2.1)	(19.7)
21 through 23	9	(3.8)	(28.9)	6	(1.4)	(21.1)
Not Returned	171	(71.3)	(100.0)	344	(78.9)	(100.0)
Total	240	(100.0)	(100.0)	436	(100.0)	(100.0)

This finding is supported by the similarity in the average time-to-return for the control group recidivists and the program participant recidivists (Table 8). So, while more of the participants survived the two year period, those that returned did so at the same rate as controls.

TABLE 8
AVERAGE TIME TO RETURN
(RECIDIVISTS ONLY)

GROUP	MEAN	STANDARD DEVIATION
Control (n = 69)	12.43	6.20
Participant (n = 92)	11.77	5.80

t = .6889; N.S.

Table 9 presents the comparison of substance-use as a factor in recidivism for controls and participants. Case records of returned offenders were studied for evidence of substance involvement in the crime or parole violation that resulted in the return to prison. Approximately 76 percent of both the control and participant recidivists were found to have substance involvement in their return to prison.

TABLE 9
SUBSTANCE USE OF RECIDIVISTS BY GROUP

RETURN	CONTROL	PARTICIPANT	TOTAL
Substance-Related	51	71	121
Not Related	17	23	39
TOTAL	68*	92	160

Chi Square = .025; N.S.
*1 Control Missing

A comparison of the reasons for return to prison (Table 10), shows both groups identical in the ratio of parole violators to new convictions. Although the numbers of returns not involved with substances is too small to allow a statistical analysis, the data presented in Table 11 shows a tendency for substance involvement to be greater among those returned for property crimes and parole violations.

TABLE 10
REASON FOR RETURN BY GROUP

RETURN TYPE	CONTROL	PARTICIPANT	TOTAL
New Conviction	32	41	73
Parole Violation	37	51	88
	69	92	161

Chi Square = .052; N.S.

TABLE 11
RECIDIVATING CRIME TYPE

RETURN	PERSON	PROPERTY	OTHER	PAROLE VIOLATION	TOTAL
Substance Related	25	25	2	69	121
Not Related	15	10	0	14	39
TOTAL	40	35	2	83	160*

*1 Missing

When looking at the type of substance abused by the program participants, as recorded during the program screening and assessment process, one sees that there is a significant difference in the likelihood of return. Polyusers, those abusing both alcohol and drugs, were the most likely to return. Even though the number of participants in the no abuse category is too low for the chi square parameter, the correlation between polyabuse and return is suggested in Table 12.

TABLE 12
RECIDIVISM BY SUBSTANCE ABUSED
(PARTICIPANT GROUP ONLY)

SUBSTANCE	RECIDIVISTS	SURVIVORS	TOTAL
Alcohol	21	121	142
Drug	14	83	97
Poly Abuse	53	126	179
No Abuse	1	5	6
Total	89	335	424*

*12 Missing

Release to inpatient treatment did not significantly reduce recidivism. As will be discussed later, community adjustment after release encompasses a wider range of factors than just outpatient treatment.

PARTICIPANT FEEDBACK ABOUT TREATMENT

Attempts to locate standardized pre/post tests that were relevant to and could be used by the separate treatment program contractors failed. Although some providers devised their own tests, the designs and contents were not comparable and thus were not analyzed. Nevertheless, to gain insight about the participants' individual perception of the program, their written feedback was requested.

Treatment counselors were provided with program assessment forms to be completed by the participants at the end of each program period (Attachment B). The forms were anonymous and cannot be traced to any one respondent. For all programs, the majority of the respondents felt that the programs were "better than they had expected" and that the counselors were "good."

In response to "What one part of the program was most helpful to you?" individual counseling and group sessions rated very high, followed by skills training and role playing, in that order. There were many written comments about the lack of good films (a problem often noted by the program providers). Some written comments, in regard to this question, were that group sessions in that environment could become too confrontational and lead to non-participation for those afraid of retaliation. On the other hand, there were many requests for more and longer group sessions. Most respondents were satisfied with the amount of individual counseling and would recommend the program to other inmates with problems.

Despite instructions to check only the one skill training most helpful, most participants scored three or four. Problem solving, anger control, and stress management were noted most often. Communication skills training was fairly popular. Less frequently mentioned was assertiveness training.

By far the most frequently suggested change in the program was "more group sessions." Along with that suggestion were repeated requests to make the program longer and more intense. Some suggested three month programs that would temporarily replace other work or study assignments. There were a number of requests for "better surroundings." A need that was evident from the comments was for more role models, former inmate addicts who had "made" it.

The answers to "Did you learn anything about alcohol and drug abuse that you didn't know?" were generally in the affirmative. The comments regarding how that knowledge would help in the future were surprisingly consistent and may indicate a tendency to express what program participants thought was the "right" answer. That answer could be summed up as, "I will think before getting involved with drugs again."

COMMUNITY ADJUSTMENT AFTER RELEASE

As reflected in the foregoing discussion, recidivism is traditionally used as an outcome measure for correctional programs. A variety of other criteria, however, are used by community substance abuse treatment programs. Among them are lifestyle and attitude changes of the client. In the case of offenders these criteria could translate into adjustment in a noncriminal society, as well as continued efforts to deal with substance abuse problems.

In an attempt to assess adjustment of program participants upon release from prison, a limited survey was conducted. The Community Corrections Officers (CCOs) supervising a sample of 150 program participants released on parole were asked the following questions:

1. Were you aware of the fact that this offender completed the Department's Substance Abuse Treatment Program?

2. To your knowledge, has the offender used alcohol and/or drugs since completing the Department's Program?

3. Did the offender make it apparent to you that he/she had a plan to prevent relapse to substance abuse?

4. Did the offender demonstrate an awareness of community treatment resources such as A.A., N.A., and counseling programs?

5. Did the offender have a requirement for participation in one of the above programs?

6. If yes, did the offender enter into the required program?

7. Do you think treatment made a difference in terms of this person's success in the community?

One hundred and five (70 percent) completed surveys were returned.

The survey responses suggested that many of the offenders continued to receive either formal or informal after care in the community. Many of the offenders reported upon in this survey appeared to have demonstrated an awareness of community treatment resources. Approximately 70 percent of the 63 offenders who had a requirement to participate in a community program entered such a program.

This survey indicated that the linkage between the prison program and community was not as strong as hoped. Forty-five (44 percent) of the CCOs who answered the first question were not aware of the fact that the offender had completed the Department of Corrections program. Nonetheless, 11 (24 percent) of the 45 felt that treatment, either received in prison or after care in the community, was making a difference in the person's success in the community. Of the 58 CCOs aware of the fact the offender had been in the program, 31 (53.4 percent) felt that treatment had made a difference in terms of the person's success in the community.

Overall, the 42 positive responses received to the question of whether treatment made a difference are in line with the treatment outcomes reported in a wide variety of evaluative studies (see Chapter Two, Literature Search, in the November 1986 Substance Abuse Treatment Program Evaluation).

MANAGEMENT REPORT

The Substance Abuse Treatment Program has evolved and changed considerably since its initiation in March 1984. The strengths of the program have been built upon and the weaknesses have been dealt with in a positive manner. The formal evaluative process outlined in this report has served to direct and guide that program toward achieving its goals and objectives. Early research findings and contract monitoring (related to the Department's objective of having service providers meet all contract provisions) revealed a variety of program deficits, thus providing the impetus for change and restructuring of the existing program.

As a result, the program was reorganized in July 1987. The catchment area concept was refined and additional treatment programs were introduced at the Washington Corrections Center-Training Center (WCC), Clallam Bay Corrections Center (CBCC), Twin Rivers Correction Center (TRCC), and the Washington State Reformatory-Main Institution (WSR-MI). Catchment Area I includes WCC, CCCC, LCC, MICC, CBCC, and Tacoma Pre-release. Catchment Area II includes WSR, WSR-MI, TRCC, PCCW, and IRCC. Catchment Area III includes WSP and PLCC. The Department of Corrections now contracts with two community based treatment programs; STOP (Social Treatment Opportunities Program) provides treatment services to institutions located west of the Cascades and OMNI Treatment Center provides services east of the Cascades.

The Assistant Director of Prisons is responsible for monitoring treatment contracts for compliance and acts as a liaison between Departmental divisions and administrators. A Correctional Program Manager is responsible for monitoring statewide treatment services and the supervision of two Correctional Unit Supervisors. In addition, the program manager coordinates program activities in a designated catchment area. The Correctional Unit Supervisors are responsible for the coordination of services in their respective catchment areas.

Contract agencies submit monthly reports to the Department of Corrections. The topics covered are the number of individuals seen, as well as hours devoted to assessments and intake interviews, individual counseling, skills training, family counseling, group work, and substance abuse education.

Throughout the existence of the Department's program, a variety of efforts have been made to assure that the objective of providing treatment services of equal or better quality to that which is available in an outpatient clinic would be met. The Department of Social and Health Services' Bureau of Alcohol and Substance Abuse is responsible for the certification of drug and alcohol programs and performs an annual audit of the record keeping system. Confidentiality is required by the Bureau of Alcohol and Substance Abuse and is maintained through an offender's signature of release of information. In addition, a file for each offender

assessed by or admitted to the program is maintained in a locked file cabinet in accordance with the Bureau's record keeping system.

Programs supplement services through the utilization of self-help groups such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, and others. Consequently, there has been a sharp increase in the introduction of new self-help groups and the expansion of others.

Contract staffing levels may vary in accordance with program and institutional needs. Institutional needs dictate program length and hours of available treatment. For instance, programs may range from 5 to 9 weeks in duration, 4 or 5 days per week, and up to 4 hours per day of actual treatment service. The close working relationship between contract and Departmental staff is also reflected in the process of identifying potential program participants and communication about offenders admitted to the program. While offender participation is voluntary, the Department requires each contracting agency to work with institutional and Community Corrections staff to generate a high level of motivation for participation. Recent feedback from program and institutional staff suggests more and more offenders are self referring for services.

There have been two developments that have enhanced the Department's ability to effectively communicate appropriate information about offenders in this program. The first is the utilization of the existing Offender Based Tracking System. Assessment information, treatment recommendations, and discharge information are recorded on a screen accessible to all Department of Corrections staff. This ensures communication within all departmental divisions. Another major addition to the program was the implementation of a system which monitors program participation, evaluates the delivery of services and tracks the offender through the system. It is expected to yield information and direction related to program compliance, management, treatment outcomes, budget justification, and public relations.

Another significant addition to the program is the utilization of a discharge plan or after care program which is routed to Division of Community Corrections staff and often incorporated into the parole plan. Although a previously missing component, this new procedure completes the ideal continuum of care model standard for all community based inpatient programs. Additionally, the procedure serves to enhance continuity of services.

Given the nature of the tasks, and internal/external constraints, program management continues to respond to recommendations made as a result of continually evaluating the Department of Corrections' Substance Abuse Treatment Program.

CONCLUSIONS AND RECOMMENDATIONS

Three indicators of treatment outcomes were established prior to initiation of the evaluation of the Substance Abuse Treatment Program's first year of operation: the frequency of substance-use infractions, the frequency of total infractions, and returns to prison for substance-related crimes or parole violations. During the course of the evaluation a broader range of issues was analyzed in an attempt to gain greater understanding of the program to be able to modify it in ways that would enhance the provision of services and maximize both efficiency and effectiveness.

The analysis of the frequency of rule infractions by program participants would lead to the conclusion that overall prison behavior improved for the participants. Although the frequency of substance-use infractions was not significantly reduced after program participation, the frequency of other-major infractions was. Since substance-use infractions constitute a small proportion of all infractions, total infractions were significantly reduced for most participants.

The analysis of returns to prison of the program participants compared to a control group would lead to the conclusion that return to prison was delayed for program participants. Although there was substance involvement in the crime or parole violation for a majority of the participants who returned, and the level of

involvement was similar to that recorded for a control group, overall a significantly smaller proportion of the participants had returned to prison within two years of release.

The overall evaluation suggests that the Substance Abuse Treatment Program was beneficial during its first year of operation in terms of program participant behavior modification. As indicated by feedback from program participants and Community Corrections Officers, there were aspects of the program during those early days that needed improvement. Many of them have been modified. Continual monitoring of contract performance has assisted in identifying the program deficits and making needed changes.

The recently implemented program monitoring system will enhance the Department's efforts to evaluate both the process and outcomes of the Substance Abuse Treatment Program on an ongoing basis. This is particularly important in light of the changes in the inmate population that are occurring as a result of the Sentencing Reform Act. The increased numbers of more serious offenders now in the prison system present a different treatment population to the program. Relationships between the program and community resources are also changing as a result of changes in state support for indigent substance abusers. The ability of offenders to receive treatment while they are in the prison system, whether in an institution or in work release, may be even more important as it becomes more difficult for them to access services in the community. The Department should continue to examine and modify the program so it may effectively meet changing needs.

ATTACHMENT A

RECIDIVSM BY TIME-AT-RISK

CONTROL

RELEASE MONTH	TOTAL RELEASED	MONTHS TO RECIDIVISM 0-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	NOT RETURNED
Dec. 1983	51	2	2	2	4	3	2	1	1	34
Jan. 1984	66	3	3	3	3	3	1	2	1	47
Feb. 1984	59	1	0	5	2	2	1	2	2	44
Mar. 1984	64	0	0	3	3	2	1	4	5	46
Total	240	6	5	13	12	10	5	9	9	171

PARTICIPANT

RELEASE MONTH	TOTAL RELEASED	MONTHS TO RECIDIVISM 0-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	NOT RETURNED
Apr. 1894	3	0	0	0	0	0	0	0	0	3
May 1984	8	0	1	1	0	0	0	1	0	5
Jun. 1984	11	0	0	0	1	2	0	1	0	7
Jul. 1984	14	0	0	2	2	0	1	0	0	9
Aug. 1984	27	0	0	1	3	1	2	1	2	17
Sep. 1984	16	0	0	0	1	0	0	0	1	14
Oct. 1984	28	1	0	2	0	0	2	0	0	23
Nov. 1984	24	0	3	1	1	0	0	0	0	19
Dec. 1984	38	1	1	1	0	2	2	0	0	31
Jan. 1985	32	2	1	0	1	0	2	0	0	26
Feb. 1985	28	0	1	0	2	0	2	1	1	21
Mar. 1985	32	0	1	3	2	1	0	0	0	25
Apr. 1985	37	0	0	0	2	0	0	3	0	32
May 1985	35	0	1	2	2	1	2	1	0	26
Jun. 1985	27	0	2	2	1	1	0	0	1	20
Jul. 1985	35	0	2	0	2	0	2	0	0	29
Aug. 1985	28	0	0	0	0	0	0	1	1	26
Sep. 1985	13	0	0	0	0	2	0	0	0	11
Total	436	4	13	15	20	10	15	9	6	344

ATTACHMENT B

ALCOHOL/DRUG PROGRAM

ASSESSMENT AND TREATMENT RECOMMENDATIONS

TO: _____,
CLASSIFICATION COUNSELOR

DATE:

FROM: _____,
SUBSTANCE ABUSE COUNSELOR

SUBJ: _____,

The above named inmate has been screened and assessed by the Alcohol/Drug Program staff and the following was determined:

DIAGNOSTIC IMPRESSION

- ☐ No significant problem
- ☐ Early phase chemical dependency
- ☐ Middle phase chemical dependency
- ☐ Late phase chemical dependency

CHARACTERIZED BY: _____

_____

_____

_____

_____

_____

- ☐ Refused interview
- ☐ Refused treatment

TREATMENT RECOMMENDATION

- ☐ No treatment recommended
- ☐ Refer to DOC designated alcohol/drug treatment unit
- ☐ Refer to A.A/N.A. at present institution
- ☐ Refer to A.A./N.A. at WTR or parole
- ☐ Refer to community based in-patient program
- ☐ Refer to community based out-patient program
- ☐ Antabuse
- ☐ Refer to Alcohol/Drug Program education classes/workshop

COMMENTS: _____

_____

_____

_____

_____

_____

_____
Substance Abuse Counselor