

A National Portrait of Treatment in the Criminal Justice System

SAMHSA Criminal and Juvenile Justice Matrix Workgroup
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Why this Presentation?

- National trends in treatment for offenders based on the **National Criminal Justice Treatment Practices Survey** (and its addendums)
- Use of Evidence-Based Practices (EBPs) for drug-involved offenders
- Factors that increase the use of EBPs
- Role of Criminal Justice Agencies in Treatment for Offenders
- Applications to Medically-Assisted Treatments

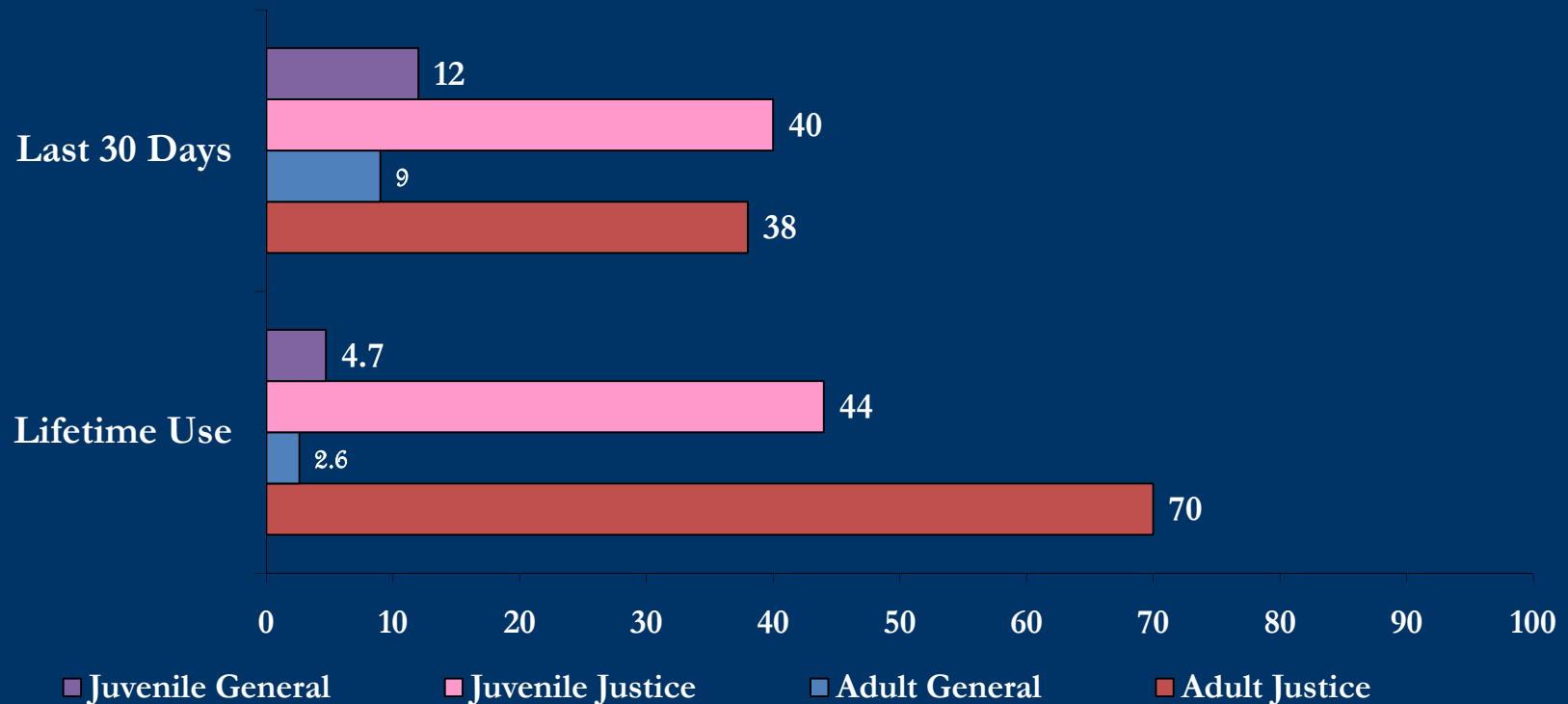
Why National Surveys?

- Fragmented Information
 - No national estimates of **PREVALENCE** or **NATURE** of treatment services offered to substance abusers in the criminal justice system
 - Studies focused on specific subpopulations (prison or jail) or single jurisdictions
 - Prior surveys were dated (late 1990's/early 2000)
- Data needed to
 - Set national priorities regarding service delivery to offender populations
 - Understand factors that may influence adoption of evidence-based practices
 - Advance practice

National Surveys: Response Rates

- ❖ Survey administered via mail
- ❖ Multi-level (state agency executive, facility administrator, staff, tx providers, drug court coordinators)
- ❖ No differences in response rates based on region and facility type
- **Criminal Justice Treatment Practices**
 - N = 1,902
 - Adult: 67% Administrators, 75% State Executives
 - Juveniles: 54% Administrators, 70% State Executives
- **COD Survey (only facility administrators of NCJTP)**
 - N = 757
 - Adult: 63% Administrators
 - Juvenile: 65% Administrators
 - Community Treatment Providers: 61%
- **Drug Treatment Court Survey**
 - N = 208
 - Drug Court Coordinators: 68%
 - Treatment Providers: 75%

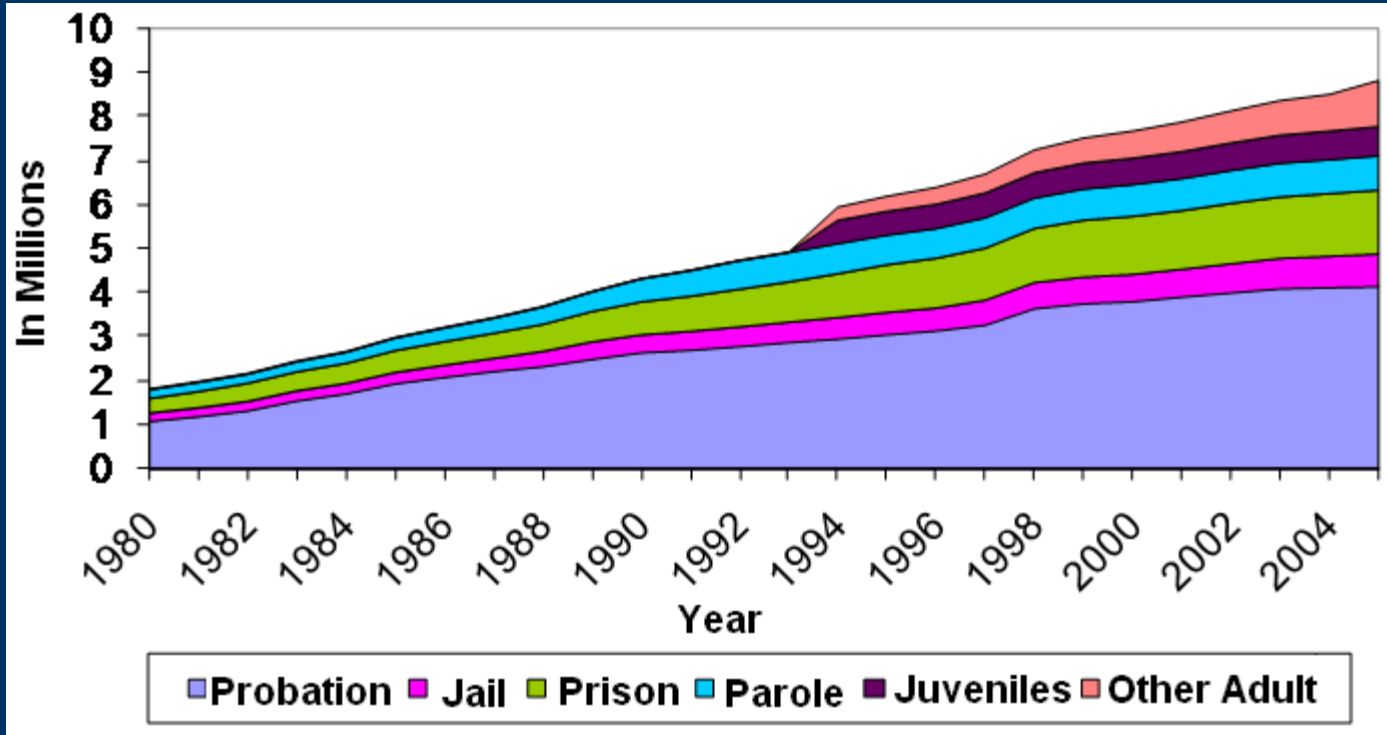
Offenders have more serious Substance Use & Other Disorders



- Offenders Have Higher Rates of Psycho-Social Dysfunctional Than the General Population
 - Substance Use Disorders
 - Mental Health and Somatic Health Disorders
 - Educational Deficiencies
- CJ Populations: 4 Times Greater SA Disorders

Insatiable Appetite: The Ever Expanding Correctional Population 8+M Adults, 650K Juveniles

424,000 adults
receive tx (7.6% ADP)



5.6 M adults
need TX
(4.5M males,
1.1M females)

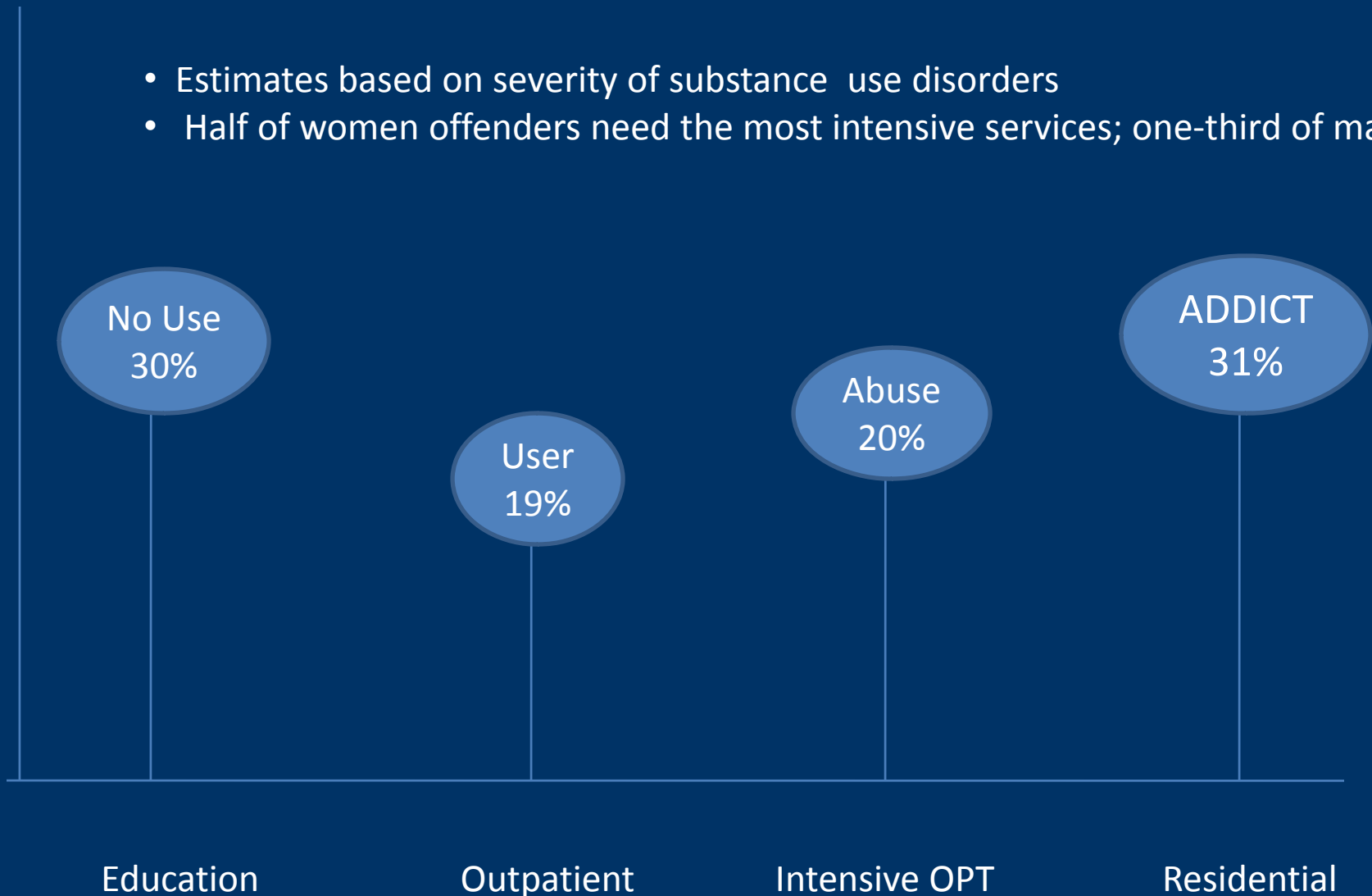
253,000 juveniles
need TX
(198,000 males,
54,000 females)

54,000 juveniles
receive tx
(21.5% ADP)

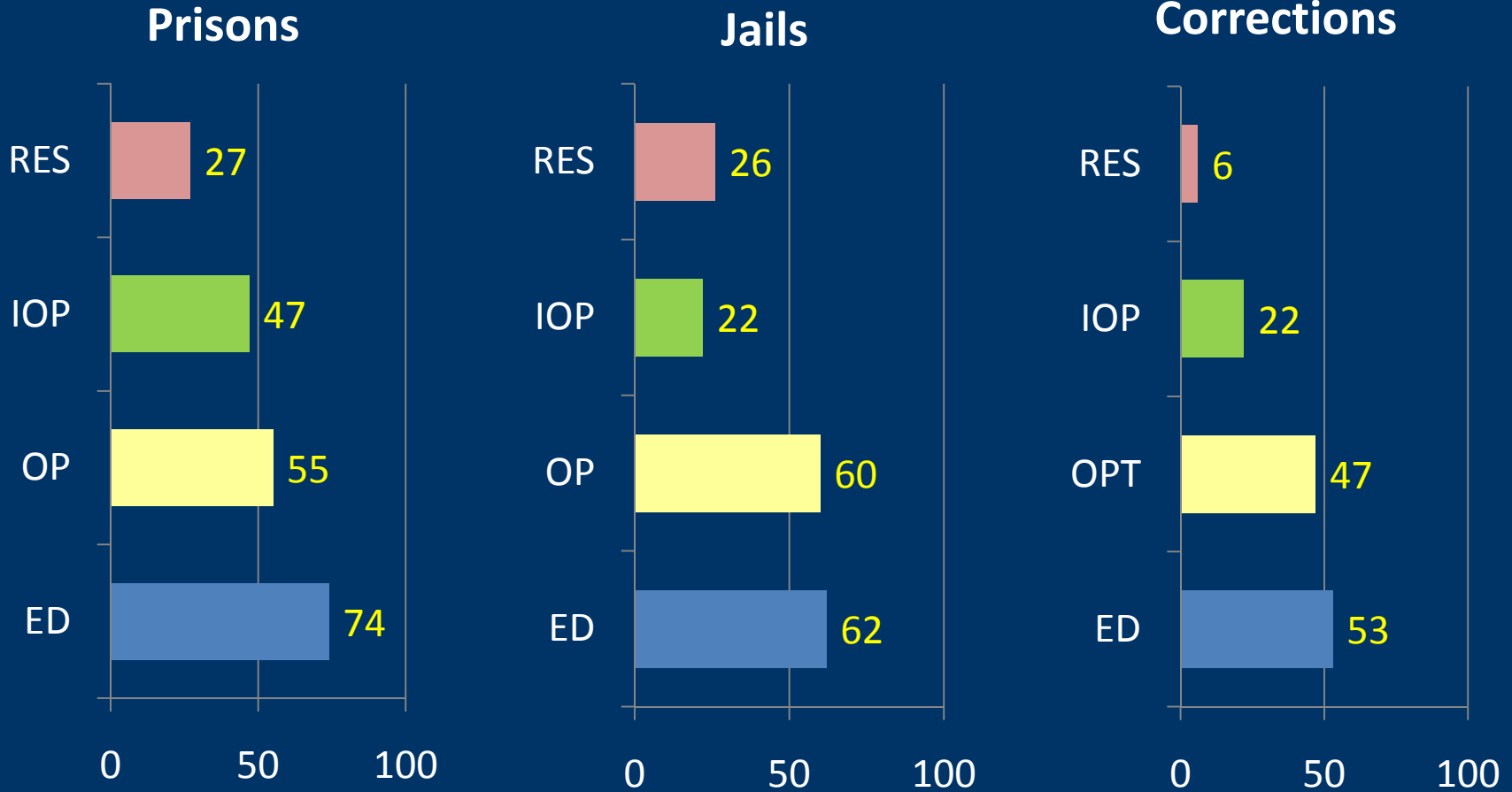
*Bureau of Justice Statistics, 2005 adjusted with estimates from Taxman, et al 2007.
ADP=average daily correctional population

What type of treatment should offenders receive ?

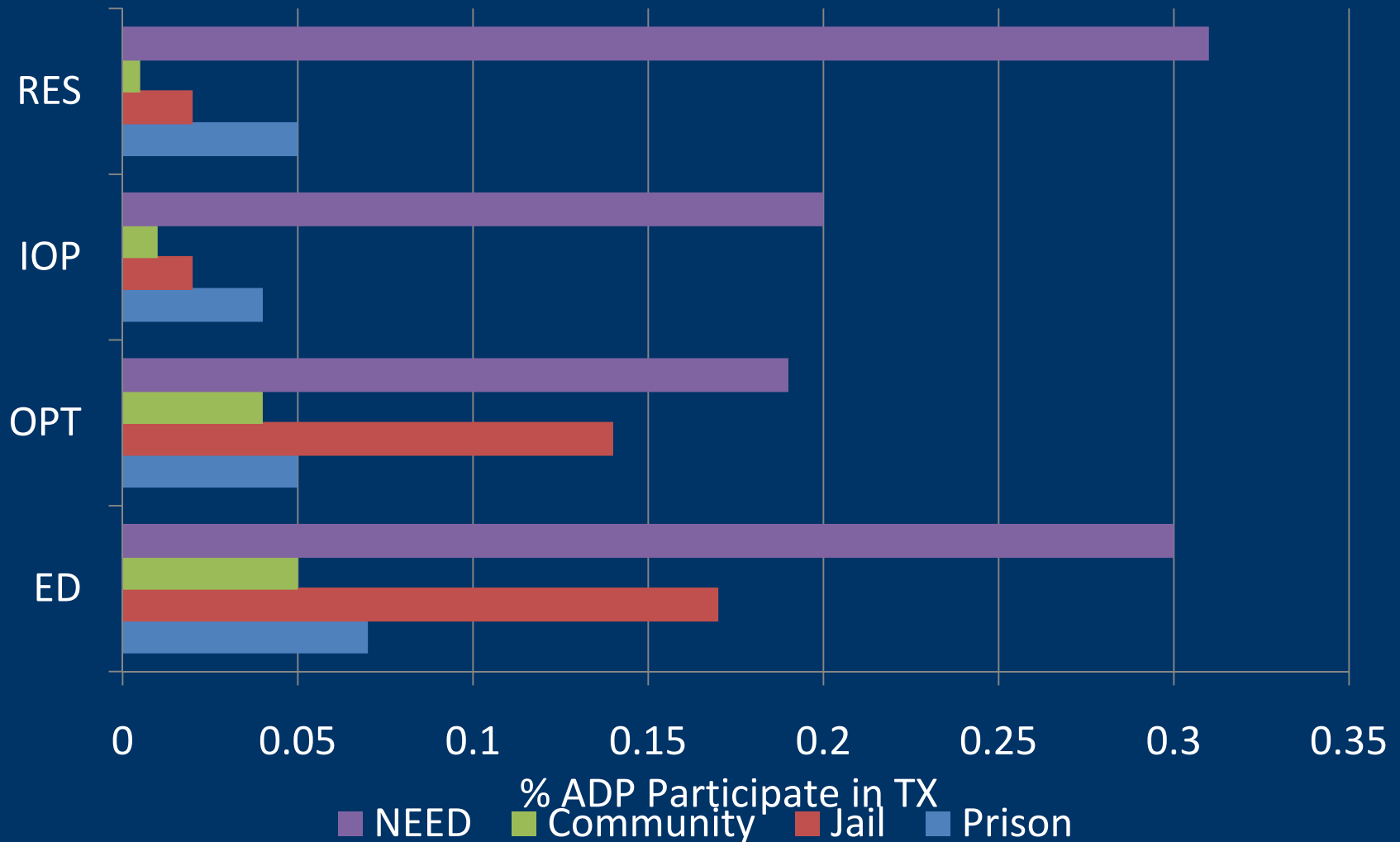
- Estimates based on severity of substance use disorders
- Half of women offenders need the most intensive services; one-third of males



Over Half of CJ Facilities Offer Some Type of Services

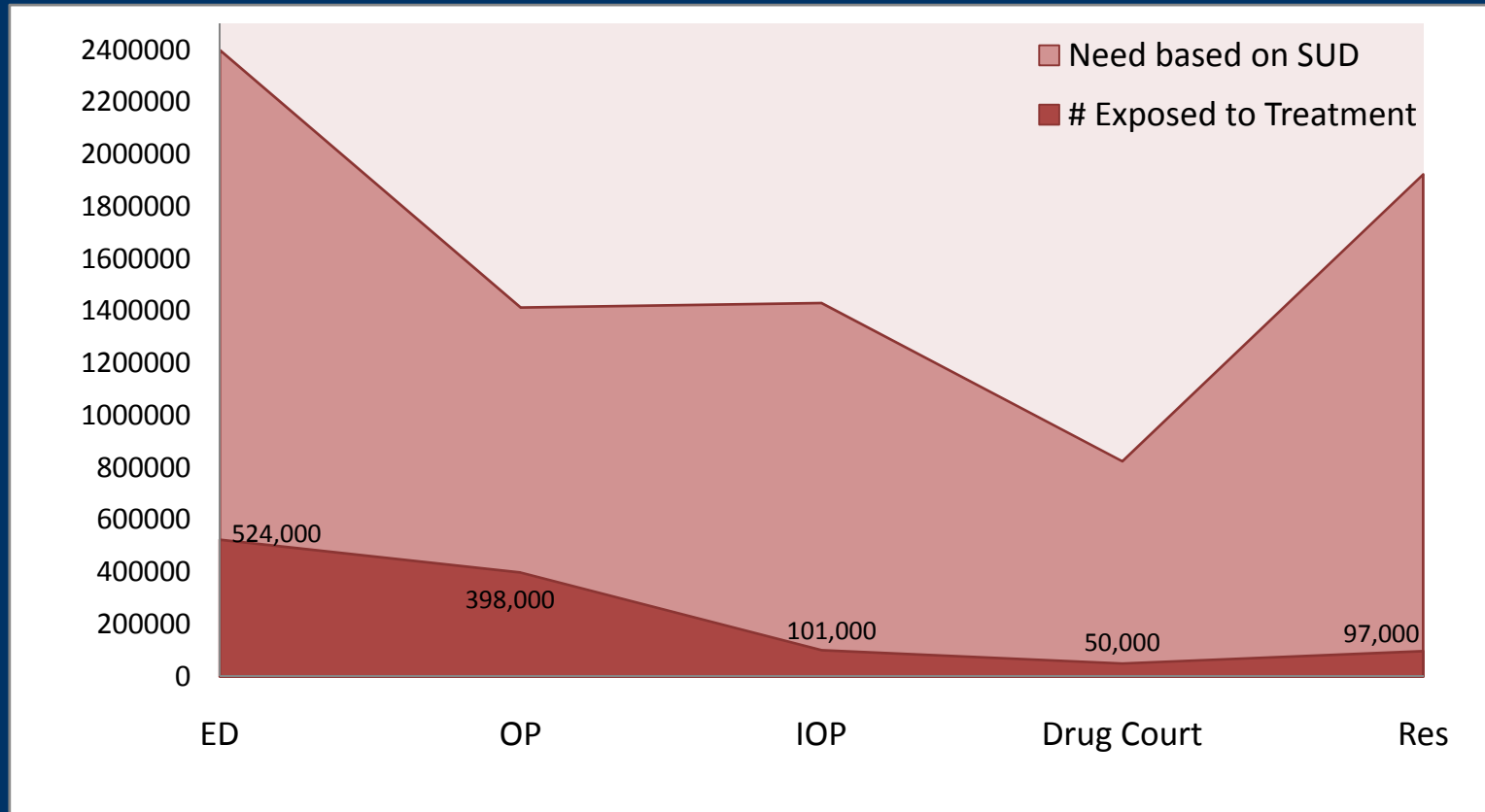


But...Few Offenders Can Participate, and the Service Mix Is Inconsistent with Need



Unlikely to Reduce Recidivism

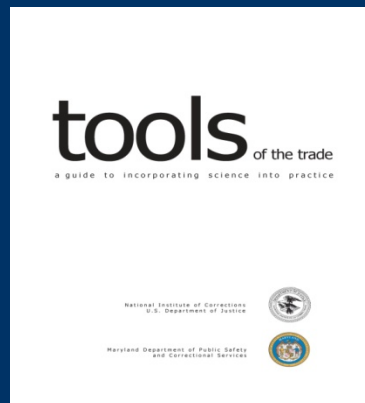
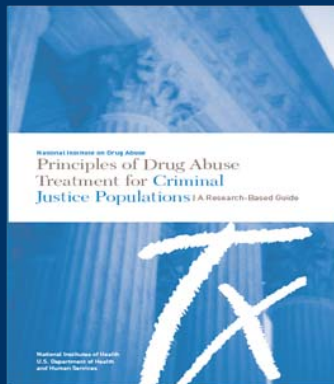
- Too few offenders exposed to treatment



◀ Less than 11% can receive tx a year; on any given day, ~7.6% are in treatment

- Treatment is inconsistent with needs
 - Not multi-dimensional—should address 3+ conditions including criminal values/thinking
 - Effective treatments should be geared to recovery management instead of episodic
 - Little use of medications and other advances in the field

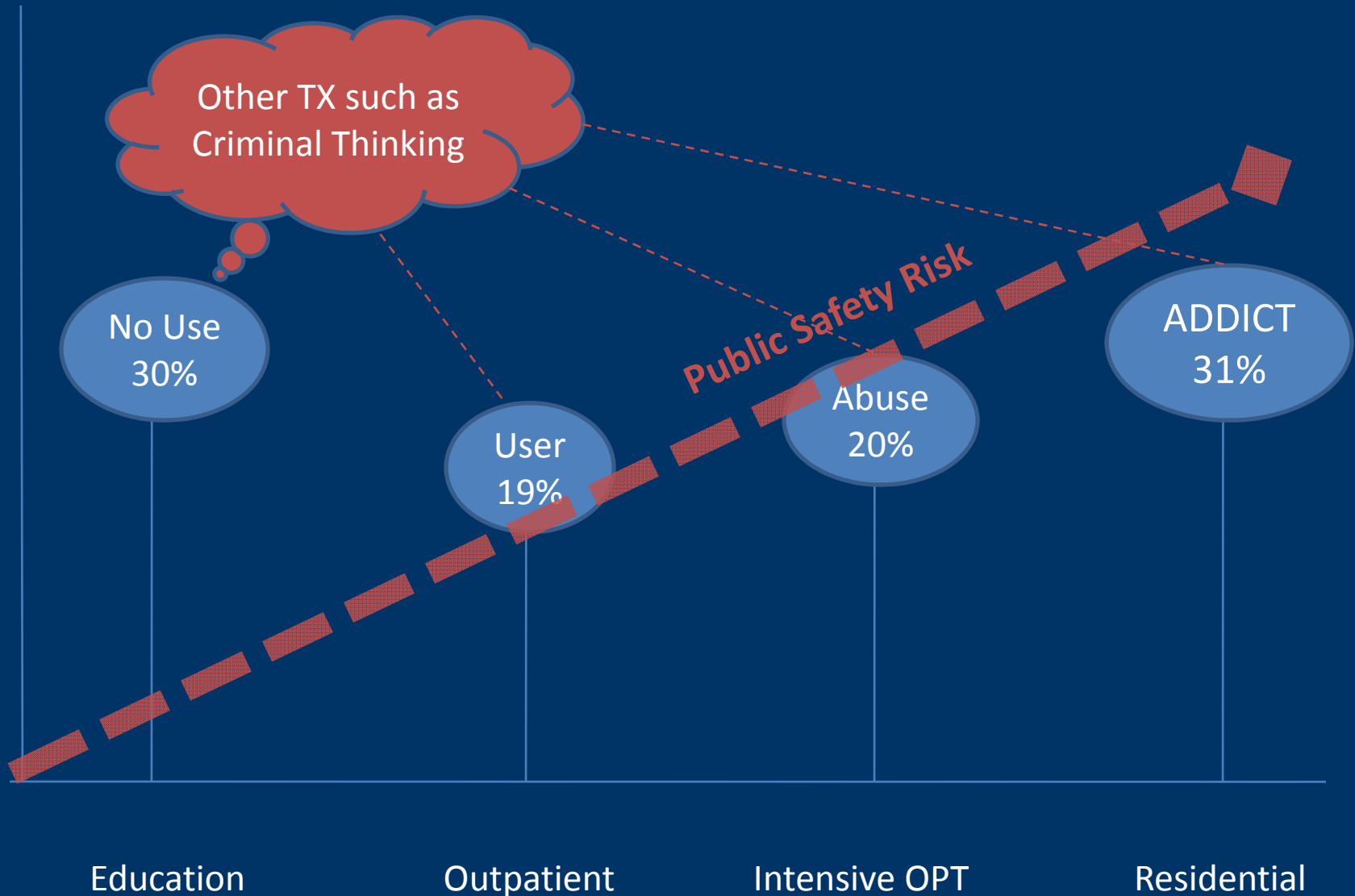
What are the features of the Treatment Delivery System Practices?



TIP 44.
Substance
Abuse
Treatment for
Adults in the
Criminal
Justice System

<http://www.nicic.org/Library/020095>

Multidisciplinary Problem of SA vs. Risk



Screening for:

Criminal Justice Risk

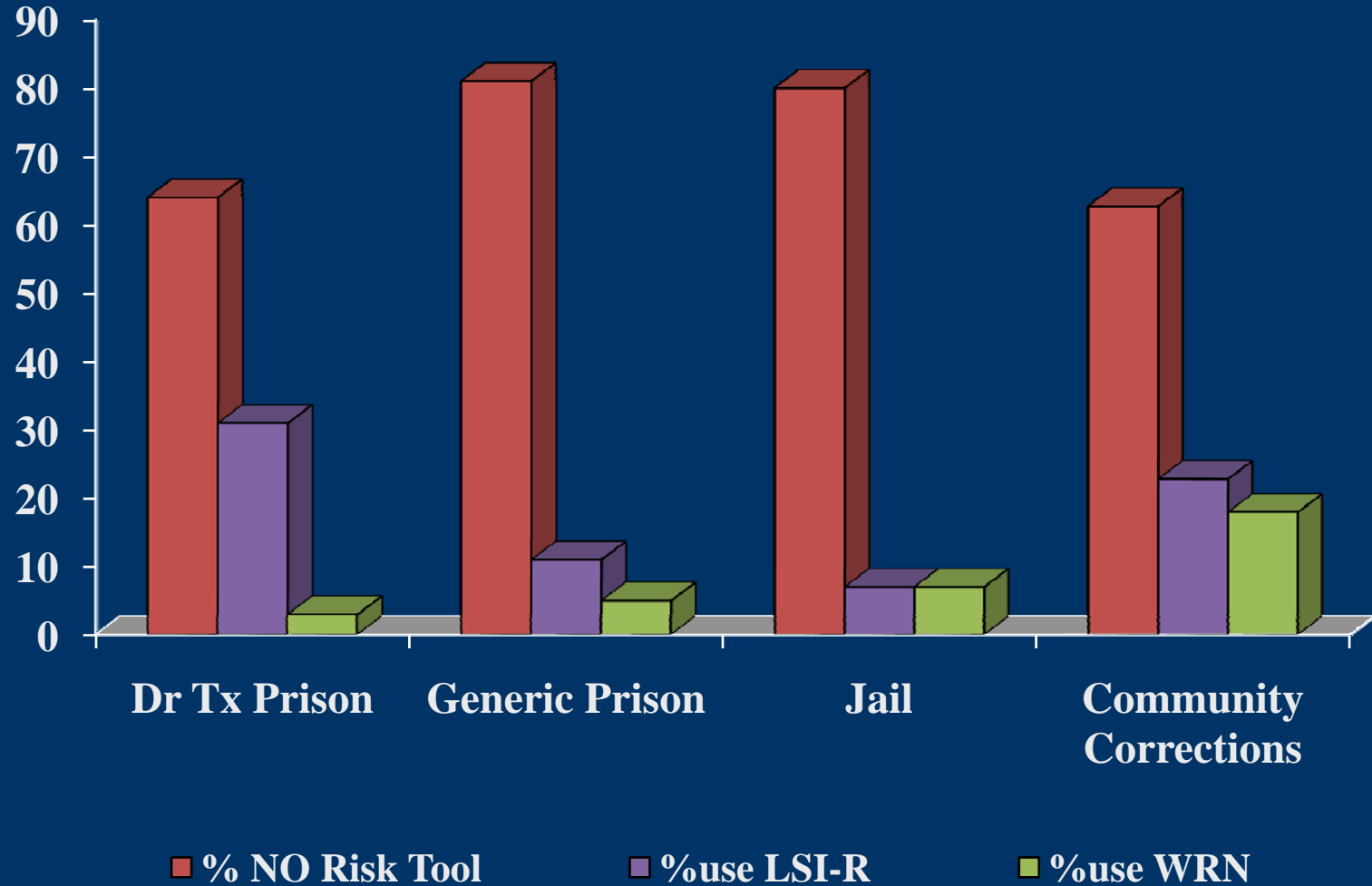
- Actuarial based Models
- Historically used to determine sanction
- Main Factors
 - Age of first arrest
 - Number of arrests and/or convictions
 - Number of failed attempts on probation (or parole)
 - Number of incarcerations
 - Number of escapes
 - Substance Abuse
- Main Tools:
 - Composite Score of Criminal History
 - Wisconsin Risk/Needs**
 - Level of Service Inventory
 - Other Tools (Specialized)

Substance Abuse

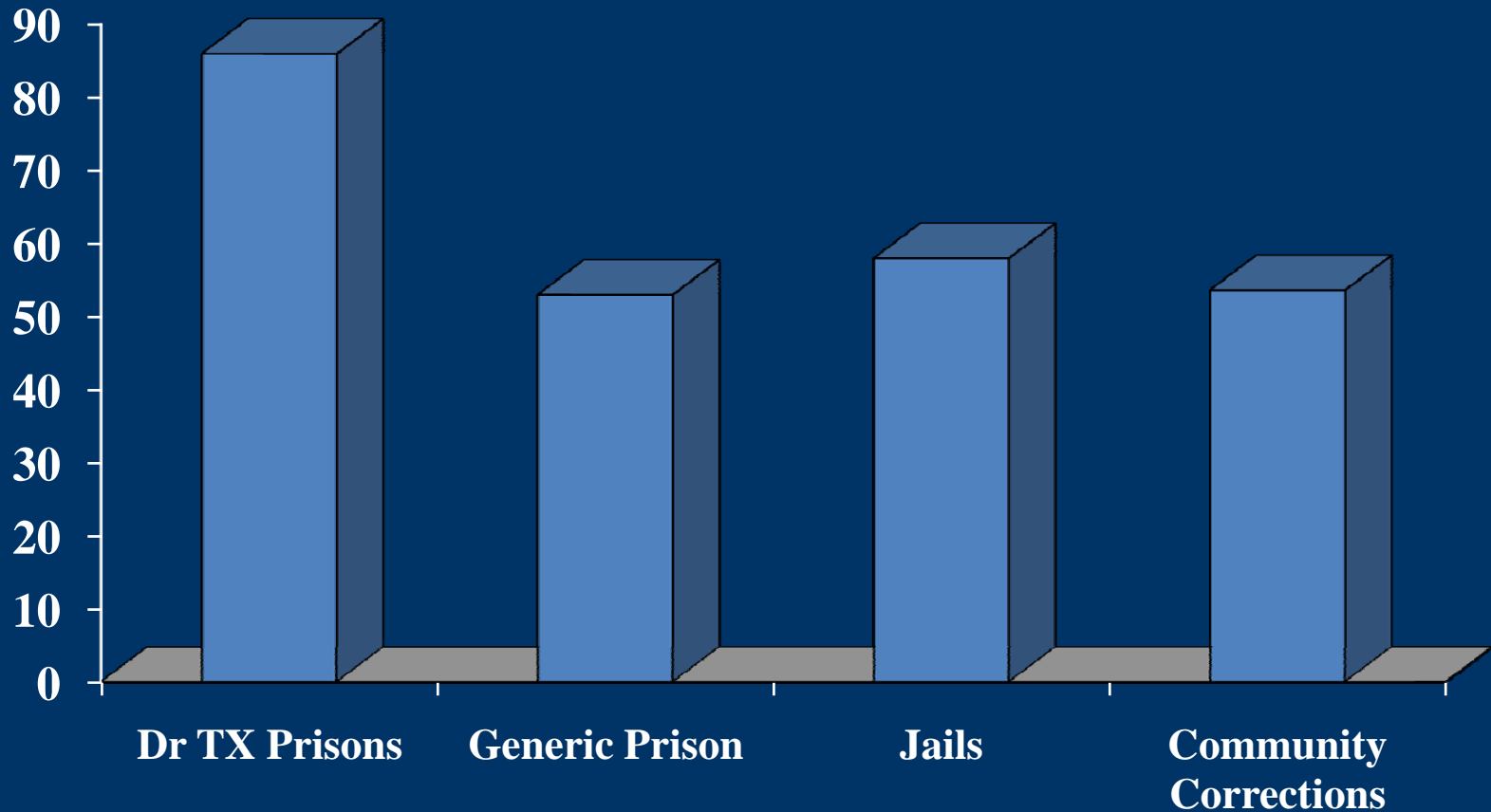
- Screen for SA Problem (Based on DSM-IV)
- Triage Method
- In CJ, used to refer to clinical assessment
- Many tools exist:
 - CSAT's SSI
 - ASI**
 - Sassi
 - TCU Drug Use Screen

**Most Frequently used

Risk Tools: Few In Place



Is the SA Tool Used?

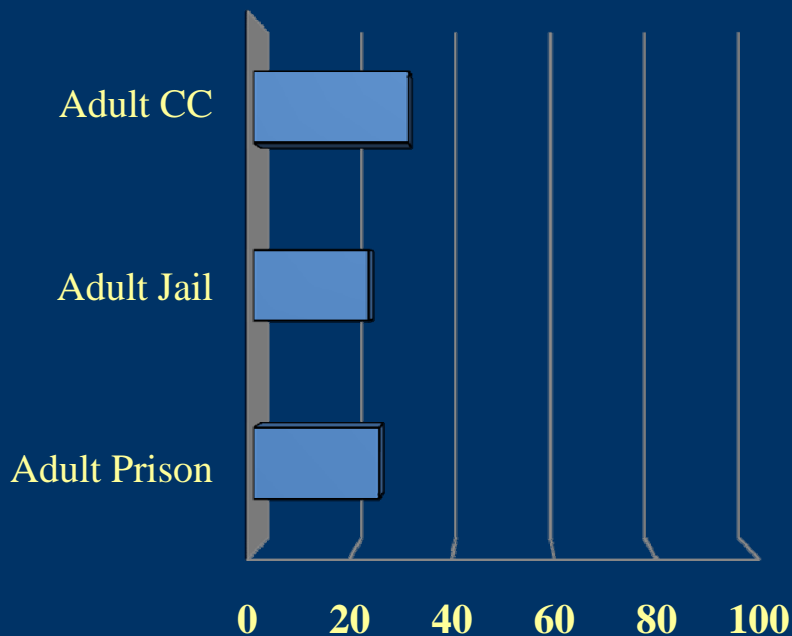


Dr Tx Prison: ASI (55%), TCUDS-II (39%)/Generic Prison: SASSI (39%), TCUDS-II or ASI (33%)/Jail: ASI (58%), MAST (29%)/State Comm Corr: SASSI (58%), ASI (47%)/Local Comm Corr: SASSI (46%), ASI (43%)

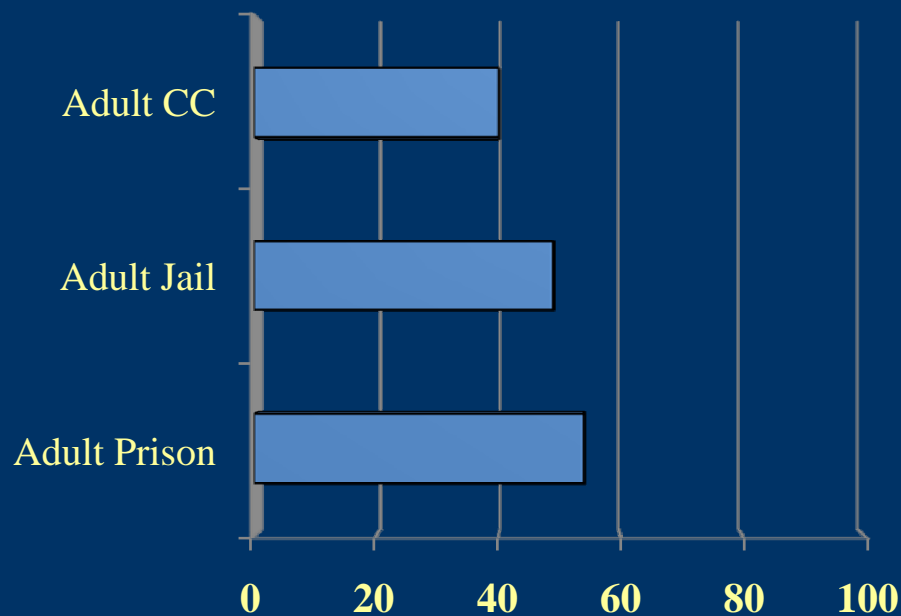
Chi-Square=17.8, $p < .01$ for Use of SA Tool by setting

Tx Practices in “Practices”

% Referral w Appointment



% Treatment 90 days+

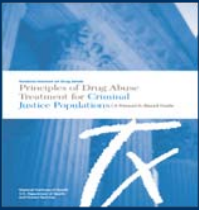


% Administrators Reporting Facility Use

- 20% report the use of Cognitive Behavioral Treatments; few use manuals

Limited Use of Evidence-Based Practices





Modest Use of EBPS Today

Setting	Mean EBPs Adopted
Adult Prison	5.6
Adult Jail	3.9
Adult CC	4.7
Juvenile Res.	5.7
Juvenile CC	4.8
Drug Court	6.6

- ✓ Standardized risk assessment
- ✓ Standardized SA tools
- Engage and retain clients in treatment
- ✓ Treatment duration of 90 days+
- Comprehensive Services
- Therapeutic community/CBT
- Continuing care or aftercare
- ✓ Graduated sanctions and incentives
- ✓ Drug testing in treatment
- ✓ Systems integration
- Address co-occurring disorders
- Assess treatment outcomes
- Family involvement in treatment
- Qualified staff
- Developmentally appropriate treatment

✓ Indicates over 30% administrators reported use of the EBP

Administrator & Organizational Characteristics Predict EBP Use

What Matters in Adoption of EBPS?

Organizational Structure and Leadership

Community Setting

Administrator:

- Human Services Background
- Increased Knowledge of EBPs
- Supports Rehabilitation

Organizational Culture and Climate

Learning

Performance

Quality Tx

Training Resources

Physical Facilities

Internal Support

Training

Resources

Network Connections

CJ

Non CJ

Integration

Factors to Improve Networkness?

Integration or Boundaryless Processes of SA & CJ Agencies

Most Typical Activities:

- Share Information with agencies
 - Develop Client Eligibility Across Agencies
 - Written Program Programs
 - Joint Staffing of Program
 - Modified Program to Meet Correctional and SA Agencies
 - Written MOU between agency
- ✓ Average Number of Activities Integrated:
 - **Drug Court=6.1**
 - **Probation/Parole=4.5**
 - **Prison=3.2**
 - **Jails=3.7**
 - ✓ Interagency integration is associated with more use of EBPs, more holistic services, and improved outcomes



State of Practice

- **EBP**: Modest adoption, mostly in front-end practices
- **Service Integration**: Correctional and SA treatment processes that are boundaryless creates structures to enhance client-centered approach
- **Low tendency** to use NIDA principles of treatment including CBT, medications, and support systems.
- **Inbalance in programming**: needs and services are not necessarily matched too few evidence based treatments

Advancing Practices, Even in Low Resourced Environments

- Given that Drug Abusing Offenders are *Unlikely* to Receive Adequate Level of Care or Continuity of Care, Progress can be made if:
 - Expand the use of standardized risk and need tools to assign to appropriate treatment
 - Convert Drug/Alcohol Education services into more proven effective drug treatment strategies
 - Integrate criminal justice and treatment agencies processes
 - Focus on moderate to high risk offenders
- Work with CJS Administrators to Advance Belief in Importance of Providing SA Treatment services
- Use External Supports and Partnerships to Alter CJ Cultures (create learning environments)
- Emphasize revised role of CJ Personnel—from security to behavioral managers

tools of the trade
a guide to incorporating science into practice



Advances in Changing CJ Cultures

- Correctional cultures need to embrace *behavioral management techniques* of engagement, clear expectations, and rewards/consequences
- Change the role of probation/parole and correctional officers from security to facilitator of change
- Improves correctional environment by emphasizing that accountability is self-management of behavior
- Use evidence-based practices
 - Shown to reduce recidivism and technical violations
 - Creates culture of accountability
 - Alters role of officer to be a facilitator of change/behavioral manager

Applications to Newest Innovation: Medically Assisted Treatments

- Research evidence to support medications to assist offenders to self-manage behavior
- Avoid the pitfalls of prior practice:
 - Address culture of corrections
 - Develop staff understanding of medications
 - Address value clarification: personal failings vs medical management
 - Ensure that policies are in place
- Advance Practice:
 - Medical management/reinforcers
 - Client understanding of self-management of behavior
 - Integrate with behavioral treatment to maximize results
 - Compliance-gaining strategies, but not punitive; avoid technical violations by giving treatment options
 - Emphasize probation/parole offices use of behavioral management techniques

Journal of Substance Abuse Treatment

Special NCJTP Issue, April 2007, Volume 32(3)

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- Taxman, F. S., Young, D. W., Wiersema, B., Rhodes, A., & Mitchell, S. National criminal justice treatment practices survey: Methods and procedures. (Pages 225-238)
- Taxman, F. S., Perdoni, M., & Harrison, L. D. Drug treatment services for adult offenders: The state of the state. (Pages 239-254)
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- Friedmann, P. D., Taxman, F. S., & Henderson, C. E. Evidence-based treatment practices for drug-involved adults in the criminal justice system. (Pages 267-277)
- Henderson, C. E., Young, D. W., Jainchill, N., Hawke, J., Farkas, S., & Davis, R. M. Adoption of evidence-based drug abuse treatment practices for juvenile offenders. (Pages 279-290)
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- Henderson, C., Taxman, F. S., & Young, D. (2008). "A Rasch Model Analysis of Evidence-Based Treatment Practices Used in the Criminal Justice System," *Drug and Alcohol Dependence*, 93, 163-175.
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Special Edition: Drug & Alcohol Dependence,
Spring 2009—Organizational Change