

**The author(s) shown below used Federal funds provided by the U.S. Department of Justice and prepared the following final report:**

**Document Title: Barnstable House of Correction Residential Substance Abuse Treatment: A Process Evaluation**

**Author(s): BOTEK Analysis Group**

**Document No.: 186736**

**Date Received: February 9, 2001**

**Award Number: 1998-RT-VX-K006**

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BARNSTABLE HOUSE OF CORRECTION  
RESIDENTIAL SUBSTANCE ABUSE  
TREATMENT: A PROCESS EVALUATION

National Institute of Justice

December 2000

Submitted by:

Massachusetts Executive Office of Public Safety Programs Division and  
BOTEC Analysis Corporation

**BOTEC Analysis**

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## Acknowledgements

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This report was made possible by the cooperation and support from Sheriff James Cummings and Superintendent Michael Regan and their staff. Special thanks to Roberta Kossow, Director of Human Services, Roger Allen, Assistant Program Director, and Captain Mark Thompson. Throughout the evaluation period they made themselves available to help out in many ways: paving the way for observations, setting up participant focus groups and staff interviews, retrieving information that was often difficult to locate, and providing constant feedback about the program. Thanks also to Martha Barros, who along with Roger Allen provided important program data. We also appreciate the hard work that Ken Weber and his staff did in the downloading of data from the Barnstable HOC databases.

Valuable information and insights were gathered from those Barnstable House of Correction personnel who gave of their busy time to be interviewed. We also thank the two dozen prisoners who voluntarily participated in focus groups where they shared their experiences about the program and their substance abuse problems, as well as those who allowed the researcher to observe their group counseling sessions.

We would also like to thank Barry Lacroix, General Counsel at the Massachusetts Criminal History Systems Board for his help in expediting the research. Finally, thanks to Jackie Rodriguez, the Program Officer for the Massachusetts Executive Office of Public Safety, Programs Division. She provided valuable information and feedback in the planning and throughout the evaluation.

## Introduction

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The Commonwealth of Massachusetts has been active in establishing substance abuse treatment programs for offenders housed in both state and county correctional institutions. Residential treatment programs are currently operating in all 13 county houses of correction and eleven sites in the state correctional system at medium, minimum and pre-release facilities. The state has supported these programs not only with state and county level funding, but also with a commitment of federal funds that the state administers through the Edward Byrne Memorial Local Law Enforcement Assistance Grant Program and RSAT funding.

The purpose of the Residential Substance Abuse Treatment (hereinafter referred to as "RSAT") Formula Grant Program is to assist States and units of local government with the development and implementation of residential substance abuse treatment programs within State and local correctional facilities. Grant funding requires the participation of prisoners who are separated from the general correctional population and are incarcerated for a period of time sufficient to permit substance abuse treatment.

The RSAT program must focus on the inmate's substance abuse problems through the development of their cognitive, behavioral, social, and vocational skills. Individual and group treatment activities must last between six and twelve months in duration. To be eligible for RSAT funding, individual offenders must be required to participate in the treatment program for no less than six months and no more than twelve months, unless he or she drops out or is terminated from the program.

In 1996, the Commonwealth of Massachusetts first applied for the formula grant award under the RSAT program. The Executive Office of Public Safety Programs Division (also known as the Committee on Criminal Justice) has received and distributed RSAT funding in Massachusetts since FY96. The Programs Division allocates half of the award to the Massachusetts Department of Correction and the other half to Sheriffs' Departments for institution-based substance abuse treatment programs. The RSAT programs operating in houses of correction aim to reduce recidivism, provide discharge planning, and prepare aftercare placement to inmates in the county system. Funding to the Massachusetts Sheriffs' Departments provides for the employment of Reintegration Coordinators for many of the houses of correction. While the actual tasks and activities of the various Reintegration Coordinators vary, in general they provide self-help instruction, relapse-prevention, addiction education, substance abuse counseling, peer support, basic psycho-educational instruction, urinalysis testing, and aftercare planning to offenders incarcerated in the county facilities.

The Massachusetts RSAT programs are guided by the following common goals and objectives:

**Goals:**

- To alter the substance-abusing behavior of offenders by promoting a sober lifestyle, free of criminal behavior;
- To develop the social, behavioral, educational, vocational, and life skills of offenders participating in the RSAT program;
- To enhance post-release planning and reintegration services for incarcerated offenders.

**Objectives:**

- To develop and monitor each facility's reintegration plan to ensure compliance with program mandates. This includes counseling, referrals and the establishment of community and interagency ties;
- To ensure that aggressive urinalysis continues as part of the post-release plans of the offender;
- To operate as a statewide treatment and reintegration planning team to develop a best practices model that will initiate uniform standards relative to treatment, aftercare, and a commitment to continuum of care throughout the state;
- To create and follow up Individualized Aftercare Plans for each program participant;
- To attend and participate in workshops, conferences, and seminars that offer education and assistance in providing offender treatment and after-care planning based on recent, empirically based research.

The Corrections Program Office of the Office of Justice Programs has mandated a number of requirements for programs receiving RSAT funding. They include:

- **Program must be six-to-twelve months:** inmates must be in the treatment program for no less than six months.
- **Program participants must reside separately from the general population:** inmates must not share meeting, living space with other inmates.
- **Program must focus substantially on the substance abuse treatment needs of the inmate:** the program's main focus must be substance abuse treatment.

- **Program participants must be subject to a policy requiring drug testing:** urinalysis or other methods of conducting drug tests must be utilized routinely in RSAT units.

The current evaluation study focused on the Barnstable County Sheriff's Department's RSAT program. The Barnstable County House of Corrections, located in the southeast region of Massachusetts on Cape Cod, has a bed capacity for 275 inmates. This number includes 20 women inmates held in the female housing unit of the facility. To prevent overcrowding and double bunking, the facility refers approximately 25 inmates per week to the nearby Plymouth County House of Correction.

On April 28, 1997, the Executive Office of Public Safety Programs Division awarded the Barnstable County Sheriff's Department \$38,885 to implement the RSAT program. Funding steadily increased the following two years, with an FY98 award of \$40,851 and an FY99 award of 41,000.

The Barnstable RSAT program is a six-month in-prison substance abuse treatment program intended to give inmates the tools they need to make choices that will lead them to a drug- and crime-free life. The program uses a mixture of cognitive behavioral therapy and social skills training with a backdrop of self-help programming. The program is military-based and inmates are oriented to the program in the Prep Unit (six to eight weeks) before they begin the more intensive therapy provided to them in the Shock Unit (sixteen plus weeks). A reintegration component, funded by the RSAT grant, exposes them to reintegration issues as well as provides inmates individual plans to follow upon release.

This report conveys the results of a process evaluation conducted between March and December 1999. Even though the RSAT monies fund only the Reintegration Coordinator position, this process evaluation covered the entire residential substance abuse treatment program. Specifically, the evaluation of the Barnstable RSAT program examines the following four areas:

*I. Description of the RSAT Entry Process and Population.* Research staff interviewed Barnstable House of Correction staff about the classification process at Barnstable, the process by which inmates are selected for the RSAT program, and the criteria used to select inmates for the program. This description also provides a sociodemographic and criminal history profile of the characteristics of RSAT inmates in comparison to general population inmates.

*II. Description of the RSAT Program.* Researchers investigated the treatment program including the program design, various program activities, and how RSAT monies have impacted the overall program structure. Qualitative and quantitative data were collected regarding the intake and assessment procedures that are in place in the Barnstable RSAT units. Finally, researchers sought information about the unit rules regarding treatment at-

tendance, participation in programming, failed drug tests, and other disciplinary infractions as well as the associated sanctions that are imposed when rules are violated.

*III. Description of Program Completion and Termination.* The research staff examined the criteria for program graduation and the most common reasons for inmates not completing the program. Data was gathered on the proportion of RSAT inmates that graduate from the program, drop out, are terminated, or are released early. In addition, information was gathered on the type of release from the prison (e.g. parole, end of sentence, or transfer) and the time frames that inmates typically spend in the RSAT program. Finally, the analysis compared the distinct characteristics of treatment completers with non-completers.

*IV. Discussion about the Key Principles of Effective Program Implementation.* In this section researchers compare the research-based key principles of effective substance abuse programming for offenders with the principles guiding the RSAT program in the Barnstable House of Correction. Special emphasis is placed on issues of motivation and classification, length of time in treatment, staffing issues, and reintegration into the community.

The structure of the report is as follows. The first section includes a **Review of the Relevant Research**. The second section describes the **Methodology** for the entire study. The next three sections present the results of the first three areas as described above and include a **Description of the RSAT Program, The Barnstable RSAT Population, and Program Completion and Termination**. The concluding section highlights the **Key Principles of Effective Implementation** and presents the research recommendations.

## Review of Relevant Research

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In-prison residential substance abuse treatment programs began in 1962 with the establishment of a therapeutic community (TC) in corrections in Nevada State Prison (*Time*, 1963). The traditional TC model uses a social-psychological approach that incorporates a self-help philosophy in the treatment of substance abusers in a community-based residential setting (De Leon, 1997). The goals of the TC model are to help the client refrain from using drugs, develop employment skills, as well as refrain from illegal activity and to develop a social network of positive influences. These goals are achieved through peer and confrontation group encounters (Nielsen & Scarpitti, 1997).

The defining characteristics of the in-prison therapeutic community model include residential communities isolated from the general population, and peer group structure which facilitates communal support and individual accountability during substance abuse treatment (Nelson et. al. 1982). Prison TCs were established and dismantled over the next decade in many state correctional facilities. However, in 1974 the New York State correctional system opened the Stay'n Out therapeutic community that became the model for many of the in-prison residential substance abuse treatment programs. Since then, the Federal Bureau of Prisons and most states have opened similar in-prison programs. Along with the growth of these programs has come a growth in the number of impact evaluations that have produced some evidence that prison-based residential treatment can reduce recidivism rates and affect other positive release outcomes (Platt, Perry, and Metzger, 1980; Field, 1985; 1989, 1992; Gendreau and Ross, 1987; Wexler, Falkin, and Lipton, 1990; Lipton, Falkin, and Wexler, 1992; Browning and Orchowsky, 1995; Fabelo, 1995; Lipton, 1995; Wexler, 1995; Lockwood, Inciardi, and Surratt, 1995; Martin, Butzin, and Inciardi, 1995).

### Key Principles of Successful Programs

There has been significantly less evaluation research that focuses on program design and process and their associated issues of program eligibility and selection, treatment starting and completion points, and program obstacles. However, as researchers in the substance abuse community begin to acknowledge the effectiveness of in-prison substance abuse treatment programs, more emphasis is being placed on identifying the specific components needed to make these programs successful.

**Table 1: Key Principles of In-Prison Substance Abuse Treatment Programs**

<b>Key Principles</b>	<b>Peters</b>	<b>Taxman</b>	<b>NIDA</b>
1) Use coordinated approach involving treatment and custody staff	X	X	X
2) Care should be taken in targeting the population for treatment services	X	X	X
3) Assessment of inmates' substance abuse history and prior treatment essential	X	X	X
4) Substance abuse counseling groups should be included	X	X	X
5) Multi-modal treatment services should be readily available	X	X	X
6) Possible drug use must be monitored	X	X	X
7) An adequate treatment period is critical for treatment effectiveness	X	X	X
8) Continuity of care upon release is crucial for effective long-term treatment outcomes	X	X	X
9) Cognitive behavioral therapy and social skills training should be included	X	X	
10) Treatment unit should be isolated from general population	X		X
11) Recidivism reduction should be a main focus of program	X	X	
12) Substance abuse treatment need not be voluntary to be effective		X	X
13) Addicted individuals with mental health disorders need both treated in integrated way	X		X
14) A clear code of conduct must exist for treatment participants	X	X	
15) Non-compliant behavior should be sanctioned	X	X	
16) Incentives for positive participation should be given to inmates	X	X	
17) Staff should develop measures to insure accountability to program objectives	X	X	
18) Prison administrators must be committed to support treatment program	X		

As a result of this focus, some key components and principles have been recommended and are summarized in Table 1. Roger H. Peters provided a

summary of in-prison drug treatment programs, including the various treatment interventions and his "principles of effective treatment" (Peters, 1993). In writing up her evaluation of the Washington Baltimore High Intensity Drug Trafficking Area Seamless System of Care Study (1998), Faye S. Taxman drew up a list of principles for effective treatment systems that focused on transitional policies and treatment retention, many of which are applicable to the prison setting. Finally, the National Institute on Drug Abuse (NIDA) has recently published a research-based guide on the *Principles of Drug Addiction Treatment* (NIDA, 1999). While the principles in each piece were targeted at slightly different populations (a few were inapplicable for a prison and were excluded), there was consensus about the key ingredients for successful programming.

The first is the importance of having program staff members that are sensitive to the security needs of the prison and the goals of treatment participation. Ideally, this would result in a coordinated approach to treatment for prisoners. Two principles focus on treatment matching—that care should be taken in targeting the correct population to the treatment services and that proper assessments must be conducted. Other key principles focused on specific treatment modalities (substance abuse counseling groups, cognitive behavioral, and multi-modal), as well as other aspects of program operation (drug testing, length of program, and program philosophy). A final key principle on which there was consensus was the necessity for pre-release planning and aftercare services to ensure that in-prison treatment participants continue their treatment at lower security and upon release. Some of these aspects are discussed further below while others will be discussed in greater detail in the section on **Key Principles of Effective Implementation**.

## **Inmate Assessments and Classification**

Assessing inmates and matching them with appropriate treatment can prove to be difficult. There are limits to the variety of treatment modalities that can be offered in correctional settings (Forcier, 1991; Leukefeld and Tims, 1992; Peters, 1993). Furthermore, assessment and classification practices must be designed to facilitate this matching.

Peters (1993) recommends that classification staff assesses the inmate's history of substance abuse and previous attempts at alcohol or drug treatment. Classification staff should also examine mental health symptoms for purposes of dual diagnosis and other issues that may impede an inmate's treatment process. In addition, any inmate with a history of violence or aggressive behavior that would threaten the security of the prison setting should be assessed carefully in order to ensure the safety of both inmates and staff. According to Peters, a clear and comprehensive assessment and matching process is necessary to maximize program effectiveness.

Assignment to treatment can be as much a consequence of correctional facility classification as of clinical assessment. Classification issues may arise when dealing with jails that house non-sentenced inmates or inmates with relatively short sentences that are mandated into treatment (Peters, 1993). Of the inmates who receive substance abuse treatment, low percentages complete their prescribed substance abuse program prior to their release from confinement or transfer to another prison (OJP, 1998; Rocheleau and Forcier, 1988). Some of those not completing the program may voluntarily drop out, but many are either removed from the program or released from prison before completion. Sentence lengths, along with the competing goals of treatment and security, can lead to these low levels of treatment completion (Forcier, 1991).

## Motivation for Treatment

In their development of the Circumstances and Motivation Readiness Scale (CMRS), De Leon and his colleagues (De Leon, Melnick, Thomas, Kressel, and Wexler, 1999) developed questions that would determine whether inmates were ready for substance abuse treatment by examining their internal and external motivations and their circumstances (Wexler, 1999). The categories are as follows:

- *Circumstances 1*: these are the extrinsic reasons to go into treatment. These include being incarcerated as a result of one's drug use and family or legal pressure to enter treatment;
- *Circumstances 2*: these are the external pressures to avoid treatment such as financial pressures, potential loss of job, and family reluctance to the idea of treatment;
- *Motivation*: these are the intrinsic factors relating to the recognition that one needs to enter treatment to address the substance abuse problem; and
- *Readiness*: this measures the individual's acknowledgement that treatment is needed in order to change.

To these circumstances and motivations, one must add in the incentives that prisons hold out to inmates to entice them into program participation. Most often, one associates prison incentives with offering inmates days off their sentence, good time, in exchange for program participation. However, prisons offer many other incentives to enter treatment, some of which are intended and some of which are not (Rocheleau and Forcier, 1988). Intended incentives can include special visiting privileges, more programming, choice prison jobs, single cells either in the program or upon release from the program, promises of moves to pre-release or other lower-security options, and isolation from the general population. Unintended incentives can include living in a calmer, safer, and less noisy unit or section of the prison, being

housed within a unit with more structure and staff consistency, having access to staff who are reputed to be fairer and good to talk with, and having the ability to be one's self rather than having to portray an image or an attitude to deal with everyday prison life. However, there are also pressures in prison against entering treatment. First and foremost is the pressure by fellow inmates not to enter, followed closely by an inmate's fear to be ridiculed for being willing to look inside himself and to cooperate with correctional staff in a program. It is also easier to get comfortable in the prison setting and just *do time* than it is to actively participate in substance abuse treatment.

Peters (1993) has found that motivation, acceptance/admittance of substance abuse problem, and commitment to treatment are important factors when assessing inmates for acceptance into a treatment program. To provide an environment that is accepting of the offender's substance-related issues and can be beneficial in the sense of recovery, the assessment/classification staff must ensure that all participants accepted are equally cognizant of their issues and willing to work on changing their behaviors and lifestyles.

However, the National Institute on Drug Abuse has published a pamphlet entitled, *Principles of Drug Addiction Treatment: a Research-Based Guide* (1999). Principle #10 is that, "Treatment does not need to be voluntary to be effective." It goes on to explain that criminal justice sanctions or enticements can increase both treatment entry and retention rates as do other enticements such as family and employment pressures. In summary, the issue of inmate motivation to enter treatment is much more complex than whether the inmate wants to enter treatment or does not.

## **The Conflict between Security and Treatment**

One of the most clearly defined obstacles in the facilitation of a prison drug treatment program is the conflict between treatment and security. The primary mission of the correctional institution is the protection of the public from the offenders. Rehabilitation is, by nature, secondary to this goal. Thus, offenders in severe need of treatment and at highest risk for re-offense may be deemed inappropriate risks for treatment programs. Similarly, because of the emphasis on compliance with the rules of correctional institutions, program participants may be expelled for a single drug-related disciplinary infraction, despite the clinical understanding of addiction as a chronic disorder prone to relapse. The therapeutic community model, frequently implemented in correctional settings, is based on the principles of habilitation, resocialization, and modification of behaviors associated with criminal activity. This model allows for a more cohesive integration of treatment and security (Peters, 1993).

## **Continuity of Care after Release**

Prison treatment programs with successful outcomes usually have a significant aftercare component. This has been demonstrated in Delaware's Key-Crest Program and the drug treatment programs for offenders with high-risk profiles at the Donovan and Cocoran prison facilities in California (Little Hoover, 1998). Research shows that although referrals to aftercare programs may entice some offenders and can serve as an important link for offenders in their transition into the community, referrals alone are not enough for offenders to sustain their own abstinence (Peters, 1993). In addition to strengthening the skills offenders have learned while in the prison drug treatment program, aftercare reinforces relapse prevention, assists with employment and housing and is supportive for offenders coping with relationship and social issues (Peters, 1993). To be successful, prison treatment programs must be linked with an aftercare program for offenders to go to immediately following release. This continuity of care is important because without it, the gains made through treatment may be forfeited (CSAT, Tip 30). This relationship between aftercare and improved chances of recovery has been recognized in the field since 1979 (Predergast, Anglin, and Wellisch, 1995).

## **Conclusion**

The ability of a corrections-based treatment program to handle the many obstacles that confront any program that must be integrated into a prison community can drastically affect not only the treatment program process, but also the outcomes. By understanding the dynamics of program process, it is possible to isolate the elements most critical to program success and failures. With respect to program comparisons, process evaluations can help to explain how programs, which appear similar in design, may have significantly different outcomes. This is crucial for identifying possible areas of improvement, as well as for facilitating replication or modification of successful programs (Patton, 1980). Process evaluations enable researchers to critically examine outcome results, to rule out alternative sources of change, and also to determine the plausibility of explanations for results showing little to no change (Weiss, 1972).

## Methodology

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### Sample

While planning for the collection of data presented in this report, researchers recognized that no single data set would fully address all questions posed by this study. The variables presented in this report are drawn from the three different data sets described below—one is movement-based and the other two are inmate-based. The movement-based data set allows the researcher to explain the characteristics of either entries or exits from RSAT units (e.g., the length of time in the RSAT program). The other data sets describe characteristics of inmates (e.g., race, current sentence) rather than the movements. The difference between the two types of data sets is that the movement-based data set contains multiple records for a particular inmate. This occurs because several inmates had more than one entry into the RSAT units. For example, if an inmate enters the RSAT program and is terminated after three weeks, he may be reclassified to the program again at a later time. Thus, he would be counted twice in the movement-based data set, but once in the RSAT inmate-based data set. Using an inmate-based data set allows examination of the personal characteristics of each inmate entering RSAT without double- or triple-counting inmates with multiple RSAT entries. Nevertheless, the same people are represented in both data sets, just in different ways. The other inmate-based data set represents inmates in the population as described below.

### RSAT Movement-Based Data

The movement-based data set includes entries into the RSAT units, of which there were 313, from September 1, 1998 through September 1, 1999. The names of inmates who entered the RSAT units between the above time frames were extracted from a database maintained by the captain who acts as the manager of the RSAT units. His records also included information about the completion status of each entry into the RSAT program. These names and corresponding entry dates were then forwarded to the HOC staff responsible for maintaining the Management Information System at the Barnstable HOC. They, in turn, extracted the remainder of the movement data from the MIS database. This data set includes the commitment dates and the dates that inmates moved into the Prep Unit. It also includes the date and type of release from prison, where appropriate. Release information includes whether the release was a transfer to another correctional facility, a release to the street (end of sentence), or a parole.

## RSAT Inmate-Based Data

To describe the individual characteristics of RSAT inmates, it was necessary to develop a separate data set with only one record for each individual who entered the RSAT program. Thus, the first inmate-based data set for this study contains the 261 inmates who entered the RSAT program between September 1, 1998 and September 1, 1999. Examples of the inmate-based data in this data set include race, current sentence, and marital status.

## General Population Inmate-Based Data

The second inmate-based data set consists of all inmates in the DOC general population on January 27, 2000,<sup>1</sup> excluding the RSAT inmates and female inmates. The result was a general HOC population of 127. Most of the information included in this data set was the same as that collected for the RSAT inmate-based data set. Consequently, the two inmate-based data sets can be compared to determine similarities and differences between the RSAT population and the HOC general population.

## Data Collection

### Quantitative Data

The variables used, their sources, and the type of data set in which they were used is described below in Table 2. As mentioned previously, once the inmates who entered the RSAT program between September 1, 1998 and September 1, 1999 were identified, sociodemographic and sentencing information were extracted from the HOC's population database and movement information was extracted from the movement database. The sociodemographic and sentencing data is discussed in the section on **The Barnstable RSAT Population**. The analysis of the movement information is presented in the section on **Program Completion and Termination**.

As part of the grant, BOTEC staff created a database for use by the RSAT staff. A description of this database is presented in Appendix A. Part of the database includes the scores for the Level of Service Inventory - Revised (LSI-R) and for the Adult Substance Use Survey (ASUS) administered to all inmates in the RSAT program. This information is presented in the section on the **Description of the Program**. Finally, RSAT staff collected information from their records on the completion status of the inmates who entered the RSAT program. Eventually, this information will also be included in the

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<sup>1</sup> Data for inmates in the general prison population on September 1, 1999 were not available at the time of this analysis.

RSAT database. It is discussed with the movement information in the section on Program Completion and Termination.

<b>Source of Data</b>	<b>Variables</b>	<b>Type of Data</b>	<b>Collected on:</b>
<b>Barnstable HOC MIS - population database</b>	Race Commitment age Marital status # of children Type of offense Sentence length	Inmate-based Inmate-based Inmate-based Inmate-based Inmate-based Inmate-based	RSAT/gen. pop* RSAT/gen. pop RSAT/gen. pop RSAT/gen. pop RSAT/gen. pop RSAT/gen. pop
<b>Barnstable HOC MIS - movement database</b>	Commitment date Prison release	Movement-based Movement-based	RSAT RSAT
<b>RSAT Records</b>	LSI-R scores ASUS scores Entry into RSAT Exit from RSAT Completion status	Inmate-based Inmate-based Movement-based Movement-based	RSAT RSAT RSAT RSAT

\* "Gen.pop." refers to those inmates residing in general population on January 27, 2000.

## **Qualitative Methodologies**

### *Review of Program Materials*

The first qualitative task of this process evaluation was to examine materials relevant to the RSAT program. This included reports to the Executive Office of Public Safety, program brochures for inmates that include descriptions of treatment activities, descriptive information on the assessment tools used in the unit, and program curriculum and schedules. Handout sheets passed out in treatment groups were also gathered throughout the data collection period, as were other pertinent documents. This information is reported in the **Description of the Program**.

### *Interviews with Relevant Staff*

The BOTEC researcher conducted 16 interviews with relevant staff, including uniformed and non-uniformed personnel of the RSAT program, and appropriate institutional management, classification, and human services staff. An interview was also conducted with an outside vendor that provides employment counseling to the inmates in the unit.

A semi-structured interview protocol was developed after reviewing program materials and meeting with key program staff. The interviews focused on the four research objectives, including descriptions of the RSAT entry process and population, the RSAT programming and activities, and program completion and termination issues, and a discussion about the key principles of effective program implementation as they pertain to the Barnstable RSAT program. While the quantitative data provided factual information about the inmates participating in RSAT activities, the interviews helped to shed light on the institutional and programmatic philosophies and factors that affect such issues as selection of inmate participants, structuring of the treatment protocol, program completion, and sanctions for relapse. In addition, staff interviews provided information on how the various dualities (security vs. treatment, management vs. line staff, uniformed vs. non-uniformed staff) that exist in a prison setting affected program philosophy and housing unit regulations. Data from these interviews is presented in all four sections of the results.

#### *Focus Groups with Inmates and Program Observation*

The BOTEC researcher conducted five focus groups with RSAT inmates to gain the perspective of program participants. One focus group was conducted with five inmates who were residing in RSAT's Prep Unit—the first of the two units that inmates enter when they participate in RSAT. Four focus groups were conducted with inmates residing in the Shock Unit—participants from each of the three treatment groups were interviewed. The discussion in these focus groups concentrated on their entry into the unit, the daily operation of the program in the unit, and the rules and regulations surrounding the unit.

Finally, the researcher spent many days informally observing the program. With the permission of both human services staff and participants, the researcher attended and observed treatment activities, including treatment groups and education-related program components. In addition, the researcher observed a treatment group at the Community Corrections Center for RSAT participants who had been released from prison. BOTEC staff has found in previous prison research that spending time in the housing unit and in the institution in general, informally conversing with institutional staff, treatment providers, and inmate participants provides insights and information that is not revealed through quantitative sources, and sometimes not through interviews. Information from the focus groups and the observation is presented in all four sections on the results.

## Description of the RSAT Program

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The Residential Substance Abuse Treatment program is comprised of programs and activities in two units—the Prep and Shock Units—each of which houses 40 men. Each unit is located just outside of the main house of correction building and inmates reside in Quonset huts surrounded by a barbed-wire fence. Although the inmates reside in dormitory-style, they favor these units because they are well maintained and inmates get to spend a good deal of time outside in the fresh air. RSAT inmates, who are referred to as “community members,” are initially classified voluntarily to the Prep Unit and when deemed appropriate, are moved into the Shock Unit. Inmates who move from the Shock Unit into the Pre-Release Center (PRC) have the opportunity to continue with RSAT programming until their release from prison.

The RSAT program has been evolving over the years, physically and programmatically. It was begun during September 1995 and was loosely based on New York State’s Shock Incarceration program for young adult offenders,<sup>2</sup> which offered a unique blend of a boot camp along with a therapeutic program geared toward substance abuse. Staff from the Barnstable HOC visited New York’s Lakeview Shock Incarceration Program prior to opening the substance abuse program. When the program first started at Barnstable, 40 Shock participants were in two of the tents outside of the main jail and pre-release status inmates were in the other two tents. Eighteen months later, the administration opened up the Prep Unit in the main jail. By the start of 1997 when the newly built Pre-Release Center (PRC) was opened, Prep participants were moved out to the two tents previously occupied by the PRC inmates, bringing to 80 the total number of program participants. Over the same time period, the programming has evolved—program activities have increased and become more structured.

The backdrop for the program is military in style; however, it is not a boot camp because there is none of a boot camp’s shouting or rigorous physical training, and inmates spend much more time on treatment, rather than work. Nevertheless, standards for behavior are high and inmates are held accountable for their actions. The program focuses on treatment by offering a blending of the self-help Twelve-Step program along with cognitive behavioral therapy and social skills training. AdCare Criminal Justice Services, Inc. (hereafter referred to simply as AdCare), an outside substance abuse treatment vendor, provides two key personnel, the institution’s Director of Human Services and the Assistant Program Director<sup>3</sup> as well as its cognitive

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<sup>2</sup> See Clark, Cherie L., David W. Aziz, and Doris L. MacKenzie. 1994. “Shock Incarceration in New York: Focus on Treatment.” Washington, DC: National Institute of Justice.

<sup>3</sup> Further discussion of the staffing of the unit can be found at the end of this section.

behavioral curriculum called the "Accountability Training Program." Cognitive behavioral therapy is considered to be the treatment approach of choice with substance-abusing offenders because it not only focuses attention on substance abuse, but also on criminal thinking patterns, values, and behaviors (Peters, 1993). Adcare's Accountability Training program uses self-management strategies such as cognitive identification, restructuring, and modeling to help community members begin to break their cycle of criminal activity and substance abuse. In addition, a reintegration program (funded by RSAT monies) is in place in the Shock Unit, Pre-Release Center, and Community Corrections Center.

## Program Units and Components

### Prep Unit

The Prep Unit is a military style unit where the participants are prepared to move to either the Shock Unit, or on occasion, to other units that offer a lower level of supervision. Inmates usually spend approximately four to eight weeks in this unit before moving on. Table 3, Prep Unit Program Activities, details the length and frequency of program activities and whether they are mandatory or voluntary. Table 4, Prep Unit Schedule, lays out the activities for a week so that one can obtain a sense of the programming inmates attend.

Both the **daily inspections** and the **drill and ceremony (D&C)** groups are indicative of the military format of the Prep Unit. Drill and ceremony consists of marching, facing movements, speaking and acting skills, and hygiene, and etiquette lessons with the purpose of instilling in participants a sense of respect, structure, and discipline. Officers in the Prep Unit hold **community meetings** on a regular basis. During these regimented meetings, the focus is on inmates' progress in the unit including their spirits, regressions, and progressions.

Other mandatory activities include Basic Skills classes, religious education, a public health group, stress management, recreation, and education. The **Basic Skills classes** meet three times per week and follow a six-week cycle. Two human services staff facilitate the classes, covering topics such as basic substance abuse education, addiction, anger management, and an overview of the self-help programs. This group introduces community members to a structured group setting where there are standards for behavior and assigned homework. The deacon who works part-time at the Barnstable HOC facilitates a weekly **religious education group** that focuses on accountability and responsibility using the Ten Commandments as discussion points. The **public health group**, which meets once weekly, started out as an HIV/AIDS awareness group but has been expanded to encompass other health issues such as smoking and sexually-transmitted diseases. It is facilitated by a full-

time public health coordinator. The **stress management class** is offered twice per week and Prep Unit community members are mandated to attend the Saturday session. The stress management facilitator, whose time is donated by a non-profit group called PrisonSMART, instructs community members on breathing techniques that decrease stress and promote a relaxed state. Inmates are also mandated to attend **recreation** periods in the gymnasium where they can play basketball and do basic calisthenics. On Saturdays, Prep inmates are allowed to mix with Shock inmates for a period of **community recreation**.

	<b>Activities</b>	<b>Length of Hours per Session</b>	<b>Sessions per Week</b>	<b>Total Hours per Week</b>
<b>Mandatory Activities</b>	Inspection	.5	7	3.5
	Basic Skills group	1	3	3
	Education	1.5	5	7.5
	Recreation			
	6:30 - 8	1.5	7	10.5
	3 - 4:30	1.5	3	4.5
	Public Health	1	1	1
	Stress Management (Sat).	1	1	1
	Drill & Ceremony class	.75	7	5.25
Religious Education	1	1	1	
<b>Voluntary Activities</b>	Stress Management (Thurs.)	1	1	1
	AA/NA (outside)	1	3	3
	AA evening group	1	6	6
	Feelings group	1.5	1	1.5
	Reintegration case mngt. (eligible inmates only)	.75	1	.75
	Community meeting	.75	5	3.75
	Community recreation	2.5	1	2.5

Finally, **education** is mandatory for all community members in the Prep and Shock Units. Community members who do not have a high school diploma or Graduate Equivalency Diploma (G.E.D.) or who test below an 8<sup>th</sup> grade level of education must attend classes offered by the educational department of the HOC. Community members are placed in one of the four classes according to their level. Classes include Adult Secondary Education (for those working toward their G.E.D.), Pre-Adult Secondary Education (for those who test be-

tween the 6th and the 8<sup>th</sup> grade level), Adult Basic Education (for those who test below the 6<sup>th</sup> grade level), and Wilson Reading (for those who are just learning to read). The remaining community members attend Independent Study in the Shock Unit where they write book reports, work on their assignments from group, and view educational and historical videos. A few college-level community members assist the teachers by tutoring individual students who are learning to read or who are working toward their G.E.D.

Voluntary program activities include the self-help groups that operate in the evening and are open to both Prep and Shock Unit members. Every night of the week there is either an AA group facilitated by the community members or by an outside AA speaker or group. Finally, the captain and another member of the human services staff conduct a **Feelings Group** on a weekly basis with any members in the Prep Unit who want to attend. This unstructured meeting gives inmates the opportunity to confidentially discuss personal problems or programmatic issues in a small-group setting. Prep Unit participants are separated from Shock Unit participants in all activities with the exception of the evening AA meetings, education, and community recreation on Saturdays.

**Table 4: Prep Unit Schedule**

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
<b>6:30 am</b>	-Recreation (6:30-8)	-Recreation (6:30-8)	-Recreation (6:30-8)	-Recreation (6:30-8)	-Recreation (6:30-8)	-Recreation (6:30-8)	-Recreation (6:30-8)
<b>8</b>	-Inspection (8:15-8:45)	-Inspection (8:15-8:45)	-Inspection (8:15-8:45)	-Inspection (8:15-8:45)	-Inspection (8:15-8:45)	-Inspection (8:15-8:45)	-Inspection (8:15-8:45)
<b>9</b>		-Education (9-10:30)	-Education (9-10:30)	-Education (9-10:30)	-Education (9-10:30)	-Education (9-10:30)	-Stress mngmnt.
<b>10</b>			-Employ. Options (8:45-10:30)				
<b>11</b>		-Drill & Ceremony	-Drill & Ceremony	-Drill & Ceremony	-Drill & Ceremony	-Drill & Ceremony	
<b>Noon</b>		-Education (12-1:30)	-Education (12-1:30)	-Education (12-1:30)	-Education (12-1:30)		Community recreation (12-2:30)
<b>1 pm</b>		-Basic Skills A (12:15)		-Religious education (12:15)	-Basic Skills A (12:15)	-Basic Skills A (12:15)	
<b>2</b>		-Basic Skills B (1:30)		-Feelings group (1:30-3)	-Basic Skills B (1:30)	-Basic Skills B (1:30)	
<b>3</b>		Recreation (3-4:30)	Community meeting	Recreation (3-4:30)	Recreation (3-4:30)	Community meeting	
<b>4</b>							
<b>5</b>							
<b>6</b>			-Reintegration case mngmt (5:30-6:15)				
<b>7</b>	-AA	-Outside AA	-AA -Outside NA	-AA	-AA -Stress mngmnt	-AA	-AA
Mandatory activities		Voluntary activities		Repeat activity for another group			

## Shock Unit

The Shock Unit is also an intensive, highly structured housing unit but it leans more toward being like a therapeutic community than the Prep Unit in that more emphasis is placed on building pro-social peer support. Although, there is still an element of being military-based (there is still marching and Shock Unit members still respond to commands with "Sir, yes sir"), the military emphasis is less intensive than in the Prep Unit (no inspections or drill and ceremony classes). The Shock Unit Program Activities, Table 5, details the length and frequency of program activities and whether they are mandatory or voluntary. The Shock Unit Schedule (Table 6) lays out the activities for a week so that one can obtain a sense of the volume of programming offered to inmates.

Shock community members must attend many of the same activities and groups as do the Prep Unit participants. These include recreation, community recreation, education, the religious education group, and the public health group. There is also a weekly community meeting in the Shock Unit that is less formal than are those in the Prep Unit. During this meeting, staff and community members review the prior week's activities and climate of the unit. In addition, inmates must attend the **RSAT group**—a 36-session program that meets three times a week for about one and a half hours. RSAT groups are offered three times daily to meet the developmental needs of Shock Unit members who move from group to group as they progress. That is, inmates who first enter Shock begin treatment in the 1 p.m. group, move into the 3:30 group at a later point, and participate in the evening group towards the end of their RSAT participation. As mentioned previously, this group follows AdCare's "Accountability Training Program" which is a progressive curriculum that uses the cognitive behavioral approach to change the criminal and addictive thinking of the participants. It combines the techniques of cognitive re-structuring and social skills training in order for participants to become aware of and identify their at-risk thought patterns, practice new pro-social skills, and receive feedback from other group members. Shock participants are expected to do homework assignments, including "Thinking Reports" in which the thoughts and feelings (and later on core beliefs) that they had/have during potentially negative situations are broken down and written about. Facilitators also conduct social skills training where participants are introduced to a skill, see the skill modeled, imitate the skill through role-play, receive progress from other participants on its use, and then practice that skill both in the group and within the unit.

<b>Table 5: Shock Unit Program Activities</b>				
	<b>Activities</b>	<b>Length of Hours per Session</b>	<b>Sessions per Week</b>	<b>Total Hours per Week</b>
<b>Mandatory Activities</b>	RSAT group	1.5	3	4.5
	Education	1.5	5	7.5
	Recreation			
	11:30 - 1	1.5	4	6
	11:30 - 12	.5	1	.5
	5:30 - 6:30	1.5	2	3
	Public Health	1	1	1
	Reintegration group	1	1	1
Religious Education	1	1	1	
<b>Voluntary Activities</b>	Stress Management	1	3	3
	AA/NA (outside)	1	3	3
	AA evening group	1	6	6
	AA morning group	1	6	6
	Feelings group	1.5	1	1.5
	Reintegration case mngt. (eligible inmates only)	.75	1	.75
	Community meeting	1	1	1
	Community recreation	2.5	1	2.5

Among the voluntary activities are the aforementioned **Feelings Group** and the **stress management classes**. At the request of community members, a third peer-led stress management class has been added on Fridays for Shock participants only. In addition, Shock Unit members are offered **AA or NA** meetings twice daily—in the evening along with Prep Unit participants and first thing in the morning within the Shock Unit where most of the meetings are peer-led. Finally, Shock participants can become involved in a twice-weekly program called **Options for Employment**. Community members are eligible for this program if they have eight weeks remaining in their sentence, if they are over 20 years old, and if they have had six months of sobriety from drugs and alcohol. Two outside facilitators assist offenders with reintegration into the workforce by exploring employment trends, assessing work skills and strengths, developing resumes/applications, practicing interviewing skills, and helping inmates prepare for the questions regarding their incarceration.

**Table 6: Shock Unit Schedule**

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
<b>8 am</b>	-AA (8:15)	-AA (8:15)	-AA (8:15)	-Religious education	-AA (8:15)	-AA (8:15)	-AA (8:15)
						-Feelings gp (8-10:30)	
<b>9</b>		-Education (9-10:30)	-Education (9-10:30)	-Education (9-10:30)	-Education (9-10:30)	-Education (9-10:30)	-Stress mngmnt.
			-Employ. Options (8:45-10:30)				
<b>10</b>							
<b>11</b>							
	-Recreation (11:30-1)	-Recreation (11:30-1)	-Public Health (11:45)	-Recreation (11:30-1)	-Reinte- gration group (11:45)	-Recreation (11:30-1)	-Recreation (12-2:30)
<b>Noon</b>		Education (12-1:30)	Education (12-1:30)	Education (12-1:30)	Education (12-1:30)		
			-Public Health (12:45)				
<b>1 pm</b>		-Group 1 (1:30-3)		-Group 1 (1:30-3)	-Group 1 (1:30-3)		
			-Stress mngmnt			-Stress mngmnt.	
<b>2</b>							
						Employmt. Options (2:45-4)	
<b>3</b>		-Group 2 (3:30-5)		-Group 2 (3:30-5)	-Group 2 (3:30-5)		
						Community meeting (2:30-4)	
<b>4</b>							
<b>5</b>			-Recreation (5:30-6:30)		-Recreation (5:30-6:30)		
<b>6</b>		-Group 3 (6-7)	-Reintegra- tion case mngmt (6:15-7).	-Group 3 (6-7)	-Group 3 (6-7)		
<b>7</b>	-AA	-Outside AA	-AA -Outside NA	-AA	-AA -Stress mngmnt	-AA	-AA
Mandatory activities		Voluntary activities		Repeat activities for another group (e.g. RSAT group 2)			

## Impact of RSAT Funding - Focus on Reintegration

Although all of the houses of correction previously operated in-prison residential substance abuse units in their facilities, the intent of the RSAT funding in Massachusetts was to strengthen the link between successful program participation and successful reintegration into the community. Initially, regional reintegration coordinators were hired who covered areas that encompassed two or three houses of correction. However, funding became available to allow each facility to hire its own reintegration coordinator—Barnstable hired its own in January 1998.

The roles of the reintegration coordinator at Barnstable are three-fold: 1) to prepare the inmates in RSAT for drug- and crime-free living on the outside; 2) to case manage their pre- and post-release needs; and 3) to build relationships with community-based agencies to be more friendly to the prison population and to educate the inmates about them in return. The reintegration coordinator conducts large groups (**reintegration groups**) within the Shock Unit on the basics of reintegration, covering different topics such as being on probation, parenting, and relapse prevention. During this weekly group, she often introduces outside speakers from the community who might be resources for the participants upon their release. She has also brought in probation and parole officers who answer participants' questions and discuss the general expectations they place on inmates upon release.

The reintegration coordinator also works with RSAT inmates who are within six months or less of release (**reintegration case management**). She conducts three small groups with those inmates close to release in each of the units—Prep, Shock, and the PRC. Although the topics of these weekly small groups are similar to the large Reintegration Groups in Shock, they provide more individual attention. In addition, she works with inmates on an individual basis during the week or two prior to their release (a month prior if the inmate needs to plan a parole). At this time, the reintegration coordinator conducts another Level of Service Inventory - Revised (LSI-R) and, with the help of the inmate, devises an individualized service plan (ISP) that the inmate should follow once he is released. Among the items that the ISP addresses are continued substance abuse treatment (which might include continued participation in the RSAT groups at the Community Corrections Center or another substance abuse program), attendance at AA/NA, or moving into a residential program. The reintegration coordinator has developed relationships with staff from the Cape's various residential and non-residential substance abuse programs. If needed, she will help the inmate address psychiatric and medical issues, as well as employment and housing issues.

## Staff and Participant Feedback Regarding Program Activities

During the evaluation, a number of questions regarding program activities and program components were asked of both staff and RSAT participants. Among the questions, staff was asked whether they thought each of the main program activities were *very effective*, *somewhat effective*, or *not effective at all* and participants were asked to give feedback on the same program activities. Table 7 below summarizes their responses.

Table 7: Staff and Participant Feedback on Program Activities						
	Staff Perceptions of Effectiveness:			Participants' Responses:		
	Very	Some-what	Not at all	Positive	Neutral	Negative
AA/NA	XX	X		XX	X	
RSAT group in Shock	XX	X		XX		X
Basic Skills group in Prep	X	XX		X	X	XX
Education classes for non-GED participants	XX	X		XX	X	X
Independent study for participants with a GED		XX		X	X	XX
Religious education	X	X	X	X	X	X
Reintegration group	X	X		X	X	XX
Stress management classes	X	X		X	X	XX

XX - most of the responses in this category      X - some responses in this category

As can be seen, there were three program activities (the self-help program, the RSAT group in Shock, and the education classes for non-GED participants) that most of the staff viewed as *very effective* and inmates spoke most positively about. Feedback on the Basic Skills group in Prep, the religious

education group, the stress management group, and the reintegration group was more mixed and less positive.

Inmates were asked which of the program activities they liked the most and the least. Staff was also asked which program activities they thought the community members liked the most and least. Although all of the activities got at least one vote one way or another, Table 8 shows those program activities that the clear majority chose as participants' most or least favorite. Although staff correctly predicted that community members liked the RSAT groups in the Shock Unit, their other guesses about inmates' least and most favorite activities were incorrect.

<b>Table 8: Program Activities that Community Members Liked the Most and the Least</b>	
<b>Staff said community members liked the most:</b>	<b>Community members said they liked the most:</b>
- RSAT group in Shock - Recreation	- RSAT group in Shock - AA/NA
<b>Staff said community members liked the least:</b>	<b>Community members said they liked the least:</b>
- Military-styled format	- Recreation - Public health

### *Substance Abuse Programming*

Staff pointed to two factors that made the RSAT groups in Shock very effective—the main facilitator and the use of the cognitive behavioral approach in the group. Both staff and community members pointed to the facilitator as being very knowledgeable and skillful and as having a lot of empathy. The approach used in the group often proved to be the first time community members had focused on accountability issues in their lives and simple skills for changing their behavior were taught. Most of the participants discussed the difficulty of beginning participation in the groups, but explained that after awhile, they were able to open up and work on issues they rarely had ever discussed.

Less than half of the inmates interviewed in the focus groups said they attended AA/NA meetings on a regular basis. However, those who did not attend were neutral about the program, saying either "it's just not for me" or admitting that they just were not motivated enough to attend. Most of the staff and many of the community members thought that it was important for members to start the process of going to AA/NA meetings in prison (where there is no excuse for not going) so that they will be comfortable with the format of the meetings and will be exposed to the whole process of recovery. Several staff and community members pointed to the outside speakers as powerful examples of people with similar problems who were able to overcome their addiction and begin leading positive lives. Some of the Shock Unit participants particularly liked the morning AA groups since they helped them to "set the pace for the day."

Inmates' comments regarding the Basic Skills group in Prep were mostly negative, citing the group as repetitious and too large. There were some positive comments about each of the facilitators. Staff believed that, for the most part, the goals of the Basic Skills group were being met. Some felt that the facilitators had the tendency to get off track from the curriculum and that the curriculum needed strengthening. The Director of Human Services has recognized these problems and was in the process of strengthening this component.

#### *Educational Programming*

As for the education classes for non-G.E.D. participants, a small number did not like that they had to attend education classes, but the majority of those who attended thought the classes were great. Some were very proud of their achievements in class and wished that classes were longer than the allotted time. Feedback was mixed regarding the independent study time for inmates with their G.E.D.s. At best, staff and participants viewed it as time spent learning about history and other subjects or as a good inmate management activity. At worst, it was viewed as boring and a waste of time.

#### *Reintegration Programming*

Feedback was mixed regarding the various types of reintegration activities conducted by the reintegration coordinator. Staff believed that the large weekly reintegration group conducted in Shock was either very or somewhat effective while most inmates' opinions were not as positive. Many acknowledged that the group had just begun and that more topics should be covered (such as life skills, domestic violence issues, and parenting classes) and the group needed more structure. Both staff and community members highlighted the importance of bringing in outside speakers to help participants make a successful link to the community. As one staff member explained, it

"provides a 'face-to-face' contact. Inmates can shake their hands, get their cards, and even make an appointment."

Feedback was more positive on the smaller groups with inmates in Shock and the PRC who are close to release and on the individual help that the reintegration coordinator gives to inmates just prior to their release. This includes giving community members information about residential housing and substance abuse programming in the community and often helping them contact those agencies and applying for participation. Help has also been given with housing issues, employment, and medical and mental health referrals. The reintegration coordinator was lauded regarding her knowledge of community resources and connections, her persistence in finding needed resources, and solving complicated issues, and her empathy. However, many of the community members and some staff had the sense that the workload of the reintegration coordinator was too much and that it sometimes resulted in inconsistent help and need areas that went unmet.

Most of the community members that were interviewed were not at the point near release when they would be working on an Individualized Service Plan and thus had little comment on it. Staff all believed that it was an important tool to help the inmates focus on the specific things they would need to do to stay substance- and crime-free in the community and that it was good for individuals to receive that type of individual attention. However, most acknowledged that the plans had "no tooth to it" and that inmates, once released, were not bound to the plans unless they had probation and parole officers who adopted the plans as part of their conditions of probation or parole. Nevertheless, most staff saw value in them and as one counselor explained, "although they may not follow it, it lets them know how to live their life—what (their life) should look like."

#### *Other Program Activities and Components*

Staff was divided about the effectiveness of the weekly religious education group and inmates were strongly divided in their opinions of it. There was a concern this group was not integrated in any way with the rest of the treatment program and that there was no lesson plan or curriculum. Some of the participants thought it was an important program component, while others thought it to be repetitive and a waste of time.

Inmates were similarly divided about the stress management classes. Only a few of the Shock inmates interviewed attended the stress management classes on a regular basis, but those who did thought it was an important component and lamented that it was not a daily offering. Staff agreed that for those who attended and liked it, the program was probably very effective, but for others it was not. Both inmates and staff thought that it should con-

tinue to be mandatory for inmates in Prep as a way to expose them to a positive alternative approach to stress management.

Staff and community members were asked to comment on other program components and activities, including the military-style format of the program and the mandatory recreation. All but one of the staff interviewed thought the military-style format of the RSAT program was effective and an important aspect of the program. Most staff credited the military-style format with providing structure and discipline to the inmate participants—two things that have been missing in many of their lives. Other staff commented that it taught community members how to deal with authority, be accountable, and organize their lives and also made the groups and other program activities more manageable. Interestingly, less than half of the inmates liked the military format as it was, but those who desired changes were most apt to want the military aspect intensified. Some of the Shock participants commented on the fact that the military expectations were eased when they moved to the Shock Unit and they thought that it should remain the same as in Prep. The Director of Human Services addressed the issue of the military aspect easing from the transition from Prep to Shock. She believed that the military aspect was enforced more in Prep because it provided inmates with external discipline, but it was hoped that once community members moved into Shock, that they would begin to internalize that discipline and that they would not need it to be provided externally. In turn, they will face even less structure when they are released into the community.

While all staff and community members acknowledged the importance of physical activity and recreation (to release stress and energy, to maintain personal health, and to promote social skills), half of the staff and all of the community members lamented the conditions and lack of equipment in the gymnasium where recreation is conducted. At the time of the interviews, basketball and calisthenics were the only activities available during recreation times. Staff and participants recommended a number of activities such as handball, weight lifting, boxing, and a running program. Shock participants commented that when they were in Prep, they had too much time in the gym (up to three hours per day). However, in Shock, sometimes community members were asked to vote on whether they wanted to go to the gym and if the majority ruled against it, then they hardly had recreation at all. Many of those who wanted the military aspect intensified also wanted there to be a physical training component to the program.

A number of staff and participants commented positively about the Options for Employment program and about the feelings group held weekly. While only six to twelve participants attended each program at any given time, those who had attended spoke highly of both.

Finally, both staff and community members were asked if they thought program requirements were *too lenient*, *too strict*, or *just about right* and if they

would change the amount or type of program activities if it were up to them. Almost all of the staff and most of the program community members thought that the requirements were *just about right*; however one-fourth that they were *too lenient*. As to whether they would make changes, most of both groups said they would. The majority of comments were to add more programming, especially more voluntary groups. Topics included anger management, domestic violence, parenting skills, and life skills. They also wanted more vocational and educational training, college courses, and computer classes/practice. Changes to existing programs included more reintegration topics, a small voluntary cognitive group for highly motivated participants, more stress management sessions, more structured recreation activities, and more AA meetings with outside speakers. There were requests for more one-on-one counseling, for smaller RSAT groups, for family involvement, for ex-offenders to conduct peer advocate groups, and for reinstating victim impact activities. Other comments focused on the need for more resources for the program including more staff to monitor community member participation and progress, more reading, educational, and substance abuse literature, and more equipment for recreation.

## **Program Intake and Assessment Tools**

When an inmate first enters the Prep Unit, a human services counselor completes both a treatment program intake and the management information system forms provided by the Department of Public Health. In addition, the counselor and inmate develop a treatment plan that specifies individual goals and objectives to be accomplished during the inmate's participation in the RSAT program. As discussed below, the other assessment tools include the use of the Level of Service Inventory - Revised (LSI-R) and the Adult Substance Use Survey (ASUS). The Prep Unit officer also conducts an informal intake with new Prep participants and gives them a packet that outlines all of the rules and expectations of the program.

### **The Level of Service Inventory - Revised (LSI-R)**

The Level of Service Inventory - Revised (LSI-R) was developed by Don A. Andrews and James Bonta as a comprehensive risk/needs assessment. This assessment supplies practitioners with criteria to identify treatment targets, monitor offender risk, assist in probation, supervision, and placement decisions, and determine the likelihood of recidivism (Andrews & Bonta, 1995). The LSI-R samples both major and minor risk factors, identified by theory and research that can assist in directing attention to dynamic or changeable factors that represent reasonable targets of intervention.

The LSI-R provides three basic scores: a total risk score, a profile for criminogenic need, and a scale for protective factors. The total risk score is a general

guideline for classifying risk levels. The profile for criminogenic need consists of ten sub-scales. The sub-scale scores are standardized to percentage scores. Higher percentages can be used as first indicators of the offender's salient criminogenic needs. The ten sub-scales for the profile of criminogenic need include:

- 1) Education/Employment - livelihood satisfaction and livelihood stability/structure.
- 2) Financial - ability to support a viable pro-social lifestyle.
- 3) Family/Marital - availability of meaningful social support and biological (genetic) and social learning criminogenic makers.
- 4) Accommodation - level of domestic stability and immediate environmental modeling opportunities.
- 5) Leisure/Recreation - amount of idle and/or poorly structured (e.g., non goal-oriented) time.
- 6) Criminal History - antisocial behavior, crime pattern relationship, and risk severity.
- 7) Companions - connotes most potent source of rewards and constraints, often reflects current social values/mores, and companions & activities have reciprocal influences.
- 8) Alcohol/Drug Problems - onset, intensity, frequency, style; adverse consequences (disruption), and readiness for change.
- 9) Emotional/Personal - mental health issues, emotional management/self-regulation skills, and anti-social personality features.
- 10) Attitudes/Orientation - pro-social activities, pro-criminal activities, conventional norms, non-conventional norms, and criminal justice system/corrections missions & objectives.

The final score of the LSI-R is the scale for protective factors or pro-social behavior. The resulting score of this scale is inversely related to the total risk scores. Offenders with low protective factors would be expected to have high total risk scores. While this scale is useful in itself, its real significance is not realized until the offender is re-assessed, usually after a period of program participation. Upon re-assessment a change score is calculated to determine if there has been a negative change (reflecting fewer pro-social behaviors) or positive change (reflecting a potential increase in pro-social behavior).

#### *LSI-R Administration in RSAT Program*

Human services staff instituted the use of the Level of Supervision - Revised (LSI-R) in the RSAT program during 1997. They view its usefulness as threefold: to assess clients' risky behaviors and to help create treatment

plans; to measure client change over time; and to assess the treatment programming and the need areas of staff. The plan is that human services staff should administer the LSI-R to inmates during their stay in the Prep Unit and again just before they are released from the prison. However, staff shortages and the need to train new staff in the LSI-R protocol have prevented human services staff from strictly adhering to these time frames. It is hoped that the up-coming training sessions will resolve this problem since veteran staff will be trained in how to train other staff to administer the protocol.

### *LSI-R Results*

This report includes the LSI-Rs administered to offenders entering the RSAT program between September 1998 and September 1999. LSI-Rs were included if they were administered during the inmates' placement in the RSAT units. Any LSI-Rs administered before or after the offenders' placement were excluded. There were not enough cases where inmates had LSI-Rs at both the program entry and prison release stages to make a comparison. This comparison will be made during the impact evaluation.

The LSI-R sample consisted of in-program LSI-Rs on 80 offenders. Overall, a majority of the offenders were classified as high risk on the total risk score and medium on the protection score (Table 9). This inverse relationship between total risk and protection is expected. An almost even inverse relationship is seen between offenders in the low total risk score category and the high protection score category.

<b>Table 9: Total Risk and Protection Scores (LSI-R)</b>				
<b>Range</b>	<b>Total Risk Score</b>		<b>Protection Score</b>	
	<b>%</b>	<b>(n)</b>	<b>%</b>	<b>(n)</b>
Low	3	(2)	29	(23)
Medium	43	(35)	67	(53)
High	54	(43)	4	(3)
Valid Cases	100	(80)	100	(79)

The criminogenic need profile shows that a majority of the RSAT offenders scored above 50 percent on the family/marital, criminal history, companion, and alcohol and drug problem subscales while scoring 50 percent or lower on all other subscales. Thus the RSAT inmates whose scores these represent tended to have little family support or family ties, were involved in criminal

behavior, were associated with people and activities that reinforced their negative behaviors, and were at high risk for serious drug and alcohol use. (See Table 10.)

	<b>Over 50%</b>		<b>Up to 50%</b>		<b>Valid Cases</b>	
	<b>%</b>	<b>(n)</b>	<b>%</b>	<b>(n)</b>	<b>%</b>	<b>N</b>
<b>Education/ Employment</b>	38	(30)	62	(49)	100	(79)
<b>Financial</b>	24	(16)	76	(51)	100	(67)
<b>Family/ Marital</b>	71	(56)	29	(23)	100	(79)
<b>Accommodation</b>	37	(29)	63	(49)	100	(78)
<b>Leisure/ Recreation</b>	39	(31)	61	(49)	100	(80)
<b>Criminal History</b>	65	(51)	35	(28)	100	(79)
<b>Companions</b>	62	(41)	38	(25)	100	(66)
<b>Alcohol/ Drug Problems</b>	72	(58)	28	(22)	100	(80)
<b>Emotional/ Personal</b>	26	(15)	74	(42)	100	(57)
<b>Attitudes/ Orientation</b>	36	(28)	64	(50)	100	(78)

### **The Adult Substance Use Survey (ASUS)**

The Adult Substance Use Survey (ASUS) is a clinical assessment tool designed to screen for alcohol and other drug use. This assessment tool also provides a brief mental health screening. The tool consists of six scales, five individual measures and one global measure. The five individual measures consist of:

1. Involvement - lifetime involvement in alcohol and drugs.
2. Disruption - problems and disruptive consequences due to drug use.
3. Social - rebellious and antisocial behavior and attitudes, past and present.
4. Mood - psychological and emotional disruption.

5. Defensive - the degree to which the client is able to divulge personal and sensitive information on the ASUS.
6. Global - overall measure of risk and life-functioning disruption.

#### *ASUS Administration in RSAT Program*

The ASUS is either administered by treatment specialists at intake when the inmate first enters the Prep Unit or along with the LSI-R sometime before he leaves Prep for the Shock Unit. Human services staff interviewed were less emphatic about the usefulness of the ASUS in light of the fact that it yielded information somewhat similar to the LSI-R. It was viewed as helpful in identifying those people resistant to treatment in general and to discussing issues in groups in particular. It was also seen as providing a confirmation of the substance abuse information on the LSI-R and providing more specific information on drugs used.

#### *ASUS Results*

Overall, most of the RSAT inmates received a high or high-medium severity rating on the global severity score indicating a severe degree of overall disruption of life-functioning (Table 11). Inmates had a high involvement in substance abuse, had problems and disruptive consequences due to their drug use, had been rebellious and exhibited antisocial behaviors and attitudes, and had psychological and emotional disruptions. However, RSAT inmates also received lower scores on the defensive severity score. The defensive severity score indicates that the RSAT inmates were able to divulge personal and sensitive information on the ASUS. This implies that the inmates felt comfortable discussing personal information with the treatment specialists who administered the ASUS.

**Table 11: The Adult Substance Use Survey (ASUS) Severity**

Severity	Substance Abuse Involvement Severity		Disruption Severity		Social Severity		Mood Severity		Defensive Severity		Global Severity	
	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)
High	54	(51)	44	(42)	64	(60)	44	(41)	11	(10)	49	(46)
High-medium	25	(24)	42	(39)	20	(19)	69	(34)	35	(33)	35	(33)
Low-medium	11	(10)	5	(5)	10	(9)	15	(14)	21	(20)	10	(9)
Low	10	(9)	9	(8)	6	(6)	5	(5)	33	(31)	6	(6)
Valid Cases	100	(94)	100	(94)	100	(94)	100	(94)	100	(94)	100	(94)

These results show that the RSAT inmates do have serious substance abuse problems and, high risk and life-functioning disruptions. However, since similar LSI-R and ASUS data is not available for the general population, it can not be determined that these inmates are at any higher a risk than other inmates in the Barnstable House of Correction. Nevertheless, they do show that the inmates in the RSAT program have substance abuse and criminogenic needs that should be addressed.

## RSAT Rules

### Attendance and Participation

As mentioned previously, attendance is mandatory for some of the RSAT programming, such as the Shock groups, and is voluntary for other program activities, such as AA. Inmates must attend mandatory programs (unless excused by a counselor or officer for sickness) or else they are considered *out of place* and thus prone to disciplinary action. The first time this might happen, the Captain might talk to the inmate, giving him a verbal warning. Further incidents of non-attendance would result in the inmate being moved out of the program and back into general population or in the least, from the Shock Unit to the Prep Unit. Attendance is recorded at all programs regardless of whether they are mandatory or not. This is accomplished by sign-in sheets, taking attendance, or head counts. Staff believes that attendance by inmates

at non-mandatory activities, such as AA groups, is indicative of their motivation to get something out of the program. It appears that the discussion on the pros and cons of requiring other meetings to be mandatory will continue to be an issue discussed in this and other programs.

Staff and inmate views regarding participation within the groups and meetings varied widely. Many of the staff and inmates believed that the extent of the participation was dependent solely on the inmates. Estimates of those who actively participated ranged from a "small percentage" to "most of the inmates." It appears that active participation is more prevalent in the Shock Unit groups and meetings, than in those in the Prep Unit. In one of the focus groups in the Shock Unit, participants gauged that about 70 percent actively participated and that the other 30 percent attended but did the least they had to do to get through the program. However, one of the participants said he rarely talked in the groups because he felt uncomfortable talking about himself in front of others in general, but that he had gotten a lot from listening to the facilitator and the other inmates discussing substance abuse and behavioral problems and solutions.

A few inmates and staff noted that active participation depends on a range of factors having to do with the climate in the units. Climate is affected by the officers working in the unit (whether they are the *regular* officers or are just filling in), by the captain's presence in the unit ("if the captain is here, everything runs fine"), and by the mix and mood of the inmates in each of the units. Some staff noted that participation was more active in some groups and meetings (such as the Shock group) than in others. However, even within that group, the facilitator explained (and the researcher observed) that active participation varies depending on what group one is in. Inmates who first enter the Shock Unit are assigned to the 1:30 P.M. meetings and over time, move into the later meetings, until they are assigned to the evening meetings which involves the participants who have been in Shock the longest. It was clear from the observations that it was much more difficult to pull inmates into the conversation during the 1:30 P.M. meeting than it was at others and that the discussion in the evening groups was much more serious, intense, and personal (even with an observer present).

### Rules and Disciplinary Infractions

Almost all of the inmate participants and staff interviewed were of the opinion that rules were more strictly enforced in the RSAT units than in general population. Most also agreed that inmates were held to a "higher standard" in the RSAT units than in general population. In addition to having to abide by the prison rules in general, inmates in the RSAT units were required to make their beds, shave and maintain a neat appearance, stand at attention for the count, and refrain from swearing. They also were not able to engage in some of the activities allowed in general population such as card playing

and were restricted in the television that was allowed. They were expected to adhere to a "code of behavior" that was non-existent in general population. Before inmates are allowed to move from the Prep Unit into the Shock Unit, they have to memorize all of the rules and know what is expected of them.

While expectations are clearly higher and rules are more strictly enforced in the RSAT units, the response to the infraction of those rules and standards is not clear-cut. Even with the higher standards, staff relayed that inmates in the RSAT units receive fewer disciplinary reports than do those in general population. The few disciplinary reports usually involve the presence of contraband (e.g. cigarettes) or disrespect to officers—there are very few assaults or fights in the units. Shock participants are even less likely to acquire disciplinary reports than are Prep participants. The captain noted that, overall, RSAT participants "are more self-disciplined."

With correction officers working alongside participants in the unit, they get to know the inmates and there is much more opportunity to discuss issues with inmates and to give inmates verbal warnings. In contrast, officers in general population were viewed as being more indifferent toward inmates, possibly allowing smaller things to slide, as long as they were able to maintain order. In addition to informal verbal warnings by officers, inmates are often summoned to speak to the RSAT captain who might issue a verbal or written warning or assign the inmate a "learning experience." Learning experiences might include sitting on the "thinking rock" outside the Shock Unit, standing at attention, extra chores, or wearing or carrying something that might remind the inmate of the infraction. In addition, he sometimes adjusts good time or suspends recreation or visits for infractions or lack of active program participation. Disciplinary reports are only issued for those few serious infractions such as assaults, fighting, repeated non-attendance, and possession of cigarettes, alcohol, or drugs. Receipt of a disciplinary report usually results in the inmate being moved out of the program and back into the general population for at least 30 days.

### **Drug-Testing**

While most people would concede that drugs are less available in prison than on the streets, few would argue that prisons or houses of correction are drug-free. Indeed, most of the staff and inmates interviewed acknowledged that drugs are probably available at times in the main part of the house of correction, but most said it was not an issue in the RSAT units. As one inmate put it, "other inmates would tell; the risk isn't worth it." Only a handful of inmates and a few staff conceded that they had ever seen or had heard rumors of substance abuse, specifically alcohol or marijuana. Indeed the consequences of being found in possession of alcohol or drugs or of a failed drug test would include receipt of a disciplinary report, movement to segregation for approximately ten days, and most likely, loss of visits for up to 30 days

after release from segregation. Inmates could be reassessed for a possible return to the RSAT program after 30 days.

During the evaluation period, random drug tests were given to some RSAT participants, mostly to those in the Prep Unit, every six weeks. Inmates who are suspected of drug use are also subjected to drug tests. About a third of the staff believed that the amount of drug testing taking place in the program was not enough. Of the 17 inmates asked, only six had been given drug tests while in the program, all of them while in the Prep Unit. Other staff said that more drug testing was unnecessary since substance abuse in the units was not an issue. The Captain pointed to several factors that curbed drug abuse including peer pressure, a structured program, caring staff, and the imminent threat of losing good-time. Nevertheless,

### RSAT Staffing

It was clear from the interviews, but more so from observation, that the human services staff and the uniformed RSAT staff were respectful of each other and each other's roles, were highly professional with each other and with inmates, and all understood the importance of both security and treatment within the RSAT unit. Most of the staff working in the RSAT units had a strong work ethic, many of them working above and beyond their job descriptions to ensure that the program was operating smoothly.

However, Barnstable staff, community members, and the research observer noted three staff-related areas that needed improvement. The first regards the need for increased communication. This deficiency should not be interpreted as staff not wanting to communicate with each other or with them having a difficult time when they did communicate. In fact, there was a very good working relationship between the Director of Human Services, the Assistant RSAT Program Director, and the Captain of the unit. Nevertheless, the problem was the lack of time for adequate communication. When the evaluation began, the captain's office was located in the treatment trailer, but due to staffing issues, he moved his office into the Shock Unit. This resulted in even less communication than previously. Most of the staff interviewed either articulated the communication problem ('we have no time to meet') or the results of poor communication ('sometimes we don't have a chance to provide feedback until it is too late'). Several staff mentioned that they would like regular RSAT meetings to discuss overall program issues as well as the status of inmate participants.

A second related issue is one of consistent staff interaction with community members. Most of the participants in the focus groups lamented and some staff reiterated the inconsistency among officers in the unit. During the evaluation period there was a turnover in uniformed staff, thus consistency became more of an issue than usual. However, everyone understood its im-

portance and the superintendent summed it up when he said, "in corrections, it's all about being consistent and being fair." Inmates complained that on one shift, staff might allow certain kinds of behavior but that on the next shift, an inmate could get reprimanded for the same behavior. It was interesting that the officers that inmates said they liked best were the ones that were perceived to be the strictest. However, these officers were viewed to be consistent in their behavior. As one community member put it, "they treat you with respect and they're like that every single day - no change - they leave what issues they have at the door." Some staff complained that inconsistent behavior among staff had a negative impact on the RSAT group because it distracted inmates from meaningful discussion about their own behavior and was frustrating to inmates.

The third staff-related insufficiency was the need for more staff. Staff and inmates were asked what they would do to improve the overall RSAT program. In addition to adding the program activities already mentioned and the desire for better physical space, they suggested more consistent behavior among staff, more staff, and more training for staff. All three are interwoven, in that consistency requires training, communication, and adequate staff to prevent fill-ins from working in the units on a regular basis. The superintendent was cognizant of the need for more treatment and uniformed staff.

The captain oversees the operations of the RSAT program. He directly supervises approximately ten uniformed officers in the units. During all three shifts there are usually two officers on duty—one in each unit. They are responsible for supervising and monitoring inmates' behavior and safety, ensuring that inmates move to the proper activities, and monitoring the security and egress for both housing units, the treatment/dining hall area, and the RSAT area in general. At any given time, these two officers, along with the captain and the human services staff, are responsible for the supervision of one-third of Barnstable's inmate population in an area that is less secure physically than the main prison building.

In addition to the uniformed officers, the captain oversees the activities of both human services and educational staff. The Director of Human Services supervises the treatment staff members in the RSAT program and prison-wide. She is assisted by an Assistant Program Director who oversees the treatment in the RSAT units, a Treatment Specialist who works full time in the RSAT units, and two full-time Treatment Specialists who facilitate one or two groups in RSAT but who work mostly in the main prison building, and the Reintegration Coordinator who works mostly with RSAT inmates. (These positions do not include the full-time Treatment Specialist position that was vacant at the end of the evaluation period.) An education specialist supervises the four teachers who spend part of their day teaching RSAT participants.

Staff training was brought up by many of the staff interviewed. RSAT staff thought that they should do more cross-training with classification so that classification staff would understand the extent of the programming, its expectations, and the underlying program philosophy. In turn RSAT staff would become more aware of the issues that classification staff must take into account in their task of moving inmates through the prison. Several staff believed it was crucial that officers understand the cognitive behavioral theory so that they will respond to inmates in the same way and hold the inmates' responsible for the same type of behavior. Indeed, some officers have been sent to training outside the facility for this purpose, alongside human services staff. However, funding and time for training is somewhat limited making this type of training unfeasible for all of the officers and human services staff. The Director of Human Services has suggested that cross training might be useful. Similarly, there are plans underway for human services staff to become trained as trainers in the LSI-Rs so that as new staff come on, they can be trained in-house. Some officers were concerned that not all of the officers working in the unit knew the marches and cadences nor the community standards and drills. This was seen as vital to maintain those standards, to demonstrate the importance of them, and "to build a sense of community by building an esprit de corps."

## The Barnstable RSAT Population

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During the past five years, housing and classification issues at the Barnstable House of Correction have been dominated by overcrowding and by the results of a civil suit filed by inmates in response to the overcrowding.<sup>4</sup> During May 1995 a Special Master was appointed to assist the court in devising both short- and long-term solutions to the overcrowding issue. In a preliminary injunction, the court placed population caps on each housing unit in the prison. In addition, the sheriff was authorized to grant inmates up to a maximum of 12 days earned good time credit per month. (In most of the state, the maximum number of good time is 7½ days.) The overall effect of this suit and the accompanying injunction was to ensure that inmates moved quickly through the Barnstable House of Correction towards lower security, and if appropriate, into pre-release and/or an electronic monitoring program. According to the superintendent, the current flow of inmates into the RSAT program is regulated as much by overcrowding and the accompanying injunction, as it is by the inmates' need for substance abuse treatment. After all, inmates in the RSAT program earn 12 days of good time for every month they participate in the program, thus lowering their overall length of stay. The superintendent is hoping that in the new prison being built, overcrowding will be less of a factor in placing an inmate in the RSAT program.

### Selection Criteria

The classification staff at Barnstable confirmed that there are no written criteria used to determine eligibility for the RSAT program. Instead they classify inmates to the program "on an individual basis, (examining) the nature of the individual, the nature of the offense, the length of sentence, and (potential) medical issues." The latter refers to the inmate's ability to participate in the marching done during Drill and Ceremony and to and from program areas.

### Substance Abuse Histories

While inmates with substance abuse problems are strongly encouraged to go into the RSAT program, classification staff does send a small number of inmates without documented substance abuse histories to the program because they have found that the inmates "can get something out of the program." They believe as does many of the treatment staff, that the structured pro-

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<sup>4</sup> Michael Tucker, *et. al.* v. James M. Fredericks, Superintendent, Barnstable House of Correction, *et. al.*, Mass. Superior Court, No. 95-0680-B (1995).

gram, coupled with the cognitive behavioral approach helps inmates work on accountability and self-control issues. Almost all interviewees agreed (both staff and inmate participants) that the majority of inmates in the RSAT program have serious substance abuse problems and that one would not find more than a handful of the 80 inmates in the program's two units without a drug or alcohol problem. Most of the inmates who deny having a drug problem are drug dealers. Some staff and inmates also questioned whether their denials of drug or alcohol abuse were true, believing instead that some inmates just had not gotten to the point where they could admit to having a substance abuse problem. However, outside of these few, the remaining inmate participants exhibit a wide range of substance abuse problems, from pre-alcoholic young men to those who have repeatedly failed to the point where they have given up their families for their drugs. The majority of participants have been through detox and prison and many are in the late stages of alcoholism and drug abuse.

Both HOC personnel (including uniformed, human services, and other staff) and inmate participants were split on the issue of allowing inmates without documented or admitted substance abuse problems into the units. About half believed that participation in the RSAT program should be restricted to those inmates with admitted or documented histories of substance abuse (as mandated by the RSAT grant) and thought that inmates without drug or alcohol problems distract other inmates' from seriously focusing on their substance-abusing behavior. Others believed that the program's cognitive behavioral approach can help all inmates address their negative behavior, whether it be substance abuse, lack of self-control, or violent behavior. Some said that inmates without drug or alcohol addictions could suffer from other types of addiction, including gambling, sex, and power. Many also believed that inmates with substance abuse problems must learn how to live with and be among those without substance abuse problems as they seek treatment and maintain their sobriety.

### Eligibility Restrictions

When asked if any inmates were precluded from the RSAT program, administrative and classification staff mentioned a number of factors that are considered when determining inmate suitability for the RSAT program. Most often, inmates are considered unsuitable if they have pending or open criminal cases, if they have exhibited poor behavior in the prison (e.g. escape risk or assaultive), if they have protective custody issues or serious mental health problems, and if entry into the RSAT program would somehow violate their conditions of probation set by the court.

However, the two factors that most often result in an inmate being rejected for the program are his length of sentence and type of crime. Inmates with sentences shorter than six months are less likely to be classified to the RSAT

units. However, as mentioned previously, classification staff has recently been utilizing the Prep Unit as a stepping stone straight to pre-release when an inmate has a sentence that is shorter than six months. Inmates with long sentences (over a year) usually will have to wait until they are within six to nine months of completing their sentence before being moved to the RSAT program. However, some inmates with long sentences are classified to the RSAT unit with the intention of transferring them to other correctional facilities after RSAT graduation.

When an inmate is precluded from the RSAT program due to his crime, it is usually because it is a high-profile crime (with lots of local media attention) or a sex offense. Initially, inmates with sex offenses were not deemed appropriate and were rarely classified to the RSAT program, however, within the past year, classification staff have examined sex offenders on a case-by-case basis, trying to assess the amenability and suitability of each person. The admission of sex offenders into the program has caused a stir among staff and inmate participants alike—the majority was adamant that sex offenders are inappropriate for the program. Both staff and inmates cited RSAT participants' reluctance to open up during groups and to discuss personal issues in front of sex offenders. As one officer explained, "there is an inmate code of ethics that (says) 'don't socialize with people of that nature.'" In addition, both uniformed and human services staff doubted the efficacy of the RSAT program to address the complex issues of sex offenders.

When asked if changes or additions should be made to eligibility criteria or requirements for the program, all of the inmate participants and most of the staff said that there should be changes. When asked to specify those changes, a number of respondents suggested changes in the classification process rather than the actual criteria and those will be discussed below. Most inmates wanted to preclude sex offenders from the program and some wanted to preclude those without substance abuse problems. Most of the staff suggestions were similar, but suggestions for exclusion also included those with mental health problems, inmates who, for whatever reason, will not be able to move off the unit after six months, and some sex offenders.

## **Selection Process**

While overcrowding has increased inmate movements from higher to lower security, the introduction of a classification system to the Barnstable House of Correction during 1998 has helped manage and control that increased movement. Prior to the introduction of this system, a single administrator directed movement with little or no time for assessing appropriateness. Now, within 48 hours of commitment, classification staff completes a general intake and the Simple Screening Inventory (SSI) that assesses the existence of a drug and/or alcohol problem of the in-coming inmate. Soon after, they hold

an initial classification hearing and from there, review inmates' progress in a classification board every 60 days until release. It is either during the initial classification hearing or a review that a decision is made by the classification staff to move the inmate to the RSAT Prep Unit.

Of all the issues explored during this process evaluation, the most contentious was the process by which inmates moved into the RSAT units. Staff and inmate criticisms of this process can be delineated into three separate issues: the exclusion of RSAT staff in the decision-making process; the coercion used to move inmates into the unit; and the lack of information and explanation about the program given to inmates prior to their entry. All interviewed staff agreed that classification staff do not solicit input from either human services staff nor uniformed RSAT staff when making decisions about initial entry into the RSAT program. They do solicit the input of the RSAT unit's captain when they are considering whether to allow someone who has previously failed in the program to return. RSAT staff (both uniformed and human services) thought that they should be included somewhere in the decision-making process because they would preclude inmates in complete denial of any problems, inmates who lacked any motivation to change, and inmates who were opposed to treatment. They argued that these inmates often fail, either by being terminated or dropping out, and that during their stay in the unit, they detract from and obstruct valuable treatment. Several staff lamented the wasted time spent on inmates whom they knew would not make it through the program. It was mentioned that when the new house of correction is finally built, there is a possibility of the institution going to a system of unit management. This would help address the classification complaints since a classification counselor would become part of the team along with the officers, the captain, and the human services staff in the RSAT unit.

Everyone interviewed agreed that classification staff uses coercive methods to compel inmates to move into the RSAT units. Many inmates who voice reluctance to go into the RSAT units are told that they have a choice between RSAT and being transferred to the Plymouth House of Correction. This threat is not as harsh as it sounds since overcrowding necessitates sending 25 inmates per month to Plymouth and those who do not go into the RSAT units are the only candidates for those transfers. The move to Plymouth is deemed less attractive because of its location off Cape Cod and thus, less convenient for family and lawyer visits. Some of the staff and the inmates interviewed were of the opinion that inmates must be motivated and must want to be in treatment for it to be effective. Others believed it was beneficial to expose this captive audience to treatment while they could. This is further discussed in the final section.

The final criticism of the classification process leading to RSAT is that inmates are not always fully informed about the RSAT program, the extent of the treatment programming, or the existing expectations and rules. Almost

all of the inmates interviewed in the focus groups had this complaint. Some believed that they were intentionally misled, others that classification staff did not understand that RSAT was a treatment program, and still others that the overcrowding resulted in classification merely *moving bodies* irregardless of the destination. A number of the RSAT staff commented on the fact that inmates coming into the program were often surprised at the rules, the military style of the program, and the mandatory attendance at substance abuse treatment programming. They said that the lack of information sometimes results in inmates being terminated or dropping out from the program.

## Comparison of RSAT Population with General Population

This section presents the results of a comparative analysis between the Barnstable House of Correction's RSAT population and the general prison population. As described in the **Methodology** section, two data sets were constructed for this analysis. The first consisted of all 261 RSAT inmates who entered the RSAT program between September 1, 1998 and September 1, 1999. The second group consisted of all 127 inmates who were in the general prison population on January 27, 2000,<sup>5</sup> excluding the RSAT inmates and female inmates. The two populations were compared along the following variables:

- sociodemographics (age, race, marital status, number of children); and
- current sentencing variables (type and severity of governing offense, sentence length).

Hypothesis tests were used to measure the magnitude of differences between the RSAT and comparison groups on the sociodemographic and current sentencing variables. For the continuous variables, (age, number of children, offense severity rating, and sentence length,) analysis of variance (ANOVA) testing was used. For the categorical variables (race, marital status, and type of offense) chi-squared testing was used.

For the purpose of this study,  $p < .01$  was considered significant, and  $p < .05$  was considered marginally significant. Significant findings of less than .01 are noted with two asterisks (\*\*). Marginally significant differences are indicated using a single asterisk (\*) to indicate a probability of less than .05.

The comparative sociodemographic profile of RSAT and general population inmates is presented first. Both frequencies and measures of central tendency (e.g., mean) are included.

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<sup>5</sup> Data for inmates in the general prison population on September 1, 1999 were not available at the time of this analysis.

## Sociodemographic Characteristics

### *Race and Ethnicity*

There was no substantial difference between the race and ethnicity of inmates in the RSAT program and the general inmate population (Table 12). Caucasians made up over three-fourths of both samples and one-fourth is racially and ethnically diverse.

<b>Category</b>	<b>RSAT Population</b>		<b>General Population</b>	
	<b>%</b>	<b>(n)</b>	<b>%</b>	<b>(n)</b>
Asian	1	(1)	0	(0)
African American	14	(36)	13	(16)
Cape Verdean	7	(18)	2	(3)
Caucasian	74	(194)	77	(99)
Hispanic	3	(9)	2	(3)
Native American	1	(3)	6	(7)
Valid Cases	100	(261)	100	(128)

### *Age at Time of Commitment to the House of Correction*

The average age of RSAT inmates at commitment to the HOC was 30 years compared to 35 years for those in the general population (Table 13). More of the RSAT participants were in the under-25 categories and more general population inmates were in the over 40 categories. The difference in age is most evident when examining the mode of both groups.

<b>Table 13: Age at Commitment to Barnstable House of Correction</b>				
<b>Category</b>	<b>RSAT Population</b>		<b>General Population</b>	
	<b>%</b>	<b>(n)</b>	<b>%</b>	<b>(n)</b>
<b>Under 20</b>	11	(29)	6	(7)
<b>20 to under 25</b>	26	(69)	13	(17)
<b>25 to under 30</b>	15	(39)	11	(14)
<b>30 to under 35</b>	13	(35)	18	(23)
<b>35 to under 40</b>	18	(46)	16	(20)
<b>40 to under 45</b>	9	(22)	18	(23)
<b>45 and over</b>	8	(21)	18	(23)
<b>Valid Cases</b>	100	(261)	100	(127)
<b>Mean **</b>	30		35	
<b>Median</b>	28		35	
<b>Mode</b>	19		40	
<b>Range</b>	18 to 62		17 to 71	

\*\* p<.01

### *Family Structure*

There were significant differences in the marital status of the RSAT and general population groups (Table 14 below). While both groups had similar percentages of married inmates, more RSAT participants were single and more general population inmates were divorced or separated. This is probably a reflection of the respective group's ages. Both samples had similar numbers of children—almost one-third of each group had no children.

<b>Table 14: Family Structure</b>				
<b>Marital Status *</b>	<b>RSAT Population</b>		<b>General Population</b>	
	<b>%</b>	<b>(n)</b>	<b>%</b>	<b>(n)</b>
<b>Divorced/separated</b>	11	30	22	28
<b>Married</b>	17	44	16	20
<b>Single</b>	72	187	62	80
<b>Valid Cases</b>	100	(261)	100	(128)
<b>Number of Children</b>				
<b>0</b>	37	(83)	32	(37)
<b>1</b>	29	(65)	29	(34)
<b>2</b>	19	(43)	22	(26)
<b>3 or more</b>	15	(36)	17	(20)
<b>Valid Cases</b>	100	(227)	100	(117)
<b>Mean</b>	12		1	
<b>Median</b>	10		1	
<b>Mode</b>	0		0	
<b>Range</b>	0 to 11		0 to 6	

\* p<.05

## Current Sentencing Data

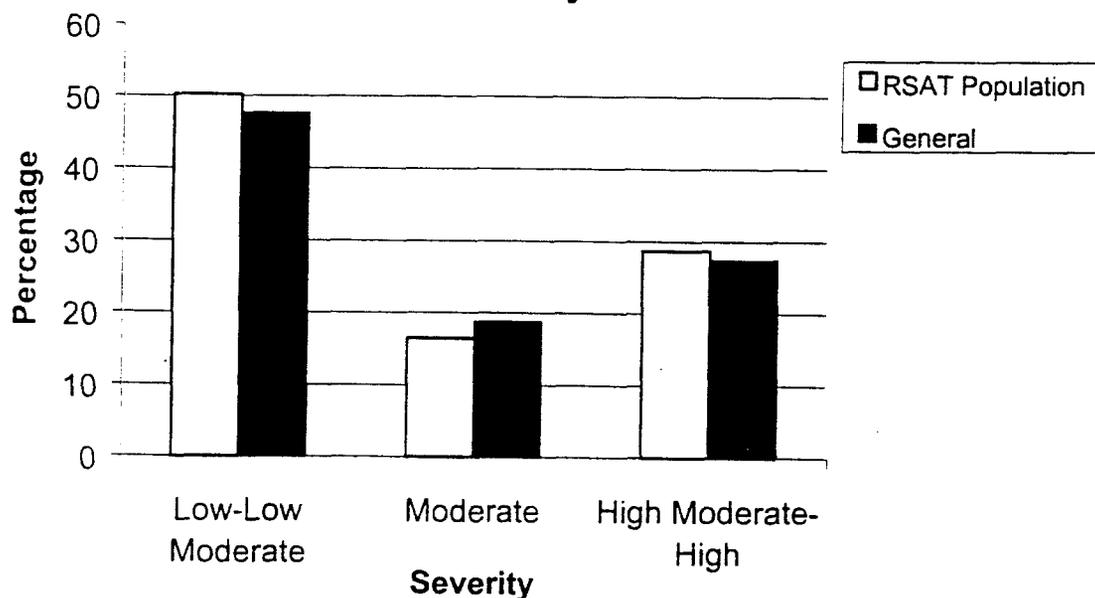
### *Type of Offense*

There were no appreciable differences in the types of offenses committed by the RSAT and general populations (Table 15 below). Over one-third of the offenses for both populations were drug or alcohol related. Person offenses were mostly assault and battery charges with or without a weapon. General population inmates were slightly more likely to commit person offenses, whereas RSAT inmates were slightly more likely to commit either sex or property offenses.

Offense	RSAT Population		General Population	
	%	(n)	%	(n)
Alcohol offenses	16	(42)	19	(25)
Drug offenses	17	(44)	16	(20)
Person offenses	17	(43)	25	(32)
Property offenses	28	(73)	23	(30)
Sex offenses	12	(30)	5	(6)
Other offenses	10	(25)	12	(15)
Valid Cases	100	(257)	100	(128)

An Offense Severity Rating (based on the severity ratings of the Massachusetts Sentencing Commission, Report to the General Court, April 10, 1996) was used to rate the severity of offenses along five categories: low; low moderate; moderate; high moderate; and high. In general, higher severity offenses are typically either violent person or sex offenses, and lower severity offenses are either property or other types of crimes (Chart 1). Drug offenses typically fall into the moderate to high-moderate severity levels. When offenses were broken into these categories, there was little difference between the RSAT and general populations.

Chart 1: Severity of Offense



### *Sentence Length*

RSAT inmates were more apt to have shorter sentences than were those in general population (Table 16). A greater percentage of RSAT participants had sentences less than a year and a greater percentage of general population inmates had sentences over two years. Seventeen percent of those who went into the RSAT program during this evaluation period had sentences that were less than five months; another 19 percent had six-month sentences. This would make completion of the program impossible for the former and tight for the latter.

<b>Table 16: Sentencing</b>				
<b>Category</b>	<b>RSAT Population</b>		<b>General Population</b>	
	<b>%</b>	<b>(n)</b>	<b>%</b>	<b>(n)</b>
<b>Less than 1 year</b>	50	(129)	43	(54)
<b>1 to 2 years</b>	40	(101)	37	(47)
<b>Over 2 years</b>	10	(26)	20	(26)
<b>Valid Cases</b>	100	(256)	100	(127)
<b>Mean **</b>	1		1	
<b>Median</b>	1		1	
<b>Mode</b>	.5		.5	
<b>Range</b>	1 to 7.5		1 to 8	

\*\* p<.01

## Program Completion and Termination

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There were a total of 313 entries into the RSAT units between September 1, 1998 and September 1, 1999, according to program records. A number of entries (four) were excluded from further analysis because crucial information was missing for these cases. After these exclusions, 309 entries remained in the database for analysis.

These 309 entries represent the 262 inmates who went into the RSAT program during the one-year period. The number of entries differs from the number of inmates because several inmates had more than one entry into the RSAT units. For example, if an inmate entered the RSAT program and was terminated after three weeks, he may be reclassified to the program again at a later time. Thus, he would have two entries in the movement-based data set, but would be counted once in the RSAT inmate-based data set. Of the 262 inmates, 85 percent (222) went into the RSAT program once and 15 percent had more than one entry (26 went into the program twice, and five went into the program three times) during the one-year period. However, some of these inmates may have had duplicate entries into the program either prior to September 1, 1998 or after September 1, 1999. Interviews with staff and community members, observations, and familiarity with the movement data suggest that more than the 15 percent of the inmates who go into the RSAT program have multiple entries. This phenomenon will be discussed later in further detail.

### Program Completion

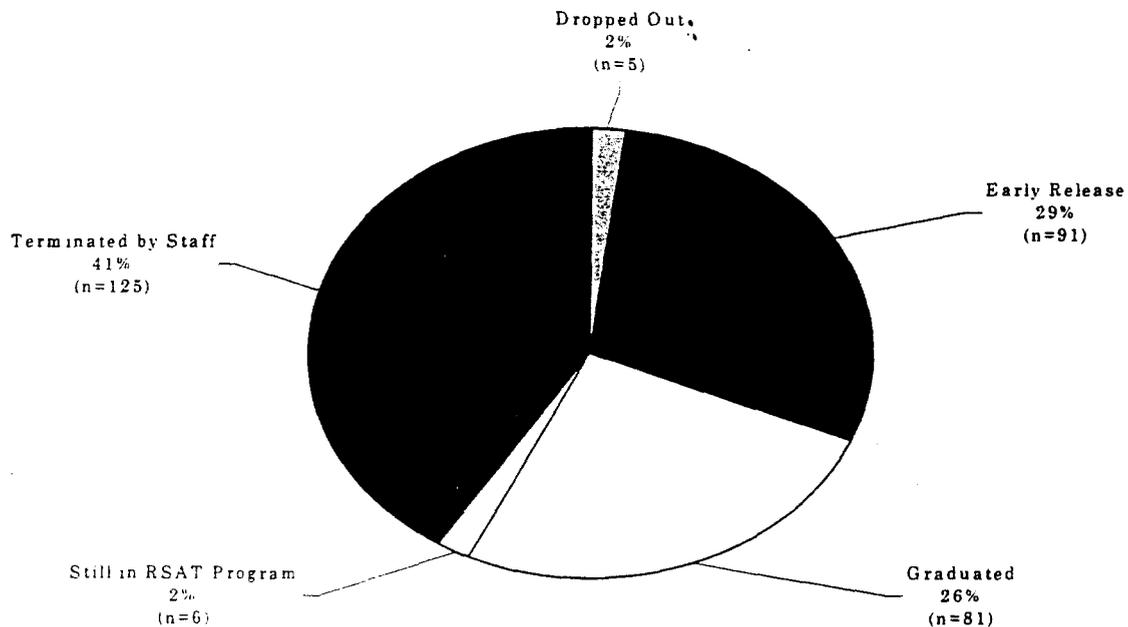
As mentioned previously, the RSAT program is designed so inmate participants have six months of substance abuse treatment. Inmates spend four to eight weeks in the Prep Unit, then move into Shock where they must complete a 36-session rotation of the RSAT group (twelve weeks). From there, inmates either remain in the Shock Unit, move on to the Pre-Release Center, or are released from the institution. Those who remain in the Shock Unit can recycle through the RSAT group, those who go to the PRC can participate in a weekly RSAT group facilitated within the PRC, and those who are released to the community can attend an RSAT-run weekly group in the Community Corrections Center. All in all, it is set up so participants have the opportunity to attend six months of substance abuse treatment.

While program length is considered to be six months or more, graduation status is bestowed on those inmates who complete the 36-session RSAT group cycle in the Shock Unit. Every three months, the RSAT staff holds a graduation ceremony to recognize the achievements of those who made it through the RSAT cycle. Staff members conduct a big ceremony and during the inter-

views, both staff and community members acknowledged the importance of this ritual. One staff person explained its importance, "completion of anything is good for these guys. They haven't had many completions or certificates of achievement in their lives. The attention they get from their peers when they complete something is a great thing."

Of the 309 entries into the RSAT program during the one-year period of evaluation, 26 percent (81) resulted in graduation (RSAT Program Release Status Chart). Of the 262 individuals who entered the program during the one-year period, 31 percent graduated.

RSAT Program Release Status Chart



\*Total N of 309 entries includes one entry for which the RSAT program release status was unknown and therefore not included.

### Program Termination and Withdrawal

As can be seen in the Chart 2, RSAT Program Release Status, few of the program entries (2 percent) resulted in the inmate voluntarily withdrawing or *dropping out* of the program. Interviews with staff and community members revealed that the few who do withdraw do so mostly because they cannot deal with the military-format and program requirements. They cannot deal with the structured program and rules, the expectation of active participation, and the authoritative style of the officers in the unit. Even more rarely, an in-

mate drops out because he could not get along with others in the program, either due to age differences or the nature of his charges.

Forty-one (41) percent of the entries resulted in the inmate being terminated by program staff. According to both staff and community members, the majority of terminations occur either when a community member breaks a major rule (fighting, smoking, drug use, refusal to attend programming) or more often, from the build-up of more minor infractions or complacency in their program participation. Community members are considered *complacent* when they do only the minimum to stay in the program and are not actively participating in the programming or adhering to the program's standards of behavior. The captain of the RSAT unit keeps records of minor rules violations and incidents where community members were not adhering to the program's standards of conduct. He also meets regularly with human services staff to solicit feedback on inmates' degree of program participation in the groups. Only a few of the inmates in the focus group complained about program terminations. In fact, some mentioned that those terminated lacked discipline, had *poisonous* or *complacent* attitudes, or sought attention. According to the RSAT staff, inmates are most often terminated when they are still in the Prep Unit although some Shock participants have been terminated due to major rules violations.<sup>6</sup> One treatment specialist said that participants in Prep are most resistant to treatment because there are trust issues and peer pressure that hinder an inmate's opening up. "Instead they will say, 'I don't need this. I don't want this,' and even try to take a nap to distract you from putting the attention on them."

Program terminations are used as *wake-up calls* to community members to inform them that they have to actively participate and work harder while they are in the program. More often than not, terminated community members will re-enter the RSAT program after 30 days of being back inside the prison walls. Many of the staff attested to the fact that terminated inmates often *beg* for re-entry into the program. Classification staff will consult with the captain of the RSAT unit prior to allowing inmates to re-enter, however, most are given a second and sometimes a third chance. Some Shock Unit members who perform below standard, are moved back into the Prep Unit for a period of time (usually a month) as a *wake-up call* that they must take their participation in the program more seriously. Some of the RSAT staff interviewed lamented the fact that there was not enough staff to adequately monitor and regularly review inmates' participation in the program. Instead, inmates who are not doing well end up being terminated (or Shock members end up in Prep) as a way of handling inmate misbehavior and complacency.

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<sup>6</sup> The researchers had planned to report exactly which of the two RSAT units inmates were in when they dropped out or were terminated. However, either the sources of this type of data collected it differently or the data was incomplete.

## Comparison of Program Graduates and Program Failures

An analysis was conducted comparing the sociodemographics and sentencing characteristics of those who were considered *graduates* of the program with those who were considered program *failures*—participants who had dropped out or were terminated. Outside of a slight trend that showed program graduates to be slightly older (mean=31 years old) compared to program failures (mean= 28), there were no differences between the two groups as far as race, marital status, number of children, offense type, or sentence length. Most staff interviewed had not noticed any characteristics that distinguished the program graduates from program failures. A couple of staff thought that program graduates might be slightly older and more educated. As one staff person explained, non-completers are sometimes not only younger but are serving sentences for their first offense and are in substance abuse treatment for the first time. Thus, they often deny having a substance abuse problem and are resistant to treatment. Some uniformed staff noted that inmates who are committed to the program carry themselves differently than those who are resisting the program.

## Early Termination

The RSAT Program Release Status Chart apportions 29 percent of the program entries (91) into an early termination category. Inmates in this category were either moved to the PRC or released from the institution prior to graduation. RSAT staff did acknowledge that sometimes over-crowding emergencies led to inmates' removal from the program prior to graduation, as did the infrequent early parole or a court's decision to revise and revoke a sentence. However, what appears to be happening with increased frequency (as explained by classification and administrative staff) is that inmates are classified to the Prep Unit with the intention of moving them to the PRC once they have spent a month or two in the Prep Unit. If for some reason their behavior does not warrant a move to PRC or they are not paroled while in Prep, they will be moved into the Shock Unit even though classification staff knows their sentence would preclude them from graduation. Classification staff explained that inmates whose sentences precluded them from full RSAT participation were still classified to the Prep Unit (and then sometimes to Shock) because it was viewed as a positive stepping stone to the PRC. The possible ramifications of this policy will be discussed in the next section.

<b>Category</b>	<b>Dropped Out</b>	<b>Terminated by Staff</b>	<b>Released Early</b>	<b>Graduated</b>	<b>Total RSAT</b>					
<b>Commitment date to RSAT entry date:</b>										
<b>Mean</b>	7	25	12	23	19					
<b>Median</b>	7	7	3	7	5					
<b>Range</b>	1 to 14	1 to 497	0 to 265	0 to 274	0 to 497*					
<b>Valid Cases</b>	4	97	80	70	257					
<b>Length of Time in RSAT Program:</b>										
<b>Mean</b>	31	37	64	163	79					
<b>Median</b>	40	27	66	156	65					
<b>Range</b>	0 to 51	1 to 204	6 to 141	58 to 330	0 to 330**					
<b>Valid Cases</b>	5	122	85	80	292					
<b>Length of Time in RSAT Program (categories)</b>										
	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>
30 days or less	40	2	53	64	17	14			27	80
31 to 60 days	60	3	26	32	31	26	1	1	21	62
61 to 90 days			13	16	33	28	3	2	16	46
91 to 120 days			6	7	18	16	11	9	11	32
121 to 180 days			2	2	1	1	55	44	25	72
Over 180 days			1	1			30	24		
<b>Valid Cases</b>	100	5	100	122	100	85	100	80	100	292

\*The time frame calculated was from the commitment date to the first entry into the Prep Unit. Second or third entries were excluded. Includes the six inmates who were still in the program at the end of data collection.  
 \*\*The length of time in the RSAT program was calculated from the date of entry into Prep to the date of release from either Prep or Shock to general population, to PRC, or a release from the institution on all entries where this information was available.

## Program Timeframes

Timeframes before, after, and during program treatment can be very informative about how the program is actually operating.<sup>7</sup> An examination of the timeframe between the inmate's prison commitment date to the time he first

<sup>7</sup> As noted in footnote #6, researchers were unable to determine the exact day that inmates went from the Prep Unit into the Shock Unit. Obviously, this precluded calculation of the times in each of these units. Similarly, data was not available for moves into the PRC.

entered the Prep Unit showed that inmates are moved into Prep soon after they enter the prison (Table 17). Sixty-two percent of the inmates were moved into Prep within one week of commitment; 88 percent were moved into Prep within a month. It was not uncommon for inmates to be moved into Prep either on the day of commitment or the day after. Table 11 indicates the average (mean) inmate first entered the Prep Unit 19 days after commitment, however, the middle of the range (median) was five days. The timeframes did not differ much among the RSAT program status categories—inmates who were early releases from the RSAT program were moved slightly more quickly into the Prep Unit.

Program graduates clearly spent more time in the RSAT program (mean=163 days), compared to those who dropped out (31 days), were terminated (37 days), or released early (64 days). Forty (40) percent of drop outs, 53 percent of terminations, and 17 percent of early releases left the program before their first month, which means that they were indeed in the Prep Unit at termination. Eighty-five percent of the graduates spent over four months in the RSAT units, which is the equivalent of at least one month in Prep and the 36-session RSAT group cycle (three months) in Shock. The majority of program graduates (65 percent) were released from the prison on the same day they were released from the RSAT program. This means that they could not be involved in continued treatment at the PRC stage, but that they would be eligible for participation in the RSAT groups held weekly at the Community Corrections Center.<sup>8</sup> Ultimately, 30 percent of the graduates participated in the RSAT program within Prep and Shock for six months. It is possible, that another 55 percent were able to extend their RSAT participation from four months to six months either by participating in the RSAT group in the PRC or at the Community Corrections Center upon release. At least 14 percent of the RSAT graduates spent less than the designated four months in the program. However, it is possible that some of these participants near graduation may have gotten moved to population for a violation, and when they returned, their prior time in the program was counted towards their eligibility for graduation.

## Release from Prison

Finally, researchers examined if and how the inmates who had entered the RSAT program had been released from the prison. Table 18 below reveals that in 13 percent of the entries, inmates had been transferred to another prison, while one-fifth of the entries had been paroled. The greatest number of entries (38 percent), inmates had completed their entire sentence and had

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<sup>8</sup> Information was not available on the number of RSAT group participants in either the PRC or the Community Corrections Center.

been released into the community. Seventy percent of the inmates released from the RSAT program (including graduates and non-graduates) were released from prison on the same day. However, the wide range (0 to 239 days) resulted in the mean being 18 days from RSAT release to prison release.

<b>Table 18: Prison Release Status</b>		
<b>Category</b>	<b>%</b>	<b>(n)</b>
<b>Still incarcerated</b>	26	(81)
<b>Transferred to another prison</b>	13	(39)
<b>Released by authority of the court</b>	1	(2)
<b>Paroled</b>	20	(62)
<b>End of sentence</b>	38	(119)
<b>Other</b>	2	(6)
<b>Valid Cases</b>	100	309*
<b>Release from RSAT Program to Prison Release</b>		
<b>Mean</b>		18
<b>Median</b>		0
<b>Range</b>		0 to 239
<b>N</b>		227**

\*The 309 represent entries into the RSAT program and not inmates. Thus inmates with multiple entries are counted multiple times.

\*\*Time frame calculated from each inmate's last exit from the RSAT program to his release date from prison.

## **Principles of Effective Substance Abuse Treatment Programs: Conclusions and Recommendations**

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In the **Review of Relevant Research** section, Table 1 highlighted the key principles of effective substance abuse treatment for offenders. Based on staff interviews, participant focus groups, and weeks of observation, the BOTEC researcher has rated the RSAT program in the Barnstable House of Correction using those same principles. As can be seen by Table 19 below, the Barnstable RSAT program has successfully incorporated 13 of the 18 components and has partially achieved the remaining five.

### **Areas of Full Compliance**

Both the sheriff and the superintendent have been very supportive of the RSAT program and have increased its program resources over the past year and a half (#18). In his interview, the superintendent was cognizant of the needs of the program (e.g. adding more staff and more programming) and stated his continued support for program improvement. Along the same line, staff has developed measures (the LSI-R and the ASUS) to monitor whether the program is achieving its goals and they have been open to the process of this research in the hope that it will ultimately serve to improve the RSAT program (#17). Finally, recidivism reduction is certainly a main focus of the Barnstable RSAT program (#11).

Human services staff certainly assess new participants' substance abuse problems and their prior treatment history, in addition to their risk levels through their use of the LSI-R and ASUS protocol (#3). Although inmates with serious mental health issues are not allowed to participate in the RSAT program at Barnstable, staff is aware of and tries to address the needs of those participants with less serious mental health problems (#13). The program does include substance abuse counseling in a group setting in which staff use cognitive behavioral therapy and social skills training (# 4 and 9). While programming does address some of the other needs of the participants besides substance abuse (education, stress reduction), staff is aware that additional voluntary programming in more varied areas would be beneficial to participants, and plans for new programs were in the works toward the end of the evaluation (#5).

The Barnstable RSAT program clearly meets the criterion of being isolated from general population given its location outside of the main prison (#10). The military-style format of the RSAT units incorporates higher standards of behavior than are found in the general prison population (#14). Inmates in the Prep Unit must learn the rules of the units before moving to the Shock Unit. Inmates also clearly understand the ramifications of disobeying rules

and becoming complacent in their program participation (#15). Finally, the 12½ days of good time offered for active participation in the program continues to be a big incentive for inmates to remain and complete treatment (#16).

## **Areas of Partial Compliance**

### **Drug-Testing**

The Barnstable RSAT program is only partially compliant in the area of drug testing (#6). The research-based principles all highlight the importance of random and regular drug testing to ensure that program participants do not use. Prep Unit participants are given random drug tests, as are those participants who are suspected of drug use. While most staff and community members agree that drugs are not present in the unit, a few have acknowledged hearing rumors after the fact (staff) or witnessing drug use (community members) at one time or another. Although this is clearly not a major problem, having drugs in an in-prison substance abuse treatment program tempts inmates who are not using, causes tension between inmates who use and those who are trying to resist temptation, and undermines the seriousness and effectiveness of treatment groups. Since the end of the evaluation period, the availability of equipment has made drug testing more frequent and regular. Now, staff who oversee the electronic bracelet program come into the RSAT units on a monthly basis and randomly test inmates in both the Shock and Prep Units. While this is certainly an improvement, more frequent testing would still be preferable.

woven in the principle that care should be taken when targeting the inmate population for treatment services. In the best-case scenario, newly committed inmates would have realized that their substance abuse was indeed a problem and seek treatment, while classification staff would deem them eligible and suitable and classify them into the program. In the worst-case scenario, inmates either do not have a substance abuse problem or are in complete denial of it and their need for treatment, yet seek entrance into the program to earn the good-time while classification staff, under pressure from overcrowding, move the inmate into the program to give him a try.

At Barnstable, intended incentives include good time for active participation in the RSAT program and promises of moves to the PRC or the electronic monitoring program. Inmates receive six days of good time in Prep, three more once they begin Shock, and can earn three additional days for doing extra tasks in the unit. Inmates are also told that, due to overcrowding, they will face being transferred to Plymouth Correctional Institution if they do not agree to go into the RSAT program. Unintended incentives include living outside the main building in tents where one is often out in the fresh air and having access to some of the most talented and caring house of correction staff

As mentioned in **The Review of Relevant Research** section, there are many incentives for entering a residential substance abuse treatment program in prison. There are the circumstances that pressure inmates to go into and to not go into treatment, motivation to get help, readiness for treatment, and a number of intended and unintended prison incentives. It was clear during the evaluation period that the incentives given to inmates at Barnstable were sufficient to entice them into the program, though not all staff thought that inmates should earn that much good time for their participation in the program. However, the issue of motivation itself is less clear and thus worth examining in more depth. The question is how much motivation is needed on the part of the inmate to warrant entry into the program? As has been mentioned, some researchers (e.g. Peters, 1993) maintain that it is necessary for inmates to be cognizant of a substance abuse problem and motivated to change and to participate in treatment, while others (NIDA, 1999) believe that criminal justice sanctions themselves are often enough of a motivation for participation in treatment and that treatment need not be voluntary. Indeed, several RSAT staff and community members commented that inmates might initially be resistant to substance abuse treatment, but that once in the RSAT program, they begin listening and often have a change in attitude, becoming more amenable to treatment (#12). Thus, taking only those who volunteer might result in missed opportunities for treatment engagement. It appears that a balanced approach to motivation in general must be taken. That is, while coercion may be used to push an inmate into treatment, care must be taken not to include those inmates whose presence

in the RSAT program is disruptive to either the treatment process or the process by which staff get inmates to *buy into treatment*.

Classification staff must take this complicated issue of motivation into account when making decisions about who should be moved into the RSAT program (#2). In addition, they have to contend with the other issues mentioned previously in the section on **The Barnstable RSAT Population**. These include the desire by human services staff to be involved in the decision-making process and the lack of information that inmates have about the program. Even if it is decided that coercion is an appropriate incentive for treatment, inmates should be given complete information about the RSAT program before they agree to enter it. It was evident during interviews with staff and inmates that many of the inmates who came into the Prep Unit did not understand what was expected of them and thus were unready to begin the program in a positive way. The number of terminations within the first two weeks of participation is an indication that inmates were not adequately prepared. RSAT staff suggested that they could improve their outreach to inmates at the beginning of their incarceration by offering weekly information sessions about the unit, possibly with veteran participants explaining what it is like in the program and answering questions. Finally, many of the inmates had only been incarcerated for a week before being moved to Prep. During the first week of incarceration, inmates are often overwhelmed by the reality of incarceration, especially if it is their first. To add to the difficulty, inmates are often still detoxing from their alcohol and drug use, making them even less amenable to begin treatment so quickly upon entry, thus making human services staff's proposal to be involved in assessing for treatment more creditable.

### RSAT Staffing

Another principle was that treatment and custodial staff should be cognizant of the needs of both security and of treatment to ensure a coordinated approach involving both types of staff (#1). Although the Barnstable RSAT program was only rated as partially compliant in this area, there is much to praise the staff about on this issue. As mentioned previously, it was clear that the human services staff and the uniformed RSAT staff had a strong work ethic, were respectful of each other and each other's roles, were highly professional with each other and with inmates, and all understand the importance of both security and treatment within the RSAT unit. Unlike the experience of other substance abuse programs (Rocheleau and Forcier, 1988) there were few power struggles, personal conflicts were handled in a professional manner, and there was no evidence of uniformed staff attempting to intentionally undermine treatment.

As mentioned, there were three areas where the program was deficient in this principle. The first regards the need for increased communication and

the second, dependent on the first, regards the need for more consistency in dealing with inmates. The third—the need for more staffing—directly affects the first two deficiencies, as does the need for training.

While there are just enough human services and uniformed staff to run the program competently (to conduct the programming and to maintain security), there is not enough to run it well. More staff would ease the pace, allow for increased communication among officers and between human services staff and officers, and most importantly, would allow staff more time to monitor and address inmates' participation issues. As mentioned previously, not addressing issues as they occur results in an inmate being terminated from the program, which in turn results in program disruption. Also, when a human services staff person leaves or is promoted to another position, a gap in staffing occurs requiring the remaining staff to take on more responsibilities or to decrease programming. Since this is a regular occurrence (throughout the entire research period human services was down at least one staff person on three different occasions), it would be beneficial to have an extra staff person so that even when RSAT is short a staff person, the program can be run smoothly without burning out the remaining staff. In addition, the added staff person could help monitor inmate participation, allow one more group to be added to Shock and Prep so that groups can be smaller and more manageable, and add the voluntary programming that is needed.

A final note of good news and caution is in order. Many of the staff and inmates interviewed praised several staff members for their dedication, organizational skills, hard work, and empathy in their positions. However, of all the staff still in the RSAT units, the RSAT Captain and the Assistant Director of Programs were consistently mentioned and observed to be key personnel in the program. In addition, the HOC administration and the researcher recognized the valuable contributions that the Director of Human Services has made to structuring, shaping, monitoring, and continually improving the RSAT program. While prison administrators should be happy about having such dedicated and talented staff, administrators should somehow attempt to institutionalize the strengths and ideas they bring to the program so that when these staff leave or are promoted, the program will not suffer a drastic decline in quality.

## Reintegration

The reintegration component of the RSAT program demonstrated significant gains since the first RSAT grant. Barnstable went from sharing one regional reintegration coordinator to having its own, resulting in an institutionalized structure of reintegration programming. During the evaluation period, the reintegration coordinator was relatively new, but already was recruiting and inviting in outside speakers, was developing curriculum for the reintegration

group, and had many good ideas. Simultaneously, she had begun the process of meeting individually with inmates prior to release, conducting a second LSI-R, developing an ISP, and making contacts with residential treatment units and other treatment agencies to ensure that inmates could continue in their substance abuse treatment upon release. Clearly, this could be a two-person job, depending on the extent of the individual help that one could give the community members.

Without diminishing in the least the importance of a reintegration coordinator within the prison, it is clear that a stronger link needs to be developed between the prison and the community (#8). To their credit, the Barnstable RSAT staff maintains communication with both parole and probation officers in their area. Ideally, the ISPs drawn up in the prison before release would be forwarded to the parole or probation officer (if there were one) for adoption as part of their conditions of parole or probation. But such an initiative requires a good amount of communication, openness to share information and control, and a good working relationship. Massachusetts has made a good start with the creation of the Office of Community Corrections and its regional centers. However, only those inmates who are on probation or parole, or who are in an electronic monitoring program are supervised in any coordinated way upon release, clearly not even half of the releases. Ideally, inmates leaving a residential substance abuse program should have in front of him or her a one-year plan that includes a residential program (if needed), continued treatment, attendance in self-help groups, regular substance abuse monitoring, and attention to their other need areas such as education, health, and family. It is clear that Massachusetts and other states are at a juncture in their prison substance abuse treatment programs and must decide whether the present course is satisfactory, or whether these prison programs should be allowed to take their natural course—back into the street.

## **Recommendations for the Future**

As a result of this study, evaluation staff recommend that the Barnstable County RSAT Program administrators consider implementing 16 action items, that could serve to improve the overall operation of the program. The following recommendations address the five areas where the RSAT program was not in full compliance with the principles of effective substance abuse treatment programs for offenders.

1. Add one more human services staff person full time in the RSAT program as well as another day officer.
2. Continue training staff in cognitive behavioral therapy outside the facility but begin an introductory training in-house for new officers in the unit and officers who regularly rotate into the unit as fill-ins. Others who would also benefit from this include classification staff, educational staff,

and outside volunteers so that all HOC personnel who come into contact with RSAT participants are relating to them in the same exact manner.

3. Train all RSAT officers as drill instructors and about the standards of behavior that are expected of inmate participants.
4. Train all human services staff in the use of the LSI-Rs.
5. Decide on the types of meetings that are needed to facilitate better communication and smoother program operations. All RSAT staff members should be involved in some type of meeting at some point (even if semi-annually) to help build a greater sense of teamwork especially among the uniformed staff with all other staff. Regular meetings should separate review of participant status from regular staff meeting issues about daily operations.
6. Voluntary programming should be increased if possible (using new staff or better use of current staff) with an eye toward programs on parenting, relationships, life skills, anger management, domestic violence (when appropriate), and relapse prevention.
7. If possible, the number of groups in both Shock and Prep should be increased by one to make the groups smaller and thus, more manageable.
8. Since the Prep Unit is being used as a feeder unit for not only the Shock Unit but for the PRC and general release, then it should be acknowledged as such. There should be written classification criteria as to the eligibility and suitability of inmates for this unit, possibly one set for those going to the PRC and another set for those destined to go into Shock. It should also be a minimum of two months for those who will go on to the Shock Unit.
9. Inmates should not be moved into the Prep Unit until at least a week after commitment.
10. Human services staff and classification staff need to work out a way to better inform inmates about the RSAT program prior to their entry into it.
11. There should be written classification eligibility criteria for inmates moving into the Shock Unit. By the end of Prep, inmates should be motivated to work on their issues and to be willing to actively participate in the counseling groups. They should also have four more months to serve. Inmates with shorter sentences should not go into the Shock Unit at all.
12. RSAT staff should help make the determinations about who is appropriate for RSAT participation and who is not. This can either be done before inmates come into Prep or after inmates have been in Prep for up to one month. There are pros and cons to each time frame and there should be serious discussion among human services, the RSAT captain, and classifi-

cation staff about the most efficient yet most beneficial time to make this determination.

13. Human services staff and uniformed staff should work together to devise a plan to try to reduce the number of terminations from the program (aside from those already mentioned) to help increase stability in the program and successful graduates.
14. The three-month cycle of the RSAT group in the Shock Unit should be lengthened to four months (or an advanced group should be created) and graduation should be conferred on those inmates who have completed six months in the Prep and Shock Units.
15. If resources are available, more regularly scheduled random drug testing should be conducted in both the Prep and Shock Units. The RSAT program should be given its own budget for drug testing that they can manage to be meeting their needs.
16. The Barnstable Sheriff's Office should begin planning a long-term strategy that will try to build a bridge from the prison back into the community for inmates who have completed treatment. Ideally, this would include a residential substance abuse treatment house, and better coordination with probation, parole, and the community corrections center.

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As in nearly all evaluation research, it often takes more words to describe and explain the deficiencies of a program and the rationale for needed changes than it does to highlight the positive aspects of the program. Unfortunately, such was the case in this summary where two pages highlight the thirteen areas in which the RSAT program excelled, and seven pages describe the five areas where more work is needed. With the continued support of the sheriff and the superintendent, coupled with the new house of correction that is being built, the changes that need to be made are pragmatic and could be accomplished easily by the skilled and dedicated staff working with and in the RSAT program. However, the RSAT groups in Shock and the program philosophy and theory upon which the RSAT program rests are strong—making the Barnstable RSAT program a model for other in-prison substance abuse treatment programs.

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## Appendix A

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### Management Information System Implementation: Installation, Training and Support

To help RSAT staff keep track of their program participants and assessments, BOTEC Analysis Corporation developed an RSAT MIS that included the LSI-Rs, the ASUS, the ISPs, and program entry and exit data. Upon completion of database programming, BOTEC staff installed the RSAT MIS at the Barnstable House of Correction. The MIS was tested on site to ensure that it was fully operational. Upon completion of installation and testing, BOTEC staff conducted a training session with all potential users. This session covered, but was not limited to, the following areas:

- Opening the MIS and overview of both data entry and reporting capabilities
- Creation and modification of client files
- Review of all data entry forms, the types of data to be entered, movement within and between the forms, editing previously entered data
- Reviewing of reporting mechanisms, potential uses of both client-based and aggregate program data
- Discussion of ethical use of MIS data and maintenance of confidentiality
- MIS troubleshooting and accessing technical support

Upon completion of the initial training, program staff utilized the MIS for a trial period. At the end of the trial period, BOTEC technical staff ascertained that there was no need for any additional training based upon feedback from program staff. Moreover, BOTEC technical staff was available throughout the study period to provide technical support on an "as-needed" basis by phone and e-mail. Throughout the study, data was periodically downloaded from the system and validated.

The following pages show the data entry screens and some reporting mechanisms created for the RSAT MIS.