

**Florida Department of Corrections
Substance Abuse Programs**

**Tier Programs Outcome Evaluation:
A Recommitment Study**

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Executive Summary

More than 97,000 inmates released between January 1, 1987 and June 30, 1990 were selected for this study. Based on their participation in the Florida Department of Corrections (FDC) substance abuse treatment programs (TIERS) during their incarceration, inmates were grouped into two treated and untreated groups. More than 2,600 of them who had participated in one or more of the Tier programs constituted the treated group. An analysis was conducted to determine the rate of recommitment for both groups.

According to the results of this study, inmates who participated in FDC treatment programs had a 26% rate of recommitment compared to their untreated counterparts who had 36%. This gap was substantially larger when inmates' age was controlled as a factor influencing their return to the prison system. When untreated inmates within the same age category of treated inmates were selected as a group, their rate of recommitment was 40%. The difference of 14% between the two groups' rates of recommitment found to be an encouraging outcome for the treatment programs.

This study also found that treated inmates, although with a lower rate of recommitment, tend to stay out of prison for a shorter period of time. For this group, the average length of time out of prison before their recommitment was 9 months. While the untreated inmates had an average of 14.4 months. This discrepancy was attributed to the lack of support and relapse prevention in inmates' communities.

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ACQUISITIONS

I. Introduction

Substance abuse treatment has become an essential component of any correctional program that is seriously interested in inmates rehabilitation. National statistics show that a majority of the prison population has used drugs and a great proportion of them are incarcerated for sale or possession of illicit drugs as their primary offense. Thus, if a correctional rehabilitation effort is to succeed, it must address the substance abuse issue and deal with it constructively.

A look at the prison population trend in Florida over the past decade reveals a rapid escalation of both overall as well as substance abuse admissions. Through the past decade the number of inmates in Florida rose from less than 10,000 in 1979-80 to almost 45,000 in 1989-90. The number of drug admissions also increased respectively, from 800 to almost 16,000. According to the Florida Department of Corrections (FDC) annual report, close to 36% of total admissions for 1989-90 were drug offenders and over 52% of inmates self-admitted that they have used drugs. These figures underline the challenge facing the Florida criminal justice system.

Given a substance abuse problem with such a magnitude, FDC established a comprehensive substance abuse treatment program as an integral ingredient to its overall rehabilitation efforts. Presented in four different levels, called Tiers, this program offers a series of educational and therapeutic services for inmates who are assessed in need of treatment. To insure the program's integrity and measure it's effectiveness, FDC designed and implemented an elaborate assessment and evaluation plan.

As part of this plan, the outcome evaluation of the Tier programs was designed based on the premise that a true experimental evaluation of the treatment programs in correctional settings is implausible. Population movement, security concerns, and daily administrative routines make it virtually impossible to select and retain a random sample, conduct an experimental study, and control the intruding variables for the required period of time. Because of these concerns, FDC's program evaluation plan called for two outcome measures: A study of the program's psychological impact and a recommitment study of the inmates who participated in the program. The psychological impact study has been completed and it's results were published in March of 1991. The recommitment study results are presented in this report as follows.

II. Recidivism and Recommitment

Recidivism studies are often considered the ultimate means of measuring the effectiveness of a treatment program in correctional settings. The extensive debate of this issue in the criminal justice literature as well as by legislative entities is a convincing indication of its substantial significance. The rate of recidivism is of prime concern for legislators who control the funding of such programs. Any indication that a specific program reduces recidivism often means continued or increased support for that program. Conversely, no reduction in recidivism rates may result in diminished funding or elimination of the program.

Obviously, this approach to the treatment in correctional settings is a simple approach that ignores the complexity of the addiction problem. There are a myriad of social, economical, and psychological factors involved in causing and perpetuating the process of addiction. Substance abuse treatment is also conducted based on the premise that relapse is part of the recovery and relapse prevention has become an important component of the treatment programs. The treatment goal is to make the relapse episodes shorter, fewer, and further apart until continuous sobriety is achieved. Therefore, to base the success of a treatment program solely on recidivism figures is a simplistic approach to program evaluation which ignores the complexity of the addiction process.

An ideal recidivism study selects a random number of inmates who have been exposed to a treatment program and conducts a longitudinal investigation of their social lives after release. The results are then either compared to the statistics collected from a randomly selected control group or the general inmate population who have not been in treatment. The objective is to determine which group of former inmates has a higher rate of rearrest or reincarceration. Furthermore, a careful investigation will also determine if the reasons for rearrest or reincarceration are drug related and considers that in its conclusions.

This kind of investigation requires special coordination and the cooperation of several autonomous agencies within the criminal justice system. One needs to have requisite access to the databases of different law enforcement agencies to establish a tracking network that records the subjects' contacts with these agencies. Given the load of criminal cases processed by these agencies, it is not plausible, at least at the present time, to conduct such a thorough investigation. For this reason, only the FDC database was used in this study and the inmates' recommitment to the FDC prison system was analyzed as an outcome measure for program evaluation. The objective is to ascertain the recommitment rates for the designated groups in the sample. The following sections explain the research methodology and the findings.

III. Research Methodology

The FDC database was used for selection of the inmates included in this study. Background information on 97,380 inmates released between January 1, 1987 and June 30, 1990 was collected in January, 1992. This means, depending on their date of release, inmates were out in the community for at least 1.5 years and up to 5 years prior to the study.

The first round of analysis calculated the demographics of the sample. Next, those inmates who had been in any of the treatment programs were identified and their rate of recommitment was calculated. The rate of recommitment for this group was then compared to those who did not participate in treatment programs.

Our experience has shown that for a more meaningful comparison one should factor in the inmates' age, especially in recommitment studies. Usually older inmates show a lower rate of

recommitment. For this reason we decided to compare the recommitment rate of treated inmates to a selected group of inmates who had not been in treatment but were within the same age category. Inmates with no substance abuse treatment, whose age fell within one standard deviation of the average age of treated inmates, were selected as the matched group. Then the rates of recommitment for these two groups were compared.

Additional analyses were conducted to investigate the recommitment differences between male and female inmates. We also compared the recommitment rates for those inmates who completed the programs and those who did not.

The results of these analyses are presented in the following section.

IV. Results

Sample Characteristics:

A total of 97,380 inmates released between January 1, 1987 and June 30, 1990 were identified and included in this study. There were 88,455 male and 8,913 female inmates (12 missing data). Overall, they had an average age of 32.5 years, claimed an education of the 10th grade level, and, on average, spent 14.2 months in society before their recommitment.

A total of 2,646 inmates (2.7% of the total sample) took part in one or more substance abuse treatment programs with a completion rate of 55.9%. They had an average age of 29.3 years, claimed a 10th grade education, and spent an average of 9 months in society before their recommitment. Male inmates in this group totaled 2,118 (80%) and females 528 (20%).

Further analysis revealed information on inmates' race, marital status, employment, and primary offense. Table 1 displays the percentages of treated and untreated inmates in different race categories. According to this data, the majority of the inmates who participated in substance abuse treatment programs were white.

TABLE 1
Inmates' Race

Race Categories	Treated Inmates N = 2,646	Untreated Inmates N = 94,734
White	51.1%	43.4%
Black	47.4%	54.4%
Latin	0.6%	1.5%
Other	0.5%	0.4%
Unknown	0.3%	0.3%
TOTAL	100.0%	100.0%

Information presented in Table 2 indicates that at the time of incarceration, the majority of inmates in both groups were single and this figure was higher for the inmates in treated group.

TABLE 2
Inmates' Marital Status at Time of Arrest

Marital Status	Treated Inmates N = 2,646	Untreated Inmates N = 94,734
Single	66.1%	61.7%
Married	12.0%	13.5%
Separated	4.8%	4.6%
Divorced	8.1%	8.7%
Widowed	0.6%	0.6%
Status Unknown	8.3%	10.3%
Missing Data	0.1%	0.6%
TOTAL	100.0%	100.0%

Table 3 displays the inmates' employment status at the time of arrest. A high percentage of the inmates were either unemployed or had an unknown employment status. Only 23.2% of treated inmates and close to 26% of the untreated inmates reported full-time employment at the time of arrest.

TABLE 3
Inmates' Employment Status at Time of Arrest

Employment Status	Treated Inmates N = 2,646	Untreated Inmates N = 94,734
Unemployed	24.1%	25.2%
Full Time Employed	23.2%	25.7%
Part Time Employed	3.2%	4.5%
Student	1.9%	1.7%
Status Unknown	47.6%	42.9%
TOTAL	100.0%	100.0%

From a total of 2,646 inmates who had participated in one or more of the Tier programs, 26% were recommitted to prison. In other words 74% of them stayed out of prison. The rates for inmates with no treatment were significantly different. They had a 36% rate of recommitment, 10% higher than the treated group. These findings were even more encouraging when other variables were controlled in this comparison equation.

A look at the mean age for the treated and untreated groups reveals that inmates who went through the treatment programs were younger. The average age for this group was 29.3 years whereas their counterparts had an average age of 32.5 years of age.

Previous studies have shown that older inmates are more likely to stay out of prison longer when they are released. Given this fact, the age factor was considered to be one of the influencing variables which may account for some of the difference in the comparison of the two groups. Thus, further analysis was conducted to control for inmates age. Inmates who had no treatment but were within one standard deviation of the mean age of treated inmates (21.8 - 36.8), were selected to form a matched group. Then, the recommitment rates for this group were also calculated and compared. Table 6 presents the results of this analysis including the matched group.

TABLE 6
Rate of Recombitment for Treated
and Untreated Inmates by Age

Treated Inmates N = 2,646	Untreated Inmates N = 94,734	Untreated Inmates Matched by Age N = 66,048
26.0%	36.0%	40.0%

According to this data the rate of recommitment for the matched group was even higher. They had a recommitment rate of 40% which was 14% higher than the rate for inmates in the treated group. These results appear to indicate that inmates who participate in substance abuse treatment programs are more likely to stay out of prison compared to other inmates who have not been in the programs. This difference becomes even larger when one compares these groups considering the inmates' age.

Further analysis also revealed that the treated inmates who did recidivate were recommitted in a considerably shorter time than their untreated recidivating counterparts. Therefore, although the treated group had a lower recommitment rate their length of time staying out of prison after their release was shorter. Table 7 displays average number of months inmates stayed out of prison before recommitment.

TABLE 7
Average Out-Of-Prison Time
for Recommitted Inmates

	Treated Inmates N = 697	Untreated Inmates N = 34,311	Untreated Matched N = 26,068
Out-of-Prison Time in Months	9.0	14.3	14.4

According to Table 7, treated inmates spent an average of 9 months in their communities before they were reincarcerated. The inmates with no treatment had an average of 14.3 months out of prison before their reincarceration. This time was almost identical to the matched group's.

Until a detailed study explains the reasons for this difference, one can only speculate as to why out-of-prison time is shorter for the treated inmates. One possible explanation could be the inmates' relapse and their return to substance abuse which consequently leads to their rearrest and reincarceration.

Another reason speculated may be the effect of different treatment programs. Given their objectives, Tier programs are expected to influence the inmates differently. Tier I, for instance, is an educational-informational program offered for a short period of time. Inmates who participate in this program are not expected to change their behavior as much as their counterparts in Tiers II and III, which offer therapeutic treatment in a highly structured environment. Thus, out-of-prison time should also vary for the inmates participating in these programs.

To verify this speculation, the average out-of-prison time was calculated for inmates who completed a Tier program and were recommitted. Table 8 presents this information.

TABLE 8
Average Out-Of-Prison Time for Recommitted Inmates
by Treatment Programs

	Tier I	Tier II	Tier III	Tier IV
Out-Of-Prison Time In Months	8.5	9.5	NSD*	8.9

* Not Sufficient Data

According to this information inmates who completed the Tier II program stayed out of prison one month longer (9.5 months) than their counterparts who finished Tier I (8.5 months). Tier III inmates were not included in the analysis, because of the insufficient data. The number of inmates representing this program (n=12) in this sample did not provide a reliable basis for

analysis and generalization. Tier IV inmates showed an average 8.9 months of out-of-prison time.

Discounting the Tier III data, this information, to some extent, supports the premise of the differential effects of the Tier programs. Considering the programs' content and structure, out-of-prison time appears to be related to the type of treatment program. Inmates who complete a more structured and therapeutic treatment programs tend to stay out of prison longer after release.

Another aspect of participation in the Tier programs was studied by analyzing the rate of recommitment for those inmates who completed the programs and those who were discharged. In this particular database there is no information about the inmates' length of stay in the programs or reasons for their discharge. Our previous investigations have revealed that inmates are usually discharged because of administrative or disciplinary reasons. They may stay in the program for one day or they may be discharged within one week of completion.

However, our analysis of this particular variable did not show a considerable difference between the inmates who completed the programs and those who did not. Those who did not finish the programs had a slightly higher rate of recommitment. Table 9 displays the rates for these groups.

TABLE 9
Rate of Recombitment for Inmates Who Completed
the Treatment Programs and Those Who Did Not

Completed N =1,478	Discharged N =1,168
26.0%	26.8%

Inmates' gender was introduced to the analysis as another influencing variable. Table 10 presents the results of this analysis. For treated inmates the rate of recommitment was not that different for males and females. The comparison reveals that male inmates had an almost 2% higher rate of recommitment. The same analysis for the untreated inmates displayed a greater difference. In this group men had a much higher rate of recommitment (37.2%) than women (26.1%). Yet, both woman and men in treated group showed a lower rate of recommitment than their counterparts in the untreated group. However, this difference was more substantial for men than women.

TABLE 10
Recommitment Rate for Male and Female Inmates

Treatment Status	Female Inmates		Male Inmates	
	N	%	N	%
Treated	528	24.8%	2,118	26.7%
Untreated	8,385	26.1%	86,337	37.2%

V. Conclusions and Discussions:

Recidivism is one of the great problems challenging the Florida Criminal Justice System. No matter how seemingly minor, any decrement of recommitment rates should be considered a significant accomplishment for the forces at work to break the vicious cycle of criminal recidivism. The results of this study indicate that the investment in the substance abuse treatment programs for incarcerated individuals is a worthwhile effort. Considering the favorable psychological impact of the Tier programs documented in the March, 1991 study and the results presented in this report, one can only be encouraged about the effectiveness of the FDC's substance abuse treatment program.

According to the results of this study, inmates who participated in the Tier programs had a 26.0% rate of recommitment. This rate is substantially lower than the 36% rate for untreated inmates in this sample. This difference becomes larger, and therefore more significant, when one controls for inmates' age. The recommitment rate for untreated inmates, when matched with treated inmates by age, was 40%. This gap constitutes a 14% difference in recommitment rate between treated and untreated inmates.

This study did not demonstrate a significant difference between those who completed the programs and those who did not. This is somewhat consistent with the research findings reported in the literature indicating that the act of completion and graduation per se is not a determining factor in the effect of the program. The mere participation in the therapeutic process of these treatment program may well positively affect the inmates even though they are not able to complete the program.

For recommitted inmates, the length of stay out of prison was found to be substantially shorter for those who were in the treatment programs. This may be attributable to the lack of support in local communities for recovering addicts who are undergoing radical changes in their lifestyles and behaviors. Additionally, in our introduction we discussed relapse as an integral, often active, element of addiction recovery. It is possible that the relationship between drug addiction, relapse, criminal behavior, and reincarceration is a contributing factor to the treated inmate's shorter time outside of prison.

These findings are another indication of the significance of a community support network for treated inmates who are released from prison. This support network may increase inmates' chances of survival and prevent their repeated entanglement with the criminal justice system.

Moreover, the relationship between the inmates' out-of-prison time and the type of treatment program they attended also demonstrates the effectiveness of the therapeutic approach to treatment. The analysis of this data indicates that a highly structured program, with a therapeutic approach to treatment, may positively influence the inmates' rates of recidivism. These findings substantiate the functions of programs such as Tier I and Tier IV as introduction and preparation for the therapeutic treatment presented by Tier II, Tier III, and community-based programs.