



Brief Report Series:

Findings from the National Criminal Justice Treatment Practices Survey (NCJTPS)

RATIONALE OF THE STUDY

Substance abuse treatment for offenders has been part of the national drug control strategy to reduce the demand for drugs for over ten years (Office of National Drug Control Policy, 2006). Since offenders are four times as likely as the general population to have a substance use disorder (NSDUH, 2006), the emphasis on treating the offender population serves to address the societal goals of reducing both drug demand and crime. The challenge has been to develop policies and practices that support the national strategy. In the past, sporadic information has been provided on the services available to offenders, and this has adversely impacted the ability of local, state, and national efforts to put in place a service delivery system that focuses on recidivism reduction.

The National Criminal Justice Treatment Practices Survey (NCJTPS) is designed as the first national survey to systematically describe the prevalence of substance abuse treatment programs across all correctional settings—prisons, jails, probation and parole offices, and other local community correctional agencies—for juvenile and adult offenders. The survey provides a picture of the substance abuse treatment programs that exist for different types of offenders and how these programs operate. This brief report summarizes the first set of findings from the survey, which are detailed in a special edition of the *Journal of Substance Abuse Treatment* (April, 2007). A summary of the survey procedures is provided at the end of this document.

SUMMARY OF NCJTPS FINDINGS & RECOMMENDATIONS

While our national strategy includes drug treatment as a method to control crime and to reduce the demand for drugs, the survey findings illustrate that substance abuse treatment services are not widely available for offenders in all phases of the correctional system (prisons, jails, and community correctional programs), and that the available services are not likely to change behavior. The survey overall found that:

- Access to treatment services within correctional settings is minimal—less than 10% of adult offenders and about 20% of juvenile offenders across all settings receive the treatment that they need
- Less than half of the administrators report using a standardized tool to screen for substance abuse disorders
- Less than half of the correctional administrators report using an actuarial-based risk tool, despite the fact that research supports that high risk offenders should be placed in more structured programs
- Inadequate numbers of treatment staff, and types of training for the staff, makes effective implementation of programs and services difficult
- Substance abuse treatment services are reported to be offered in 65% of the adult correctional programs (e.g. work release, intensive supervision, etc.), but the most frequently provided services are educationally oriented or low-intensive group therapy (under four hours a week) which are unlikely to facilitate behavior change
- Most of the substance abuse services are less than the 90 days recommended by the literature
- Treatment providers report using some of the consensus-driven evidence based practices, but in general, correctional administrators are unaware of these practices occurring in the programs offered to offenders

As the first national survey of its kind, these findings raise question regarding the capability of the adult and juvenile correctional system to address effectively the drug use and criminal behavior of offenders—*far too few programs and services exist, those that do exist are only offered to a small percentage of offenders and*

often do not incorporate the core principles of effective programs. The number and capacity of the services available indicates that access to needed services is a significant concern across all categories of adult and juvenile offender programs. Many of the services that are available are education-based substance abuse programs, which are useful, but are not a substitute for clinical services that can guide offenders through the behavior change process. Unless drug dependent offenders or sufficient numbers of offenders are participating in substance abuse treatment programs, then it is unlikely that states will realize the reductions in recidivism that are desired and are often demanded to justify sustained funding for programs.

The papers deriving from the NCJTP survey illustrate the multiple systemic, organizational, and infrastructural barriers affecting the provision of evidence-based addiction treatment as described in NIDA's *Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research Based Guide* (NIDA, 2006). The papers provide recommendations for building programs and services for offenders that can help achieve the goals of the national strategy. Some key recommendations are:

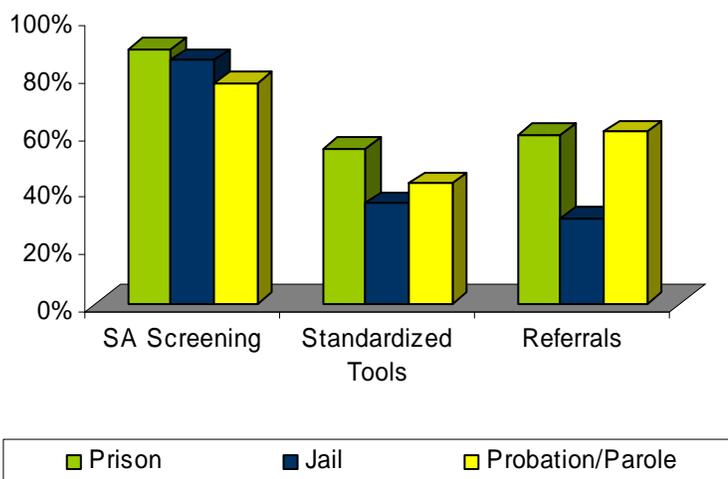
- Use the existing complement of programs, and work towards converting the education-based substance abuse programs to utilize the therapies presented in NIDA's recommended strategies
- Use standardized screening and assessment tools to link offenders to appropriate programs and services
- Employ staff with expertise in substance abuse treatment in correctional settings to provide treatment engagement and motivational services for involving offenders in behavioral change initiatives
- Increase the number of clinical programs in the community, which will serve to provide treatment to more offenders in community-based settings, and will address public safety issues
- Provide for a continuum of care by ensuring that community and prison-based programs have similar treatment orientations and philosophies
- Increase opportunities for staff development and training in quality programming, and particularly in the delivery of evidence-based practices for drug-involved offenders
- Further clarify - for the purpose of resolving - organizational impediments to the adoption of treatment practices that can promote greater behavior change in substance abusing offenders and afford a greater degree of public safety

ADULT OFFENDERS IN THE CRIMINAL JUSTICE SYSTEM

Substance Abuse Screening, Standardized Measures, and Referrals. Screening through the use of standardized measures, and subsequent referral to appropriate programs and services, is the cornerstone of an effective service delivery system. As shown in Exhibit 1, the majority of offenders are screened at intake for substance abuse problems (89% of inmates in adult prisons, 85% in adult jails, 77% in adult probation and parole offices), yet administrators report using *standardized* measures in less than half of all facilities (41.6%).

The most commonly used measures across adult settings are the Substance Abuse Subtle Screening Inventory (SASSI) (26%) and Addiction Severity Index (ASI) (16%). The remaining facilities report that they use drug testing or their own interview questions to screen offenders for substance use disorders. Administrators also report that 59% of adult prisoners who are screened are subsequently referred to treatment, as are 30% of adults in jails, and 60% of adults in community corrections.

EXHIBIT 1: SCREENING, STANDARDIZED SA MEASURES, & REFERRAL IN ADULT CORRECTIONAL SETTINGS



Standardized risk assessment measures (measures that use actuarial principles to measure an offender's likelihood to recidivate) are reported to be used in 32.5% of all adult facilities, with the Wisconsin Risk and Needs

(WRN) (22%) being the most popular tool, followed by the Level of Service Inventory (LSI-R) (17%). Community-based agencies are more likely to use risk measures, as 49% of adult facilities utilize them, compared to 25% of adult prisons, and less than one percent of adult jails.

Staffing in Correctional Facilities. Slightly over 40% of all adult facilities reported having no full-time staff that are dedicated to treatment (i.e. counselors, clinicians, case managers, etc.) or did not report any treatment-dedicated staff in their facility. For facilities that have staff dedicated to treatment, the average ratio of treatment staff to offenders across all adult facilities is 1:37, with ratios of 1:28 in prisons (1:10 in special drug treatment prisons), roughly 1:16 in jails, and 1:70 in community-based facilities.

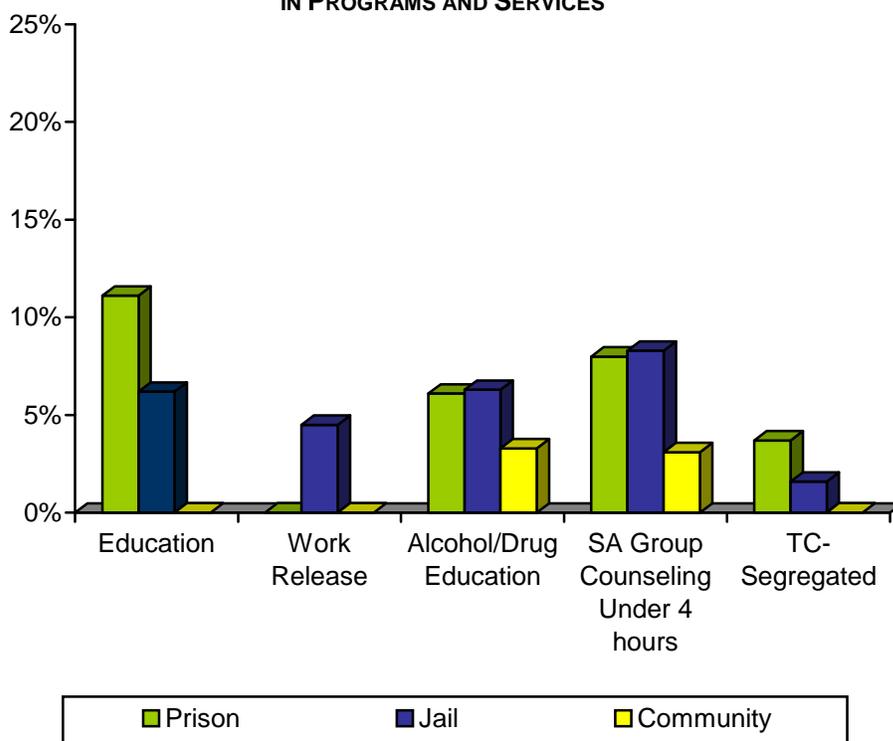
The majority of correctional administrators (over three quarters) have at least a Bachelor’s degree, and 25% have a Master’s degree. The most common fields of education among administrators are psychology (30%) and criminal justice (25%). Over half of all treatment program directors have earned a Master’s degree (53%), with degrees in psychology (26%) or social work (25%) being the most frequently reported.

Correctional Programs and Substance Abuse Services for Adult Offenders. Correctional agencies can offer a myriad of programs and services to offenders, ranging from boot camps, to educational programs, to drug treatment programs. In assessing service provision, we distinguished between **prevalence**, defined by the percentage of facilities that offered the treatment or service, and **access**, which was the percentage of facilities’ average daily population (ADP) that could attend the service on any given day (as indicated by the capacity of the service or treatment). Given that programs vary in length and census, the average daily access rate provides a useful way of considering how broadly available the programs are. The survey found that the most prevalent programs provided in adult prisons are education/GED prep (provided in 89% of facilities) and vocational training programs (71%). Jails are most likely to have work release programs (84%), while sex offender therapy is most frequently available in community correctional agencies (58%).

Exhibit 2 illustrates that even though these programs appear to be widely available, only a small percentage of offenders can participate in them on any given day; thus, they have a difficult time accessing the services they need. On average, only a handful of correctional programs in any setting are accessible to over 10% of the average daily population.

Nearly 65% of correctional programs include substance abuse treatment services as part of the program’s design. In prisons, the inclusion of treatment services as a part of correctional programs ranges from 20% of work release programs to 100% of boot camps. In probation and parole agencies, inclusion ranges from 7% of vocational training programs to 82% of work release programs, and in jails, from less than 1% of intensive supervision programs to 75% of boot camps.

EXHIBIT 2: % OF ADULT AVERAGE DAILY POPULATION IN PROGRAMS AND SERVICES



The NCJTP survey found that substance abuse education is the most prevalent substance-abuse related service across all correctional settings –provided in 74% of adult prisons, 61% of jails, and 53% of community correctional agencies. The availability of federal funds for Residential Substance Abuse Treatment (RSAT) since 1995 appears to have influenced the degree to which prisons offer intensive prison-

based treatment services, as 20% of prisons now offer therapeutic community programs in specialized prison facilities, and 9% offer therapeutic communities in their prison.

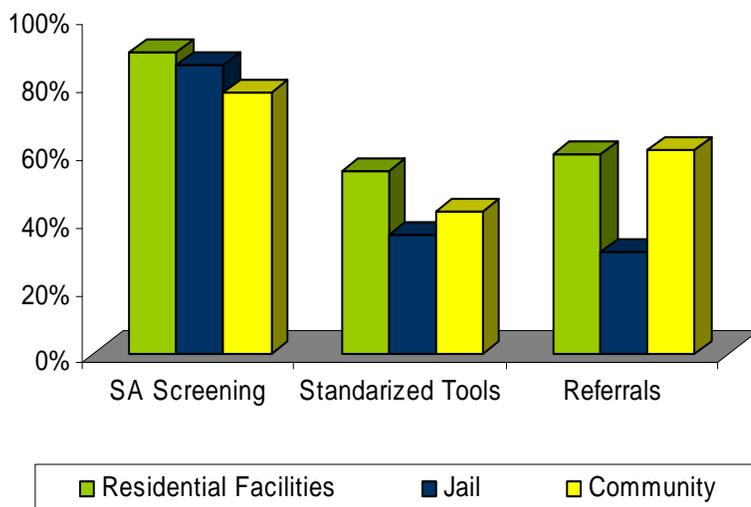
While many correctional settings offer drug and alcohol education and/or outpatient drug treatment for less than four hours a week, as indicated in Figure 2, access rates are low. Specialized drug treatment facilities (serving drug offenders exclusively) are rare, with 4.5% of the prisons in the U.S. having this designation. Other services are not as readily available for drug-involved offenders. Of the 7.8 million offenders under correctional control in states and in local jurisdictions, it is estimated that 5.6 million are in need of some form of comprehensive treatment services. Based on estimates from the survey, the current system can provide this level of treatment to roughly 430,000 offenders across all settings (7.7% of the 5.6 million who need it), with 144,580 of the 874,000 inmates (16.5%), 211,080 of the 4.2 million offenders under control of community correctional agencies (5%), and 74,090 of the 531,000 inmates in jails (14%) receiving the comprehensive treatment services that they need.

Reentry Practices for Adults Offenders. As correctional agencies address the challenges faced by offenders returning from periods of incarceration, different strategies are used. Practices aimed at aiding the transition from institution to community vary considerably and may involve an emphasis on passive referral (i.e., the provision of contact information and encouragement for the offender to make contact), or on active referral (i.e., action by the referring agency to contact the community-based provider and make arrangements with and for the offender). Administrators of adult prisons and jails (38% and 36%, respectively) report that adult offenders with substance abuse problems are provided with a referral to a community-based provider at release. Prearranged, post-release appointments are reported as a common practice in adult prisons (25%) and adult jails (23%). Community corrections administrators report their agencies refer approximately 60% of adult offenders to substance abuse treatment providers, and report that they most often use passive referral strategies. Active referral strategies, such as scheduling an appointment for the offender, occur in 34% of agencies.

YOUTHFUL OFFENDERS IN THE JUVENILE JUSTICE SYSTEM

Screening, Assessment, & Referral. As shown in Exhibit 3, administrators in 92% of juvenile residential facilities, 87% of offenders in juvenile jails, and 88% of juvenile community corrections agencies report that they screen youth for substance abuse, but less than half (47.6%) of the administrators report that their agency uses a standardized tool. For those who report screening and assessment practice, administrators report that 59% of juveniles in residential facilities, 39% of juveniles in jails, and 40% of juveniles in community corrections who are screened are subsequently referred to treatment.

EXHIBIT 3: USE OF SCREENING, STANDARDIZED MEASURES, & REFERRAL IN THE JUVENILE JUSTICE SYSTEM



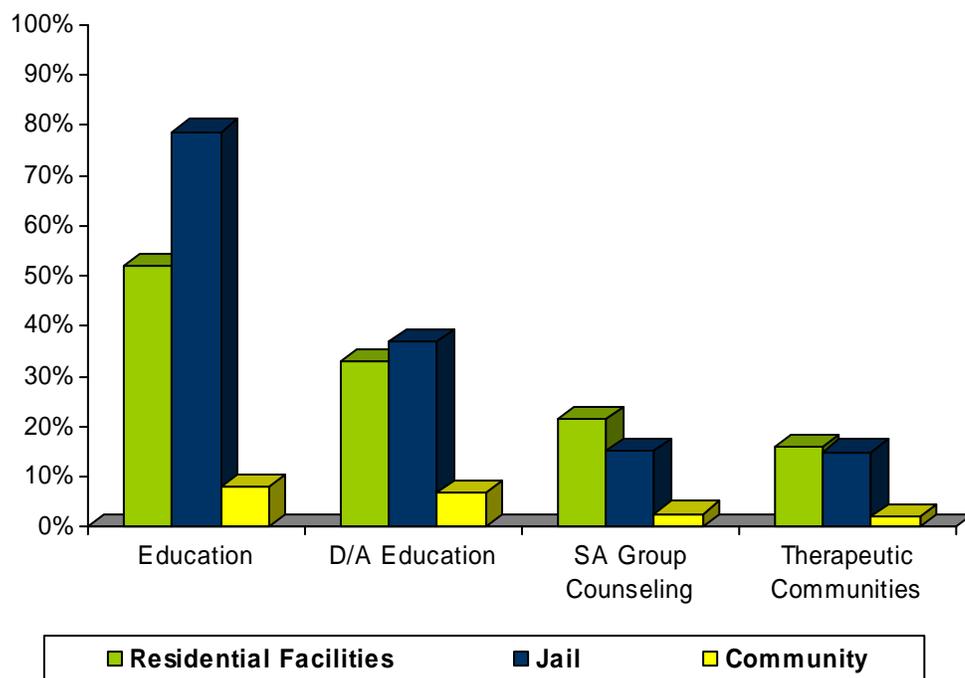
Standardized risk assessment measures are slightly less common in the juvenile justice system than they are in the adult system, with 25% of juvenile agencies reporting the use of a standardized tool. Like the adult system, community-based agencies (36%) are more likely to use standardized risk measures than residential facilities (15%) or jails (8%). The Level of Service Inventory (LSI-R) (14%) is the most popular tool, followed by the Wisconsin Risk Need (WRN) (11%).

Staffing. Twenty-nine (29) percent of administrators did not report the availability of treatment staff in the facility, or reported that their facility does not have any treatment-dedicated staff members. For those who reported having treatment staff,

juvenile residential facilities reported a ratio of 1:5 treatment staff to youthful offenders, while the average community corrections facility serving juveniles had a ratio of 1:7.

Correctional Programs and Treatment Services in Juvenile Facilities. Education and GED preparation programs are prevalent in juvenile facilities, with 74% of all facilities (97% of residential facilities, 63% of jails, and 77% of community corrections) reporting these services. These programs are also accessible to most youth in jails (79%), and just over half of those in residential facilities (52%), but are much less accessible in the community (available to 8% of the average daily population of youth on community supervision), where the expectation is that youth will remain in their neighborhood school. Other programs, such as vocational training and transitional housing, are offered much less frequently, and few youth have access to such programs, particularly in the community setting. Substance abuse education is the most frequently offered substance abuse treatment service, provided in 75% of all facilities, but it is only accessible to 11.1% of juveniles on a daily basis.

EXHIBIT 4: % OF JUVENILE AVERAGE DAILY POPULATION IN PROGRAMS AND SERVICES



Of the 660,000 youth under correctional control, it is estimated that 253,000 are in need of substance abuse treatment services. Only 131,660 (19.9%) receive levels of treatment suitable for their needs. Like the adult correctional system, community corrections is left to shoulder the majority of the burden in dealing with offenders, as nearly 563,000 youthful offenders (85%) are under community correctional control. While it is estimated that approximately 210,000 youths in this setting are in need of comprehensive treatment services, only 64,070 (11%) have access to those services on a given day.

Reentry Practices for Youth. Practices aimed at aiding the transition from institution to community have been part of an on-going dialogue in the juvenile justice system. Juvenile residential facilities reported that about half (51%) of youth with substance abuse problems are provided with referrals to a community-based provider at release, but this practice is less common in juvenile jails (31%). Juvenile residential facilities (55%) are also more likely than juvenile jails (25%) to use active referrals such as arranging post-release treatment appointments. Administrators in community corrections agencies refer approximately 56% of juvenile offenders to substance abuse treatment providers, and 19% of the administrators reported scheduling treatment appointments for the offender.

EVIDENCE BASED PRACTICES

Based on the deliberations of several expert panels, there now exists a general consensus on a set of principles that, if implemented, should improve outcomes for drug-involved offenders. These principles are referred to as consensus driven evidence-based practices (EBPs). Through information provided by treatment directors, the NCJTP survey found that the average adult prison program implements 7.8 of 15 consensus-based EBPs, adult community correctional programs implement an average of 8.7 EBPs, juvenile

residential facilities implement an average of 4.9 EBPs, and juvenile community correctional programs implement an average of 5.8 EBPs.

Overall, treatment programs for substance-involved offenders use less than 60% of the recommended EBPs. For this analysis, we are reporting at the aggregate—by adult and juvenile system. The most frequently used EBPs, as reported by treatment directors, include standardized substance abuse measures (employed in 77% of adult facilities and 80% of juvenile facilities), engagement techniques (62% adult, 72% juvenile), treatment that addresses co-occurring disorders (59% adult, 71% juvenile), involvement of families in treatment (74% adult, 89% juvenile), use of qualified staff (71% adult, 70% juvenile), and periodic assessments of treatment outcomes (62% adult, 59% juvenile). However, several key components of EBPs were found to be lacking. Notably, few juvenile programs reported that their treatment was tailored to the specific developmental needs of youth—a critical EBP in this service setting.

Across adult facilities, drug testing is utilized in only 42% of facilities, while systems integration is present in 52% of facilities, and 63% of facilities have planned program durations of greater than 90 days. Cognitive behavioral counseling orientations are low across all correctional settings (38% adult, 42% juvenile), as is continuing care (25% adult, 25% juvenile).

Analysis of data from adult correctional facilities showed several facility and administrator characteristics that were associated with greater use of EBPs, including: program accreditation, strong working relationships with substance abuse programs, location in the community (as opposed to a secure facility), an organizational cultural orientation that subscribes to a non-punitive approach, and a focus on performance. The administrators of facilities that employ EBPs tend to have human-service backgrounds, a greater understanding of EBPs, and identify substance abuse treatment as important.

The findings on use of EBPs in juvenile justice agencies are quite similar. Analyses of these facilities revealed greater use of EBPs was associated with internal support for new programming, network connectedness with non-criminal justice facilities, and resources dedicated to training. Administrator beliefs about punishment and attitudes about youth change are also associated with the use of EBPs.

ORGANIZATIONAL ISSUES

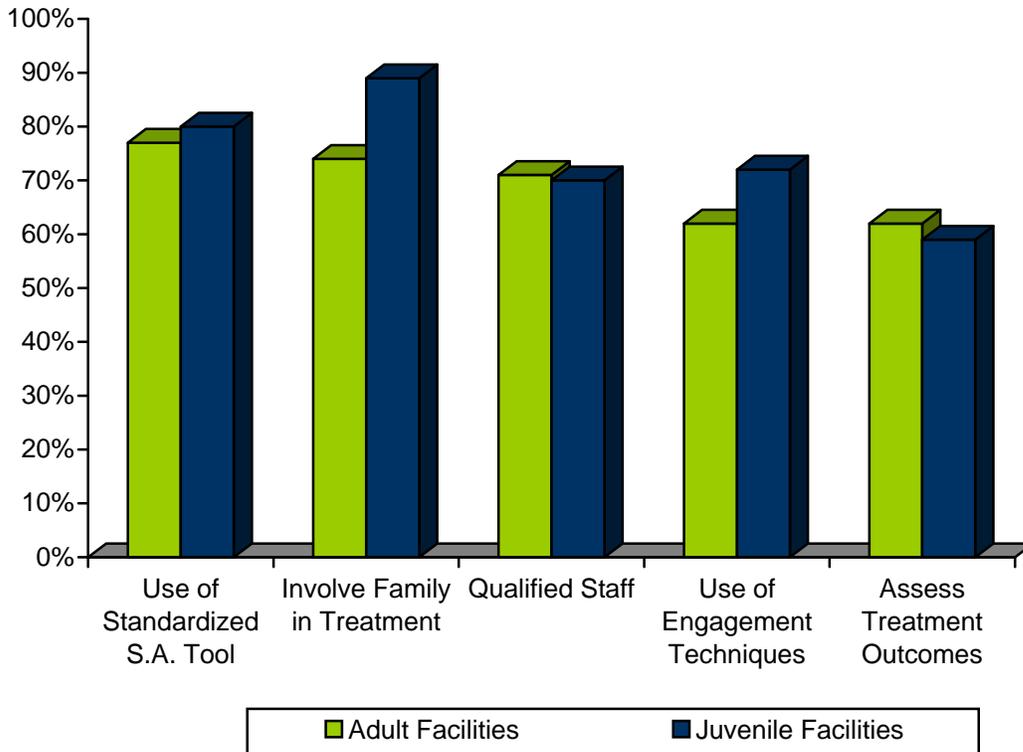
Analyses of EBPs have focused on the organizational characteristics of correctional agencies and drug treatment programs that adopt and implement innovations. One study employed NCJTP survey data to examine an important practice – HIV testing. About half of the correctional agencies and drug treatment programs reported conducting HIV testing in their facilities/programs. Analyses showed HIV testing was most likely to occur when the administrator was experienced, the organization provided training and professional development activities for staff, the organization had greater financial resources and had more

CONSENSUS DRIVEN EVIDENCE-BASED PRACTICES

- Standardized Substance Abuse Assessment
- Standardized Risk Assessment
- Engagement/Motivational Techniques
- Treatment Orientation
- Comprehensive Treatment including medical, mental health, and life skills
- Planned Duration of Treatment is Greater than 90 Days
- Systems Integration
- Continuing Care
- Drug Testing
- Qualified Staff with Credentials and Training
- Assessment of Treatment Outcomes
- Role Play in Sessions
- Small Group Treatment Group Size
- Address Co-occurring Disorders
- Family Involvement in Treatment

Some of the consensus panels are reported in Drug Strategies (2005), NIDA (2006), Andrews, et al, 1990, and Peters & Wexler (2004).

EXHIBIT 5: PREVALENCE OF EVIDENCE BASED PRACTICES REPORTED BY TREATMENT DIRECTORS



employees, and the organization was less integrated with the judiciary. The most significant factor affecting the use of HIV testing in community-based drug treatment programs was the number of full-time employees.

In a study that compared community and correctional substance abuse treatment programs for offenders, a number of differences were noted. The study found that programs based in the community are more likely to be in specialized facilities for substance abuse treatment and that they have more staff who are trained in substance abuse treatment. Community programs tend to score high on measures of treatment climate that reflect commitment to substance

abuse treatment and high regard for its importance as compared to in-prison treatment programs. Community-based programs also tend to provide several more ancillary services. In contrast, institutional correctional programs have, on average, longer planned treatment durations, provide services to broader range of client populations, and are more likely to use written treatment protocols. In a section of the survey that assessed treatment orientation, correctional programs tended to score higher on the therapeutic community orientation scale than other programs, while community and correctional directors that rank substance abuse treatment for offenders as important tend to have greater receptivity for cognitive behavioral therapy.

The survey findings assist in identifying some of the structural, organizational, and programmatic issues that need attention to implement programs and services that can change the behavior of offenders. *For information about the study or any findings, please contact Dr. Faye S. Taxman at ftaxman@gmu.edu or 703-993-8555 or Dr. Bennett Fletcher (NIDA) at bfletche@nida.nih.gov or 301-443-6504.*

This is the first set of papers from the NCJTP. Other papers will address topics such as organizational issues impacting the implementation of substance abuse programs and should provide further insight into advancing the national strategy.

Survey Procedures and Respondents. To capture a comprehensive picture of offender treatment, the NCJTP Survey used a multi-level strategy for reaching respondents.

Directors of state correctional agencies in all 50 states. One set of surveys targeted the census of executive directors of the state adult corrections agency, juvenile justice agency, and any state-level community corrections agencies (adult and juvenile probation or parole). The response rate for the survey of executives was 71%.

Administrators of Prisons, Jails, and Community Correctional Agencies. Another survey was conducted with wardens/directors of state prisons and large, state-sponsored residential facilities for juvenile offenders; administrators in charge of local adult jails and youth detention centers; probation and parole offices in sample counties (depending upon the state, these may be local or regional offices of a state agency, or county- or city-operated agencies); and directors of outpatient adult and adolescent substance abuse treatment programs in the sample counties. For this survey of administrators, the response rate was 70% for the adult prison sample, 71% for local adult corrections facilities, 73% for juvenile residential facilities, and 57% for local juvenile corrections agencies. Response rates for the survey of treatment program directors were 61% for prison-based programs, and 60% for directors running programs in the community.

References

- Andrews, D., Zinger, I, Hoge, R. D, Bonta, J, Gendreau, P., & Cullen, F. (1990). Does Correctional Treatment Work? *Criminology*, 28(3), 369-404.
- Drug Strategies. (2005). *Bridging the gap: A guide to drug treatment in the juvenile justice system*. Washington, DC: Drug Strategies, Inc.
- National Institute on Drug Abuse (2006). *Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research Based Guide*. (NIH Publication No. 06-5316). Rockville, MD: Government Printing Office.
- National Survey on Drug Use and Health (2006). Table 7.98B Illicit Drug or Alcohol Dependence or Abuse in the Past Year among Persons Aged 18 or Older, by Probation Status and Demographic Characteristics: Percentages, 2003 and 2004. Washington, DC: Office of Applied Studies.
<http://www.oas.samhsa.gov/nsduh/2k4nsduh/2k4tabs/Sect7peTabs66to129.htm#tab7.97b>
- Office of National Drug Control Policy, 2006. *National Priorities: Helping America's Drug Users*.
<http://www.whitehousedrugpolicy.gov/index.html>
- Peters, R., & Wexler, H. K. (2005). *Substance Abuse Treatment for Adults In The Criminal Justice System*. Treatment Improvement Protocol (TIP) Series 44. (DHHS Publication No. MSA 05-4056). Rockville, MD: Substance Abuse and Mental Health Services Administration.

PAPERS IN JOURNAL OF SUBSTANCE ABUSE TREATMENT SPECIAL EDITION - VOLUME 32(3)

- Taxman, F. S., Young, D. W., & Fletcher, B (editors). *The National Criminal Justice Treatment Practices Survey: An overview of the special edition*. (pages 221-223)
- 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)
- Young, D. W., Dembo, R., & Henderson, C. E. *A national survey of substance abuse treatment for juvenile offenders*. (pages 255-266)
- 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)
- Grella, C., Greenwell, L., Prendergast, M., Farabee, D., Hall, E., Cartier, J., & Burdon, W. *Organizational characteristics of community and correctional treatment providers*. (pages 291-300)
- Oser, C., Tindall, M. S., Leukefeld, C. *HIV testing in correctional agencies and community treatment programs: The impact of internal organizational structure*. (pages 301-310)