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"Drug Treatment Services in Jails: Results of a National Survey"

by

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"Drug Treatment Services in Jails: Results of a National Survey"

"Drug Treatment Services in Jails: Results of a National Survey" was written by Roger H. Peters and William D. Kearns of the University of South Florida, Florida Mental Health Institute, and Robert May II of the American Jail Association under grant #87-DD-CX-0005 from the U.S. Department of Justice Bureau of Justice Assistance.

The Contents of this report do not necessarily reflect the official views or policies of the Bureau of Justice Assistance, the Department of Justice, the Federal Government, or any of its agencies, or the American Jail Association.

Introduction

Realizing the tremendous need for effective in-jail drug treatment programs, the American Jail Association made application to the Bureau of Justice Assistance in 1987 for funding to establish several model jail drug treatment programs throughout the country for use in training personnel from other jails in replicating those models. AJA was awarded a grant as a result of that application.

BJA awarded grants to the Hillsborough County Sheriff's Office in Tampa, Florida, the Pima County Sheriff's Department in Tucson, Arizona, and the Cook County Department of Corrections in Chicago, Illinois, to develop and implement model drug treatment programs.

As part of that project AJA conducted a survey of the nation's jails to evaluate the extent of in-jail drug treatment services. The survey evaluated the scope of in-jail drug treatment programs. It is likely that other jails may have developed drug treatment programs since 1987, and as a result, the present survey may slightly underestimate the true number of jails with such programs.

This report is a condensed version of the final survey analysis report. We are hopeful that the results of this report will be useful in future planning of criminal justice budgets and programs at the Federal, State, and local levels. The implementation of effective jail drug treatment programs in more jails could make a considerable contribution to the fight against drug abuse.

The American Jail Association is extremely grateful to the more than 70,000 people who work in our jails for their dedication and commitment to the continued professionalization of our Nation's jails.

For more information on the demonstration program or for a copy of the full survey report, contact either the:

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Overview

Federal, State, and local correctional populations have grown substantially in the past 5 years, due in large part to a significant influx of drug abusers within the criminal justice system. Recent survey findings (Frohling, 1989) indicate that 62 percent of State and Federal prisoners used drugs regularly prior to incarceration. The proportion of drug-dependent jail inmates has also risen steadily. Information from the Drug Use Forecasting (DUF) system reveals that over 70 percent of arrestees in many metropolitan areas test positive for drugs (U.S. Department of Justice, 1989). Over a recent 6-month period, 60 percent of metropolitan areas sampled showed large increases (of from 4 - 14 percent) in arrestees testing positive for drugs (National Institute of Justice, 1988).

The need for drug treatment in jail and prison settings is also substantial. State correctional administrators report that from 70-80 percent of inmates are currently in need of drug treatment (Frohling, 1989). An anonymous survey of new arrestees admitted to metropolitan jails reveals that up to 41 percent of males and 43 percent of females report the need for treatment (National Institute of Justice, 1989). Treatment in a jail or prison setting provides an important opportunity to engage offenders in a therapeutic environment with others who are experiencing similar difficulties. Many drug-involved offenders are unlikely to seek treatment on a voluntary basis and have a poor record of treatment participation. Incarceration is frequently the first lengthy period of abstinence from drugs since initiation of regular drug use. Correctional treatment provides the opportunity to confront the inmate with the clear and unavoidable consequences of past drug use, to reduce denial that often undermines involvement in treatment, and to develop life skills and drug coping skills in a structured and supportive milieu.

Effectiveness of Drug Treatment

Drug treatment provides an effective vehicle for preventing offenders from returning to chronic patterns of drug abuse and crime. Evidence from several longitudinal studies indicates consistently favorable results associated with drug treatment. Findings from the Drug Abuse Reporting Program (DARP; Simpson, Joe, & Bracy, 1982) reveal that 63 percent of the research sample remained abstinent for a period of at least 3 years, during a 12-year follow-up. Each successive return to drug treatment was found to produce increasingly favorable outcomes. Available research evidence from prison-based drug treatment programs indicates a potential for favorable outcomes in reducing recidivism. Findings from a follow-up of 376 offenders participating in the Stay-N-Out Program in New York (Wexler, Falkin, & Lipton, 1990) indicate that 80 percent of inmates completing nine months of treatment had no subsequent parole violations, compared with a 50 percent parole violation rate for inmates who dropped out before completing three months of treatment, and up to a 56 percent parole violation rate for inmates involved in other less intensive treatment programs.

There is considerable evidence that the demand for correctional drug treatment programs exceeds the number of program slots currently available. Much of this evidence is based on self-report information gathered from jail and prison inmates. Despite evidence that enrollment in State correctional drug treatment programs is increasing (Chaiken, 1989), only 30 percent of prison inmates report prior involvement in substance abuse treatment (U.S. Department of Justice, 1986). Recent evidence indicates that only 11 percent of jail inmates referred for drug treatment reported past involvement in alcohol treatment, and only 31 percent received prior drug treatment (Peters & Dolente, 1989). The absence of in-jail drug treatment programs presents a significant problem, particularly for the large number of drug-involved inmates who have a history of repeated contact with juvenile detention facilities (Chaiken, 1989), and who are likely to commit numerous offenses for each year they are free in the community and are using drugs. Because only a small number of drug-involved felony offenders are convicted and sent

to State prison, the absence of in-jail treatment programs, or linkage to community treatment agencies following release from jail means that the vast majority of serious drug abusers will return to the streets without gaining additional skills to prevent drug relapse. With multiple untreated problems associated with drug dependency, these individuals are extremely likely to reoffend and to return to jails and prisons (Wexler, Lipton, & Johnson, 1988).

Characteristics of Jails Sampled

The majority of jails responding to the survey reported fewer than 50 inmates. Respondents were categorized into six groups according to their average daily (peak) population, for purposes of evaluating programmatic differences among jails of varying size. The number of survey respondents according to the size of the jail facility were as follows: 1,031 jails under 50 inmates, 447 jails between 50 - 249 inmates, 104 jails between 250 - 499 inmates, 57 jails between 500 - 999 inmates, 33 jails between 1,000 - 2,000 inmates, and 15 jails with over 2000 inmates. The average designed capacity of jails surveyed was 127 inmates. About 10 percent of respondents (N=179) indicated that their jail system included multiple jails. For those operating more than one jail (48 percent), the median was three jails. Eighteen percent of the respondents reported that their jail was constructed as a direct supervision facility. However, the direct supervision model of inmate management was used by 33 percent of the respondents.

In-Jail Drug Treatment Programs

Only 458 of 1,647 (28 percent) of jails responding to the survey offer drug treatment services other than detoxification. As indicated by Table 1, jails of less than 50 inmates are particularly underrepresented among facilities with drug treatment programs, with only 15 percent currently providing such services. The likelihood of a jail having a drug treatment program was significantly greater for larger jails. Of jails with drug treatment programs, 33 percent of all programs consisted solely of volunteer services, leaving only 307 of 1,641 jails (19 percent) with funded programs. Smaller jails were more likely to report drug treatment programs based solely on volunteer services, although it is noteworthy that almost a third of the largest jails appear to also rely on volunteer services. An additional 116 (9 percent) of jails reported plans to implement a drug treatment program within 6 months. The survey did not attempt to assess the type of drug treatment program that was planned. Only 5 percent of jails of less than 50 inmates indicated plans to develop a new program, in contrast to over 20 percent of jails larger than 250 inmates.

TABLE 1

Drug Treatment Services by
Size of Jail for all Survey Respondents

Drug treatment services:	Less than 50 (N=1014)	50- 250 (N=440)	251- 499 (N=103)	500- 999 (N=57)	1000- 2000 (N=32)	Over 2000 (N=15)	TOTAL (N=1647)
Have drug treatment program*	15%	41%	60%	67%	72%	87%	28%
Group counseling	6%	20%	43%	47%	58%	60%	15%
Transition planning	2%	11%	31%	32%	33%	53%	8%
Drug education	6%	19%	42%	46%	55%	60%	14%
Have com- prehensive program**	2%	9%	28%	32%	35%	53%	7%
Volunteer services only	6%	15%	13%	18%	9%	27%	10%
Plan program within six months	5%	14%	20%	22%	39%	20%	9%

For jails without a drug treatment program (N=1,186), and with no plans to implement a program in the following 6 months, 65 percent indicated that a lack of funds prevented development of such services, and 29 percent reported that there was a lack of need for such programs in their jurisdiction. Jails of less than 250 inmates accounted for 93 percent of respondents reporting lack of funds for drug treatment services, and 97 percent of respondents reporting lack of need for drug treatment services. However, it should be noted that more than 20 percent of respondents in each category of jail size reported that the lack of funds prevented further development of drug treatment services. Less than 1 percent of jails larger than 250 inmates reported a lack of need for these services.

Table 2 describes characteristics of drug treatment programs for jails with programs that consist of more than detoxification, and that do not rely exclusively on volunteer services. Only 12 percent of all in-jail drug treatment programs are housed in a unit that is segregated from the general inmate population. Isolated treatment units are particularly rare in small facilities - fewer than 4 percent of all programs in jails of less than 250 inmates provide a segregated area. Although drug treatment in facilities of over 500 inmates is more likely to be provided in segregated units, treatment programs are not isolated from the general inmate population in the vast majority (93 percent) of these larger jails. Seventy-eight percent of all jails with drug treatment programs provide information at the time of intake regarding the availability of the program. Forty-two percent of drug treatment programs are located in jails using the direct supervision model of inmate management. Only 30 percent of jails without such programs use the direct supervision concept.

TABLE 2
Characteristics of Drug Treatment Programs*
by Size of Jail

Key Program characteristics	Less than 50 (N=92)	50-250 (N=113)	251-499 (N=46)	500-999 (N=27)	1000-2000 (N=20)	Over 2000 (N=9)	TOTAL (N=307)
Average Capacity	17	24	48	75	71	171	42
# Hours Per Week	3.4	4.3	6.1	4.9	9.3	13.2	5.0
#Paid Staff	1.8	2.3	4.6	4.5	4.4	6.2	2.9
Staff/Inmate Ratio	1/6	1/8	1/10	1/16	1/13	1/25	1/12
# Volunteers	2.9	3.5	7.4	14.1	23.7	13.3	6.5
Program Budget	\$13,042	\$67,160	\$53,450	\$59,563	\$233,080	\$178,400	\$74,450
Segregated Housing Unit	8%	4%	18%	7%	35%	90%	12%
Treatment Interventions							
Group Counseling	65%	75%	91%	96%	90%	100%	78%
Individual Counseling	65%	75%	91%	96%	90%	100%	78%
Drug Education	63%	74%	89%	93%	85%	100%	76%
Community-Based Volunteers	76%	75%	98%	96%	95%	89%	82%
Transition Planning	26%	40%	65%	63%	50%	89%	44%
Referral to Outside Agencies	79%	83%	87%	93%	80%	100%	84%

* Sample includes jails with drug treatment programs

** Ratio based on respondents who provided information regarding both the number of paid program staff and program capacity (N=208)

TABLE 3
Characteristics of Inmates Participating in
Jail Drug Treatment Programs by Size of Jail
Number of Inmates in Jail

Inmate Character- istics-	50 or Fewer (n=92)	51- 250 (n=113)	251- 500 (n=46)	501- 1,000 (n=27)	1,001- 2,000 (n=20)	Over 2,000 (n=9)	TOTAL (N=307)
Age (Avg.)	25.3	26.4	26.1	26.2	25.7	25.8	26.0
Race:							
% White	82%	75%	43%	37%	33%	36%	66%
% Black	9%	17%	42%	47%	51%	48%	23%
% Hispanic	4%	6%	12%	13%	15%	15%	8%
% Other	5%	2%	4%	3%	1%	1%	3%
Sentenced*	58%	50%	36%	43%	37%	35%	48%

*Figures describe the entire jail population (including inmates not participating in the drug treatment program).

Table 4
Predictors of Drug Treatment Services in Jails

Variable	B	Increment in R ²	F
Collect educational data	.215	.16	53.5*
Detoxification services	.167	.10	28.6*
Employee assistance program	.170	.04	32.6*
AIDS testing after intake	.143	.03	21.5*
Urinalysis during work release	.138	.02	24.3*
# Male staff	.132	.01	17.8*
AIDS screening at intake	.096	.01	12.5*
		.37	

*p<.05

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Table 5
Factors Related to Development of an In-Jail Drug Treatment Program
Results of One Way Analysis of Variance

	Jails with programs (n=308)	Jails without programs (n=1,189)	F	df	p
Rated capacity	277	67	156.0	1, 1,474	.001
Staff/inmate ratio	.73	.40	20.0	1, 1,391	.001
% Sentenced					
Less than 3 days	9%	17%	21.0	1, 1,313	.001
3 - 30 days	24%	32%	21.0	1, 1,313	.001
More than 180 days	21%	12%	31.0	1, 1,313	.001
Total # staff	113	22	197.0	1, 1,433	.001
# Male staff	78	15	185.7	1, 1,484	.001
# Staff with direct contact	98	21	159.0	1, 1,416	.001

Results of Chi Square Analysis

	Jails with programs (n=308)	Jails without programs (n=1,189)	χ^2	df	p
Collect educational data on inmates	71%	26%	209.3	1, 1,460	.001
Employee assistance program	60%	17%	230.6	1, 1,457	.001
Direct supervision jail	30%	14%	40.0	1, 1,390	.001
Detoxification services	32%	12%	234.3	1, 1,464	.001
Officer training: Drug treatment	87%	57%	87.9	1, 1,460	.001
AIDS screening	78%	50%	73.6	1, 1,453	.001
Medical examination	91%	71%	51.1	1, 1,470	.001
Initial screening for drug use	90%	72%	44.7	1, 1,463	.001
AIDS screening at intake	13%	5%	29.9	1, 1,470	.001
AIDS testing after intake	68%	25%	192.9	1, 1,473	.001
Urinalysis:					
random	27%	8%	73.0	1, 1,459	.001
on suspicion	60%	30%	89.1	1, 1,459	.001
work release	48%	18%	114.6	1, 1,458	.001

Table 6
Factors Related to the Development of a Comprehensive
In-Jail Drug Treatment Program
Results of One-Way Analysis of Variance

	Jails with comprehensive programs (n = 118)	Jails without comprehensive programs (n = 189)	F	df	p<
Rated capacity	418	188	14.9	1, 302	.005
Total # staff	188	68	26.7	1, 284	.005
Treatment program capacity	65	23	20.0	1, 207	.005
Hours/week in program	6.8*	3.8	8.4	1, 254	.001
Program costs	\$83,574	\$59,156	**	--	--
Program personnel costs	\$76,728	\$36,265	**	--	--

Results of Chi-Square Analysis

	Jails with comprehensive programs (n = 118)	Jails without comprehensive programs (n = 189)	χ^2	df	p<
Program within multiple jail system	42%	16%	24.0	1, 308	.005
Jail uses direct super- vision model	51%	36%	6.3	1, 299	.05
Program is separated from the general inmate population	21%	6%	14.5	1, 300	.005
Plan to implement new program within six months	76%	35%	11.6	1, 94	.005
Random urinalysis	35%	21%	6.9	1, 302	.01
Program information avail- able at admission to jail	89%	71%	12.7	1, 308	.005
Pre-release information provided regarding community services	90%	60%	30.4	1, 302	.005

*Excludes an outlier (value = 168).

**Results not significant.

Table 7

Funding Sources for In-Jail Drug Treatment Programs by Size of Jail
Number of Inmates in Jail

	Less than 50 (N=92)	50- 250 (N=113)	251- 499 (N=46)	500- 999 (N=27)	1000- 2000 (N=20)	Over 2000 (N=9)	TOTAL (N=307)
<u>Source:</u>							
County	73%	74%	74%	63%	55%	67%	71%
City	10%	2%	15%	11%	15%	56%	9%
State	49%	46%	33%	33%	45%	33%	43%
Federal	12%	5%	9%	15%	15%	11%	9%
Foundation	2%	3%	2%	0%	0%	11%	2%
Corporation	1%	1%	2%	0%	0%	11%	1%
<u>Other support:</u>							
Justice Dept.	7%	5%	11%	0%	40%	0%	8%
ADAMHS block grant--HHS	60%	52%	50%	36%	50%	20%	52%
ESA block grant--HHS	11%	3%	15%	0%	25%	20%	9%

* Other than detoxification services.

** Program includes group counseling, drug education, transition planning, and referral to outside treatment agencies.

Table 8
Adjunctive Drug Treatment Services Provided
by Size of Jail for All Survey Respondents

Adjunctive Service:	Number of Inmates in Jail						TOTAL
	50 or Fewer (n=1,031)	51-250 (n=447)	251-500 (n=104)	501-1,000 (n=57)	1001-2,000 (n=33)	Over 2,000 (n=15)	
Detoxification	7%	32%	65%	69%	85%	73%	22%
Intake screening:							
Drug abuse screening interview	72%	83%	89%	84%	94%	86%	77%
AIDS screening	5%	8%	12%	6%	9%	20%	6%
Medical screening	67%	89%	91%	93%	97%	100%	76%
Urinalysis	2%	3%	5%	4%	12%	7%	3%
Other urinalysis:							
Random	9%	17%	22%	21%	16%	13%	13%
On suspicion	31%	43%	50%	64%	53%	20%	37%
Work release	20%	35%	36%	45%	31%	27%	26%
Training:							
Inmates with drug abuse problems	59%	70%	79%	79%	91%	86%	65%
AIDS screening	47%	69%	77%	81%	85%	79%	57%

Despite the high prevalence of drug abuse among inmate populations, and a growing awareness that untreated drug abusers have a negative impact on all segments of society, most jails do not have adequate drug treatment services. For the 1,687 jails that provided information regarding inmate census, only 12,894 inmates (6.7 percent) of an average daily inmate population of 192,461 were enrolled in drug treatment programs. Even for jails with drug treatment programs, only 12,894 of 100,389 inmates (13 percent) receive daily treatment. If information from the drug use forecasting system is generalizable to jails in the present survey, at least 60 percent of inmates are involved with drugs at the time of incarceration. In this context, the survey findings point strongly to the conclusion that a small fraction (perhaps fewer than 10 percent) of inmates needing drug treatment actually receive these services.

Lack of Treatment Services in Jails

The absence of drug treatment services is particularly striking in smaller jails. It is unlikely that jails of less than 50 inmates (of which only 15 percent report any type of drug treatment services) are somehow exempt from the influx of new arrestees with substance abuse disorders. The survey identifies a clear need for smaller jails to begin forging linkages with community drug treatment providers, or to hire in-house staff to provide at least minimal treatment interventions, such as drug education, and group counseling.

The several factors found to predict the presence of an in-jail program were not remarkable. In general, drug treatment programs were more likely to be reported in larger jails, jails with a continuum of adjunctive support services (screening, urinalysis, training, collection of assessment data), jails with an orientation towards development of inmate and staff (e.g. employee assistance) programs, and with an orientation towards innovative approaches to inmate management (e.g. direct supervision). The survey did not attempt to assess whether adjunctive drug treatment services or use of the direct supervision system preceded development of an in-jail drug treatment program, or were instituted concurrently with the program or after the program was developed. In general, jails committed to a program of drug treatment services appeared to have developed a broad range of support services for drug-involved inmates.

Fewer than 20 percent of all jails surveyed reported a drug treatment program involving paid staff. The following results suggest that many of these programs are inadequate to meet the needs of drug-involved inmates:

- * (1) 75 percent do not provide group therapy, drug education, transition planning and referral to community drug treatment agencies;
- * (2) only 30 programs (2 percent of all survey respondents) provide more than 10 hours per week of treatment activities;
- * (3) programs average only three paid staff; and
- * (4) only 12 percent of programs are able to isolate participants from the general inmate population.

Another 10 percent of jails sampled provided a drug treatment program staffed entirely by volunteers. It is unlikely that these programs are able to provide more than minimal professional staff supervision, quality control, and to develop a therapeutic treatment milieu of sufficient intensity to achieve lasting behavior change among inmates released from the program. Unfortunately, programs relying on volunteer services are more common among metropolitan jails, in which the need for structured and intensive treatment programs may be the greatest.

Most jails surveyed did provide basic adjunctive services such as a screening interview for drug abuse, medical screening, and correctional officer training related to drug abuse. However, very few jails offer detoxification services. For many offenders, the lack of detoxification is likely to prevent meaningful involvement in treatment. Despite the presence of adjunctive services such as drug abuse screening or detoxification, the lack of additional drug treatment services is likely to undermine the recovery of most drug-involved inmates.

Components of Current Treatment Programs

The profile provided by survey results for in-jail drug treatment programs across the country is one of great diversity. Even among the sample of jails over 2,000 inmates, programs varied tremendously in the scope of services offered, the number of paid staff, and the program budget. However, survey results describing the components of in-jail drug treatment, the number of hours of weekly activities, and levels of staffing strongly suggest that even among many of the more comprehensive programs, treatment services are not comparable to those provided in a community residential or intensive outpatient program.

The lack of transition planning/case management services (available in only 8 percent of jails) provides cause for some concern. The impact of other in-jail services may be significantly reduced if an inmate is not provided assistance in planning for follow-up treatment in the community. Critical activities such as meeting a new community program counselor, setting an initial appointment for aftercare treatment, and planning for transportation to outpatient treatment sessions are all essential in ensuring that the commitment to maintain abstinence, use of coping skills, and other gains made during in-jail treatment are not forgotten following release from jail.

Standards of Treatment Needed

The inadequate level of drug treatment services available in most jails signals the need for development of a set of recommended standards to guide administrators and treatment staff in provision of these services. These standards might address recommended staffing patterns and credentials, evaluation and quality assurance procedures, and staff training. Standards may be disseminated through inclusion in such publications as "Standards for Health Services in Jails" (National Commission on Correctional Health Care), "Federal Standards for Prisons and Jails" (U.S. Department of Justice), in the "Jail Resource Manual" (U.S. Department of Justice, National Institute of Corrections), and in publications of the American Jail Association and the American Correctional Association.

Efforts to enhance existing programs, or to initiate new programs may be hindered by the absence of comprehensive in-jail programs in many areas. Jails will benefit from consultation with staff from public and private drug treatment agencies, from State human services agencies, and from other sources to identify a plan for developing new drug treatment services. Administrators may wish to develop an advisory board of community members, local drug treatment coordinators, and correctional staff to assist in program planning.

Technical Assistance Available

Technical assistance and consultation in staff training, treatment curriculum development, and assessment and evaluation are of critical importance to jails developing a new drug treatment program, particularly those with no existing services. Without this support, it appears likely that jails will continue to take a disjointed approach in program development, will continue to rely on volunteers, and may neglect key program components such as thorough screening and assessment, group counseling, and transition planning.

Jails currently planning or developing programs are encouraged to take advantage of technical assistance currently available through the American Jail Association model demonstration program, and through the National Institute on Corrections Jail Center. Additional support in developing new in-jail treatment programs will be provided by the Office for Treatment Improvement, U.S. Department of Health and Human Services during the next several years.

The Cost of Providing Drug Treatment Services

The costs involved in operating an in-jail drug treatment program are quite modest. At an average program cost of \$83,574 per year, jails rated as having comprehensive programs provided drug treatment services for 7 hours a week (per

inmate) for an average of 65 inmates. Services included drug education, group counseling, transition planning, and referral to community agencies. This average program cost translates into a cost of \$3.5 per day, per inmate, above and beyond the ordinary cost of incarceration.

It should be noted that the level of treatment intensity provided by 7 hours of program activities is not adequate to meet the needs of drug-dependent inmates with a chronic history of cocaine or heroin abuse. It is estimated that a desirable level of drug treatment services for 65 inmates would include the following staffing pattern: one program coordinator, four treatment counselors, one transition/case management counselor, and several volunteer assistants. This staffing pattern would facilitate a greater variety of treatment activities, and more intensive weekly programming - perhaps up to 20 hours per week, or almost three times the amount of activities occurring within an average comprehensive in-jail program, according to the present survey. This recommended staffing pattern would require approximately \$165,000 in personnel costs, and approximately \$30,000 in additional expenses for staff training, travel, consultation and materials. The total cost for this enhanced in-jail drug treatment program amounts to \$195,000, or \$8 per day, per inmate. In comparison to the \$50-60 daily expenditure per person for residential treatment in State-subsidized public facilities, in-jail treatment programs appear to be extremely cost effective.

APPENDIX B
Respondents to American Jail Association Survey
by State

<u>State</u>	<u># Jails Responding</u>	<u># Jails in State*</u>	<u># of Jails Responding per State</u>	<u>% of Total Survey Respondents</u>	<u>Cumulative % of Responses</u>
Alaska	1	5	(20)	.1	.9
Alabama	39	110	(35)	2.2	3.1
Arkansas	20	87	(23)	1.2	4.3
Arizona	12	23	(52)	.7	5.0
California	51	149	(34)	2.9	7.9
Colorado	37	61	(61)	2.1	10.0
Connecticut*	5	--	--	.3	10.3
Dist. of Columbia	1	1	(100)	.1	10.4
Delaware	1	--	--	.1	10.4
Florida	69	102	(68)	4.0	14.4
Georgia	71	196	(36)	4.1	18.5
Iowa	44	90	(49)	2.5	21.0
Idaho	18	37	(49)	1.0	22.0
Illinois	59	95	(62)	3.4	25.4
Indiana	50	90	(56)	2.9	28.3
Kansas	65	94	(69)	3.7	32.1
Kentucky	60	95	(63)	3.5	35.5
Louisiana	21	90	(23)	1.2	36.7
Massachusetts	12	19	(63)	.7	37.4
Maryland	19	35	(54)	1.1	38.5
Maine	13	15	(87)	.7	39.3
Michigan	67	85	(79)	3.9	43.1
Minnesota	28	71	(39)	1.6	44.7
Missouri	50	123	(41)	2.9	47.6
Mississippi	22	96	(23)	1.3	48.9
Montana	32	46	(70)	1.8	50.7
North Carolina	33	102	(32)	1.9	52.6
North Dakota	19	26	(73)	1.1	53.7
Nebraska	62	66	(94)	3.6	57.3
Nevada	11	19	(58)	.6	60.3
New Hampshire	8	11	(73)	.5	57.7
New Jersey	16	28	(57)	.9	58.7
New Mexico	17	34	(50)	1.0	59.6
New York	50	75	(67)	2.9	63.2
Ohio	70	122	(57)	4.0	67.2
Oklahoma	49	100	(49)	2.8	70.0
Oregon	24	29	(83)	1.4	71.4
Pennsylvania	53	75	(71)	3.1	74.4
Rhode Island	1	--	--	.1	74.5
South Carolina	18	55	(33)	1.0	75.5
South Dakota	19	29	(66)	1.1	76.6
Tennessee	63	108	(58)	3.6	80.3
Texas	136	275	(49)	7.8	88.1
Utah	13	25	(52)	.7	88.8
Virginia	64	95	(67)	3.7	92.5

Washington	34	60	(57)	2.0	94.5
Wisconsin	50	73	(68)	2.9	97.4
West Virginia	30	52	(58)	1.7	99.1
Wyoming	16	22	(73)	.9	100.0
Missing Data	(14)			(.8)	(.8)
TOTAL	<u>1737</u>	<u>3296</u>	<u>(2601)</u>	<u>100.0</u>	<u>100.0</u>

* National Jail Census, 1988.

APPENDIX C

Comparison of 1988 National Jail Census* and Survey Respondents** by Geographic Region and Jail Size

U.S. Total

Jail Size (# Inmates)	1988 Jail Census (% of Sample)	Survey Respondents (% of Sample)
<50	2,219 (66.9)	1,027 (61.1)
50-250	798 (24.1)	445 (26.5)
250-500	159 (4.8)	103 (6.1)
500-1,000	89 (2.7)	57 (3.4)
>1,000	51 (1.5)	48 (2.9)
Total	3,316	1,680

Northeast

Jail Size (# Inmates)	1988 Jail Census (% of Sample)	Survey Respondents (% of Sample)
<50	67 (30.0)	46 (28.9)
50-250	90 (40.4)	61 (38.4)
250-500	31 (13.9)	25 (15.7)
500-1,000	25 (11.2)	16 (10.1)
>1,000	10 (4.5)	11 (6.9)
Total	223 (6.7)	159 (9.5)

Midwest

Jail Size (# Inmates)	1988 Jail Census (% of Sample)	Survey Respondents (% of Sample)
<50	775 (80.4)	494 (74.8)
50-250	157 (16.3)	135 (20.5)
250-500	20 (2.1)	18 (2.7)
500-1,000	8 (0.8)	7 (1.1)
>1,000	4 (0.4)	6 (0.9)
Total	964 (29.1)	660 (39.3)

South

Jail Size (# Inmates)	1988 Jail Census (% of Sample)	Survey Respondents (% of Sample)
<50	1,069 (66.9)	371 (58.2)
50-250	412 (25.8)	188 (29.5)
250-500	71 (4.4)	40 (6.3)
500-1,000	30 (1.9)	22 (3.4)
>1,000	17 (1.1)	17 (2.7)
Total	1,599 (48.2)	638 (38.0)

West

Jail Size (# Inmates)	1988 Jail Census (% of Sample)	Survey Respondents (% of Sample)
<50	308 (58.1)	116 (52.0)
50-250	139 (26.2)	61 (27.4)
250-500	37 (7.0)	20 (9.0)
500-1,000	26 (4.9)	12 (5.4)
>1,000	20 (3.8)	14 (6.3)
Total	530 (16.0)	223 (13.3)

*Data from 1988 National Jail Census, Bureau of Justice Statistics (1990).

**57 respondents did not provide information regarding either geographical region or size of jail facility.

APPENDIX D

Prevalence of ^{Inmate} Drug Treatment Programs by Geographic Region and Jail Size*

Respondents with Drug ~~Problems~~ ^{Programs} (% Respondents)

Jail Size (# Inmates)	Northeast	South	Midwest	West	All Regions
<50	20 (44%)	20 (6%)	37 (8%)	15 (13%)	92 (9%)
50-250	31 (53%)	30 (16%)	31 (24%)	19 (32%)	111 (26%)
250-500	16 (70%)	16 (42%)	6 (33%)	8 (40%)	46 (46%)
500-1000	9 (56%)	11 (50%)	1 (14%)	6 (55%)	27 (48%)
>1000	8 (73%)	11 (69%)	3 (50%)	7 (50%)	29 (62%)
Total	84 (55%)	88 (14%)	78 (12%)	55 (25%)	305 (19%)

* Appendix D describes the number of jails reporting funded, non-volunteer programs, and the proportion of all respondents per category who reported funded programs.

References

- Chaiken, M. (1989). In-prison programs for drug-involved offenders. Washington, D.C: Department of Justice, National Institute of Justice, Issues and Practices.
- Frohling, R. (1989). Promising approaches to drug treatment in correctional settings (Criminal Justice Paper #7). Washington, D.C: National Conference of State Legislatures.
- National Institute of Justice (1990). Drug Use Forecasting: July to September, 1989. Research in Action. Washington, D.C.: Department of Justice.
- Newman, C.L., & Price, B. (1977). Jails and drug treatment. London: Sage.
- National Institute of Justice (1989). Drug Use Forecasting System (DUF). Cocaine use: Arrestees in Washington, D.C., Research in Action (December). Washington, D.C: Department of Justice.
- Peters, R., & Dolente, A. (1989). [Results from the Addiction Severity Index: Prior involvement of in-jail program participants in treatment]. Unpublished raw data.
- Wexler, H., Falkin, F., & Lipton, D. (1990). Outcome evaluation of a prison therapeutic community for substance abuse treatment. Criminal Justice and Behavior, 17, 71-92.
- Wexler, H., Lipton, D., & Johnson, B. (1988). A criminal justice system strategy for treating cocaine-heroin abusing offenders in custody. Washington, D.C.: Department of Justice, National Institute of Justice.