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THE NATIONAL COUNCIL ON CRIME AND DELINQUENCY

FEBRUARY 1994

The State of the Art in Jail Drug Treatment Programs

By Sandra L. Tunis, Ph.D.

INTRODUCTION

It has been well-documented that drug arrests are a major factor in recent increases in jail and prison populations (Austin and McVey, 1989; Blumstein, 1993). The Drug Use Forecasting (DUF) data have consistently shown high rates of drug use among booked arrestees. From October through December 1990, over half of those arrested in several participating cities tested positive for illegal substances (Hebert and O'Neil, 1991).

In light of the increase of substance abusing inmates, there is a growing interest in treatment programs, both in and out of custody. Debate continues, however, regarding the effectiveness of drug treatment programs in reducing recidivism and drug use. Most available information is on therapeutic community models implemented in prisons (Chaiken, 1989; Lipton et al., 1990), many of which permit prisoner participation for a year or more. There is much less information about the nature and the impact of drug treatment programs in local corrections settings in which lengths of stay are typically much shorter.

The extant literature suggests that programs should be intensive and multifaceted. However, fiscal constraints and doubts about program effectiveness lead to situations in which important components, such as aftercare, are not included in the original design of the program or are the first to be curtailed (National Task Force on Correctional Substance Abuse Strategies, 1991; Sechrest and Josi, 1992; Chaiken, 1989; Lipton et al., 1990).

There is some evidence that drug treatment in jail can have a positive effect on recidivism, perceptions of self-efficacy, and mood states, such as depression and anxiety. Outcome effects, which have been shown to wane over time, tend to be correlated with length of time in a program and with participation in aftercare (Hubbard et al., 1989; Field, 1989; Wexler et al., 1990; Peters et al., 1992; Little and Robinson, 1990).

The small number of studies available to date makes it difficult to reach firm conclusions regarding the effectiveness of drug programs in jails. The continued analysis of outcome is an important research goal. Equally important for the field, however, is to describe thoroughly several types of these programs by systematically gathering information concerning their content, their settings, and the various issues confronting those attempting to provide treatment.

This report is based on an NCCD evaluation research project funded by the National Institute of Justice. The project was designed to provide detailed and systematic descriptions of participants and program components for five drug treatment programs in local jails.

The project was also designed to assess program completion rates, as well as 12-month post-release recidivism for program participants versus matched controls. The results of the recidivism evaluation will be reported in a future NCCD publication. NCCD has completed the process analysis of these five programs and a summary of these findings is reported here.

STUDY METHODS

Evaluation Sites

The five programs examined for this study were:

1. Jail Education and Treatment (JET) Program, Santa Clara County, California;

2. Deciding, Educating, Understanding, Counseling, and Evaluation (DEUCE) Program, Contra Costa County, California;

3. Rebuilding, Educating, Awareness, Counseling, and Hope (REACH) Program, Los Angeles County, California;

4. Substance Abuse Intervention Division (SAID), New York City Department of Correction; and

5. New Beginnings, Westchester County, New York.

The JET program was in one unit of the Elmwood Correctional Facility, Santa Clara County's main facility for sentenced inmates. Funding for the counseling component of JET was discontinued on June 30, 1993, with a

redesigned and renamed program continuing. The County Bureau of Alcohol and Drug Abuse Programs managed JET, in a cooperative agreement with the Department of Correction and the Adult Education Department of the local school district.

The DEUCE program is sponsored by the Contra Costa Sheriff's Department and the Office of Education. It is offered at two of the County's three detention facilities: Marsh Creek (a 360-bed facility for sentenced males with a minimum-security classification), and the West County Justice Center (a 560-bed medium-security facility for male and female pretrial and sentenced inmates).

The REACH Program was at the Mira Loma Correctional Facility, part of the large Los Angeles County jail system. It was discontinued in August of 1993 when Mira Loma closed, but has been reopened at Sybil Brand Institute in Los Angeles. The women's unit housed minimum- and low-medium-security female inmates with sentences of one year or less for nonviolent offenses. The program at Mira Loma was staffed by the local school district, the Sheriff's Department, and until the last year of operation, the Probation Department.

The SAID Program is operated by the New York City Department of Correction, which houses about 18,000 prisoners. SAID provides a drug-free residential program, or other substance abuse services to several facilities on Rikers Island.

Finally, New Beginnings is a structured program serving men and women jailed in the Westchester County Department of Correction complex. It is directed by the County's Medical Center for Correctional Health Services.

Data Collection

We developed standardized tables to be completed by NCCD staff through interviews with program, administrative, and custody personnel, believing this would enhance efforts to systematically present data and, where appropriate, to make site-by-site comparisons.

Extensive data were collected on program settings, eligibility and screening criteria, program elements, organization and funding, staffing, and aftercare linkages. We also collected data regarding the relative infraction rates and relative costs for the five programs.

In addition to obtaining information about the programs themselves, we collected data on samples of participants (n = 733) entering and exiting the programs during the 12-month data collection period. Where possible, participants were interviewed by a program staff member or NCCD researcher at the time of both program admission and release; otherwise, client files were examined. Admission forms contained information on demographics, drug and offense history, and previous drug treatment. Exit forms contained dates of release from the program and from jail, as well as type of program termination.

PROCESS ANALYSIS RESULTS

Program and System Summaries

Table 1 provides an overview of the program approaches and the offenders they serve. DEUCE, SAID, and New Beginnings serve both males and females. JET was an all-male program and REACH was an all-female program. With the exception of REACH, all serve (or did serve) both sentenced and unsentenced offenders.

In attempting to label the approaches to treatment, all program staff considered their approach to be an eclectic model, utilizing the various skills and techniques of staff members. The most commonly agreed upon term was bio-psycho-social, given that all programs attempt to address recovery from a physical, psychological, emotional, and social perspective.

The *post-custody treatment* variable in Table 1 summarizes the linkages

TABLE 1
PROGRAM SUMMARIES

	JET	DEUCE	REACH	SAID	NEW BEGINNINGS
1. Year Started	1989	1986	1991	1989	1988
2. Clients					
a. Male	Yes	Yes	No	Yes	Yes
b. Female	No	Yes	Yes	Yes	Yes
c. Sentenced	Yes	Yes	Yes	Yes	Yes
d. Unsentenced	Yes	Yes	No	Yes	Yes
3. Program Approach	Bio-Psycho-Social	Bio-Psycho-Social	Bio-Psycho-Social	Bio-Psycho-Social	Bio-Psycho-Social
4. Post-Custody Treatment	Referrals	No Formal	Discontinued	Sometimes	Yes
5. Post-Custody Supervision (coordinated or linked)	No	No	Discontinued	Sometimes	Yes

with aftercare services. As shown, New Beginnings is the only program that has maintained integrated post-custody treatment and supervision for all participants. Although those in the REACH program were at one time assisted in arranging follow-up care, this component was discontinued in early 1993 due to budget cuts.

All program providers understand the importance of aftercare services. In most programs, however, budget limitations have barred formal post-custody linkages. Information on levels and types of actual post-custody participation in substance abuse programs is, for the most part, unavailable.

One commonly identified precondition for successful programming is that participants remain separate from the general jail population. At all sites, program participants are, at least, housed in a separate living unit. In all but REACH, participants are separated from other prisoners in almost all daily activities, and living units are managed under direct supervision principles. All are in minimum- or medium-security facilities.

Table 2 summarizes the size of the programs in relation to the size of the correctional systems in which they operate. The programs vary in size from a 1993 average daily population of 58 to 1,020.

These data reveal that the treatment programs are reaching a small number of inmates compared to the number in the jail systems. While DEUCE treated 15 percent of the average daily jail population in 1993, the others treated a maximum of 8 percent.

Additionally, the average length of time spent in the five jail systems ranges from just over two weeks to around 10 weeks in two systems. Thus, a substantial number of inmates would not be eligible to participate in the programs, or would not be able to "complete" them based on the relatively short lengths of stay.

Eligibility and Screening

Participation in all the programs is voluntary. The primary determinants of eligibility are that the inmate have a substance abuse history and have a custody classification suitable to the program living unit. Three of the sites require that participants have some minimum time period (usually 90 days) remaining in jail, although in practice very few individuals are "rejected" using this criterion. Moreover, even offenders who anticipate staying in jail for 90 days may be unexpectedly transferred or released before that period.

Programs try to screen out violent or severely problematic offenders, but do attempt to provide substance abuse services (either directly or by referral) to those with mental health problems. Serving the large percentage of jail inmates with both substance abuse problems and significant psychiatric issues is viewed by treatment staff as one of the most important problems facing them. Although the ideal would be to match the level of treatment to individual need, resources are not available to accommodate a person who needs both intensive psychiatric intervention and substance abuse treatment while in jail.

Program Length and Content

The treatment programs included in this study offered a variety of traditional drug treatment services, including group and individual counseling, drug education, self-help groups, parenting, life skills, and relapse prevention training. All except SAID did or continue to do drug testing.

As shown in Table 3, three of the programs are designed to take three months from entry to completion; two report no designed length of stay. Given the relatively short lengths of jail stay (both system-wide and for our study sample) and the unpredictability of release, all sites face serious difficulties in planning for precompletion exits from the program.

Among the sample of participants studied for this report, the average length of stay in the programs ranged from 54 to 112 days. Program completion rates ranged from 10 percent to 68 percent, although completion was

TABLE 2
PROGRAM AND SYSTEM POPULATIONS

	JET	DEUCE	REACH	SAID	NEW BEGINNINGS
1. Program Average Daily Population (ADP) 1991	51	210	70	995	83
(ADP) 1993	64	200	58	1,020	107
2. System Average Daily Population (ADP) 1991	4,000	1,550	22,000	22,000	1,300
(ADP) 1993	4,000	1,375	20,300	18,000	1,400
3. Ratio of 1993 Program ADP to System ADP	.02	.15	.003	.06	.08

TABLE 3

LENGTHS OF STAY FOR STUDY SAMPLE AND PROGRAM COMPLETION RATES[1]

	JET	DEUCE	REACH	SAID	NEW BEGINNINGS
1. Average Days in Jail (including program time)	185	113	97	160	119
2. Average Days in Program	108	78	54	82	112
3. Average Days from Jail Admission to Program Admission	53	22	35	59	35
4. Designed Length of Program Stay	3 months	3 months	3 months	None	None
5. Program "Completion" Rates	67.6%	16.7%	10.4%	N/A	64.4%

[1] Inmates who transferred to another incarceration location were excluded from the JET and DEUCE samples.

N/A = Not Applicable

TABLE 4

SELF-REPORT OF DRUG USE FOR TREATMENT SAMPLE (AT PROGRAM ADMISSION)

	JET	DEUCE	REACH	SAID	NEW BEGINNINGS	TOTAL
	(N=102)	(N=196)	(N=135)	(N=207)	(N=93)	(N=733)
Any Drug Use[1]	100.0%	82.7%	100.0%	95.8%	100.0%	94.1%
Single Drug Use	12.7%	39.8%	22.2%	16.9%	10.8%	22.6%
Poly Drug Use	87.3%	42.9%	77.8%	78.9%	89.2%	71.5%
Average Number of Drugs Used	2.6	1.8	2.6	2.4	3.4	2.4
Any Alcohol	82.4%	53.1%	52.6%	58.5%	78.5%	61.8%
Any Heroin	19.6%	13.3%	33.3%	26.6%	48.4%	26.1%
Any Cocaine	58.8%	37.2%	76.3%	73.9%	87.1%	64.1%

[1] Seventeen percent of the DEUCE sample and four percent of the SAID sample reported that they had not used any drugs at least once a month over the past six months. Therefore, the single drug use vs. poly-drug use categories do not sum to 100 percent for these two sites.

defined differently across sites and these rates were influenced by our sampling procedures. The most common reason for exiting programs was release from jail.

The mismatch between the lengths of programs and lengths of jail stay suggests that program administrators and staff would benefit from rethinking the design of the programs, with the goal of developing services for those who are in jail for only a few days, as well as for those who are in jail for three or more months. This would require a jurisdiction to obtain a full picture of its custody population, including various lengths of stay. Additionally, because offenders appear to spend a substantial amount of time in jail before being admitted to these programs (22 to 59 days on average in our sample), efforts aimed at earlier recruitment should be seriously considered.

All but one of the programs have a *phased* program approach, although, for three, movement into the next phase of treatment is (or was) entirely time-based. Therefore, some offenders may not be exposed to aspects of treatment past the most basic ones, because they leave jail after only a month of participation. Conversely, many who may not be *ready* for the next phase are nonetheless moved into it simply because they have participated in the program for 30 days. Only New Beginnings formally incorporates counselor assessment into the phase process.

At all sites except SAID, the program is operated by a non-custody agency—either a school district or a substance abuse agency. Treatment staff-to-inmate ratios are generally between 1:10 and 1:16, with the gender and ethnic makeup of staff members not necessarily reflecting that of the offenders served.

Relations with Custody Personnel

An extremely important issue for all

treatment and custody staff involved in our discussions was the one of custody and program relations. Most program staff felt that it is easier to "sell" a drug treatment program to jail administrative or management staff than to line custody staff. The administrators have invested in the programs and tend to view them as behavioral management tools.

However, treatment providers believe that an officer who is initially opposed to a program often learns to view it positively and to consider the environment a better one in which to work. An obvious recommendation would be to strive for consistency with respect to custody staff assigned to the programs, with tours of duty (*a*) bid for rather than purely assigned, and (*b*) preceded by formal training related to substance abuse treatment agendas.

Another important area in custody-program relations is the area of cross-training. Although all programs report providing some cross-training, it appears that more training of custody staff on program theory and techniques would be beneficial. Ideally, a new program would include the custody staff in planning, training, and on-going program staff meetings and in-service sessions.

Treatment programs must be able to adapt to the jail setting and accommodate the fact that the priority for the institution is custody. In most cases, the program staff are from another agency or another background, and are responding to different imperatives than are custody staff. In the view of a SAID staff person, the fact that the program is funded by the Department of Correction rather than by an outside agency goes a long way in legitimizing the program in the eyes of correction employees.

Characteristics of Participant Sample

The profile of sampled program participants varied from site to site. Overall, about one third of participants were Caucasian, 38 percent African-American, and one fourth Hispanic. Similarly, participants differed regarding education level, employment history, marital status, self-reported alcohol and drug-use patterns, and prior drug treatment participation. The vast majority reported the use of more than one drug, with alcohol and cocaine being the most commonly reported (Table 4). The average age was fairly consistent across all sites (between 30 and 32 years old).

To examine the relationship between offender characteristics and program completion, we dichotomized the program exit data into (*a*) premature termination (due to either a rule violation or voluntary exit from program prior to completion or release), and (*b*) no termination (i.e., either actual program completion or exit due to transfer or release). The rationale was that the two types of exit comprising the *premature termination* variable represented individuals who clearly and overtly acted in a way to prevent program completion.

Our analyses revealed that Caucasian offenders, "older" offenders (i.e., over 28 years old), and those with no previous (self-reported) history of mental illness, were significantly less likely to prematurely terminate, or be terminated from the programs (see Figure 1).

The last finding is not surprising given the substance abuse treatment lore that acknowledges the difficulty in treating those with dual diagnoses. These findings again emphasize the need to help these individuals receive appropriate services within substance abuse programs or through a strong ancillary service network.

That the proportion of minority offenders who prematurely terminated from the programs was more than twice the proportion of Whites who did so, speaks to the issue of social and cultural sensitivity. The programs as a whole may be better equipped to address the cultural issues of non-minorities.

Program staff may also need to focus on the developmental and social issues confronting the *younger* offender who is drug-addicted. For example, treatment might address issues of young adult development and peer pressure, while countering the denial that a high-risk lifestyle can continue for years without taking a significant toll on the quality of the person's later life.

Relative Infraction Rates and Costs

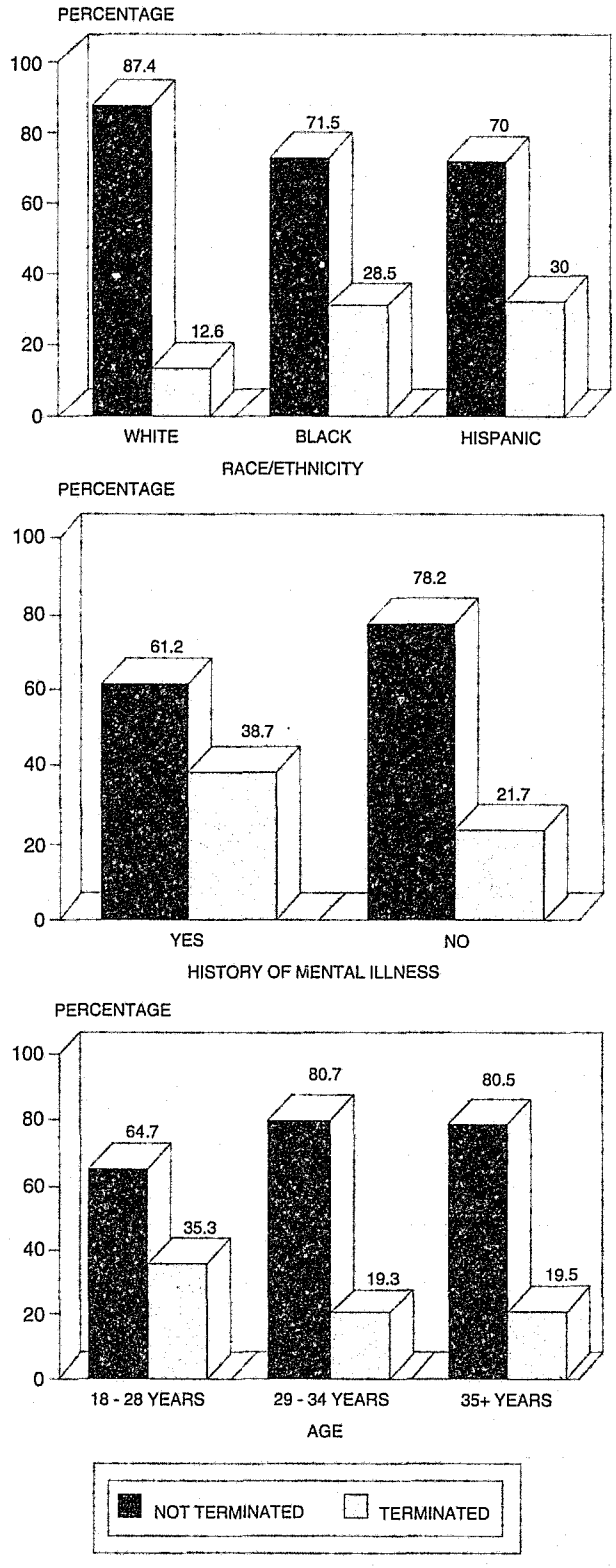
We also compared the infraction rates for these programs to rates for comparable units within the facilities. We found clear evidence that these drug treatment programs have a very positive effect on levels of serious behavior, such as physical violence. Rates of nonserious infractions such as insubordination and possession of (non-drug) contraband were also lower for program participants, although the differences were less striking. It appears, then, that claims by treatment staff that programs provide a *behavioral management* tool for jails are warranted.

Regarding costs, we collected information on direct service or treatment costs and on custody staffing (housing and escort) for program and comparable units at each of the sites. The cost of treatment per prisoner, per day, ranged from $3.48 to $15.22; differences appear to be related to program intensity variables, such as hours per week in programming and treatment staff-to-inmate ratios. At one program site (SAID), custody staffing levels were reduced for program housing units, with a net savings of 33 percent in custody staffing costs.

However, all programs resulted in net additional costs (treatment plus custody staffing) of $2.49 to $41.51 per prisoner, per day (excluding program

FIGURE 1

PROGRAM TERMINATION BY RACE/ETHNICITY, SELF-REPORTED HISTORY OF MENTAL ILLNESS, AND AGE



administrative costs). The question of whether jail drug treatment is a cost-effective investment depends in part on the results achieved by the program, whether through reduced recidivism or lowered in-custody incident rates. If recidivism is lower for participants than for comparable nonparticipants, then we can assume that the higher "costs" of these programs are offset by tangible savings to the criminal justice system, and by less tangible, but significant savings to the community.

CONCLUSIONS

This study has provided important insight into the operations of jail drug treatment programs, both internally and within the larger correctional institutions. The major factors that appear to limit the potential impact of these programs are (*a*) the very small numbers of offenders served within the jail systems, (*b*) the mismatch between the *ideal* or the designed length of program stay and the actual length of stay possible given the jail system flow, and (*c*) the lack of time and resources to provide extensive prerelease planning and linked aftercare services.

Given that there are increased costs associated with these programs, efforts to replicate them should be limited unless they are redesigned. Treatment models should strive to be more responsive to the variation in lengths of stay in jail and aftercare services should be expanded rather than curtailed, as is often the case.

On the other hand, there is solid evidence that these programs have a very positive impact on institutional behavior, particularly levels of violence. Furthermore, they may impact post-release behavior. The planned recidivism analysis will be necessary in order to draw conclusions about treatment efficacy for the offenders sampled from these five programs.

To aid in future evaluation activities,

improved data collection procedures are needed. For example, standardized information regarding substance abuse history and specific services provided to each participant should be recorded, as should type and length of aftercare. The aftercare information can be obtained only if resources are committed to making follow-up calls to released inmates. Without more detailed and systematic recordkeeping, the evaluation questions that researchers are able to answer will be limited.

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ACKNOWLEDGEMENTS

Research for this publication was supported by a research grant from the National Institute of Justice (91-DD-CX-K052). The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author and do not necessarily reflect the views of the Department of Justice.

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- Homicide and suicide account for over one-third of the more than 145,000 injury deaths that occur in the U.S. each year.
- Three-fourths of high school seniors who smoke report that they smoked their first cigarette by grade 9.
- The leading cause of death for the nation's children is unintentional injury.
- Approximately two-thirds of American adults drink alcohol at least occasionally.
- More than 25 percent of the nation's 10,000 to 15,000 spinal cord injuries each year are the result of assaultive violence.
- Between 21 and 30 percent of all women in the United States are estimated to have been beaten by a partner at least once.
- An estimated 23 million noninstitutionalized adults in the U.S. have cognitive, emotional, or behavioral disorders, not including alcohol and other drug abuse.
- Nine out of 10 high school seniors report having used alcohol at least once.
- Nearly one of every eight Americans lives in a family with an income below the Federal poverty level.
- An expectant mother with no prenatal care is three times as likely to have a low-birth-weight baby.
- Fetal alcohol syndrome is the leading preventable cause of birth defects in the United States.

Source: Healthy People 2000. National Health Promotion and Disease Prevention Objectives, (U.S. Department of Health and Human Services, Public Health Service, 1990).

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