Intensive Treatment Program
Lane County, Oregon

Evaluation Report:
Preliminary Findings

Prepared for:
Lane County Sheriff's Office
Oregon State Police
U.S. Department of Justice

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Abstract

Due to the continued high rate of illegal substance abuse and crimes related to substance abuse, Lane County Sheriff's Office sought and were awarded funds from Oregon State Police and the U.S. Department of Justice to implement an in-jail substance abuse treatment program. The program is operated by jail staff and focuses on treating substance abuse and related issues in separate ten-bed units for men and women. Treatment lasts from six months to one year and utilizes therapeutic community and cognitive-behavioral treatment approaches. The current evaluation analyzed preliminary data related to processes and outcomes for program participants. Findings indicate that there is no significant difference between those participants that entered the program and a matched comparison group on outcome variables measured post-release including: whether participants were arrested, the number of arrests, whether participants were booked into jail, and the number of days in jail. Suggestions for future research and program modifications based on the current literature are included.

I. Introduction

The number of arrests and convictions for drug offenses has increased steadily nationwide, as have crimes committed by drug-abusing offenders. In Lane County, Oregon, the number of drug offenses reported to police nearly doubled between 1990 and 1998 from 1,300 to 2,570, while arrests for drug offenses have more than doubled from 1,133 to 2,522 during the same time period (State of Oregon Annual Report of Criminal Offenses and Arrests, 1990-1998).

Drug court programs, day reporting centers, and other efforts have been proposed and implemented nationally and locally to deal with drug-abusing offenders. In 1998, the Lane County Sheriff's Office received a grant through the Oregon State Police (U.S. Department of Justice/Oregon State Police, Criminal Justice Services Division: Residential Substance Abuse Treatment for State Prisoners, Grant award numbers: 97-200, 99-202) to implement an in-jail drug treatment program for those offenders with a severe substance abuse history and disorder, and at least six months remaining on their sentence.

The Intensive Treatment Program (ITP) was implemented to treat offenders with severe criminal and substance abuse histories, and at least one current substance abuse disorder. All offenders for this study were in the process of serving a sentence of local jail time at Lane County Adult Corrections. The design of the program is to provide at least six months of intensive treatment to ten men and ten women using therapeutic community and cognitive-behavioral treatment approaches during the first three phases of treatment. The final phase of treatment is focused on providing transition skills and is available for twelve people for one month each. Treatment also includes relapse prevention, planning for transition into the community and community-based treatment, and referrals to appropriate resources upon release.

This report summarizes findings related to the persons referred, assessed, admitted, and discharged from treatment between April 1, 1999 and March 31, 2001. First, demographic and process information are provided on each of the above-listed cohorts. Next, outcomes are presented related to criminal involvement after release from the program, and finally, a discussion explores findings and limitations of the evaluation.

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II. Referred Persons

Between April 7, 1999 and March 31, 2001, a total of 265 people were referred to the ITP. Nearly four times as many males were referred as females (Table 1). This difference is roughly equal to the proportion of males and females arrested for drug crimes in the State of Oregon during 1998 (Oregon State Police, 2000).

Birth dates were recorded for 195 of the 265 people referred to the program. Of these, the average age was 33.7 years with a range of 16.8 years to 70.2 years (Table 2).

Among those referred that listed a race, the vast majority (87%) listed White[1] as their race, followed by Native American (9%), Black (2%) and Hispanic (2%). The racial distribution closely mirrors that of Lane County which has primarily a white population (95.5%), (Lane Council of Governments, 1999).

ITP participants can be referred to the program through a variety of sources. Nearly half (43%) were self-referred to the program by sending a request to program staff (Table 3). Defense attorneys (19%), jail staff (14%) and jail mental health staff (11%) account for an additional 44% of the referrals.

Table 1
Gender distribution of persons referred to the Lane County Intensive Treatment Program

	Gender	
	Male N (%)	Female N (%)
Referred Persons	211 (79.6%)	54 (20.4%)

Table 2
Age distribution of persons referred to the ITP

Age	N (%)
15-25	22 (11.3%)
26-35	68 (34.9%)
36-45	78 (40%)
46-55	23 (11.8%)
56-65	3 (1.5%)
66-75	1 (0.5%)

[1] The racial categories used for the purposes of this report are based on the self-reported responses of the participants, and not on a standardized method

Forty-two offenders, or 16% of those referred to ITP self-reported having a diagnosed mental illness. Depression was reported by referred persons most often and accounted for 28.5% of the mental illnesses reported. Meanwhile, 37 (14%) subjects referred to ITP self-reported being diagnosed with at least one infectious disease. The most common diagnosis for infectious diseases was Hepatitis C, reported by 15 (41%) referred persons.

Table 3
Distribution of referral sources for ITP referred persons

Referral Source	N (%)
Self-Referral	114 (43%)
Defense Attorney	51 (19.3%)
Jail Staff	36 (13.6%)
Jail Mental Health Staff	30 (11.3%)
Court	14 (5%)
Other	18 (7%)
Unknown	2 (0.8%)

III. Assessed Persons

Assessments are conducted using the State of Oregon's approved diagnostic assessment. Each applicant who meets admission criteria receives a thorough Bio-Psycho-Social assessment. This assessment is generally conducted by the transition coordinator and is used as the staff's primary opportunity to assess an individual's appropriateness to participate in the program. During the timeframe of this evaluation, 184 persons were assessed for entry into the program. Of those assessed, 44 were women while 140 were men (Table 4). The mean age at the time of assessment was 33.4 years with a range of 16.9 years to 61.8 years(Table 5).

Table 4
Gender distribution of persons assessed for ITP entry

	Gender	
	Male N (%)	Female N (%)
Assessed Persons	140 (76.1%)	44 (23.9%)

Table 5
Age distribution of persons assessed for ITP entry

Age	N (%)
15-25	23 (12%)
26-35	63 (34.2%)
36-45	73 (39.7%)
46-55	22 (12%)
56-65	3 (1.6%)
66-75	N/A

Among those assessed that listed a race, the majority (87%) again indicated White as their race, followed by Native American (9.7%), Black (2.2%) and Hispanic (1.5%) (Table 6). The racial distribution is similar to that of the population of persons referred to the program (see above).

The reasons a person may be assessed as not appropriate for the program include: declining the program, lack of sentence time to complete treatment, and medical inappropriateness.

Upon completion of the assessment and prior to a recommendation for admission, the treatment coordinator reviews the number of days for which an

individual has been sentenced to ensure that each potential participant will have the necessary quantity of time to complete the entire program. Each participant must have at least 180 days available for treatment after accounting for days credited for good behavior, days working in the jail, and time already served. Assessed persons lacking the required 180 days due to one of these factors may choose to relinquish their rights to them, and thereby have enough sentence time to enter the program.

After the assessment is completed, the treatment coordinator makes a recommendation to remaining program staff as to whether the individual should be admitted to the program. Upon consensus of program staff, a person is either offered admission to the program or referred to other services within the jail and community.

Among the persons assessed for admission into the program, 118 were assessed as appropriate. The demographics of these offenders were not significantly different from the overall population of assessed persons, and will therefore not be explored further in this section.

Table 6
Racial distribution of persons assessed for ITP entry

Racial Category	N (% of those with a listed race)
White	116 (86.6%)
Native American	13 (9.7%)
Black	3 (2.2%)
Hispanic	2 (1.5%)

IV. Program Participants

Upon signing a formal agreement to enter the program, participants are moved from their location in the jail to the separate treatment housing units. Men are housed in a ten-bed unit within the jail that is separated from the general population. Women are housed in a ten-bed unit of the Community Corrections Center, a minimum security housing unit typically used as a work-release center.

Treatment is based on a therapeutic community model with cognitive-behavioral treatment modalities. Both men and women participate in group treatment sessions five days per week. These sessions generally last one to two hours each, for a total of six to eight hours per day, depending on the day, and include discussions on such issues as criminal thinking errors, distortions and tactics, relapse prevention, belief systems, values, morals and ethics, identity, and purpose. Individual counseling sessions are offered to men on a weekly basis, while women receive individual sessions on an as-needed basis. Individual sessions often deal with issues that the individual is confronting, beyond substance abuse, such as mental health, trauma, personal issues, or problems among residents in the program.

Additional classes and sessions including GED classes, yoga, and art therapy are offered to male and female participants. All of these are thought to contribute to treatment success through self-esteem improvement, stress reduction, and the participants' ability to express themselves in non-verbal ways.

Seventy-four participants have entered ITP since May 1999. Nearly two-thirds of the participants are male, largely due to three factors: a larger number of male referrals, delayed start-up of the women's unit, and the larger capacity of the men's unit (Table 7). The mean age for program participants at program entry was 32.5 years with a range of 20.3 years to 52.7 years (Table 8). The racial distribution does not differ significantly from those referred or assessed or the representative Lane County population (Table 9).

Table 7 **Gender distribution ITP participants**		
	Gender	
	Male N (%)	Female N (%)
Program Participants	47 (63.5%)	27 (36.5%)

Table 8 **Age distribution of ITP participants**	
Age	N (%)
20-25	10 (13.5%)
26-35	30 (40.5%)
36-45	26 (35.1%)
46-55	7 (9.5%)
56-65	1 (1.4%)
66-75	N/A

Table 9 **Racial distribution of ITP participants**	
Racial Category	N (% of those with a listed race)
White	51 (87.9%)
Native American	5 (8.6%)
Black	1 (1.7%)
Hispanic	1 (1.7%)

Participant Treatment and Drug Use Factors

Previous treatment involvement is often related to motivation and treatment success (Anglin & Hser, 1991; Field, 1998). Over half (55.4%) of the participants indicated participating in substance abuse treatment at some time prior to ITP admission. The most recent substance abuse treatment obtained by participants averaged seven years prior to program entry with a range of one to 20 years.

Contrary to the cocaine use in much of the eastern United States, methamphetamine and heroin are the principle illegal substances abused by offenders in Oregon and along most of the West Coast. These substance choices are echoed in the preferences of ITP participants. Methamphetamine (21 offenders, 36.8% of those reporting) just edges out heroin (20 offenders, 35.1% of those reporting) as the most popular drug of choice (Table 13). A high percentage of participants indicate having used marijuana (86.5%), methamphetamine (73%), cocaine (70.3%), and heroin (63.5%) (Table 14). Fewer participants reported using hallucinogenics (32.4%), alcohol (31.1%), crack (13.5%), or tranquilizers (6.8%).

Table 13
Substances of choice for ITP participants

Substance	N (% of those that listed a substance of choice)
Methamphetamine	21 (36.8%)
Heroin	20 (35.1%)
Marijuana	9 (15.8%)
Cocaine	5 (8.8%)
Alcohol	2 (3.5%)

Table 14
Substances used by ITP participants

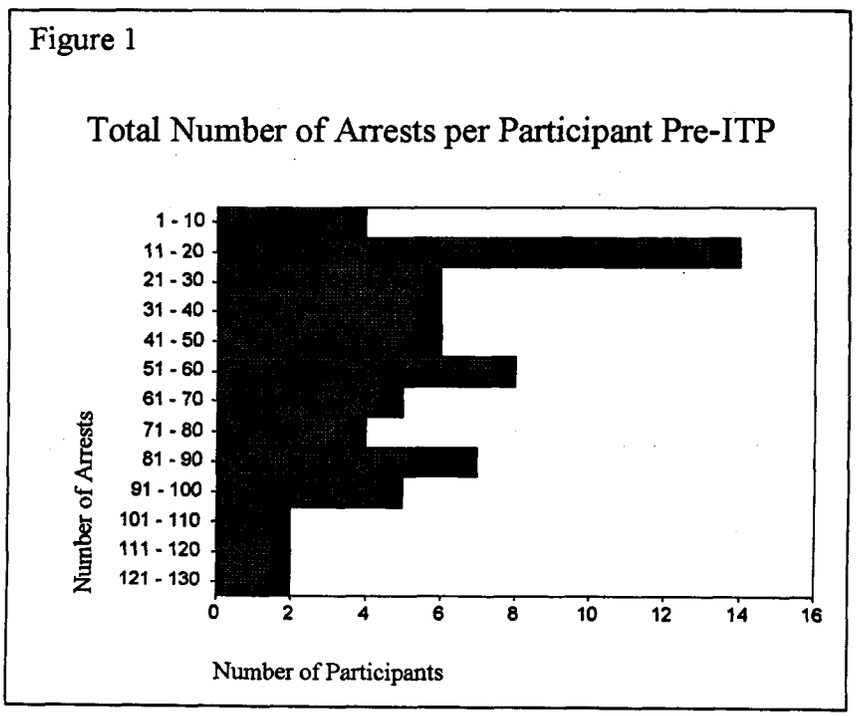
Substance	N (%)
Marijuana	64 (86.5%)
Methamphetamine	54 (73%)
Cocaine	52 (70.3%)
Heroin	47 (63.5%)
Hallucinogenics	24 (32.4%)
Alcohol	23 (31.1%)
Crack	10 (13.5%)
Tranquilizers	5 (6.8%)

Participant Criminal Factors

The relationship between substance abuse and criminal behavior is largely undisputed and is particularly evident for participants in the ITP. ITP's target population is primarily composed of offenders with criminal histories significant enough to exclude them from diversion programs and other alternative programs that lower-level offenders may access in the community. Because of these factors, this study looked at criminal activity as a variable related to treatment success.

ITP participants averaged 51.3 arrests prior to their assessment for ITP admission, with a range of 1 to 127 (Figure 1). Arrests listed in this category do not include citations in lieu of custody, felony citations, or misdemeanor citations—all of which could be considered arrests. Arrests, for the purposes of this report, include only felony arrests for which a participant could have been booked into jail. Of the total arrests, 11.1 occurred during the 365 days prior to ITP entry. Participants averaged 1.3 charges related to a drug crime prior to ITP entry. ITP participants were booked into jail an average of 18.5 times prior to program admission for an average of 585.9 total

Figure 1



days. During the year before program referral, treatment subjects averaged 3.9 bookings into jail for a total of 75.4 days spent in jail.

Additional Factors Related to Treatment Success

Factors that are cited in the literature as being related to substance abuse and treatment success include marital status, education level, income, age of first use of illegal substances, and others (Field, 1998; Peters, Stozier, Murrin, & Kearns, 1997). This section describes the population of participants admitted to ITP between May 1999 and March 2001 on those factors.

Data related to marital status indicate that a high proportion of participants (56.8%) self-report having never been married (Table 10). Additionally, 21.6% report being married, while 17.6% report being divorced.

Forty-five (60.8%) participants have earned either a high school diploma or GED. Seventeen (23%) participants have received a ninth grade education or less (Table 11).

Table 10
Marital status of ITP participants

Marital Status	N (%)
Single	42 (56.8%)
Married	16 (21.6%)
Divorced	13 (17.6%)
Separated	1 (1.4%)
Widowed	1 (1.4%)
Unknown	1 (1.4%)

Table 11
Highest grade completed by ITP participants

Grade	N (%)
<9	17 (23%)
10	15 (20.3%)
11	14 (18.9%)
12	12 (16.2%)
1-4 years of college	12 (16.3%)
Unknown	4 (5.5%)

Table 12
Monthly income of ITP participants during the month prior to the most recent incarceration

Monthly Income	N (%)
Less than $100	6 (18.2%)
$101-300	10 (30.3%)
$301-500	11 (33.3%)
Greater than $501	6 (18.2%)

Sixty-five (87.8%) participants listed a specialized skill or training that could be applied directly to employment. Skills included construction, auto repair, cooking, housekeeping, landscape, artistry, and writing. Of the thirty-three participants that reported their monthly income for the most recent month prior to incarceration, six participants (18.2%) reported earning less than $100, and the same number reported earning $500 or more.

As can be easily deduced from the data above, most ITP participants have several risk factors and few protective factors that would shelter them against criminal involvement and substance abuse. This is important to consider when planning for this population and reading the results contained throughout this report. A successful treatment program must address these issues in order to be fully tackle the needs of this population.

V. Outcomes

The goals of the program include reducing substance abuse and recidivism for participants, and establishing linkages to community-based services for participants post-release. Outcomes for ITP participants focused on two areas: program participation and completion, and post-completion outcomes.

Program Participation and Completion

The first objective of the project is to graduate a high number of participants. Between the beginning of the program in June 1999, and the last day of data collection for this report (March 31, 2001) 38 people graduated from the ITP, 14 were terminated for lack of compliance with program rules, 8 withdrew and 14 were enrolled but had not yet completed the program. The number of graduates represents 51.4% of the total persons that exited the program, and 14% of the persons that were referred to the program.

The second objective related to program participation is that participants will abstain from drug use while in treatment and post-completion. The primary measure listed for this is the results of urinalyses (UAs) submitted by participants during program participation and post-release to parole officers. Because of the secure nature of the program inside of the jail, UAs are taken on a non-regular basis when there is suspicion of drug use by a participant. 391 participants submitted urinalyses while in the program and all were negative for any substances. Urinalyses post-release have been taken even less frequently. Surveys of probation officers supervising releasees indicate that seven graduates received a total of ten UAs, all of which returned negative results indicating that substances were not being used at that time.

Recidivism Rates Post-Completion

Reducing substance abuse for program participants is one of the primary goals of the program. However, from a policymaker and public perspective, perhaps the more important goal is to reduce the criminal involvement perpetrated by substance-abusing offenders. Because of this, the outcome evaluation also investigated criminal involvement post-completion for participants.

The approach used to examine criminal justice outcomes is to compare persons who participated with persons who were assessed as appropriate for the program but not admitted due to the lack of sufficient sentence time to complete treatment.

Criminal Justice System Involvement Prior to ITP Referral

In order to ensure that those who entered the program (hereafter referred to as treatment group) were comparable with those who were assessed as appropriate for the program but did not enter the program (hereafter referred to as comparison group), the two groups were compared on their criminal involvement prior to referral to the program. Analyses compared the two groups on the number of lifetime arrests, number of arrests during the year pre-ITP referral, number of drug arrests, total number of times booked into jail, total number of days in jail, number of times booked into jail during the one year prior to ITP referral, and number of days in jail during the one year prior to referral. Of those variables, the two groups differed only on the number of days in jail during the one year prior to ITP referral, $F(1, 116) = 4.525$, $p<.05$[2], and the total number of lodgings, $F(1, 116) = 8.59$, $p<.01$. These two variables will therefore be controlled for (used as covariates) in future analyses.

[2] Statistical summaries will be provided for certain analyses for those who may wish to investigate these findings further or replicate this study. Those who would like a simple explanation of the statistical information used throughout this report may refer to any undergraduate-level social science statistics text.

Criminal Justice System Involvement Post-Release[3]

Analyses next looked into criminal justice system involvement post-completion of the program. Treatment subjects were compared with comparison subjects on several variables while controlling for total number of lifetime lodgings and the number of days in jail during the 365 days prior to program referral[4].

First, analyses compared treatment and comparison subjects on the total number of arrests post-referral. Seventy-four subjects were included in the analyses with 51 treatment subjects and 23 comparison subjects. The final 44 subjects were not included because data indicated that those subjects had not been released from jail at the time of the data extraction.

The data indicate that comparison participants were more slightly more likely to be arrested post-release and were arrested more often than treatment participants post-release. However, statistical analyses indicate that, after controlling for the variables listed above, the differences are non-significant between the treatment and comparison groups in whether the subjects were rearrested post-release, Wald = .96, p=.326 (Table 13), or in the number of arrests post-release, F (1, 70) = 1.42, p=.24 (Table 14).

Table 13
Percentage of subjects arrested post-release

	Rearrested	Not Rearrested
	N (%)	N (%)
Treatment	29 (56.9%)	22 (43.1%)
Comparison	15 (65.2%)	8 (34.8%)

[3] Post-release refers to the time period after the subject's release from jail into the community on the charges for which they were referred to ITP.
[4] The number of days between release from jail post-referral and the date of data extraction (April 13, 2001) was explored but found to be non-significant t (74) = -1.474, p=.15 and will not be included in the analyses.

Table 14 **Analysis of covariance of arrests post-release**				
	Arrests			
	Mean	SD	F	p
Treatment	4.45	6.6	1.42	.24
Comparison	6	9.33		

Analyses were then conducted to determine if being graduated or terminated had a significant effect on the number of drug arrests an individual received post-release. However, only five persons had been charged with a drug offense post-release and these analyses will be excluded from this report.

Finally, treatment and comparison groups were compared on jail bookings and the number of days in jail post-release. Again, there was no significant difference between treatment and comparison groups as to whether persons were booked into the jail, Wald = .449, p = .50 (Table 14) or the number of days they spent in jail post-completion, F (1, 70) = .61, p=.44 (Figures 2 and 3).

Table 15 **Percentage of subjects booked into jail post-release**		
	Booked-In	Not Booked-In
	N (%)	N (%)
Treatment	11 (47.8%)	12 (52.2%)
Comparison	25 (49%)	26 (51%)

Figure 2

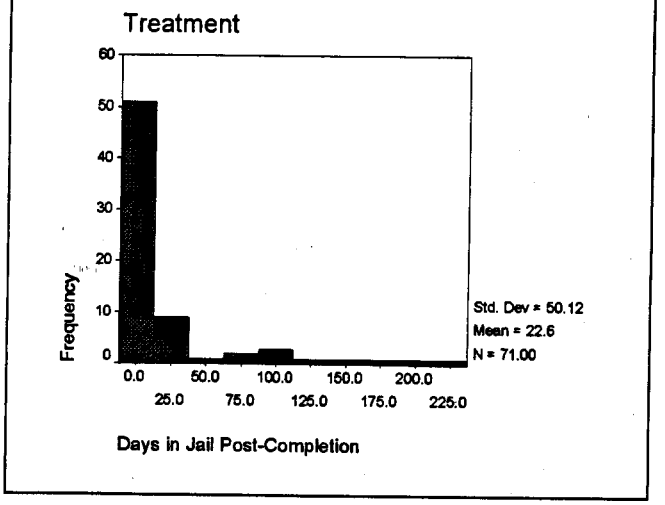
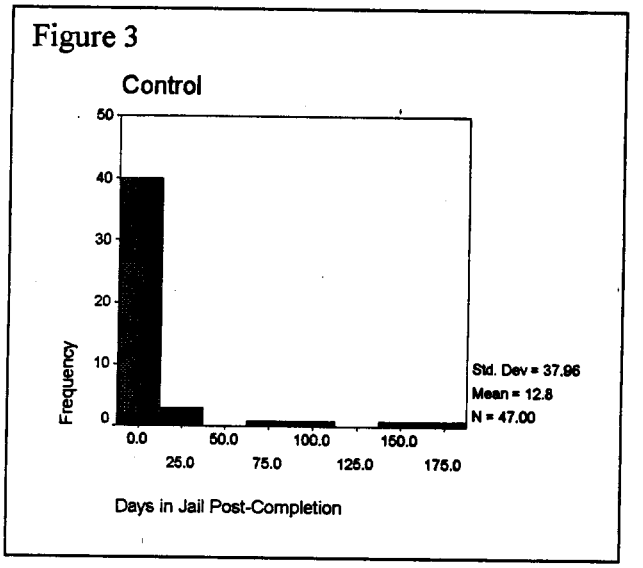


Figure 3



Linkages to Community-Based Services for Graduates

The first objective related to this goal is that all graduates will have a written aftercare plan. File review revealed that all graduates had an aftercare plan written with them by the treatment coordinator prior to their release.

The final objective is that offenders will access community-based services. While data is not maintained about the actual involvement of graduates in community-based services, staff does have procedures that are followed for participants leaving the program through graduation.

Graduates are referred to specific programs on an individual basis based on clinician-interpreted needs and risk factors. Because treatment plans post-release are individualized, there is no standardized protocol for referring individuals to community-based services.

VI. Discussion

The purpose of this evaluation report is to relay findings related to the evaluation of the Lane County ITP to funders, policymakers, program managers, and staff. However, it must be kept in mind that this report is preliminary and the findings should be taken in light of the circumstances under which they are presented.

The ITP began operation in May 1999 and has had enough time in operation for three cohorts of participants to complete the program. There are several factors related to this issue. First, the numbers of subjects that have entered the program (N = 71) and graduated from the program (N = 38) are both relatively small for evaluation and statistical purposes. Second, because the first participants completed the program only 20 months ago, there has not been an extended period of time available during which to track participants. Finally, during this time, there has been major staff turnover, physical relocation of the program, and changes to treatment methodology—stabilization of the program has occurred only within the last 9 months.

Data have not been collected related to substance abuse post-program completion. While it would be particularly difficult to collect urinalyses for persons that did not enter the program if they are not on community supervision, 97% of graduates were on community supervision post-release and could have received frequent random UAs. This would provide more data as to the success of the program in reducing substance abuse.

Those caveats stated, the current evaluation does indicate that, for the cohort of participants that completed the program at least six months prior to data collection, the ITP does not reduce recidivism as measured by:

- Whether the person was not rearrested post-completion,
- The number of arrests post-completion,
- Whether a person was booked into jail post-completion, or

- The number of days spent in jail post-completion.

Because of the limitations listed above, further research should be conducted to better understand the population the ITP is serving and the effectiveness of the ITP in reducing substance abuse and recidivism in participants. Particular areas that could be explored in future studies include:

- Studying the cohort that entered the program after stabilization of the staff, facilities, and treatment modalities occurred;
- Exploring further whether graduates, terminated participants, and participants that withdrew differ in the number of arrests pre- and post-treatment;
- Researching which potential participants are most appropriate for the program and show the most success post-completion.

Despite the limitations, it should be made clear that, at this point of preliminary analysis, the ITP does not appear to reduce criminal involvement for participants who enter the program when compared with a matched sample. While this report is not an audit that can recommend specific changes to the program which will affect participant outcomes, the literature on substance abuse treatment for persons incarcerated in prisons and jails does list several elements that are correlated with successful post-treatment. These include:

- Three to five months of in-jail treatment followed by immediate placement in a community treatment program (Swartz, 1996);
- Standardized risk and needs assessments pre-treatment including areas such as stress management skills, psychosocial skills, emotional readiness, money management, problem-solving abilities, decision making, and other cognitive behavioral skills (Field, 1998);

- Monitored community-based substance abuse treatment post-release[5];
- Additional transitional services including intensive aftercare;
- Increased coordination and communication with parole and probation officers about participant needs and risks; and
- Periodic review of participants in the community to address the appropriateness and effectiveness of the transition plan[4].

This list is by no means inclusive, but can be used as a guide for what the literature defines as being related with client success post-program. As stated above, additional study by evaluators of the ITP should provide policymakers and staff with further information about the value and utility of the ITP in providing substance abuse treatment to jail inmates. Future evaluations should also utilize additional data and could return different conclusions than the current study. The results of this study however, indicate that, at least some modification of the program may be necessary to see significant quantitative results indicating success of the program.

[5] Inciardi (1996) found that those who participate in 12 to 15 months of in-prison treatment and 6 months of community treatment were more than twice as likely to be drug and arrest free after release than those who only received in-prison treatment.

VII. References

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Addendum to Intensive Treatment Program's Evaluation Report

After the printing of the original report, we ran some additional analyses on the recidivism data. The analyses described in the original report used arrests, citations in lieu of custody, and traffic citations as events that were considered in the recidivism analyses. To further investigate these data, we separated the types of crimes to look at arrests and citations in lieu of custody (without traffic citations) as well as arrests (without any citations). The results of these analyses are included in this addendum.

First, we analyzed recidivism for the treatment and comparison groups using only arrests and citations in lieu of custody, the means and standard deviations of the groups improved slightly [Comparison Mean = 4.44 (SD = 6.82), Treatment Mean = 2.94 (SD = 4.71)]. However, although the significant level rises, there were still no significant differences between the groups, $\underline{F}$ (1,70) = 1.82, p=.18.

Second, because of the differences in the degree of seriousness between offenses in which a police officer issues a citation instead of arresting, we analyzed the differences between the treatment and comparison groups on arrests only. Again, the means and standard deviations improved slightly [Comparison Mean = 3.96 (SD = 5.98), Treatment Mean = 2.33 (SD = 3.74)], but not to the level of any significant differences, $\underline{F}$ (1,70) = 2.67, p=.11.

Table 16: Analysis of Covariance of Arrests Post-Release

Analysis	**Condition**	**Mean**	**SD**	**F**	**p**
Arrests, Citations in Lieu of Custody, and Traffic Citations *(Original Analyses)*	Treatment	4.45	6.6	1.42	.24
	Comparison	6	9.33		
Arrests and Citations in Lieu of Custody	Treatment	2.94	4.71	1.82	.18
	Comparison	4.44	6.82		
Arrests Only	Treatment	2.33	3.74	2.67	.11
	Comparison	3.96	5.98		

As noted in the original report, slight differences do exist which demonstrate positive outcomes for the program, with treatment subjects being picked up for slightly fewer offenses than controls. However, the difference, at this point, is statistically insignificant.