

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

**Document Title:           Breaking the Cycle: Outcomes From  
                                  Pennsylvania's Alternative to Prison for  
                                  Technical Parole Violators**

**Author(s):                   Rachel Porter**

**Document No.:            197056**

**Date Received:            October 23, 2002**

**Award Number:            99-RT-VX-K014**

**This report has not been published by the U.S. Department of Justice. To provide better customer service, NCJRS has made this Federally-funded grant final report available electronically in addition to traditional paper copies.**

<p><b>Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.</b></p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

197056

PROPERTY OF  
National Criminal Justice Reference Service (NCJRS)  
Box 6000  
Rockville, MD 20849-6000

## BREAKING THE CYCLE

Outcomes from Pennsylvania's  
Alternative to Prison for Technical  
Parole Violators

Rachel Porter

Vera Institute of Justice  
August 2002

Archive

**ACCEPTED AS FINAL REPORT**

Approved By:

*Louise Saff*

Date:

*9/10/02*

Draft  
99 R7 VX KC14

This project was supported by Grant No. 99-RT-VX-K014 from the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

© 2002 Vera Institute of Justice. All rights reserved.

Additional copies can be obtained from the communications department of the Vera Institute of Justice, 233 Broadway, 12<sup>th</sup> floor, New York, New York, 10279, (212) 334-1300. An electronic version of this report is available on Vera's web site, [www.vera.org](http://www.vera.org).

Requests for additional information about the research described in this report should be directed to Rachel Porter at the above address or to [rporter@vera.org](mailto:rporter@vera.org).

## Introduction

More than 400,000 inmates left America's prisons and returned to their communities under parole supervision in 2000.<sup>1</sup> Ideally, while under state supervision these men and women should reintegrate with their communities. The reality, however, is that many fail to do so because of ongoing economic and social instability, drug addiction, and health problems.<sup>2</sup> In fact, across the country a growing number of parolees are former inmates who were released once before and were returned to prison because they violated the conditions of parole.<sup>3</sup>

Usually referred to as technical parole violators (TPVs), this group is attracting unprecedented attention. Researchers and policy makers interested in this population focus on three issues in particular: public safety, rehabilitation, and cost. They want to prevent parolees from committing new crimes; they want to see programs intended to improve parolee behavior succeed; and they want to minimize the expenses incurred when parolees are returned to state custody. Recent federal initiatives have led many states to rethink how they prepare inmates for release and supervise parolees. Yet programs designed to increase parole success rates are usually complicated partnerships among multiple government agencies, and often take years to develop, refine, and bring to scale. States now trying to improve parole can learn from Pennsylvania, where corrections and parole administrators have been experimenting with parole reform since the mid 1990s. This report discusses one of Pennsylvania's efforts, the Residential Substance Abuse Treatment program (RSAT).

*Issues.* Several approaches have been suggested to improve community supervision of ex-offenders and reduce parole revocation rates.<sup>4</sup> Many incorporate research findings about rehabilitation and drug treatment. Employment, vocational education, and drug treatment have all been tied to reductions in re-offending.<sup>5</sup> At the same time, intensive supervision without services has been criticized. Surveillance alone may lead to more

---

<sup>1</sup> Timothy A. Hughes, Doris J. Wilson, and Allen J. Beck *Trends in State Parole, 1990-2000* (Washington, D.C.: Bureau of Justice Statistics, 2001).

<sup>2</sup> Jeremy Travis, Amy L. Solomin, and Michelle Waul *From Prison to Home: The Dimensions and Consequences of Prisoner Reentry*. (Washington, D.C.: Urban Institute, 2001). Shadd Maruna *Making Good: How Ex-Convicts Reform and Rebuild Their Lives*, (Washington D.C.: American Psychological Association, 2001).

<sup>3</sup> James P. Lynch and William J. Sabol *Prisoner Reentry in Perspective*, (Washington, D.C.: Urban Institute, 2001).

<sup>4</sup> See for example: Joan Petersilia, "Parole and Prisoner Reentry," *Crime and Justice: A Review of Research*, edited by Michael Tonry and Joan Petersilia, (Chicago: University of Chicago, 1999) Vol. 26: 479-529; Marta Nelson and Jennifer Trone *Why Planning for Release Matters* (New York: Vera Institute of Justice, 2000); and Ronald Burns et al., "Perspectives on Parole: The Board Members' Viewpoint," *Federal Probation* Vol. 63, no. 1. (1999): 16-24.

<sup>5</sup> Gerald G. Gaes et al., "Adult Correctional Treatment," in *Crime and Justice: A Review of Research*, edited by Michael Tonry and Joan Petersilia, (Chicago: University of Chicago, 1999) Vol. 26: 361-426. Frank Pearson & Douglas Lipton, "A Meta-Analytic Review of the Effectiveness of Corrections-Based Treatments for Drug Abuse," *The Prison Journal* Vol. 79, no. 4 (1999): 384-410.

vigilance in tracking violations, but it has not been shown to affect re-arrest rates.<sup>6</sup> Nevertheless, public safety concerns as well as pressures inherent in any new initiative tend to direct administrators' attention—and budgets—toward this latter option.

Pennsylvania was quite familiar with this struggle when it began a new program for technical parole violators in 1998. The state parole board supervised more than 78,000 people at the time—forty percent more than were on parole in the state ten years earlier.<sup>7</sup> Using funding from the RSAT initiative of the 1994 Violent Crime Control and Law Enforcement Act, the state opened two RSAT pilot programs in two correctional institutions serving the Philadelphia and Pittsburgh areas. The programs, each consisting of three consecutive six-month phases—phase I in a prison setting, phase II in a Community Corrections Center (CCC), and phase III on parole—targeted TPVs who were deemed likely to face substance abuse-related problems based on their history, the nature of their violation, or their record on parole.

*Research and Methods.* The Vera Institute of Justice has been evaluating Pennsylvania's RSAT programs since they were funded in 1997. The present outcome evaluation was guided by a central research question: Do TPVs who participate in RSAT show lower rates of criminal recidivism than similar TPVs who do not enter the program? Three related questions were also considered: How long do RSAT participants and matched comparison subjects remain under Pennsylvania Department of Corrections (DOC) custody? How do the RSAT programs differ in their success rates? And, How do retention rates vary across RSAT phases?

In answering these questions, we drew upon our phase-I process evaluation, conducted between December 1997 and February 1999, in which we observed the program, interviewed staff, and reviewed files at the two original program sites, as well as performed baseline and follow-up interviews with program participants.

Information about phases II and III was collected through additional program observation at four CCCs and five treatment providers, staff interviews, file review, and participant focus groups in the Philadelphia region conducted between January 1999 and December 2001. Retention and return to prison findings for 412 RSAT participants and 288 comparison subjects are based on data provided by the (DOC) centralized information system and file data collected from the Bureau of Community Corrections within the DOC.

To learn more about RSAT participants, we created a comparison group of technical parole violators from the same counties as the RSAT participants. We matched RSAT participants according to demographic and criminal justice variables to a file of all technical parole violators in Pennsylvania prisons who were released between July 1998

---

<sup>6</sup> Joan Petersilia and Susan Turner, "Intensive Probation and Parole," edited by Michael Tonry, *Crime and Justice: A Review of Research* (Chicago: University of Chicago 1993). Doris L. MacKenzie, "Evidence-Based Corrections: Identifying What Works," *Crime and Delinquency*. Vol. 46, no. 4 (2000): 457-471.

<sup>7</sup> Bureau of Justice Statistics, *Probation and Parole in the United States, 1998*, August 1999, NCJ 178234.

and January 2000. We then received paper records from the DOC on all RSAT and comparison subjects. We constructed the return to custody database from these paper records, which have limited background information but include all inmate movement in DOC custody.

We intended to conduct multivariate analyses of return to custody, but several problems with the data limited the usefulness of this approach. The background data in the DOC case files are rarely complete, resulting in sample sizes too small to produce reliable statistics. In addition, the paper DOC records revealed that a substantial portion of the comparison group never left prison because they were serving consecutive sentences. Therefore, we could not include this group in an analysis of returns to custody. Because we had to exclude cases from one group but not the other, an analysis of return to custody would suffer from selection bias. For these reasons, we have chosen to focus on the return rates of RSAT participants only, with the exception of a comparison of length of stay in DOC facilities.<sup>8</sup>

*Findings.* As expected, we found that RSAT participants are incarcerated for significantly shorter periods of time than the comparison group, indicating the program's potential to reduce incarceration costs. We also found that RSAT participants were rarely reincarcerated for new offenses. Instead, many were returned to custody for parole violations. Program retention declined by phase, with phase III showing the lowest retention rates. This may be connected to our finding that substance abuse treatment, which decreased sharply by phase, varied in content and philosophy by provider. In spite of different treatment providers and different environments, however, the two RSAT programs did not vary significantly in phase retention or return to custody. Finally, we found that the RSAT group experienced higher levels of supervision than non-RSAT parolees and received more severe sanctions than was originally envisioned. This suggests that security concerns may undermine efforts to reduce costs.

The remainder of this report briefly describes the research to date. Section II describes the RSAT program model and discusses innovations and challenges in the program's development. Section III describes key outcome findings. Section IV discusses the implications of the findings. The technical report that accompanies this summary provides greater detail on the findings presented here.

---

<sup>8</sup> The utility of a comparison with non-RSAT technical parole violators was further diminished as we progressed with the qualitative research and realized that the RSAT group was under such heightened supervision and requirements that the comparison with other TPVs not under those provisions would be inappropriate. A more thorough analysis of program success would include a longer tracking period after release than the data collection period of this research. For example, the Bureau of Justice Statistics recently released a report on probationers and parolees in the United States that tracked subject return to custody over three years: Patrick A. Langan and David J. Levin, *Recidivism of Prisoners Released in 1994* (Washington, D.C.: Bureau of Justice Statistics, 2002) NCJ 193427.

## Section II

### Pennsylvania RSAT Implementation: A Cooperative Effort

The Pennsylvania RSAT model is predicated on the understanding that when inmates return to the community without structure and support they are more likely to violate the conditions of their parole. Three state agencies, six treatment providers, and ten contracting agencies worked together to implement the graduated supervision and treatment that define the program, which is divided into two regions and serves ten counties.<sup>9</sup> Its current structure consists of three consecutive phases operating in separate locations and administered by different elements of this network.<sup>10</sup>

Pennsylvania's principal criminal justice agencies, the Department of Corrections (DOC), the Board of Probation and Parole (PBPP), and the Pennsylvania Commission on Crime and Delinquency (PCCD) jointly developed and coordinate the RSAT program. Two branches within the DOC are responsible for the majority of its activities. The state correctional institutions that house phase I provide and coordinate all facility requirements and oversee the coordination of treatment with security needs, and the Bureau of Community Corrections oversees the CCCs where participants are housed during phase II. The parole presence in the first two phases is limited to a single parole officer in each of the two regions who coordinates the parole component, alternating time between the prisons and the CCCs. As there is no dedicated parole supervision for RSAT, when inmates are released into the community in phase III of the program they return to regular parole caseloads (but under intensive supervision). The PCCD, the criminal justice coordinating agency for the state, is responsible for coordinating funding for the project.

Several private agencies are also involved in the RSAT program. Originally, two therapeutic community (TC) providers supervised treatment in all three phases. CiviGenics, a Boston-based private for-profit organization handled the eastern region; the western region was covered by Gateway, a Pennsylvania-based private for-profit organization. In 2000 CiviGenics took over phase I at both original sites. CiviGenics continues to oversee outpatient treatment in phase II through contracts with local treatment providers (including Gateway). Treatment services for the three phase-II CCCs in the eastern part of the state are all operated by private agencies (both for-profit and not-for-profit). The four CCCs in the western part of the state have services operated by either private providers (including Gateway) or the DOC. Also in 2000, the state shifted

---

<sup>9</sup> Appendix A provides a list of counties served by the original two RSAT programs.

<sup>10</sup> The RSAT program initially consisted of just two phases lasting a total of 12 months: six months in a prison-based therapeutic community followed by six months living in a CCC and attending outpatient drug treatment. Several of the program's key constituents, including treatment providers and corrections and parole administrators, were concerned, however, that 12 months would be insufficient time to stabilize the severely disadvantaged population the program was designed to serve. Consequently, in 1999 the state agreed to supplement federal funding in order to expand the program to a third phase that provides six additional months of outpatient drug treatment after RSAT participants returned to parole.

responsibility for all phase-III treatment to Gateway and Pennsylvania-based Gaudenzia, another private, for-profit provider.

As participants advance through the three phases of RSAT, the intensity and amount of supervision and drug treatment decrease.<sup>11</sup> Phase I consists of intensive drug treatment in a TC inside a state correctional facility. RSAT TPVs from the eastern region live in dedicated cellblocks inside the main prison at SCI\* -Graterford, a maximum-security facility near Philadelphia. Those from the Pittsburgh area occupy modular housing units located just beyond the prison walls at SCI-Huntingdon, a medium security facility in the middle of the state. Treatment at both sites is highly structured and incorporates lectures and other didactic lessons, group discussion sessions, and individual classroom work and homework. Participants are isolated from the rest of the prison population, so all treatment is delivered to RSAT-only groups. Participants attend approximately 20 hours of group sessions and approximately one individual session each week.

Phase II provides ongoing treatment through outpatient facilities along with supervised living in a CCC located near the TPV's home. CCCs typically provide dormitory-style rooms and require participants to observe curfews, gain permission for all off-site activities and travel, perform chores, find and maintain employment, and attend in-house therapeutic groups. They are also required to attend outpatient drug treatment each week and are encouraged to attend 12-step groups. Unlike in phase I, the outpatient treatment takes up relatively little time in a participant's week and is not restricted to RSAT participants. Participants are expected to attend two two-hour group sessions and one hour-long individual counseling session in treatment organizations located outside of the CCCs. While group sessions are didactic, they are significantly less structured than those held in phase I and generally incorporate specific themes and lessons into a group discussion. Due to logistical considerations, in both the CCCs and in the treatment facilities, phase-II RSAT participants intermingle with other former inmates who are not in RSAT.

Phase III continues outpatient treatment after the TPV returns to parole supervision. Once returned to parole, RSAT participants have fewer responsibilities in terms of both treatment and supervision, although the stakes for breaking the extensive rules of parole remain high—namely a one-strike policy that can return individuals to state prison for a single infraction. Participants live at home and are required to work. They are also required to attend a group treatment session each week and an individual session each month. While this treatment is administratively coordinated with treatment in phases I and II, it is generally not provided by the same organization. As in phase II,

---

<sup>11</sup> For a full account of program content and model see, Douglas Young and Rachel Porter, *A Collaborative Evaluation of Pennsylvania's Program for Drug-Involved Parole Violators* (New York: Vera Institute of Justice: 1999).

\* State Correctional Institution



RSAT participants in phase III join former inmates and others not in RSAT in outpatient treatment sessions.

While all three phases require participants to adhere to monitoring and restrictions, including behavioral norms and drug testing instituted specifically for RSAT TPVs, the quality and intensity of the therapeutic service is not always consistent from one phase to the next, let alone among different providers within the same phase. The highly structured curriculum used in phase I leaves little room for individual instructors to modify sessions according to their personal beliefs or preferences. But because the TC service provider, CiviGenics, does not provide the outpatient care in the subsequent two phases—it contracts additional providers in both the Philadelphia and Pittsburgh regions to deliver treatment in phase II, and it is not directly involved in treatment in phase III—the prison-based treatment and the outpatient treatment do not always reflect the same treatment philosophy, skill-development, or group dynamic. This lack of continuity can reduce program effectiveness.<sup>12</sup>

RSAT stakeholders hold semi-monthly coordination meetings to facilitate participant transition between phases and assure that protocol is maintained. These meetings, however, do not generally address the issue of coordinating treatment philosophy between providers. Even though a supervisor from the phase-I treatment provider maintains regular contact with the outpatient providers used in phases II and III, and the fundamental treatment philosophy criteria were established when the program was developed, the intermingling of RSAT participants with non-RSAT participants in the latter two phases makes maintaining a consistent therapeutic experience difficult. In focus groups at CCCs, program participants expressed a clear commitment to the treatment concepts they learned in phase I and a corresponding frustration with non-RSAT participants in outpatient treatment who did not share those treatment concepts. Participants also spoke about the desire for additional care beyond the five hours of treatment per week they receive in phase II (and even less in phase III)—again pointing out that their peers who had not been in six months of TC treatment did not understand the need for more intensive support.

In addition to the treatment services they receive, RSAT participants are subject to more monitoring of their behavior than their non-RSAT peers. Because participants in phase I are isolated from the general population in separate, smaller cellblocks, they come into more and closer contact with both security and program staff. (In contrast, inmates in the general population are generally housed on cellblocks that can hold more than ten times the number of inmates. And inmates in the general prison population do not have regular contact with staff other than corrections officers on the cellblock.) By design, RSAT participants in the CCCs are subject to more rules than other CCC residents and punished more severely when they fail to adhere to them. And unlike most

---

<sup>12</sup> Gaes, et al. 1999. "Adult Correctional Treatment." Pp. 361-426 in M. Tonry and J. Petersilia's (eds.) *Crime and Justice: A Review of Research*, Vol. 26. Chicago, IL: University of Chicago Press.

other CCC residents, RSAT participants are monitored by outpatient treatment staff and can be returned to state prison for infractions. Finally, RSAT participants in phase III are held to higher behavioral and monitoring standards than most other parolees. Moreover, whatever the phase, rule enforcement within RSAT is likely to reflect the pressure that accompanies any high profile innovation. As many RSAT stakeholders and related staff people reported, they feel an increased scrutiny of their work and consequently are particularly attentive to their supervisory and other responsibilities.

### Section III RSAT Outcomes

RSAT was designed to increase rehabilitation while reducing costs associated with technical parole violation. Its administrators wanted to know whether the program could help substance-abusing offenders break out of their addiction and criminal behavior. They also wanted to know whether it could safely reduce the amount of time offenders spent in DOC custody without increasing offending. The initial design of the impact evaluation sought to compare return to custody rates between RSAT participants and a matched group of technical parole violators. However, data problems discussed in section I and elaborated upon in the technical report that accompanies this document and the substantially disparate conditions experienced by the two groups upon release from prison prevented a reasonable comparison. Consequently, we present only the comparison on total time in DOC custody.

*RSAT Retention.* Because the program monitors compliance in each phase, we present RSAT outcome by phase, as well as for the entire 18-month program. Table 3a shows the retention rates for the total RSAT sample for each phase. Overall, participants are increasingly likely to drop out as they proceed through the program. Retention is highest in phase I and lowest in phase III. Of the 412 TPVs who entered the two RSAT sites during the study period, 89 percent (n=366) completed phase I. This rate of completion is high for a corrections-based program.<sup>13</sup> RSAT participants have a strong incentive to succeed in phase I because participants who fail are virtually guaranteed that they will remain in the prison for longer than those who complete phase I. Additionally, those who fail in phase I return to the general prison population, which participants generally considered more dangerous and unpleasant.<sup>14</sup>

---

<sup>13</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.

<sup>14</sup> Some RSAT participants, however, reported that the general population could be preferable to remaining in the program because of the additional demands that the program placed on participants. These demands, such as homework, class participation, and discussion of personal problems, were considered more intrusive than the standard requirements of prison life by some of the participants we interviewed. For a

**Table 3a. 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 <sup>15</sup>	130 (56)	(32)
Fail Phase III	102 (44)	(25)

Retention began to drop when participants entered the Community Corrections Centers, with 19 percent of the original sample failing in phase II. However, 287 people, or 69.6 percent of the original RSAT sample, either completed (n=232) or were still in phase II (n=55) at the end of the research period. A larger portion of the total RSAT sample dropped out in phase III, after returning to parole. Of the 232 people from the original RSAT group who were re-released to enhanced parole supervision, 130, or 32 percent of the original sample, completed the program. One hundred and two people (25 percent of the total RSAT sample) were returned to prison. The total number of program failures in all three phases is 227, or 55 percent of the total sample. Of those who began phase I, 89 percent completed the prison-based therapeutic community. Of those who began phase II, 63 percent completed the supervised living and outpatient treatment. Finally, 56 percent of those who began phase III completed the intensive supervised parole and outpatient treatment.

Program administrators wanted to know whether RSAT outcomes differed by region. We examined retention differences for the total group and for only those participants who had time to complete each phase during the study period. In spite of important implementation differences (described in our first report), when we compared

---

discussion of perceptions of alternative sanctions, see Wood, P. and H. G. Grasmick. 1999. "Toward the Development of Punishment Equivalencies: Male and Female Inmates Rate the Severity of Alternative Sanctions Compared to Prison." *Justice Quarterly* 16(1):19-50.

<sup>15</sup> For this analysis we did not have the parole data that would allow differentiating between those who have completed RSAT and those who are still in phase III.

the completion rates of the eastern and western regions, we found no significant differences.

*Reason for Failure.* The reason for failure is important in understanding the risk that RSAT poses to public safety. When a program proposes to reduce incarceration, staff must assess whether the reduction increases the likelihood of offending. In looking at the reason for failure we used DOC data to determine if parolees returned to prison because of a new offense or a technical parole violation. If RSAT participants returned to custody because they committed new crimes, RSAT would have a negative impact on public safety. If, on the other hand, participants are returned for parole violations, public safety is not put at risk. In examining return, we also obtained reason for CCC failure from the CCC bureau within the DOC.<sup>16</sup> Due to limited data availability, our sole outcome measure is return to state prison and does not include all arrests or time spent in local jails. While these limitations mean that our findings are not definitive, they suggest that RSAT has not led to increased offending and has not threatened public safety.<sup>17</sup>

Based on the DOC data, less than one percent of the RSAT group returned to custody because of a new offense rather than a new technical parole violation. The CCC data show that violating rules, not re-arrest, accounts for the majority of failures. Seventy-nine people failed RSAT while in phase II. Of these, 26 percent (n=21) tested positive for alcohol or drugs, 48 percent (n=38) escaped or walked away from the CCC, 25 percent (n=19) broke another facility rule, and one person was arrested. Parole staff point out that participants who are returned to DOC for escape, walk-away, and rule infractions may have also used alcohol or illegal drugs.

*Time in Prison for the Original Technical Parole Violation.* Phase retention demonstrates the ability of programs to deliver the treatment planned in the program logic model, particularly in phase I. Program success is also assessed by the reduction in days under DOC custody accounted for by the RSAT programs. We compared the time spent in state prisons and CCCs by RSAT participants and matched TPVs who did not enter RSAT. The comparison demonstrates the amount of time that RSAT participants may be expected to have served absent RSAT.<sup>18</sup> Table 3b shows that RSAT participants spend

---

<sup>16</sup> We did not have detailed information about the nature of technical violation while on parole—in other words the reason for phase-III failure. We plan to obtain that information from the Pennsylvania Board of Probation and Parole for our final report.

<sup>17</sup> This research cannot provide definitive conclusions about the long-term impact of RSAT on public safety without longitudinal data on rearrest, reconviction, and return to custody.

<sup>18</sup> The comparison sample entered prison for a technical violation, as did the RSAT group. However, we matched the comparison group to the RSAT group on date of exit from prison, not entry into prison for the technical violation. For this reason the dates that the comparison subjects entered prison go back further in time than the dates that RSAT participants entered prison prior to beginning phase I, making it predictable that the comparison group was incarcerated for longer periods. The earliest date that a comparison subject entered prison for a technical parole violation was December 23, 1984, while the first RSAT participant entered prison on October 24, 1997. A quarter of the comparison sample was incarcerated for

significantly less time incarcerated in state prisons, compared with TPVs who do not enter the program. Lengths of stay vary considerably. The RSAT average number of days in prison equals 205, while the average prison stay for the comparison group is 721. These findings suggest the prison stays that RSAT participants could receive as TPVs absent the program, but they are not definitive displacement findings because a full displacement study was not conducted as part of this research.

RSAT participants also spent less time in the CCCs than the comparison subjects who enter CCCs—an average of 172 days compared with 313 days. This suggests that while the CCCs are an integral part of the RSAT intervention, for non-RSAT parolees they serve as a form of intermediate supervision.

**Table 3b. Days Under Department of Correction Supervision for the Original Technical Parole Violation**

	<b>RSAT (n=412)</b>	<b>Comparison N=288</b>
Average Days Detained	48 prior to entering RSAT	721 average number of days incarcerated
Average days in Phase I: Prison-based TC	205	N/A
Total days in prison Mean	253	721
Median	237	537
Range of Days in Prison	185-483 detained + phase I	1-4334 incarcerated for parole violation
Average days in Phase II: Community Corrections Center	172 (n=366)	313 (n=49)
Range of days in CCC	1-367	1-1263
Total average days in DOC custody	425	1034

Taken together these findings suggest that RSAT has the potential to reduce incarceration costs associated with technical parole violation. The RSAT program is designed to save money by fixing the time in custody at 12 months, rather than leaving it

---

approximately three years or longer, and half the comparison sample was incarcerated for one and a half years or longer.

to the discretion of parole. While the average length of stay in DOC custody for RSAT participants is more than one year (425 days), it is significantly less than the average of the comparison group of 1,034 days. Given the high rate of return to custody, these figures do not show actual cost-savings. The savings realized by shorter initial incarceration periods may be offset by costs incurred when RSAT participants violate parole and are returned to prison. Further analysis examining the length of time served upon return to custody for RSAT failure is necessary to measure the full number of days in DOC custody that RSAT participants serve. However, these findings suggest that it may be possible to reduce costs without increasing offending. Though RSAT's failure rate is high, almost none of the participants who failed did so due to re-arrest. The high parole violation rate is consistent with the research that suggests that failure on parole is associated with additional parole violations.<sup>19</sup> If the shorter incarceration of RSAT participants can be demonstrated to hold, even accounting for failure, the primary impact of the program may be its ability to safely reduce costs while responding to a group of ex-offenders who are typically not targeted for treatment programs because of the severity of their offending.

#### **Section IV Implications**

Earlier process research demonstrated that the original two RSAT programs were implemented with a high level of commitment in terms of resources and staff time from the state's corrections and parole agencies.<sup>20</sup> That report found that the RSAT program overcame formidable challenges in its implementation, that the agencies involved implemented the program as intended, and that RSAT retains the commitment of the agencies involved in its operation. Retention and return to custody outcomes for the project show Pennsylvania's RSAT program achieved rates of successful program completion that are higher than national averages for parolees, but lower than hoped for.<sup>21</sup> Our research suggests that there may be ways to improve outcomes while remaining faithful to the program's goals.

*Offender Supervision: Balancing Public Safety and Rehabilitation* Like other corrections-based drug treatment programs, RSAT must address a tension between drug treatment and parole supervision.<sup>22</sup> It is not unusual for addicts in treatment to experience relapses.

---

<sup>19</sup> James P. Lynch and William J. Sabol, *Prisoner Reentry in Perspective* (Washington D.C.: Urban Institute 2001).

<sup>20</sup> Young and Porter, 1999.

<sup>21</sup> Lynch and Sabol, 2001.

<sup>22</sup> See, for example, J. A. Wilson et al., *The Challenges of Replacing Prison with Drug Treatment: Implementation of New York State's Extended Willard Program* (New York: The Vera Institute of Justice, 2002).

Many drug treatment counselors see a relapse as an unfortunate but common misstep on the road to recovery. Yet when parolees relapse, this indicates that violations of their parole took place. And many parole officers consider a failed drug test as grounds for revoking parole.

The scrutiny that programs like RSAT often receive tends to exacerbate this tension. Because programs that substitute treatment for prison place offenders in society before they would otherwise be released, the potential for injury to public safety is a primary concern. As a result, program administrators typically increase supervision and may set additional rules and regulations on participants. There is widespread agreement among interview respondents that RSAT participants experience this sort of intensive supervision. The high rate of parole violation, which respondents credited to the use of the "one-strike" policy that allows revocations of parole for a single infraction, corroborates this view.<sup>23</sup>

This level of supervision resulted from a confluence of factors. In part, the intensive supervision reflects the program architects' dedication to public protection. Parole officers supervising RSAT participants are also aware that the RSAT program is in the public spotlight. In addition, part of the treatment model emphasizes that criminal thinking causes criminal offending and that rule violations are examples of criminal thinking. Taken together, it is not surprising that RSAT parolees are under intensive supervision. And in one sense, supervision succeeded: few RSAT participants returned to prison as the result of new crimes. It is a success, however, that comes with the consequence of increasing back-end prison admissions. This, in turn, reduces cost-savings. Given that we do not have evidence that RSAT participants are re-offending at a high rate, this heightened level of supervision may be unnecessary.

As currently structured, the RSAT program provides parole officers with a limited set of responses to violations. Program staff, corrections officers, and parole officers may feel that they have little choice but to return a participant to prison when he breaks program rules. There is another alternative that shows promise, however. Graduated sanctions, which have gained prominence through their use in problem-solving courts, are punishments designed to quickly and decisively respond to rule infractions according to the severity of the behavior.<sup>24</sup> The punishment delivered is proportionate to the infraction and also takes into consideration individual behavior history. Were Pennsylvania to establish a graduated sanctions system for the RSAT program, infractions such as missed curfews, minor disruptive behavior, and evidence of drug use could be addressed without resorting to the ultimate sanction of revoking parole. Evidence from the drug treatment court literature indicates that graduated sanctions serve

---

<sup>23</sup> Records from parole would offer the best evidence, but we did not have access to that data at the time of this report.

<sup>24</sup> Faye Taxman, "Graduated Sanctions: Stepping Into Accountable Systems and Offenders," *Prison Journal*, 79, no. 2 (1999): 182-205. See also Adele Harrell and Shannon Cavanaugh, "Drug Courts and the Role of Sanctions: Findings from the Evaluation of the D.C. Superior Court Drug Intervention Program," (paper presented at the NIJ Research in Progress Seminar Series, Washington, D.C., 1998).

a clinical purpose as well, by demonstrating consequence and individual responsibility to a person without simultaneously depriving that person of liberty.<sup>25</sup>

Reviewing the parole records of RSAT participants would be a first step in learning about the potential of a graduated sanctions system for RSAT. If such a review were to show that many RSAT participants returned to custody because of a moderate or minor individual infraction, then a graduated sanctions system might lead to substantial improvements in program completion rates without jeopardizing public safety. Parole officers could show that they take parole violations seriously without resorting to the ultimate sanction of returning a parolee to prison.

*Rehabilitation.* This research does not provide definitive evidence about the rehabilitative impact of the RSAT. Without an experimental design, it is difficult to determine if the RSAT group's success rates are higher or lower than similar parolees who did not receive drug treatment.

Evaluations of programs that substitute treatment for incarceration usually focus narrowly on rates of return to custody or the amount of prison time saved. These measures, however, may miss important changes in intermediate outcomes that may contribute to the success or failure of individual participants. Intermediate effects include improved family relations, increased educational attainment or vocational ability, employment, and housing stability. Changes in these variables, in turn, may influence parolees to act in ways that either preserve their freedom or result in their return to custody. Including such outcomes in evaluations involves a greater investment in data collection and analysis, but this information provides a fuller understanding of the strengths and weaknesses of a program.<sup>26</sup>

## Conclusion

Pennsylvania has shown a serious commitment to reducing the rates of re-incarceration for technical parole violators due to drug-related problems. The RSAT drug treatment program has been implemented in keeping with the project's original goals of coordinating treatment with supervision to reduce the use of incarceration. RSAT appears to substantially reduce the length of stay in DOC facilities for technical violation of parole. The program might be improved through a combination of increasing treatment consistency and the use of graduated sanctions. Importantly, the program shows little threat to the public safety, even though it serves violent and repeat offenders. State agency directors have demonstrated their interest in and commitment to working together to improve RSAT. The outcome findings presented here indicate that this commitment

<sup>25</sup> Faye Taxman, "Unraveling 'What Works' for Offenders in Substance Abuse Treatment Services," *National Drug Court Institute Review*, Vol. II, no. 2. (1999): 93-134.

<sup>26</sup> See, for example, Wilson, J. A., *Providing Transitional Services to Improve Offender Outcomes: Evaluating Project Greenlight*. (submitted to the National Institute of Justice in response to Solicitation for Research and Evaluation in Sentencing and Corrections, 2002).



remains critical as the program evolves to build on its strengths and address the challenges of rehabilitation.

Appendix A:

RSAT Sample by County

Pennsylvania County	Number in Research	Percent of RSAT Sample
<b>Eastern Region</b>		
Bucks County	2	1
Chester County	9	2
Delaware County	19	5
Montgomery County	33	8
Philadelphia County	183	45
<b>Western Region</b>		
Allegheny County (Pittsburgh)	99	24
Beaver County	11	3
Butler County	1	<1
Erie County	27	7
Westmoreland County	4	1
Other Counties	24	4