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**BREAKING THE CYCLE**  
Technical Report

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Vera Institute of Justice  
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## Introduction

This report is the second of three reports that the Vera Institute of Justice will produce on Pennsylvania's RSAT program. The first, *A Collaborative Evaluation of Pennsylvania's Program for Drug-Involved Parole Violators*, describes the program's implementation in its opening year of operation and focuses on its initial, in-prison phase.<sup>1</sup> The present report describes outcomes from all three of the program's phases and compares RSAT participants to a comparison group of technical parole violators who returned to prison after violating parole. A final report, to be issued in October 2002, will include additional treatment implementation and parole outcome information and summarize lessons from the evaluation.

These evaluations were undertaken after the Pennsylvania Department of Corrections (DOC) received federal program funding in 1997 and invited Vera to evaluate the implementation of the new RSAT programs. In 1998, the National Institute of Justice awarded Vera a grant to conduct a process evaluation of the programs and produce the first report in this series. In 1999, this award was supplemented with funding to conduct the present outcome evaluation. Further support was granted in 2000 from the Pennsylvania Commission on Crime and Delinquency. This technical report describes the research conducted for the outcome evaluation and focuses on methods and results that are not included in the accompanying summary report.

Pennsylvania's RSAT program targets technical parole violators with chronic drug addiction problems, offering them a three phase drug abuse treatment program in lieu of return to the general prison population. It is the state's most comprehensive effort to pool the resources of the two agencies responsible for supervising and rehabilitating offenders, the DOC and the Pennsylvania Board of Probation and Parole (PBPP). The program is particularly ambitious because it targets violent offenders in a focused effort to provide rehabilitation without jeopardizing public safety. The process evaluation revealed a state committed to working with a population that is typically rejected for treatment interventions because of the risk that they will re-offend.<sup>2</sup>

## Research Methods

This current outcome evaluation has three goals. First, we describe the program logic model, the changes that occurred over the course of the program's implementation, and the differences between program sites and program phases. Second, we analyze program retention by phase. Finally, we compare the RSAT participants' length of prison stays for

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<sup>1</sup> Douglas Young and Rachel Porter. (1999) *A Collaborative Evaluation of Pennsylvania's Program for Drug Involved Parole Violators*. Vera Institute of Justice. New York.

<sup>2</sup> For example, Dwayne Simpson, George Joe, Kirk Broome, Matthew Hiller, Kevin Knight and Grace Rowan-Szal. (1997) "Program Diversity and Treatment Retention Rates in the Drug Abuse Treatment Outcome Study (DATOS)." *Psychology of Addictive Behaviors*, vol. 11, no. 4. 279-293.

technical violation and rates of return to custody with those of a matched group of technical parole violators who had not entered RSAT but were returned to state prisons during the same time period.

The analysis is informed by the process evaluation that we conducted between December 1997 and February 1999. In carrying out that study, the research team observed the program, interviewed staff, and reviewed files at the two state corrections institutions (SCIs) that served as the program's original sites: SCI-Graterford and SCI-Huntingdon. Additionally, we conducted baseline and follow-up interviews with program participants in phase I—the in-prison portion of the program—using modified versions of standardized instruments. These instruments include the Addiction Severity Index and program rating measures developed by researchers at Texas Christian University that were modified for the project.<sup>3</sup> We interviewed 160 participants and conducted follow-up interviews with 115 participants who were still in phase I after three months (68 percent of the total admissions to RSAT during the initial data collection period).

For the current report, we collected information about phases II and III through program observation, staff interviews, file reviews, and participant interviews and focus groups in the Philadelphia region between January 1999 and December 2001. The new findings on the outcomes of RSAT participants are based on data from the DOC centralized information system and file data collected from the Bureau of Community Corrections within the DOC.<sup>4</sup>

We used DOC data to report phase retention and return to custody for the 412 men who entered the RSAT programs at SCI-Graterford and SCI-Huntingdon between January 1998 and January 2000 and were released from prison between July 1998 and August 2000. This group was compared with a matched group of technical parole violators from the same counties as RSAT participants who were released from custody during the same period that the RSAT participants were released from state prison.

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<sup>3</sup> A. T. McLellan, A. Alterman, J. Caciola, D. Metzger & C. P. O'Brian (1992). A New Measure of Substance Abuse Treatment: Initial Studies of the Treatment Services Review. *The Journal of Nervous and Mental Disease*, 180: 101-110. D. Dwayne Simpson, et al. (1997). "Program Diversity and Treatment Retention Rates in the Drug Abuse Treatment Outcome Study." *Psychology of Addictive Behaviors*, Vol. 11, Number 4.

<sup>4</sup> The final report will also include site information from the Pittsburgh region, and data from the Pennsylvania Board of Probation and Parole.

## Section Two: The RSAT Program in Pennsylvania

The RSAT programs are not the only drug treatment available to Pennsylvania inmates and parolees. The Department of Correction runs various treatment programs, both within state prisons and in the community corrections centers (CCCs) it operates or oversees throughout the state. These include a 1,100-bed prison devoted to substance abuse treatment of offenders scheduled to be released within a year, ten additional prison-based therapeutic communities, and alcohol and other drug screening, assessment, and treatment services that in 2001 served some 16,000 inmates.<sup>5</sup> Additionally, the newly developed Community Orientation and Re-entry program (COR) assesses and provides pre-release planning for every inmate leaving a state correctional facility. This includes providing addiction treatment referrals as well as planning for employment, family, and health needs. Finally, in 2001 DOC prepared and distributed a comprehensive policy manual for alcohol and drug treatment.

The Pennsylvania Board of Probation and Parole, too, has strengthened its efforts to address the substance abuse problems of ex-offenders in the community. In addition to RSAT, PBPP has developed the Substance Abuse Violators Effort (SAVE), a halfway-back program for parolees in the Philadelphia area who were violating conditions of parole because of drug use.<sup>6</sup>

### Program Model

Like most prison-based drug abuse treatment programs, the treatment model adopted by Pennsylvania's RSAT programs assumes a direct relationship between substance abuse and criminal activity. Consequently, it consists of cognitive behavioral therapy that treatment program administrators say is designed to address both substance abuse and "criminal thinking."

*Phase I.* To qualify for this first six months of treatment, participants must have been returned to custody for a parole violation, screened and recommended for RSAT participation by a parole revocation review panel, and screened and approved for eventual release to a CCC by DOC staff. The entire screening and approval process typically takes about one month and is not included in the 18 month RSAT term. Once in the program, participants immediately begin didactic and interactive groups. They also meet with a program treatment counselor to develop a comprehensive assessment and treatment plan.

Participants in phase I move through a series of highly structured sessions that reflect three distinct stages of treatment similar to those developed in treatment programs outside

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<sup>5</sup> Pennsylvania Department of Corrections web site. <http://www.cor.state.pa.us/da.pdf>.

<sup>6</sup> David Zanis. Outcomes from SAVE. Presentation at the Annual Conference on Research and Technology. Valley Forge, PA. May 6, 2002.

of prison: orientation, main, and re-entry. The orientation stage acclimates participants to treatment concepts and rules. The main stage involves intensive individual and group exercises designed to affect judgment and behavior. The re-entry stage consists of planning for the transition out of prison and long-term goals. Classes are designed to teach skills such as how to recognize and avoid self-destructive behavior, how to interact with others, how to manage personal responsibilities, and how to avoid relapse to drug use. Participants are required to speak in groups, complete homework assignments, and lead at least one class.

The curriculum for these classes was developed by CiviGenics and is based on research findings and the organization's treatment philosophy that "criminogenic thinking" leads to drug use and offending. The curriculum is rigidly codified, and staff typically learn it by reading it verbatim at their first run-through with participants. This high level of standardization makes the programming consistent across sites and among staff at a single sites. The rigid structure prohibits spontaneous tailoring for individual need, however. Written lessons focus on judgment rather than traditional educational or vocational training (such as GED classes or carpentry), but they avoid moral conditioning or psychological counseling.

RSAT participants exercise and eat apart from the general population at each facility and do not work outside of the programs.

The primary difference between the two original program sites is the prison setting itself. The RSAT program at SCI-Graterford is much more restrictive than the program at SCI-Huntingdon. The former is located within the prison, while the latter is in a lower-security unit outside the prison. This difference clearly affects staff and inmate perceptions of the program. It does not, however, lead to significant variation between outcomes at the two sites, as will be shown in the next section.<sup>7</sup>

*Phase II.* After graduating from the prison treatment phase, RSAT participants enter the CCC closest to their homes. CCCs vary in the level of structure they provide to participants. However, from the first year of implementation the DOC has steadily increased its requirements for participant programming and supervision, favoring CCCs that demonstrate greater organizational and program structure.

During the first weeks of phase II, participants have restricted contact with family and friends. Within the first week, CCC staff conduct an intake interview and distribute facility rules to new participants. In order to provide support and guidance in the transition to independent living, most CCCs employ a peer support system that matches new residents with participants who have been in the program for several months. CCC residents are required to work and deposit paychecks in accounts managed by the facility. Their movement is restricted to approved destinations and times, and all participants in phase II must abide by curfew restrictions and drug testing requirements.

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<sup>7</sup> For a full discussion of these differences see Young and Porter (1999).

Drug abuse treatment in phase II is significantly less intensive than in phase I. Every week, participants must attend two two-hour group sessions in relapse prevention and one individual session. The group sessions are generally didactic, but less structured than the classes and sessions in phase I. This flexibility allows counselors to draw out personal experience and emotions in the course of the session. The size of the groups varies considerably, both across sites and at each site across time. Most groups, however, are capped at ten participants in order to grant those who may be feeling overwhelmed by the return to independent living ample time to talk about their past experiences and current challenges.

*Phase III.* Participants who succeed in the CCCs are then released back to the community for parole supervision during the remainder of their original sentences. Although phase III represents a return to independent living, participants must comply with an intensified version of parole that includes more restrictions and requirements than is standard. Because there are no RSAT-specific parole officers, phase III participants are supervised by the parole field officer assigned to their particular geographic area.

During this portion of the program, which was developed as a transition back to parole, participants are required to attend weekly group sessions and monthly individual counseling sessions. The treatment in this phase, while based on the philosophy of CiviGenics, is provided by a different organization than the treatment in phases I and II. Thus, the implementation of that philosophy varies considerably from its implementation in the earlier phases. It is also more limited and designed primarily to maintain the recovery process.

After completing the six months of outpatient treatment, RSAT participants are returned to intensive parole supervision. Exceptions are made for RSAT participants who appear unstable or otherwise likely to fail. In such cases, phase III treatment can continue for as long as a year.

As others have noted, the increase in parole caseloads nationally over the past ten years has not been met with corresponding increases in parole budgets.<sup>8</sup> This has meant that Pennsylvania has not been able to assign parole field officers exclusively to RSAT cases, and officers supervise both RSAT and non-RSAT parolees.

### **Program Challenges**

Since their inception in 1998 the two original RSAT programs have changed their coordination and management to respond to implementation challenges. Early growing pains resulted in efforts to coordinate treatment service delivery with the broader security needs of prison operation. This coordination helped the program and security staffs to better understand and support each other's concerns. Treatment, corrections, and parole

<sup>8</sup> J. Travis, A. Solomon, M. Waul (2001) *From Prison to Home: The Dimensions and Consequences of Prisoner Reentry*. The Urban Institute. Washington, D.C. p 21.

staff now meet on a biweekly basis to discuss participants who are about to transfer between phases. This working group has successfully addressed several problems related to coordinated services. Nevertheless, RSAT continues to confront a few key issues, such as treatment integration (which is discussed in the summary report) and peer support.

*Peer Support.* In interviews and focus groups, participants varied in their opinion about the usefulness of the counseling sessions in phases II and III. Nearly all agreed, however, that groups restricted to RSAT participants were preferable to those that included other ex-offenders. Respondents said that peers who had not gone through treatment dismissed much of the content of group therapy as useless or irrelevant. One respondent put it this way, "When you are trying to stay clean, it isn't good for you...when someone is just out and it's been ten years and he's looking for women and he's looking to pick up. 'Cause he's been in so long, he just wants what he can get, see?" This respondent's counselor offered a similar view: "You've been in jail so long without all that stimulation [of available sex and drugs]—it's too much to handle on your own."

While the RSAT programs recognize the therapeutic utility of group support, maintaining exclusivity can be difficult—particularly if there are not enough RSAT participants in a single site. The program intends to separate RSAT participants from other ex-offenders in the dorm rooms at the CCCs, in group sessions at the CCCs, and in outpatient treatment in phase III, but participants report that they have been placed alongside non-RSAT ex-offenders in all these situations. Although it is difficult to assess the effect of this integration on treatment outcomes, participant perception suggests that the issue should be reviewed by RSAT administrators and clinicians.

Aftercare for RSAT participants released to parole includes ongoing drug treatment but not ongoing RSAT peer support. The CCCs generally do not maintain RSAT support groups or reunions for RSAT participants on parole. And it may be impractical to assume that RSAT participants would attend such groups if they did exist.

Yet treatment literature suggests that a continuum of treatment as well as structured peer support reduce relapse and re-offending. Thus, while RSAT's phase III structure provides the continuum of treatment, it could provide more opportunity for structured peer support after the participants are released to parole.<sup>9</sup>

### **Program Participants**

Our first report on RSAT described the demographic and background characteristics of RSAT participants based on our research on the first two entry cohorts. The results, presented in Table 2a, indicate that the program served its target population of repeat offenders with long histories of substance abuse and offending. Because the program

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<sup>9</sup> G. G. Gaes, T.J. Flanagan, L.L. Motuik & L. Stewart. (1999) "Adult Correctional Treatment." In M. Tonry and J. Petersilia, eds., *Prisons*. University of Chicago.

serves parolees rather than first-time, “low-risk” offenders, participants are slightly older than the average inmate released from custody in Pennsylvania and significantly older than the typical offender in drug treatment.<sup>10</sup> Predictably, the majority of offenders from the eastern region (TCI-Graterford) are African-American or Latino, while the western region (TCI-Huntingdon) includes more White participants. In both programs about half the participants in the sample did not have a high school diploma or GED, and a slightly larger portion were unemployed when they violated parole. The minority in both regions was married.

Table 2a. RSAT Participant Characteristics  
January 1998-December 1998

Variable Description	Graterford [N=99]	Huntingdon [N=61]	Both Programs [N=160]
<i>Demographic and Employment Data</i>			
Age (mean)	37	36	37
(median)	37	39	37
Race/Ethnicity			
Hispanic	9%	0	6%
Black	74%	63%	70%
White	12%	32%	20%
Other	5%	5%	4%
Married	17%	34%	20%
High school diploma or GED	49%	62%	54%
Weeks worked in past year (mean)	32	17	21
Employment income, past 30 days	\$789	\$560	\$704
Depends on others for support	40%	32%	37%
Unemployed at time of violation	59%	60%	60%

<sup>10</sup> “Portrait of an Inmate Returning to the Community.” On the Pennsylvania DOC web site, <http://www.cor.state.pa.us/Inmate%20Profile.pdf>.

Table 2a continued  
 RSAT Participant Characteristics January 1998-December 1998

Variable Description	Graterford [N=99]	Huntingdon [N=61]	Both Programs [N=160]
<i>Medical, Psychiatric, and Family Problems</i>			
Bothered by chronic medical problem(s)	26%	29%	27%
Experienced emotional abuse in lifetime	17%	20%	16%
Experienced serious depression in lifetime	30%	28%	23%
Had thoughts of suicide in lifetime	10%	11%	10%
Very troubled by family problems	22%	19%	19%
<i>Substance Abuse History</i>			
Any prior admission to drug treatment	46%	82%	53%
Used heroin/cocaine, past 30 days	67%	66%	67%
Reports serious need for alcohol treatment	46%	37%	43%
Reports serious need for drug treatment	78%	69%	75%
<i>Criminal History</i>			
Number of prior convictions (mean)	4	8	6
Months incarcerated (mean)	99	47	70

One quarter of the sample reported chronic medical problems. Similarly, one quarter reported a history of serious depression. Nineteen percent reported being troubled by family problems. A majority said that they had been in drug treatment before, used heroin or cocaine recently, and needed treatment. The group reported an average of six prior criminal convictions and had spent, on average, more than seven years incarcerated.

Although we did not interview the larger sample of 412 RSAT participants used for the outcome evaluation, we obtained some background information for them from the Department of Correction. As shown in Table 2b, this population is similar to those that we interviewed. Their criminal history indicates a population of serious offenders; their average age, 40, is high for a drug treatment program, and a majority are African-American or Latino. The only differences are that the larger group used for the outcome evaluation is slightly more likely to be married and to have graduated from high school or received a GED.

Table 2b. Characteristics of RSAT Outcome Sample  
January 1998-January 2000

Background Characteristics	RSAT N=412
Age (Mean)	40
Race	
Black	71%
Latino	5%
White	24%
Graduated from high school	69%
Ever Married	33%
Ever convicted of a violent offense	55%

## Section Three: Program Outcomes

Both common sense and a wide body of literature maintain the importance of retaining participants in achieving the long-term success of any program. In our study, we analyzed program completion rates for each phase of RSAT, and the reasons why those who did not complete the program were returned to prison. We also examined the rates of returns to custody of a matched comparison group and the reasons why some members of the comparison group were returned. Our data, from the Pennsylvania Department of Corrections, allowed us to distinguish between those parolees who returned to prison due to different types of parole violations, and those who returned due to re-arrest.

These analyses are far less comprehensive than planned. Due to a variety of data access and quality problems, discussed below, we were unable to complete the more sophisticated study envisioned in our original proposal. In addition, this research focused on phase completion and return to custody, but further research might examine other intermediate outcomes that may improve the lives of program participants and contribute to program success rates. Program effects on drug use, employment, housing stability, family relations, and mental health are important outcomes in themselves, and may lead to behavior that promotes or hinders success while on parole.

### Method

The retention and return to custody analyses examined the 412 technical parole violators (TPVs) who entered the two original RSAT programs between January 1998 and January 2000. For each participant, the Pennsylvania Department of Correction (DOC) provided printed records of its administrative data from 1985 to the December 2000. Information prior to 1985 was unavailable. The available data recorded all transfers, including transfers to and from the community corrections centers. The records also included custody status (e.g. new arrest, parole violator, etc.) the reason code for the movement (e.g. entry or transfer), and the date, time, and location of the transfers. Combining this data with information on the date a participant started the RSAT program allowed us to track the flow of RSAT participants through the program.

Because parole records were neither automated nor centrally located, we were unable to acquire parole data for this analysis. While the interviews we conducted as part of this research provided us with the perceptions of parole staff on how supervision for RSAT participants compared to supervision for non-RSAT parolees, actual parole reports would have allowed a much more detailed analysis. Specifically, this information would have allowed us to compare the parole experiences of RSAT and non-RSAT parolees, and provided data on how frequently parole officers and CCC staff used the "one-strike" policy to return participants to custody.

We analyzed the progress of each RSAT participant by phase between January 1998 and August 2000. Because Pennsylvania paroles most non-RSAT TPVs directly from

prison, there is no comparable equivalent to RSAT phase completion rates for non-RSAT TPVs. Thus, there is no standard to compare RSAT phase completion rates against. Instead, in our summary report we sought to compare return to custody rates in Pennsylvania's RSAT program to other programs that were either similarly structured or addressed the same population.<sup>11</sup>

We tracked comparison group subjects for entry and exit from community corrections centers, for release from prison to parole, and for return to custody. Comparison subjects were not bound by a phase structure, so phase retention is not given for that group. Similarly, while a small portion of the comparison sample entered the CCCs, they were not obliged to follow the same enhanced rules as the RSAT participants in CCCs, and their retention in the CCCs should not be viewed as comparable to Phase II retention for the RSAT group.

*Issues in developing a comparison group.* The research department of Pennsylvania Department of Corrections collected the data we used to construct a comparison group. It included all the technical parole violators who were in the DOC during the years 1998, 1999, and 2000. These cases, which were provided to Vera in three spreadsheet files, came from the ten counties covered by the original two RSAT facilities (Allegheny, Beaver, Bucks, Butler, Chester, Delaware, Erie, Montgomery, Philadelphia, and Westmoreland). Each case was given an identifying variable, as well as other variables such as county of offense, race, date of birth, offense, marital status, and a parole number.

We had planned to conduct a quasi-experimental outcome analysis by constructing a matched comparison group whose outcomes we could track against those of the RSAT group. We selected this approach because of the difficulty of gaining approval for an experimental design (because of the reluctance of state agencies to treat people under supervision differently, as is called for in experimental research using treatment and control groups), the potential statistical power of the relatively large number of cases in the RSAT group, and the limited data to which we had access.

The comparison group universe, consisting of approximately 10,000 cases per year, was large enough to find a match on multiple variables for each RSAT participant. From the outset of this research, we knew we that we would not have extensive demographic or psychosocial assessment data for either the RSAT or the comparison group. Such data could be used as independent variables in explanatory statistical models that test the impact of being in the program while controlling for other circumstances and characteristics. We decided that a matched pair analysis that focused on the levels of

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<sup>11</sup> Harry K. Wexler et al., "Three-Year Reincarceration Outcomes for Amity In-Prison Therapeutic Community and Aftercare in California." *The Prison Journal* 70, no. 3 (1999): 321-336. Harry K. Wexler, Greg P. Falkin, and Douglas S. Lipton, "Outcome Evaluation of a Prison Therapeutic Community for Substance Abuse Treatment," *Criminal Justice and Behavior* 17, no. 1 (1990): 71-92.

recidivism for RSAT participants and a comparison group would be the most suitable approach.

With the help of DOC, we selected four matching variables with which to draw a comparison sample: age, race, county, and criminal offence. In our first iteration, we found 363 out of 412 possible matches. To improve our match rate, we expanded our definition of a county match to include four counties located near specific counties of origin. Next, we expanded our definition for an age match to include any case that matched on the other three variables and was within two years of the target RSAT participant. These changes resulted in matches for the remaining RSAT participants. Everyone in RSAT and the comparison universe was a male technical parole violator and released from state prison between 1998 and 2000. We hoped to include a measure of substance abuse and other pertinent characteristics, but only limited information was available.

After identifying the comparison group, DOC provided hard copies of criminal history data for the treatment and comparison cases. This data, which provided prison entry and exit information for both groups, as well as some additional background and correctional institution history information for some of the cases, allowed us to track phase retention and return to custody. We then defined criminal history variables from the data sent to us by DOC. These variables included the first date a client entered the criminal justice system, first parole date, and first parole violation date. We also created RSAT-specific variables. These included RSAT entry date, CCC entry date (RSAT and select comparison group cases), CCC fail date (all RSAT and comparison group cases that failed in the CCC), re-parole date, and prison re-entry date (which served as a failure date). These dates, as well as select available descriptive data such as employment and educational status, previous parole history, and current and prior offense, were compiled into a database.

This information, though limited, might have allowed us to conduct some multivariate analyses. However, further examination revealed flaws in the data so deep that we had no choice but to discard this part of our research.

A substantial portion of the descriptive data were missing, and further efforts to retrieve the data led to only marginal improvements. The differing sample sizes in table 3b below show the amount of missing data by variable. In addition, 55 members of the RSAT group (13 percent) were still in phase II. Though less significant, the data also did not contain a variable that indicated when or if an RSAT participant in phase III or a comparison group member on parole completed parole.

The most serious problem arose, however, once Vera received the criminal history data for the RSAT and comparison groups. This data revealed that the pool of DOC provided cases that was used to create the comparison group included TPVs who were serving consecutive sentences. Although these cases were technical parole violators who had completed a sentence, they had been serving consecutive sentences and were not

released during the tracking period. This included 124 members of the comparison group (31 percent) who had never left custody. Even if the missing data problems were overcome, removing almost a third of the sample would have introduced significant bias into the resulting analysis.

Project resources did not permit beginning a comparison match anew, so we decided to use the data file we already had (without the rejected comparison group cases) and apply a logistic regression analysis to study factors influencing the probability of return to custody.

Table 3a compares the dates of entry into the study for the RSAT group and the comparison group. For RSAT participants, this is the date they entered phase I of the program. For comparison subjects, this is the date of release from state prison on parole after having been returned to prison for a technical parole violation at some earlier date.

Table 3a. Year of Entry into Study

Year	RSAT	Comparison
1997	15 (4%)	39 (14%)
1998	112 (27%)	88 (31%)
1999	202 (49%)	91 (32%)
2000	74 (18%)	66 (23%)

*Group Characteristics.* Table 3b compares the characteristics of both the RSAT group and the final comparison group. Where incomplete Department of Corrections data resulted in our using less than 90 percent of the total cases in our sample, the numbers used for both groups are given in parentheses. The table shows no significant differences between the comparison group and the RSAT group in race, age, or education. The comparison group was slightly less likely to be classified by the DOC as having a problem with drug addiction, however. Yet the overwhelming majority of both groups were classified as substance abusers. More detailed information on substance abuse and treatment history, however, were not available.

Table 3b. Characteristics of Sample<sup>12</sup>

Characteristic (RSAT n/ Comparison n)*	RSAT n=412	Comparison n=288
Average Age	39	40
<b>Race</b>		
African American	71%	71%
Latino	5%	6%
White	24%	24%
High School Diploma/GED (298/180)	69%	64%
Employed (228/156)	27%	46%
Married (228/158)	18%	20%
Classified Substance Abuse (298/180)	97%	91%
<b>Criminal History</b>		
Years since first recorded entry into state custody	9.3	11.0
Average number of prior commitments	3.5	3.0
Previously on Parole**	77%	50%
Ever convicted of a violent offence (297/177)	55	55

\* Number in group is given if data were available for less than 90 percent of total group.

\*\*This refers to release to parole prior to the offence for which the person was currently paroled.

*Defining outcomes* Comparing success rates required overcoming some definitional problems. Comparison group members, for example, did not have the opportunity to fail in prison, but RSAT participants did. Few comparison group members could fail in the CCC because only 17 percent of the comparison group entered the CCCs.<sup>13</sup> Only those comparison group members who spent time in a CCC and had a CCC fail date were counted as CCC failures. Those who spent time in a CCC and did not have a CCC fail date and a prison re-entry date were counted as successes; those that had a prison re-entry date were counted as a failure on parole. Comparison group members who did not spend time in a CCC were counted as failures if they had a prison re-entry date. Otherwise, comparison group members who did not spend time in a CCC were counted as successes if they were released on parole and did not have a re-entry date.

<sup>12</sup> Percentages may not equal 100 due to rounding.

<sup>13</sup> The DOC supplied us with information about who in the comparison group entered a CCC. We also received CCC entry dates, CCC fail or graduation dates, and CCC fail or graduation reason.

## RSAT Completion by Phase

Table 3c describes the RSAT phase retention findings discussed in the summary report. Of the original RSAT sample, 232 people, or 56 percent (63 percent of participants who entered phase II), completed phase II and returned to parole. This number includes the participants who entered the program prior to phase III implementation. By the end of the research period, 44 percent (n=102) were returned to custody by parole. The remainder (n=130) were either still in phase III or had successfully completed the RSAT program. Unfortunately, without parole data we could not distinguish between these two outcomes, leaving open the possibility that some of the phase III participants may yet fail the program.

Table 3c. RSAT Completion by Phase

Phase Status	RSAT Number	
	(Percent within Phase)	(Percent of total sample)
Enter Research (Phase I)	412 (100)	(100)
Complete Phase I	366 (89)	(89)
Fail Phase I	46(11)	(11)
Enter CCCs (Phase II)	366 (100)	(89)
Complete Phase II	232 (63)	(56)
Fail Phase II	79 (22)	(19)
Still in Phase II	55 (15)	(13)
Return to Parole (Phase III)	232 (100)	(56)
Still in or Complete Phase III	130 (56)	(32)
Fail Phase III	102 (44)	(25)

By the end of the research period, 45 percent (n=185) of the total research sample had either completed or were still in phases II or III of the program. As percentages of the original sample, the failures break down by phase as follows: 11 percent of the total RSAT participant group failed in phase I, 19 percent failed in phase II, and 25 percent failed in phase III. An examination of only those who failed (n=227) reveals that 20 percent did so in phase I, 35 percent failed in phase II, and 45 percent failed in phase III.

*Reason for Failure.* The majority of RSAT participants who failed in phase I did so for mental or medical health reasons. During phase II, the CCCs may restrict RSAT participants from leaving the facility or seeing family or friends as punishment for minor noncompliance, such as lateness or appearing disrespectful. Participants are told that they can also be returned to prison for more serious violations, such as fighting, drug use, or

leaving the facility without permission. This research did not permit classification of the full disciplinary process in all of the CCCs, but we did obtain general information about why participants were returned to custody in phase II. This information is presented in Table 3d. Approximately one-fourth of the participants who were returned to custody in phase II failed because of drug use; another fourth failed because of rule violations (e.g. breaking curfew, not reporting whereabouts). The remaining phase II failures, nearly half, “escaped”—that is, they left the CCC and did not return. Only one person was arrested for a new offence while in phase II.

Escape, however, may include behavior that is less egregious than the word implies. Returning to a CCC after staying out one night is classified as an escape, even though the parolee may return voluntarily the next day. Certainly, this is a significant violation of program rules that needs to be addressed. Our interviews suggest that few of the RSAT group that failed for this reason fled the county. Again, the lack of parole data prevented more detailed analysis that could have verified information from our interviews.

Table 3d. Reasons for Failure in Phase II

Reason for Failure	Percent of Phase II RSAT Failures	Percent of Total RSAT Failures	Percent of Total RSAT Phase II
Alcohol or drug use	26	11	7
Escape or walk away	48	20	12
New arrest	1	<1	<1
Other rule violation	25	11	6
Total	100	35	22

### Comparison Outcomes

The majority of comparison subjects went directly from prison to parole, and the comparison outcomes demonstrate that the group overall is less likely to fail, either in a CCC or on parole than are RSAT participants. Table 3e describes return to custody of RSAT and comparison subjects.

The comparison group consisted of 288 technical parole violators. Of these, 20 percent (n=58) entered a CCC prior to release on parole. Comparison subjects were not required to attend treatment or additional counseling while in the CCCs. (We do not know if they attended any form of drug treatment on their own or as a condition of parole.) In contrast to the uniform six months required for RSAT participants, their length of stay in the CCCs varied. The average CCC stay of the comparison group was twice as long as that of the RSAT group (313 days compared to 172 days).

Table 3e. Comparative Analysis of RSAT Outcomes:  
Percentage for Total Sample

	RSAT		Comparison Group	
	N	Percent of total Sample	N	Percent of total Sample
Enter Research	412	(100)	288	(100)
Enter CCCs	366	(89)	58	(20)
Fail in CCCs	79	(19)	7	(2)
Return to Parole	232	(56)	281	(98)
Fail on Parole	102	(25)	115	(40)
Success	130	(32)	166	(58)

Only 58 comparison subjects entered CCCs. Of these, seven, or 12 percent were returned to custody. In contrast, 79 of the 366 RSAT participants, or 22 percent, failed while in CCCs. Assuming that the comparison group That a higher proportion of RSAT participants failed in CCCs despite spending half the time as the comparison group is evidence that supports what the people we interviewed reported: RSAT participants appear to face a higher level of supervision and/or a lower threshold for violation.

The majority of comparison subjects, 230 people, went directly from state correctional institutions to parole. At the end of the research period, 41 percent of the comparison group failed parole. RSAT participants who completed phase II and were returned to parole had a similar though slightly higher failure rate, 44 percent. Overall, 68 percent of the RSAT group and 42 percent of the comparison group had returned to custody by the end of the study period.

The higher rate of failure among RSAT participants needs to be placed in context. In all but the last phase, where failure rates are similar, RSAT participants have more chances to fail than the control group. None of the comparison group can fail phase I, and far fewer comparison group members enter phase II. The combined failure rates from both phases results in a higher overall failure rate for RSAT participants.

A key question which we are unable to answer without parole data, is the degree to which supervision for RSAT members exceeded the level of the comparison group. If both groups received equal levels of supervision, then the RSAT program

**Return to Custody**

According to DOC records, fewer than one percent of the people in both the RSAT and the comparison groups were rearrested for a new offence. Technical parole violations accounted for virtually all returns to custody. The data described here, while incomplete, do not show that the RSAT program threatened public safety. More longitudinal data, as well as parole records and information on arrests and jail spells would need to be examined to confirm this finding. The tentative finding applies both to the intensive treatment and supervision program provided in RSAT and the less intensive supervision

and standard parole experienced by the comparison group. If other information is consistent with the data we have, this finding raises the question of whether the intensive supervision and enhanced regulations of the RSAT program are critical to maintain public safety.

The completion rate for the RSAT program is approximately the same or better than retention rates reported by similar drug treatment programs nationally. RSAT administrators and supervision staff indicate that they perceive their jobs to include protecting the public by returning participants to state custody before a new offence is committed, and the extremely low rate of re-offending by RSAT participants supports their assertion. At the same time, the relatively high rate of return to custody suggests the possibility of retaining more RSAT participants in phases II and III, thereby further increasing the cost-savings and parolee rehabilitation that are central goals of this program.

### **Conclusion**

While this research produced some useful information, we regret that the data problems we encountered prevented a more sophisticated quantitative analysis of the effects of the RSAT program. This in itself is a useful lesson. Though it is often difficult to assess the quality and availability of existing data prior to obtaining funding, where possible, research designs need to take these factors into account.

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