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Author(s): James Austin ; Barbie Robinson ; Bill Elms ; Luiza Chan

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THE EVALUATION OF TWO MODELS OF TREATING SENTENCED FEDERAL DRUG OFFENDERS IN THE COMMUNITY

Prepared by

James Austin, Ph.D.
Barbie Robinson, M.P.P.
Bill Elms
Luiza Chan

for

The National Institute of Justice

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NATIONAL COUNCIL ON CRIME AND DELINQUENCY

Headquarters Office 685 Market Street, Suite 620 • San Francisco, CA 94105
(415) 896-6223 • Fax (415) 896-5109

Midwest Office 6409 Odana Road • Madison, WI 53719
(608) 274-8882 • Fax (608) 274-3151

Washington DC Office 1325 G Street, NW, Suite 770 • Washington DC 20005
(202) 638-0556 • Fax (202) 638-0723

New York City Office 9 East 47th Street, 4th Floor • New York, New York 10017
(212) 371-9150 • Fax (212) 371-9104

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PROJECT STAFF

National Council on Crime and Delinquency

James Austin, Ph.D.
Barbie Robinson, M.P.P.
Bill Elms
Luiza Chan

University of California, Los Angeles Center for the Study of the Environment and Society

Richard Berk, Ph.D.

United States District Court Northern District of California Probation Office

Loren Budress
Fred Chavaria
Jim Fitzsimmons
Sheralyn Freitas

T3 Associates

Liz Fabiano
Frank Porporino, Ph.D.

National Institute of Justice

Laurie Bright, Program

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EXECUTIVE SUMMARY

Understanding the relationships between drug use and crime has been an important step towards identifying effective interventions to reduce the number of drug offenders entering the correctional system, as well as providing a potentially critical key in helping to reduce the rate of recidivism for ex-offenders. A number of innovative programs such as intensive supervision, boot camps, residential therapeutic communities and acupuncture services have been identified as some of the most effective programs. However, there is very little empirical evidence indicating the most effective ways to design these programs. Moreover, there is very little information about how these programs should be developed for drug offenders with specific types of drug use and criminal history profiles.

Evaluation Overview

In response for the need for more definitive answers as to which treatment models are most effective, the National Institute of Justice (NIJ) awarded a contract to the National Council on Crime and Delinquency (NCCD) in 1993 to conduct a three year study of two innovative drug treatment programs for Federal offenders placed on probation, parole or supervised release—the Drug Aftercare Program (DAC) and the Reasoning and Rehabilitation Cognitive Skills Development (R&R) Program. Specifically the study addressed the following research questions:

1. How were the two programs designed and managed?
2. What were the descriptive characteristics of the target populations served by the two programs.
3. What types of services did participants receive?

4. Were there differences in the rates of recidivism between study participants?
5. What were the costs associated with the development and implementation of the two programs?

The Northern District of California Probation Office was the site designated to participate in the evaluation. It spans 15 counties from the Oregon border to Monterey. At the time of the study, approximately 1,800 offenders were being supervised by the District's probation staff with approximately 500 assigned to the DAC program. The annual costs for contracting with private drug treatment agencies and individuals is \$1 million or \$2,000 per offender. With a reduction in appropriations for contracted drug treatment services, the District needed to test alternative approaches to DAC that relied more on existing probation staff.

The Northern District became interested in alternative methods for supervising offenders placed under its supervision who had high rates of drug use and relapse. In 1992 the District reported a relapse rate of 21 percent. At the same time representative from the District attended a training class in cognitive learning interventions sponsored by the U.S. Department of Justice's National Institute of Corrections. At that class, the instructors suggested that cognitive learning methods taught to probation officers could be highly effective with high risk probationers.

Shortly thereafter, the District contacted the National Council on Crime and Delinquency to determine if it would submit a proposal to NIJ to conduct a field experiment where probationers would be randomly assigned to either the current treatment method (DAC) versus the cognitive learning methods (R&R). The proposal was submitted and funded by the NIJ.

The DAC Program is described as a phase system program consisting of three phases each of four month duration. During each of these phases, participants are required to submit a minimum number of random urine tests and attend weekly substance abuse counseling meetings. In addition, offenders undergo a psychological/social assessment and a substance abuse treatment evaluation and are required to comply with the individualized treatment plan developed for the offender. To successfully terminate from the program, participants must successfully complete each phase of drug testing for a total of one year and remain abstinent from drugs.

The cognitive skills development program, developed by Ross and Fabiano, is designed to teach offenders the values, attitudes, reasoning and social skills required to manage a life without further criminal activity (Ross and Fabiano, 1991). The R&R program was based on research which concludes that many offenders have cognitive skills deficits that preclude their successful adjustment to mainstream social expectations (Pullen, 1996).

Under the R&R program, participants attended bi-weekly sessions for 20 weeks. It requires that all probation officers 'coaches' be taught to deliver the program by certified trainers. According to program developers, successful completion of the program is based on effective administration and delivery of the program as defined by the program handbook (Ross and Fabiano, 1985).

The NCCD evaluation consisted of three components: 1) a process evaluation component, designed to provide a descriptive portrayal of program participants, their demographic, criminal and drug use histories and cognitive skill levels at time of program enrollment, as well as to measure how well the programs were implemented; 2) an outcome evaluation component, designed to measure the recidivism rates of program participants to

determine if either program is more effective in reducing offender recidivism; and 3) a cost-effective assessment designed to determine which program is more cost-effective.

The evaluation design consisted of eligible offenders randomly assigned to either the R&R or DAC. Thus the evaluation was a test of a well established privatized drug treatment program (DAC) versus cognitive skills learning taught by probation officers (R&R). Unfortunately, due to implementation programs described next the number of cases randomly assigned to the two groups was less than projected by the Department thus limiting the validity of the outcome results.

It had been anticipated that a total of 300 participants would be enrolled in the study (150 in each study cohort). However, only 135 drug offenders were screened and randomly assigned into the study- 70 assigned to the R&R program (the experimental group) and 65 assigned to the DAC program (control group).

Summary of Evaluation Findings

Process Evaluation

The process evaluation indicated that there were several implementation problems associated with the R&R program. First, probation staff who delivered the cognitive learning services did not have adequate administrative support or sufficient training in cognitive skills treatment to fully administer the program. Because of demands of their regular job duties, they did not have sufficient time for lesson preparation. Probation staff assigned to the program were highly committed and often put in long hours in preparation for their classes. But despite their efforts, there was insufficient time to allocated to them properly deliver the cognitive learning methods to the assigned offenders.

Other short-comings of program delivery included an inability of probation staff to explain concepts correctly, inappropriate combination of program sessions and difficulties in making the program relevant to the participants. While the program content was delivered, the process of teaching the skills and imparting knowledge to the offenders, in most cases, did not occur as recommended the cognitive learning staff who had trained the probation staff.

Finally, because R&R requires offenders to receive treatment in a group setting over a 20 week period as opposed to individually scheduled sessions, there were lengthy delays in initiating groups and maintaining them over time. While the evaluation design reduced the number of candidates that could participate in the experimental program, this structure limited the number of offenders who could or would participate in such a program. Few groups were formed and there was considerable attrition for many of them.

Despite these implementation difficulties, probation officers who participated in the program reported that the R&R program allowed them an opportunity to deliver treatment to their clients. A significant portion of a probation officer's work entail filing reports and making appearances in court. Just the opportunity to work with clients in a treatment mode was a major plus for them. Because of this positive experience, the R&R program will continue to operate as the probation staff believe that the cognitive learning approach is a valuable tool for probation staff to have as well as the more traditional and well-established DAC system.

Impact Results

Findings from the outcome component indicated that despite the implementation problems noted above, the recidivism rate, as measured by arrests that occurred within one

year of entering either the DAC or R&R program tracks were essentially equal. However, the cost-effective assessment found that the 12 months costs for an offender admitted to the R&R Program was \$2,823 versus \$3,868 for DAC .

In summary despite all of the major implementation problems noted above, the R&R intervention proved to be as effective and perhaps slightly less expensive than a well established privatize treatment system. With a more effective implementation effort, these results should only improve for the R&R method of drug treatment.

Recommendations

While the cognitive learning model has shown to be an equally effective method for supervising and treating drug offenders, jurisdiction must be aware of the implementation obstacles before committing to such an approach. First, there must a sufficiently large number of eligible candidates so that R&R groups can be quickly formed. It appears that as long as the R&R methods require offenders to work in groups of 10-12 offenders, it will be very difficult for relatively small parole and probation offices to implement these programs as the pool of R&R candidates will be too small.

Second, the amount of training and motivation required for probation officers is fairly intense. Unless a department is fully committed to provide the necessary resources and support to train and monitor probation officers in this endeavor, they should not pursue this form of treatment. It should also be added that not all probation officers are well suite for this type of work. A probation or parole department must carefully assess the number of probation officers who are willing to commit to such a treatment endeavor.

However, it is also true that with proper administrative support and training resources, the R&R model can be an equally effective treatment strategy as compared to traditional and privately administered drug treatment counseling.

The Problem of Market Share

Finally, one must address the issue of what we refer to as “market share”. Innovative and promising drug treatment programs appear on the scene on a regular basis. Often, these programs are relatively small in terms of the number of clients involved in the treatment. Even if the program is successful, there may be real obstacles associated with the program’s structure that limit its ability or capacity to capture a larger share of drug abuser market.

This appears to be the case for R&R as least within the context of the Northern District of California. The District is relatively unique from other state or county probation departments by virtue of its caseload (predominantly drug and white collar offenders) and resources available, and a relatively well educated and trained probation staff. Nonetheless, this probation department had considerable difficulties in implementing the R&R approach and only plans to use it in the future in a very limited basis.

Of the 1,700 offenders assigned to the District, approximately 500 will be placed in DAC while only 50 will be placed in R&R. Due to the program restrictions noted in this report, R&R can be effective but only with a small share of the potential market of drug offenders. The real challenge for R&R will be to demonstrate that it can be used on a far larger scale than is now possible.

CHAPTER 1

INTRODUCTION

BACKGROUND OF THE EVALUATION

Over the past decade, the number of adult offenders under the supervision of the United States Criminal Justice System has doubled. The nation's prison population grew by nearly 250 percent from 1980 through 1995. However, the rise in prison population numbers has been accompanied by similar increases in other forms of correctional supervision (see Table 1). Between 1980 and 1995, the probation, parole and jail populations grew almost as rapidly as the prison population. In 1995, there were more than 5.4 million adults — about one out of every 46 under some form of correctional supervision (Sourcebook of Criminal Justice Statistics, 1995). What accounts for the dramatic increase in the United States prison population? There are several explanations. Perhaps, most notable, is the increasing number of states that have enacted mandatory prison/jail laws thus increasing the number of offenders sentenced to incarceration. Coupled with improved efficiency of law enforcement and the courts in arresting and convicting criminals, it is not surprising that prison numbers are escalating. Equally, and perhaps most significant, is the *War on Drugs* which has created a tremendous impact on the number of arrests, convictions, prison and jail dispositions for drug offenders.

According to the Bureau of Justice Statistics for 1994, over 61 percent of the current inmates in the Federal prison system, for example, are for drug crimes (see Table 2). The alarming rate of arrests and convictions of drug offenders has considerably changed the federal prison population.

**TABLE 1
ADULT CORRECTIONAL POPULATIONS
PERCENTAGE CHANGE 1980 – 1995**

	1980	1995	% Change
Probation	1,118,097	3,090,626	176.0%
Jail	163,994	513,122	213.0%
Prison	329,821	1,127,132	242.0%
Parole	220,438	700,174	227.0%
Total	1,832,350	5,433,054	197.0%
Adult Population	162.8 million	194.0 million	19.0%
Percent of Adults Under Supervision	1.1%	2.8%	155.0%
Adult Arrests	6.1 million	7.7 million	26.0%
Reported Index Crimes	13.4 million	14.0 million	4.0%

Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reports: Crime in the United States, 1980 and 1995; U.S. Department of Commerce, Bureau of Census, Statistical Abstract of the United States, 1992 and 1996; U.S. Department of Justice, Bureau of Justice Statistics, Prison and Jail Inmates, 1995; U.S. Department of Justice, Bureau of Justice Statistics, Probation and Parole Populations in the United States, Press Release June 30, 1996; U.S. Department of Justice Bureau of Justice Statistics, Jail Inmates, 1990.

**TABLE 2
TYPE OF COMMITMENT OFFENSE AMONG FEDERAL PRISONERS
UNITED STATES, 1995¹**

Offense	Number	Percent
Total	88,852	100.0
Federal Offenses		
Drug	52,101	58.6
Robbery	8,330	9.4
Property	4,530	5.1
Extortion, Fraud, Bribery	5,927	6.7
Violent ²	950	1.1
Firearms, explosives, arson	7,919	8.9
White Collar	837	0.9
Immigration	3,525	4.0
Other ³	1,880	2.1
Other State ⁴	2,853	3.2

¹Percents may not sum to total because of rounding.

²Includes crimes such as homicide and kidnaping.

³Includes offenses such as court corrections, sex offenses, National Security, continuing criminal enterprise.

⁴Primarily State prisoners and some District of Columbia prisoners that are housed in Federal Bureau of Prisons Facilities.

Source: Table adapted by SOURCEBOOK staff from table provided by U.S. Department of Justice, Federal Bureau of Prisons, 1994.

The dramatic increases in the number of offenders convicted and sentenced for drug offenses has created a tremendous burden for the correctional system in managing and supervising offenders. To respond to the demand for better resource allocation, the costs of corrections have increased significantly. As a result, Federal, state and local criminal justice agencies are seeking more effective and less expensive programs for supervising and treating drug offenders.

Understanding the relationships between drug use and crime has been an important step towards identifying effective interventions to reduce the number of drug offenders entering the correctional system, as well as providing a potentially critical key in helping to reduce the rate of recidivism for ex-offenders. There has been a growing amount of empirical evidence indicating that people who use drugs have a significantly greater number of arrests than non-drug involved arrestees and that offenders with active drug or alcohol abuse problems are likely to continue their criminal lifestyles (The National Task Force on Correctional Substance Abuse Strategies Report, June, 1991:1).

To address the need for treatment services for drug offenders a number of innovative programs have been developed. Programs such as Intensive Supervision, Boot Camps, Residential Therapeutic Communities and Acupuncture Services have been identified as some of the most effective programs. Despite preliminary data indicating that such programs have positive treatment outcomes on drug use and subsequent criminal behavior, there is very little information available about the most effective ways to design and implement these programs. Moreover, there is no empirical evidence to indicate which types of programs should be implemented with drug offender populations with specific types of drug use characteristics and histories.

PURPOSE OF THE EVALUATION

Evaluation Goals and Objectives

In 1993, in response to the need for systematic identification of appropriate and effective interventions for drug offenders the National Institute of Justice (NIJ) supported a three year evaluation study of two innovative treatment programs administered by the United States Federal District Court of Northern California Probation Department: the Drug Aftercare Program (DAC) and Cognitive Skills Learning: Reasoning and Rehabilitation Program (R&R). The evaluation was a multi-method (qualitative and quantitative) study consisting of three components: a process evaluation; an impact analysis, and a cost-effectiveness assessment. The evaluation addressed the following research questions:

1. How were the two programs designed and managed? What are the key factors influencing the ways in which each program was developed and administered?
2. What were the descriptive characteristics of the target populations served by the two programs.
3. What types of services did participants receive? What was the frequency and duration of these services?
4. What are the treatment outcomes for program participants? Are there differences in the rates of recidivism between study participants?
5. What are the costs associated with the development and implementation of the two programs? Which program is more cost-effective in treating drug offenders?
6. Is drug treatment best administered by public criminal justice agencies or contracted-out to private treatment facilities?

SITE SELECTION

The United States Probation Office of the Northern District of California was selected to participate in the evaluation. While it is the ninth largest Federal Court District in the United States, it has the second largest substance abuse treatment budget. It spans 15

counties from the Oregon border to Monterey. With major port cities as well as proximity to Mexico, the availability of cocaine and heroin is high. Similarly, marijuana, methamphetamine are popular drugs in this region. It is believed that other so-called 'designer' drugs originated in this area as well. Prior to the implementation of this evaluation study, the District had approximately 1,800 persons under supervision, of which 630 or 35 percent had substance abuse problems in 1992. Forty-six percent of this supervised population had been sentenced to probation while 45 percent had been released from prison and 9 percent under supervised release.

Since 1984, the District has been relying upon contracted drug treatment providers to provide the required services for this population. At any given time, approximately 500 offenders are assigned to the DAC program. The annual costs for contracting with private drug treatment agencies and individuals is \$1 million or \$2,000 per offender. With a reduction in appropriations for contracted drug treatment services, the District needed to test alternative approaches to DAC that relied more on existing probation staff even though the DAC relapse rate was relatively low (21 percent).

In 1992, representatives from the District attended a training class in cognitive learning interventions sponsored by the U.S. Department of Justice's National Institute of Corrections. At that class, the instructors suggested that cognitive learning methods taught to probation officers could be highly effective with high risk probationers. It was thought that probation officers could be trained in this new intervention which would result in a more cost-effective approach to a largely privatized drug treatment system.

Shortly thereafter, the District contacted the NCCD to determine if it would submit a proposal to NIJ to conduct a field experiment where probationers would be randomly assigned to either the current treatment method (DAC) versus the cognitive learning methods

(R&R). During these discussions, NCCD indicated that it would be essential that at least 200 offenders would need to be randomly assigned to each of the experimental groups (DAC and R&R). The proposal was submitted and funded by the NIJ.

RESEARCH DESIGN AND METHODOLOGY

As previously stated, the evaluation design consisted of three components. The process evaluation was designed to examine the effectiveness of the programs' implementation and administration. The impact analysis is focused on the stability of program treatment effects as measured by rates of recidivism within one year of termination from both programs. The third component, the cost effectiveness assessment, was designed to measure the costs associated with the implementation and administration of both the experimental and control group programs.

Process Evaluation

The process evaluation seeks to answer the question, "Did the programs function as designed and intended?" Figure 1 provides a conceptual framework of the process evaluation methodology. A process evaluation describes five critical dimensions of an innovative program or policy designed to reform current system practices :

Program Context: The set of conditions and assumptions that operationally and conceptually define the distinctive features of the program.

Program Identification: The combination of procedures and criteria employed to define program eligibility and to select offenders for the program.

Program Interventions: The full range of activities and services provided by the program to offenders admitted to the program.

Program Goals: The measurable outcomes of the program's interventions which can be used to measure its effectiveness.

Organizational Linkages: Those formal and informal conditions and relationships with other agencies/organizations that may hinder or support program operations.

The process evaluation captured all of the key dimensions of the two drug treatment models and their activities by collecting quantitative and qualitative data. NCCD developed a series of forms to collect qualitative and quantitative program. Qualitative data were collected through bi-monthly site visits to each program. These site visits consisted of interviews with program staff, administrators, and participants within each program. To collect quantitative data, a data collection and tracking system was developed. Quantitative data were collected through four instruments designed by NCCD: 1) the Admissions Screening/Intake Form; 2) Pre-Program Drug Use Survey Form; 3) Monthly Program Intervention Form; and 4) Termination Form.

The Admissions Screening/Intake Form collected basic demographic information, as well as educational, employment and criminal record data. This instrument was administered at intake and was used to enroll or screen-out potential study participants.

The Drug Use Survey Form collected participants' drug-use histories prior to their sentencing and drug-use behavior during their involvement in the program. These data were collected monthly.

Monthly Program Intervention Form collected data on the type, frequency and duration of services provided to participants enrolled in each program, as well as participant contacts with program staff.

Termination Form collected program exit data and reason for program termination. These data are collected at participants' termination from the program.

In addition to these, additional information were collected about program implementation by reviewing videotapes of staff delivering the experimental R&R program. These data provide important information on the quality and depth of implementation of the program. While interviews with probation staff provided essential information on the implementation of the DAC program.

Impact Analysis

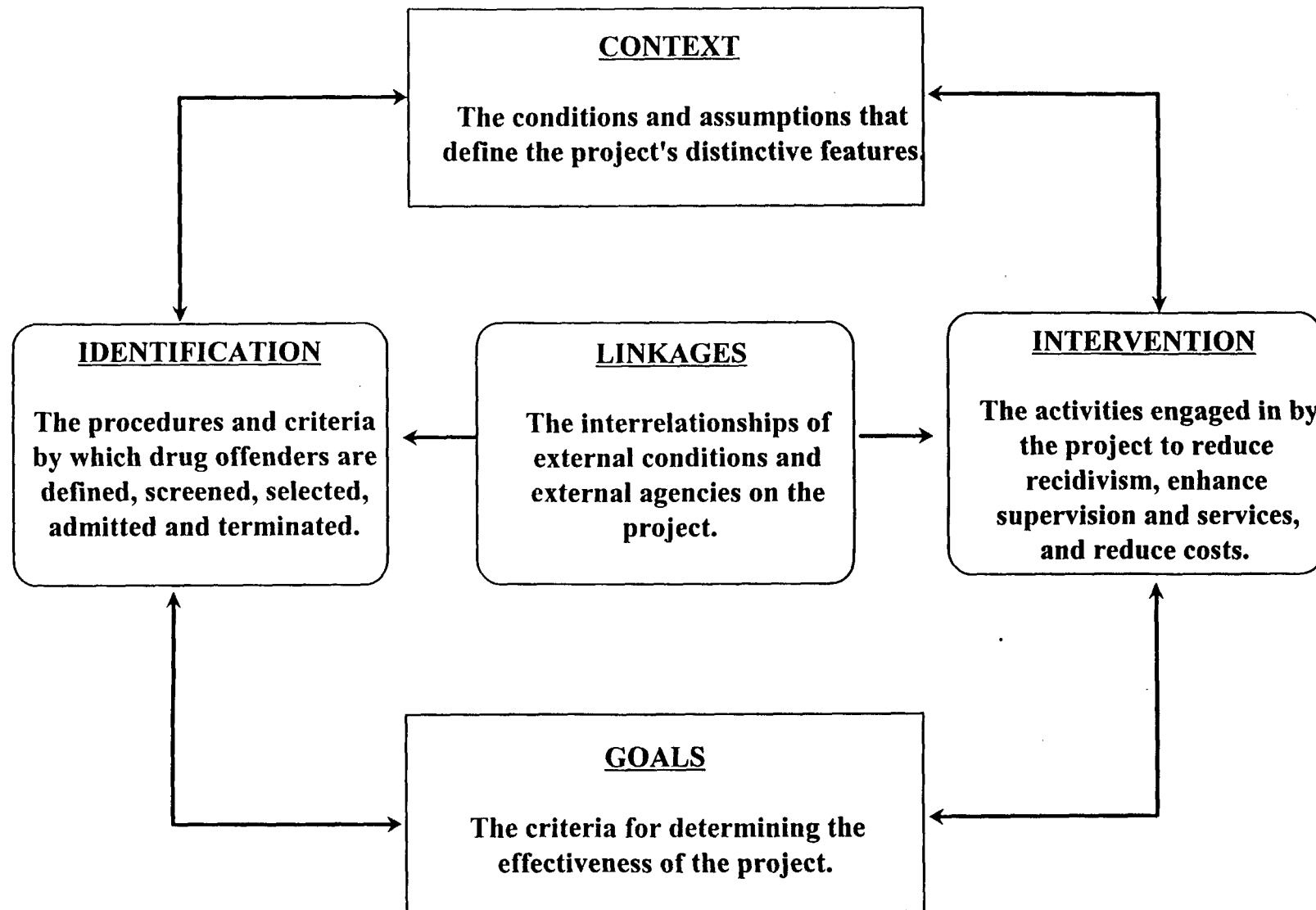
The impact analysis component of the evaluation consisted of an experimental study of the efficacy of the two treatment programs. Specifically, it examines the effects of the DAC (the control group) and the R&R (the experimental group) on drug offenders. The original methodology called for the random assignment of a sample of 300 offenders who were sentenced to probation or who had been released from prison to community supervision to participate in the DAC or R&R. Participants were screened to ensure that they met enrollment criteria. The random sampling methodology (see Figure 2) was selected to ensure that study participants were comparable on key offender characteristics. Post program arrest data were collected by coding each participant's criminal history rap sheet 12 months after the offender had been placed on probation or parole supervision.

Cost-Effectiveness Assessment

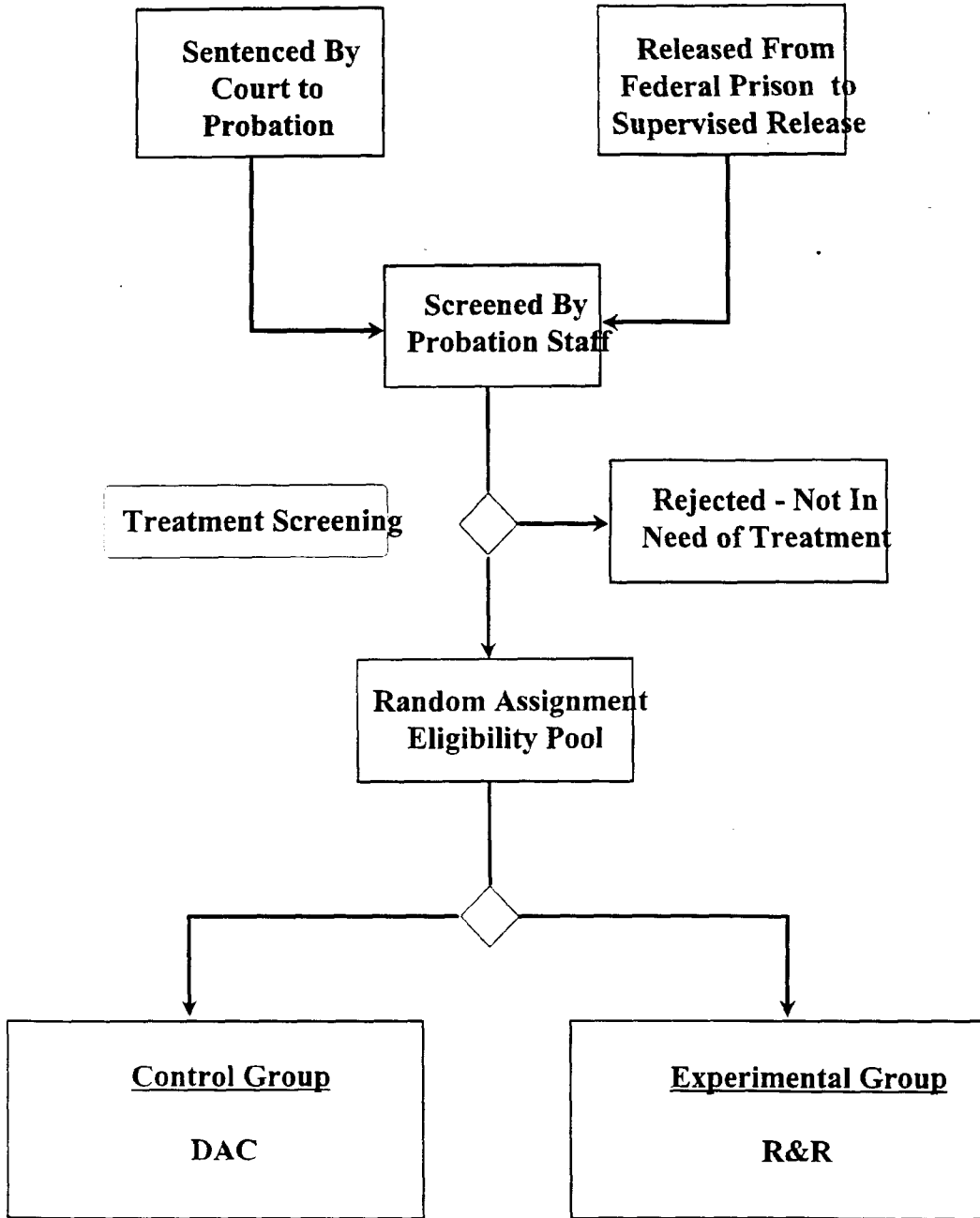
A critical question for this study was whether or not drug treatment services delivered by probation officers represented a more cost-effective approach than services provided by the private drug treatment specialists. For this component of the study, the Department provided the researchers with agency data on the estimated costs of administering either the DAC or R&R services.

Before reporting on the results of this study, the following chapter presents a review of drug treatment strategies that have been tried in a variety of correctional settings.

FIGURE 1
PROCESS EVALUATION PROGRAM ELEMENTS



**FIGURE 2
EXPERIMENTAL GROUP DESIGN**



CHAPTER 2

LITERATURE REVIEW OF PREVIOUS RESEARCH AND PROGRAM MODELS

There is a growing body of research indicating that drug treatment can have a substantial impact on both drug use and criminal behavior *if offenders remain in treatment*. Researchers and correctional practitioners have begun to identify treatment strategies regarded as the most appropriate for correctional settings. The following provides a review of some of the premier programs and research of these programs. Recent evidence points to specific types of interventions which can be effective when targeted to appropriate groups of offenders.

THERAPEUTIC COMMUNITIES

One of the most popular and acclaimed drug treatment models is the use of Therapeutic Communities or TCs. Lipton, et al. (1990) notes that therapeutic communities show the greatest success:

With respect to community-based therapeutic communities, over twenty years of program-based and multi-modality studies have yielded an impressive knowledge base concerning the modality. Simply stated, over forty percent of clients formally treated in TCs maintain favorable outcomes to the most stringent criteria (no illicit drug-use and no crime), and an additional thirty percent improve over their pre-treatment status (Lipton, et al., 1990).

Wexler et al. (1990) conducted the leading study of prison-based TCs — an evaluation of the Stay 'N Out therapeutic community programs for male and female prisoners in New York prisons. The research utilized a quasi-experimental design to compare TC participants (N=435 males, 247 females) with two comparison groups; other prisoners who volunteered for the program but never participated (N=159, 38 females) and prisoners in other prison-based drug treatment programs, including counseling (N=261 males, 113

females) and milieu therapy (N=573 males). Of the treatment modalities, the TC was the most highly structured and intensive, while counseling was limited both in intensity and duration. Among males, milieu therapy lasted, on average, one month longer than TC participation (8.2 months to 7.2 months). Both milieu therapy and TC participation were of significantly greater duration than counseling (average 5.3 months). Among females in the study, participation in the TC lasted over one month longer than participation in counseling (6.5 to 5.3 months).

Outcome measures included parole outcomes (rearrest vs. successful discharge from parole) and time until first arrest. Among males, the TC was “substantially more effective in reducing the percentage arrested than the comparison treatment groups and the no-treatment group,” although the mean time to a new arrest was greater for the no-treatment group than the TC group. Among females, the TC group was “significantly more effective in reducing the percent arrested in comparison to the counseling group” but there was no statistical difference between the TC and the no-treatment groups.

Further, multivariate analysis found that time in the TC program (for males and females) was strongly correlated with reduced rates of recidivism and increased time until arrests. Other treatment modalities did not show the same effects. The authors conclude that “the TC was effective in reducing recidivism, and this positive effect increased as time in program increased but tapered off after 12 months” (Wexler et al., 1990).

Field (1989) found similar outcomes in a study of participants in the Cornerstone Program, a modified therapeutic community for Oregon State Prisoners. This study compared post-release arrests for program graduates (N=43), non-graduates who completed at least six months (N=43), non-graduates who completed between two and six months (N=58) and non-graduates who left before two months (N=65).

Over a three year follow-up period, program graduates had the lowest percentage of the groups in rearrests (63 percent), convictions (49 percent) and new prison time (26 percent); non-graduates who left before two months had the highest rates of rearrest (92 percent), conviction (89 percent) and new prison time (85 percent). Field concluded that the Cornerstone Program demonstrated a positive effect in decreasing (although not eliminating) criminal activity and that increased time intensive treatment is positively correlated with measured decreases in criminal activity.

Another study of a TC for DWI offenders in Memphis also found some promising results (Little and Robinson, 1990). The Alcohol Treatment Unit (ATU) is one component of the Drug Offender Rehabilitation Program (DOR) operated at the Shelby County Correctional Center. In addition to traditional therapeutic community practices, the ATU uses a process called "moral resonance therapy," characterized as "a systematic treatment system designed to foster social and moral growth."

The evaluation of the ATU included tracking cases for two years following release from jail. Groups tracked included the treatment group (115 males), a comparison group (24 males who graduated from ATU and attended an aftercare program) and a control group (65 males sentenced for DWI) who applied for ATU but did not enter due to limited bed space. In the two years following release, 16 percent of the control group was rearrested for DWI, compared with 10 percent of the treatment group and only four percent of the group who also received aftercare treatment. Similar results were noted regarding re-incarceration (for any offense): 22 percent of the control group were re-incarcerated, 14 percent of the treatment group and 8 percent of the group who received aftercare services.

In summary, there is evidence that in-custody treatment can reduce or at least delay rearrest and that aftercare participation can help reduce recidivism rates. Given the paucity of

studies, however, it is impossible to reach any firm conclusions. To fully evaluate the effect of custody-based programs much more extensive research into program outcomes is needed. It should examine the association between length of treatment, type of treatment, provision for aftercare, and other potentially important variables, to outcomes such as post-treatment recidivism and relapse.

TREATMENT ALTERNATIVE TO STREET CRIME (TASC)

A second major model of drug and alcohol treatment within probation and parole supervision is best exemplified by Treatment Alternative to Street Crime (TASC). This national program was started and maintained by Federal grants in a number of urban jurisdictions. In some locales, TASC programs have been able to make the transition to local funding. The primary distinction is that TASC is an entirely new organization (or structure) which is placed between probation and parole and the various treatment resources in the community. Thus, TASC is an example of a 'bridge' entity specifically created to link substance abusers within local criminal justice systems with available treatment resources.

According to the Bureau of Justice Statistics, several evaluations conducted from 1977-1981 showed that clients monitored by TASC are as successful in reducing their drug use and criminal behavior as those voluntarily placed in drug treatment (BJS, 1993). Although there are additional large scale evaluations of TASC underway, to date there have not been any experimental studies completed on TASC programs.

At a process level, there are a couple of organizational problems associated with TASC and are generic to almost any 'bridge' approach. First, the bridge organization is itself an extra layer of bureaucracy and can, unnecessarily, increase the costs of treatment. Second, the bridge organization is typically limited to the availability of existing substance abuse treatment resources in the community. In communities where such resources are not

available the ability to meet the highly specialized needs of the offender population may not be feasible.

INTENSIVE SUPERVISION PROGRAMS (ISP)

Although not simply seen as a ‘drug treatment’ approach, Intensive Supervision Programs (ISP) have often been applied to drug offenders and consequently, often require consideration. Over the last decade, various objectives have been established for ISP programs. These correspond with the forces that led to the development of ISPs — prison crowding and increased public protection:

- To serve as an alternative to incarceration;
- To strengthen the quality of probation and parole services;
- To demonstrate the potential of improved probation and parole; and
- To save criminal justice financial resources.

To date, most ISPs have been control rather than treatment oriented, although those that focus on control of specific offender groups (drug or sex offenders, for example) may require substantial involvement in treatment programs. They are designed to provide greater surveillance and/or casework than ‘regular’ probation or parole community supervision. The increased level of intensity typically applies to both surveillance and casework functions, with the degree of emphasis varying depending on overall goals and objectives of the program. Program intensity can be accomplished by:

- Reducing caseload size;
- Increasing frequency of contacts;
- Structuring surveillance and casework activities; and
- Adding additional supervision conditions.

Earlier versions of intensive supervision — those developed in the 1960s and 1970s — tended to focus on reducing caseloads and increasing contacts as a strategy for maximizing the possibility of rehabilitation. Within the current public and political climate, control is emphasized. Nearly all ISPs now require some combination of the following elements:

- House arrest;
- Curfew;
- Random drug testing;
- Community service;
- Victim restitution;
- Fees to help offset the cost of supervision;
- Electronic monitoring; and
- Involvement in substance abuse programs.

The one unifying principal of ISPs is that intensive supervision/surveillance will reduce criminal behavior more effectively than either regular community supervision or imprisonment. Presumably, this will occur because: 1) the offender fears that criminal acts will be discovered through increased surveillance and that revocation will follow; 2) technical violations pre-empt criminal activity; or 3) probation and parole officers secure employment or treatment services for their clients and, therefore, are more central to rehabilitation efforts.

Regardless of its theoretical basis, the expectation has generally been that the application of more supervision resources measured by treatment activity, electronic monitoring or surveillance contacts will, or at least should, result in less crime. The results concerning criminal behavior, however, have been disappointing. In most studies, closer

surveillance has not produced appreciable reductions in criminal behavior (Petersilia and Turner, 1990). The published RAND research of three California probation enhancement programs exposed to an experimental design reached the following conclusions:

“Our results suggest that ISP programs, as implemented in this study, are not effective for high-risk offenders if effectiveness is judged solely by offender recidivism rates The California ISP programs were successful at imposing an intermediate punishment, for which the court-ordered conditions were more credibly monitored and enforced than was possible with routine probation The most compelling reason for continued development of ISP programs is the objective of just deserts, i.e., making the punishment fit the crime.” (1991:xii-xiii). Referenced for author.

On the other hand, a few studies have demonstrated that ISPs can be effective in reducing new offenses and the cost associated with handling offenders. In the Florida Community Control Program (FCCP), ISP participants committed fewer new offenses. Given the level of diversion already noted above, the program cost the state \$5,506 fewer dollars for every offender diverted from prison (e.g. Baird and Wagner, 1990). It is important to note that this cost analysis included the expected length of prison stay for recidivists.

Programs which have yielded positive results (e.g., BJA Ventura ISP site, Massachusetts ISP, and the Wisconsin ISP), at least for some offenders, have combined close surveillance with individualized treatment/rehabilitation activities. This may draw one to the conclusion that treatment-oriented ISPs providing quality supervision tend to be more effective. The meaning and assessment of treatment and quality however require close attention. The evaluation research reviewed here has, to a large degree, overlooked some key variables that can interact in the supervision process to influence success or failure. At the very least, consideration should be given to: 1) the skill of the officer; 2) the style of supervision applied (including the emphasis on surveillance versus rehabilitation); 3) the community resources available to the officer and/or offender; and 4) the fit between those forces which drive criminal behavior for the offender and the supervision applied.

COGNITIVE SKILLS DEVELOPMENT

Over the last decade, researchers have begun to look at cognitive behavioral treatment models as an effective approach to facilitating the rehabilitation of offenders. These programs focus on changing the offenders cognitions, attitudes, values and expectations which maintain their anti-social behavior (Gendreau, 1994). One of the most notable treatment programs is the Reasoning and Rehabilitation (R&R) Cognitive Skills Development Program (Ross and Fabiano, 1988). This program has been implemented in the United States, Canada and Europe. Evaluations of R&R programs have claimed recidivism reductions among high-risk offenders (Porporino, Robinson and Fabiano, 1991). However, none of these studies involved experimental designs with random assignment.

One of the most recent studies of the R&R treatment model was conducted by the Colorado Department of Safety, Office of Research and Statistics. Conducted in 1992, the *Evaluation of the Reasoning and Rehabilitation Cognitive Skills Development Program as Implemented in Juvenile ISP in Colorado* is, to date, the only evaluation of the R&R program with a juvenile offender population in the United States.

The evaluation design consisted of two components: an outcome evaluation that used an experimental design to measure changes in experimental and control groups in terms of attitudes measured pre-program and post-program delivery and in terms of differences in recidivism between the two groups and; a process evaluation which assessed the effectiveness of program implementation and delivery. Only 40 male juvenile offenders were randomly assigned to the study- 20 were assigned to the R&R program and 20 were assigned to the control group. Participants enrolled in the study groups were similar on key demographic characteristics with exception to offense categories. The control group had more violent offenders compared to the experimental group (40% vs. 20%). On risks scores

however, both groups had comparable scores ranging in the “high risk” or maximum supervision range. Utilizing two instruments to measure program impact on key attitudinal and cognitive behavior, average scores from both instruments at pre-test (prior to participants enrollment in the study) and post-test (after participants’ completion of the program and exit from study) were compared.

Semi-structured interview schedules measured nine skill areas related to cognitive functioning skills: problem recognition, problem solving ability, ability to develop solution alternatives, ability to set and achieve goals, awareness of consequences, egocentricity, social perspective taking, impulsivity, and cognitive style. R&R participants cognitive skill levels improved in eight of the nine areas, while control group participants improved skills in only three of the areas.

The second instrument, also a semi-structured interview schedule, measured 14 concepts and attitudes related to crime, and criminal attitudes: self control, normlessness, susceptibility to peer influence toward deviance, general susceptibility to external influence, powerlessness/fatalism, problem solving ability, rigidity and closed-mindedness, empathy, acceptance of rationalizations for criminal behavior, awareness of the existence of victims, commitment to socially acceptable goals, positive labeling, attitudes opposing criminal behavior, exposure to criminal peers. R&R participants’ attitudes deteriorated on all 14 scales, whereas for the control group, scores deteriorated on 12 of the 14 scales. The scores indicated that for both groups, control and experimental, attitudes did not improve skill development did not occur.

Results on the recidivism outcomes indicated that both R&R participants and non-participants were equally likely to recidivate. It seems that the R&R program did not reduce offending behavior. Findings from the outcome evaluation that the R&R program was

effective in facilitating attitudinal changes or likely to reduce recidivism were supported by findings derived from the process evaluation component.

According to the evaluation report, the R&R program had been minimally implemented and administered to participants. As revealed through the review of video taped sessions of program delivery, Juvenile Intensive Supervision Probation (JISP) coaches barely met standards of R&R program developers. Findings from this review indicated that while the content of the program was delivered, the process of actually imparting knowledge and skills to the offenders barely occurred (Colorado Department of Public Safety, 1995).

The findings from this study have important implications regarding the evaluation of the cognitive skills model. As stated previously, until the Colorado study, there had been no evaluations of the R&R program that consisted of an experimental design with random assignment. Thus the ability to generalize the findings from the previous studies to other offender populations has been limited. While the Colorado study utilized an experimental design with random assignment, there are several limitations to the study. 1) problems achieving the sample size indicate that the findings must be interpreted with caution given the small number of youth in the study; 2) findings from the process evaluation indicate that the program lacked adequate organizational infrastructure to support institutionalizing the delivery of program as a component of the Juvenile Supervisor Probation program.

CHAPTER 3

RESEARCH FINDINGS

This chapter summarizes the results of the process and impact findings. The process evaluation results follow the format of the conceptual model for a process evaluation as presented in Chapter 1. These results are then followed by the impact results as reflected in the recidivism and cost-effectiveness results.

PROCESS EVALUATION RESULTS

Program Context

As indicated earlier, the District was interested in evaluating the effects and costs of its well established and reasonably effective DAC with another treatment model for a number of reasons. With a reduction in appropriations for contracted drug treatment services it was imperative for the District to find alternative ways that relied more on the probation staff than on private providers to serve drug offenders. Furthermore, the District was concerned that although offenders ‘stay clean’ while under treatment and urinalysis testing, they may not perform well once treatment is removed. While the DAC treatment model attempts to change an offenders’ behavior during program involvement, it may provide little support to offenders following program completion. Given that treatment cannot be provided indefinitely, models that “educate” or train drug abusers on thought processes and behaviors that are not self-destructive may prove to be more effective in the long run.

To better understand the context of this evaluation, the following section provides more descriptions of the two treatment programs in terms of their basic conceptual approach to treating offenders with histories of drug abuse or use.

Drug Aftercare Program (DAC) Description

Since 1984, the Probation Office has administered DAC. Identified as a model program, it has been replicated in several U.S. District Courts throughout the country. DAC is designed as a multi-disciplinary approach for treatment of drug offenders. Participation in the program is a mandatory condition of parole or probation for drug offenders. The Probation Office contracts with a variety of private substance abuse treatment agencies to provide treatment.

DAC is a three phase program with each phase consisting of four months duration. During phase one participants are required to submit a minimum of six to eight random urine tests per month and attend weekly Narcotics Anonymous (NA) meetings. Should participants not attend weekly NA meetings, the number of urine tests are increased to 10 to 12 random per month. Offenders are required to undergo a psychological/social assessment, a substance abuse treatment evaluation and to comply with the individualized treatment plan developed for each offender.

Phase two consists of fewer urine tests but continues the counseling. During the third and final phase participants submit at least two random urine tests per month and attend weekly Narcotics Anonymous meetings and counseling. Also, part of each phase, is a graduated sanctions process. This process involves sanctions for violation of program policy. For example, if a participant violates program policy within phase one, the parole or court commission are appraised and there is an increase in the random urine testing as well as increased participation in 12-step meetings and/or individual counseling sessions. When sanctions are imposed offenders are returned to phase one to restart the program.

To successfully terminate the DAC program participants must successfully complete all program requirements for one year and remain abstinent from drug use. The types of services that are provided are displayed in Table 3.

**TABLE 3
DRUG AFTERCARE PROGRAM SERVICES**

Service Available through Drug Aftercare Program (DAC)	
Group Family Counseling	Vocational Services
Intensive Outpatient Counseling	Clinical Consultation
Drug Abuse Prevention Groups	Methadone Maintenance
Physical Examination	Long Term Residential
Psychiatric Evaluation	Short Term Residential
Psychological Evaluation	Detoxification
Substance Abuse Counseling Individual Group Family	Psychotherapy Individual Group Family

1992 Annual Report: Substance Abuse Program Northern District of California Probation Office

Program Description of the R&R Program

The R&R Program is designed to teach offenders how to use critical thinking in evaluating their personal situations in order to decrease purported common criminal thinking errors (e.g., blaming others for offending behavior or misinterpreting the motives of significant others). To counteract impulsive action offenders learn to anticipate the consequences of their actions. To replace the tendency to use criminal solutions to common everyday problems (e.g., financial troubles, inter-personal difficulties) the R&R program helps offenders generate pro-social options for problem-solving tasks. The program

curriculum emphasizes group discussion, role-playing, games, puzzles and reasoning exercises that are designed to build skills.

The program was conducted in groups of 6 to 10 offenders and required a minimum of 78 hours to complete the curriculum. As part of the R&R program offenders participate in 39 cognitive skills development sessions with each session lasting 2 hours. As part of the program design, participants must attend a minimum of two sessions per week. In addition, the program must be delivered following a specified schedule designed by the developers of the program. The program is administered by probation officers, referred to as *coaches*, who are required to teach the following skill components:

Self Control

Offenders are taught to stop and think before they act; to consider all of the consequences before making decisions; to formulate plans; to use thinking techniques to control their emotions and their behavior.

Meta-Cognition

Offenders are taught to tune into and critically assess their own thinking to realize that how they think determines what they think and how they feel and how they behave. Thinking strategies are a means of self-regulating behavior.

ICPS Skills

Offenders learn how to analyze interpersonal problems, how to understand and consider other people's values, behavior and feelings; to recognize how their behavior affects other people and why others respond to them as they do.

Creative Thinking

To combat their conceptual rigidity, a number of techniques are used to teach offenders alternative thinking; how to consider alternative pro-social rather than anti-social ways of responding to the problems they experience.

Critical Reasoning

Offenders learn how to think logically, objectively and rationally without distorting the facts or externalizing the blame.

Social Perspective

Throughout the program emphasis is placed on teaching offenders to consider other people's views and feelings and thoughts. In effect, the development of empathy is stressed.

Values Enhancement

A number of group discussion techniques and a large number of commercially available games are used to teach values; specifically to move the offender from his egocentric world view to a consideration of the needs of others.

Emotional Management

An offender's success in social adjustment depends on his ability to avoid excessive emotional arousal. Anger management techniques used by psychologists can be used with other emotions such as excitement, depression, fear and anxiety.

Helper Therapy

Teaches anti-social offenders to behave as pro-social individuals; as teachers of their peers (or as volunteer helpers for retarded or handicapped or geriatric patients). Rather than treating them as patients, the offenders are asked to be therapists or teachers for each other, or to be community service workers for those less fortunate than themselves. By requiring anti-social individuals to behave in pro-social ways, they often come to appreciate the value of pro-social behavior, recognize the rewards it can bring them, and acquire social skills which can serve as alternatives to their anti-social behavior. Individuals who are placed in such roles come to see themselves in a very different light and begin to attribute to themselves positive pro-social characteristics which were previously foreign to them.

Victim Awareness

Offenders are taught to consider the feelings of other people and to understand the effects of their behavior on other people — particularly their victim. Nowhere is their egocentricity more apparent than in their lack of concern for victims of their crime.

There are several pre-requisites for R&R program success including: participant interest and receptivity to learning the program content. Equally important as participant involvement and openness is effective administration of the program. Administrators and front-line staff must have an understanding of the program's philosophy and principles. Moreover, line staff, managers and supervisors must have a vested interest and a strong commitment for developing the program. Commitment requires the allocation of resources and time by probation officers to effectively deliver the program's content, as well as

administrative support for reallocation of these resources. In general, there must be a shared enthusiasm for the program by offenders, administrators and probation officers.

According to the R&R program handbook, pre-requisites for successful program implementation are:

Training of probation officers as coaches. All coaches must be trained by a certified R&R trainer. Training lasts one week, and focuses on explaining the theories, modules and role-playing/feedback regarding session delivery. Coaches must possess the following characteristics and abilities:

1. Above average verbal skills;
2. Ability to relate positively and empathetically to offenders, but to do so while maintaining a relationship which does not compromise the rules, regulations and mission of the correctional agency;
3. Sensitivity to group dynamics and ability to stimulate groups and promote interest and high activity levels while maintaining adequate discipline;
4. Ability to confront offenders without demeaning them;
5. Above average interpersonal skills, and, in particular the social/cognitive skills he/she wishes to acquire;
 - a. Empathy (versus egocentricity)
 - b. Effective problem solving
 - c. Well developed values
 - d. Rational and logical reasoning
 - e. Openness to new ideas (versus rigidity)
6. Successful experience in managing group of poorly motivated individuals who may be passively or aggressively hostile or critical;
7. Humility- willingness to consider views (of both participants and program developers) which may not jibe with their own;
8. Enthusiasm; and
9. Thorough understanding of the cognitive model.

Physical facilities. The R&R program should be delivered in an appropriate training room. According to Ross and Fabiano (1991:7) the program should be delivered in a room that is large enough for the participants to view any visual material, and where they can adequately hear discussions by all program participants.

Class Preparation. Thorough lesson preparation on the part of all coaches is necessary for appropriate program delivery. Coaches are trained that preparatory steps must be taken before the program can be delivered for the first time. Specifically, a separate lesson plan should be prepared for each session, and a minimum of two hours should be allowed to prepare such plans. Preparation time for future program delivery should not be quite as extensive. Approximately 70 hours are required for preparation before staff are able to deliver their first program (Fabiano and Porporino, 1995:4).

Expectations of Program Participants. Program participants are expected to attend bi-weekly sessions for 18 weeks. The program is designed to be an interactive and participatory experience. Participants are expected to begin the program together and remain in the program for the duration.

The above program requirements listed above suggest that the R&R approach requires a fairly unique set of probation staff who are well trained in the R&R methods as well as a probation department that has sufficient resources to administer the program. Sufficient amounts of time must be set aside for the probation staff to prepare for the classes as well as to deliver four hours of program content each week and to assess the progress made by the group and individual participants. Finally, there must a sufficient number of probationers or parolees to form a 6-10 person group and to meet four hours per week on a consistent manner.

Program Selection

Lack of Numbers to Participate in R&R

It was anticipated that a total of 300 participants would be enrolled in the study (150 in each study cohort). However, only 135 drug offenders were screened and randomly assigned into the study- 70 assigned to the R&R program (the experimental group) and 65 assigned to the DAC program (control group).

Barriers to achieving the desired sample size were primarily a result of challenges to full program implementation at the sites. Specifically, there were problems related to slower

than anticipated case flow because probation staff did not refer as many offenders to either programs on a regular basis. The lack of referrals was a chronic problem that was never fully resolved during the course of the evaluation. From the evaluator's perspective, part of the problem was lack of support of the DAC and R&R methods by staff who make such referrals but were not part of the field experiment.

It is also acknowledged that the evaluation design that required random assignment of offenders to either the DAC or R&R programs restricted the number of eligible cases as each offender had to be eligible for either DAC or R&R. Since R&R had more restrictions associated with it, as outlined below, many cases that qualified for DAC could not be placed in the eligibility pool. Moreover, since NCCD staff made the random assignment decision, some staff may have been reluctant to refer an case to the field experiment since they could not control placement in DAC or R&R.

In addition, the slow start-up of the R&R program had a major impact on the number of offenders enrolled in the program and the study. For example, while probation staff had been trained to deliver the programs, they did not begin implementation until several months later, and in some cases, a full year after training. Issues related to program implementation are discussed in greater detail in the following section, however it is important to note that the barriers to program implementation had serious implications for the data collection efforts and the subsequent findings of this study.

A total of 138 offenders were referred to the evaluation at four probation locations: San Francisco, San Jose, Oakland and Santa Rosa. As depicted in the Table 4, most participants enrolled in the evaluation were referred from the San Francisco site with Oakland referring the second highest number of participants to the study. Both San Jose and Santa Rosa referred the least number of participants to the study.

TABLE 4
RANDOM ASSIGNMENT RESULTS BY SITE

	Experimental R&R Program	Control DAC Program	Total
Cases Admitted to Study*			
San Francisco	35	40	75
Oakland	23	14	37
San Jose	11	4	15
Santa Rosa	1	7	8
Total	70	65	135

To ensure the comparability and appropriateness of the subjects enrolled in the experimental and control groups, participants were screened on key demographic characteristics and criminal and drug-use history profiles. Table 5 is a display of the demographic characteristics of participants in the study. As indicated, experimental and control groups are similar on most key demographic characteristics.

Demographic Characteristics of R&R and DAC Program Participants

As discussed in the research methodology section, the treatment programs were targeted towards male drug offenders who were either sentenced to probation or released from prison with the mandatory condition that they participate in drug treatment. The vast majority of participants in both the R&R and DAC programs were white and non-Hispanic. The average participant was approximately 36 years and relatively well educated with most participants having a high school diploma or some college education or degree. Majority of the participants were employed with gross monthly incomes of approximately \$1,350.

Criminal History Characteristics of R&R and DAC Participants

Most participants had been released from prison on supervised released (54.7% and 49.3%), with a smaller percentage sentenced to probation (Table 6). The average length of probation for both groups was almost identical, roughly 46-47 months. Less than half the

participants (41% for R&R participants and 44% for DAC participants) in both study groups had offenses for drug-related crimes with robbery as the second most common offense for offenders in both cohorts. It should be noted, therefore, that most participants in both programs were mandated for drug treatment through testing rather than specific drug related offenses. Well over half the study participants in both programs had prior felony charges.

TABLE 5
PARTICIPANT DEMOGRAPHIC CHARACTERISTICS BY STUDY GROUP*

	Experimental Group R&R Program N=70		Control Group DAC Program N=65	
	N	%	N	%
Site				
San Francisco	35	50.0	40	61.5
Oakland	23	32.9	14	21.5
San Jose	11	15.7	4	6.2
Santa Rosa	1	1.4	7	10.8
Sex				
Males	70	100.0	65	100.0
Race*				
White	44	64.7	43	66.2
Black	22	32.4	16	24.6
Other	2	2.9	6	9.2
Ethnicity*				
Hispanic	9	13.4	8	12.3
Non-Hispanic	58	86.6	57	87.7
Age				
	36.1 yrs.		36.7 yrs.	
Education*				
0-12	19	27.9	12	18.5
HS Grad or Equivalent	27	39.7	22	33.8
Some College/College Grad	22	32.4	31	47.7
Employment*				
Employed	50	73.5	55	87.3
Unemployed	14	20.6	6	9.5
Not in Labor Force	4	5.9	2	3.2
Residence				
Rent/Own	28	42.4	28	44.4
Freeload	31	47.0	33	52.4
Other	7	10.6	2	3.2
Marital Status				
Married	12	18.7	12	19.1
Divorced/Separated	17	26.6	28	44.4
Single/Other	35	54.7	23	36.5
# Children Under 18				
0	36	54.5	23	35.9
1	14	21.3	22	34.4
2	13	19.7	13	20.3
3	3	4.5	6	9.4
Monthly Gross Income				
	\$1,371		\$1,345	

* Due to missing data, numbers do not total to sample totals.

TABLE 6
CRIMINAL HISTORY PROFILES BY STUDY GROUP

	Experimental R&R Program N=70		Control DAC Program N=65	
	N	%	N	%
<u>Legal Status</u>				
Probation	22	31.4	15	23.4
Parole	13	18.6	14	21.9
Military Parole	1	1.4	0	0.0
Supervised Release	34	48.6	35	54.7
<u>Current Offense</u>				
Assault	2	2.9	0	0.0
Robbery	13	18.6	16	26.2
Fraud	6	8.6	6	9.8
Theft	1	1.4	2	3.3
Drug Crimes	29	41.4	27	44.3
Firearm	5	7.1	1	1.6
DUI	4	5.7	5	8.2
Other	10	14.3	4	6.6
<u>Misdemeanor/Felony</u>				
Federal Misdemeanor	16	22.9	10	15.9
Felony	54	77.1	53	84.1
<u>Prior Felony</u>				
Yes	32	47.1	38	60.3
No	36	52.9	25	39.7
<u>Prior Misdemeanor</u>				
Yes	32	58.2	40	61.5
No	23	41.8	25	38.5
Length of Probation/Parole	47.1 mos		46.3 mos.	
Average Salient Factor Score	5.9		8.8	
Average Risk Prediction Score	18.5		22.0	

Due to missing data, Ns do not total to sample totals.

Salient factor scores are used to measure an offender's potential risk of parole violation thus indicating what level of supervision offenders need. The higher the salient factor score, the better the criminal justice system prognosis for the offender, meaning that only the minimum level of contact between offender and officer be maintained (i.e. at least four times a year). Scores between the range of 8-10 are defined as very good; 7-6 good; 5-4 fair, and; 3-0 poor. The average score for DAC participants was 8.8 while 5.9 was the average score for R&R participants. Accordingly, the R&R participants were judged to require more supervision and contact with their probation or parole officers. On risk prediction scores which measure the likelihood that an offender will reoffend both groups had scores that fell within the "high risk" range (19-22 points) with the DAC group reporting a higher average risk score (22 vs 18.5).

Drug-use Characteristics of R&R and DAC Participants

The pre-program substance abuse characteristics of the experimental and control groups were roughly comparable (Table 7). However, it must be noted that the differences in the sample size of the control and experimental group on drug use characteristics make comparison between the two groups questionable, but are useful in describing the drug use patterns of the sample population as a whole. Regular drug use for participants began at a mean age of 19-21. For alcohol consumption, both groups began at approximately age 18. As for drug use six months prior to enrollment in the programs, a significant number of participants claimed no drug use.

**TABLE 7
DRUG USE DATA BY STUDY GROUP**

	Experimental R&R Program N=53		Control DAC Program N=36	
	N	%	N	%
<u>Type of Drug Use in Last 6 Mos.</u>				
No Drug Use	22	41.5	11	30.6
Single Drug Use	15	28.3	16	44.4
Poly Drug Use	16	30.2	9	25
<u>Drug Used in Last 6 Mos.</u>				
Marijuana	21	37.5	10	29.4
Crack	5	8.9	5	14.7
Cocaine	11	19.6	10	29.4
Amphetamines	7	12.5	2	5.9
Heroin	8	14.2	6	17.6
Hallucinogen	4	7.1	1	2.9
<u>Drug at Date of Crime</u>				
No	30	57.7	22	61.1
Yes, Alcohol	7	13.5	2	5.6
Yes, Drug	12	23.1	7	19.4
Yes, Both	2	3.8	4	11.1
Don't Remember	1	1.9	1	2.8
<u>Most Problematic Drug in Last 6 Mos.</u>				
No Problem	17	32.1	9	25.0
Marijuana	7	13.2	5	13.9
Crack	4	7.5	2	5.5
Other Cocaine	7	13.2	6	16.7
Amphet/Metha	5	9.4	2	5.5
Heroin	4	7.5	5	13.9
Hallucinogen	1	1.9	1	2.8
Alcohol	8	15.1	6	16.7
Age First Used Drugs Regularly	18.6 yrs.		20.8 yrs.	
Age First Drank Regularly	18.2 yrs.		18.5 yrs.	
Average # of Drinks Per Day	3.2		3.4	
<u>Help for Drug Use Needed?</u>				
Not at All	29	54.7	25	71.4
Slightly	8	15.1	0	0.0
Moderately	4	7.5	1	2.9
Considerably	2	3.8	1	2.9
Extremely	10	18.9	8	22.9
<u>Help for Drinking Needed?</u>				
Not at All	41	78.8	30	83.3
Slightly	4	7.8	0	0.0
Moderately	2	3.8	1	2.8
Considerably	2	3.8	2	5.6
Extremely	3	5.8	3	8.3

Due to missing data, Ns do not total to sample totals.

A significant number of study participants reported using more than one drug. With marijuana and cocaine being identified as the most problematic drugs for study participants. It is worth noting that at the time participants committed crimes, most reported that they were

Drug Treatment Characteristics of R&R and DAC Participants

Most participants had previous drug treatment. Of those participants who had been in prison, only one third of them had participated in a structured drug treatment prison program with drug education services as the most common across both programs(see Table 8). The most common treatment programs and services among DAC and R&R participants who had been to prison was urinalysis, Alcoholic Anonymous and/or Narcotics Anonymous, and placement in an halfway house that provided drug treatment services. It is significant that of those released from prison, the majority had not participated in a drug treatment program.

Skill Development Needs for R&R and DAC Participants

At entry into each program, participants were interviewed to assess their current skill development needs in 11 cognitive functioning skill areas. In addition, to assessing cognitive skills, interview questions related to life domain problems were asked. For the 11 skill area questions, respondents were asked to score each item from 1 indicating no need for change to 5 indicating a high need for change. For the life domain questions, participants scored using a range of 1 indicating no need for change to 6 indicating a high need for change.

The number of cases that completed this questionnaire was limited as the probation staff experienced difficulty in its administration. Toward the end of the study, NCCD terminated all efforts to have the questionnaire completed for all cases. For those cases that were assessed, there were differences in their scores. While neither group identified high areas of need, R&R participants identified moderate need in more skill development areas than DAC participants (Table 9).

TABLE 8
DRUG TREATMENT DATA BY STUDY GROUP

	Experimental R&R Program N=53		Control DAC Program N=36	
	N	%	N	%
<u>Drug Treatment Data</u>				
Ever Received Treatment	36	67.9	23	63.9
<u>Drug Treatment in Prison</u>				
No Treatment	41	68.3	40	69.0
Drug Education	13	21.7	14	24.1
Other	6	10.0	4	6.9
<u>Type of Treatment Programs*</u>				
Detoxification	5	9.4	2	5.6
Short-term Inpatient	7	13.2	3	8.3
Long-term Residential	7	13.2	3	8.3
Halfway House	17	32.1	15	41.7
Outpatient	11	20.8	5	13.9
Prison Program	18	34.0	12	33.3
Drug Education	10	18.9	6	16.7
AA/NA/CA	25	47.2	11	31.6
Urinalysis	26	49.1	16	44.4

**Percentages do not total 100, participants could have participated in more than one service type.*

TABLE 9
R&R ASSESSMENT DATA BY STUDY GROUP

	Experimental R&R Program N=53	Control DAC Program N=36
	MEAN	MEAN
<u>COG ASSESSMENT DATA*</u>		
Recognize Problem Exists	3.0	2.5
Able to Solve Problems	3.0	2.4
Able to Think Alternatives	2.9	2.3
Aware of Consequences	3.0	2.2
Set/Achieve Goals	2.8	2.1
Egocentricity	2.9	2.1
Social-perspective Taking	3.0	2.1
Impulsivity	3.2	2.4
Cognitive Style	2.7	2.2
Motivation to Change	2.6	2.6
Motivation to Participate in Program	2.7	2.9
<u>Areas of Problem†</u>		
School/Employment	3.1	2.4
Financial	3.4	3.1
Marital/Family	2.4	2.1
Alcohol	3.1	2.3
Drugs	3.5	3.1
Health	2.2	2.1
Emotional	2.7	2.8
School/Employment	3.1	2.4

*The mean for these items reflects a scale of 1 to 5, where 1 is the least problematic and 5 the most.

† The mean for these items reflects a scale of 1 to 6, where 1 is the least problematic and 6 the most.

Summary of R&R and DAC Participant Characteristics

Overall, the two groups of study participants had relatively similar backgrounds. Most participants were relatively well educated for an offender population and were employed at time of enrollment in the study after having been released from federal prison and placed on parole or were under supervised release. All participants had previous history of drug use but most participants reported that they did not need help for their drug use, while more than half the participants in both groups had used drug six months prior to being sentenced by the court. Marijuana and cocaine were the mostly commonly used drugs.

Most study participants in both groups had committed drug-related offenses, but reported no drug use on the date they committed offenses. Most had been charged with a felony prior to enrollment in the program. While most participants had received treatment, more than half the participants that had been to prison had received no drug treatment services while they were in prison. It must be noted that while participants were randomly assigned to the DAC and R&R programs, more high risks offenders were assigned to the R&R program as measured by the salient factor score. As mentioned earlier because of the small sample size the results from the descriptive analysis must be interpreted with caution

PROGRAM INTERVENTION

Probation staff were to complete monthly data forms on the number and type of services being provided to their cases. Here again, NCCD experienced considerable difficulties. Out of frustration, NCCD finally agreed to collect the data as best we could from case files. But these data were often incomplete or simply missing. While there were a total of 70 R&R participants and 65 DAC participants, service summary data was only collected on 50 R&R participants and 44 DAC participants. Moreover, service summary data is even more incomplete as data collection for specific services was even less (see Table 10).

TABLE 10
SERVICE SUMMARY BY STUDY GROUP

	Experimental R&R Program N=50		Control DAC Program N=44	
	MEAN	N	MEAN	N
Monthly COG Sessions (Two hours per session)	3.5	44	0.0	0
Units of DAC Service (Half hour per unit)	1.5	11	6.6	35
Type of DAC Service				
Face Contact with Probation Officer	3.2	50	0.1	44
Phone Contact w/Probation Officer	1.0	50	1.2	44
Collateral Contact	1.0	50	0.7	44
Other Contact	0.1	50	0.2	44
Total Drug Tests	3.8	49	3.7	44
Positive UA	0.2	50	0.1	43
Missed UA	0.7	50	0.4	43

Only R&R participants received cognitive skills training sessions, the mean number of cognitive skills training sessions per months was 3.5. Some R&R participants also received traditional drug treatment services that are generally offered through the DAC program as a supplement to R&R. Unlike R&R, most DAC services were administered in half hour units. The average number of DAC units of services for R&R were 1.5 service units compared to 6.6 units of service for DAC participants.

However, as mentioned earlier, there were several challenges to collecting data on program participants, therefore, the service data must be viewed with caution. Participants of the R&R program had more face to face contact with probation officers than DAC participants. Both groups had an equal number of phone contacts with their probation officers. All study participants received an equal number of drug tests, with both groups receiving an average of 4 drug tests per month.

Overall however, the program implementation findings have significant implications for the results of the outcome component and the evaluation as a whole as well as policy implications for developing and administering drug treatment programs.

The R&R Program

Overall, the R&R program was not fully implemented at the three sites. While senior management staff of the District supported the development of the project, this support and commitment was very limited with front-line staff and management. There was very little ownership of the program by the probation staff who had not participated in the early discussions with management about the strengths of an R&R model. Rather, the program was perceived a “top-down” project that was imposed on line staff. In the following sections, some of the most difficult obstacles encountered by the Department in attempting to implement R&R are reviewed.

Training of Probation Officers as Coaches

The most difficult task for successful implementation of the R&R program was the training of probation officers as *coaches*. At the outset of the experiment, a total of 12 probation officers from the Northern District Probation Office were trained by a certified R&R trainer to become R&R coaches. Of this number only eight probation officers actually worked as coaches. Furthermore, due to difficulties in identifying a sufficient number of offenders to form R&R groups and to begin the program, there was considerable delay between training and actual program delivery. Consequently, many of the concepts and skills developed by the coaches were not sustained. Lag time between training and program delivery by the five officers ranged from 4 to 12 months. The program developers, Fabiano and Ross maintain that it is important that program start-up follows relatively soon after training. With appropriate monitoring, feedback, team-building and support, staff will

become significantly more confident and reach much higher levels of performance in skills of delivery and technique. This does not occur when program delivery is significantly delayed as was the case here.

Class Preparation

It is estimated that approximately 78 hours are required for class preparation by coaches over the course of the 20 week program. However, all of the coaches reported that they were unable to meet this goal principally because of other duties they have to continue to perform as probation officers. Several coaches reported using their substantial amounts of their personal time to prepare for the program, while others had minimal preparation prior to a session starting.

The problem of scheduling a probation officer's time for these sessions was further complicated by the fact that many of the offenders had to maintain employment as part of their probation and parole supervision and worked in various locations within the Bay Area. Consequently, the sessions were held in the evenings - often quite late to allow sufficient time for the participants to leave their jobs and travel to the sessions.

Coaches initially elected to run the program weekly as opposed to the recommended R&R standard which requires participants to attend sessions twice a week. However, approximately half way through the study, coaches realized that delivering the program twice a week was a more effective approach. In reviewing videotaped sessions it was evident that there was very little to no connection of information from each session. This made it very difficult to have program continuity and program content communicated in the way that is most effective for teaching participants necessary cognitive skills.

Delivery of Program Content

Reviews of videotaped sessions by the trainers revealed that coaches' effectiveness in skill development was minimal. As mentioned previously, the inability of most coaches to teach program content was a result of the lack of support for adequate preparation and the lack of accessible materials (i.e., games, pictures, etc...) needed to deliver the program. In addition, new skills were explained to participants incorrectly or in a confusing manner.

Often coaches focused more on *content* rather than *process* which is the essential key to teaching cognitive skills. Some coaches allowed participants to "drift off the subject to unrelated topics." Almost all coaches lacked the necessary materials for program delivery. Coaches had to improvise and deviate from the mandatory sequencing of program sessions. However, it must also be pointed out that a coaches first delivery of the R&R program is considered training, and this could have impacted the study.

In summary, findings from the process evaluation indicate that the R&R program was not implemented as intended by District officials and by the standards and guidelines of the R&R program. It is important to note that the coaches were highly determined and committed to the program, but lacked adequate resources, training and administrative support for implementing the program. General feedback from the coaches indicate that the program could be more effective with treating drug offenders, but that the program required large amounts of time for class preparation and service delivery. These frustrations are summarized in the following comment by a probation officer

"It took a lot of our time (program delivery) and we had very little to give, we had no prep time. We often did the program unprepared — tried to set time aside, but something would happen in the office so we could not prepare."

In summation, the shortcomings regarding program delivery and program integrity as reported by the R&R trainers included:

- Failure to link crucial program concepts together.

- Cutting important discussions short and pursuing irrelevant tangents.
- Explaining new skills incorrectly or in a confusing manner.
- Failure to challenge thinking.
- Failure to deliver the program within 20 to 60 days following training.
- Lack of lesson preparation.
- Inappropriately combining sessions that were designed to be delivered separately
- Lack of front-line staff buy-in for the program.
- Lack of administrative oversight for program development and administration

The Drug Aftercare Program

Prior to the development of the DAC program, there were very few resources available to provide treatment services for drug offenders. With little to no resources allocated by the District for these services, treatment for drug offenders was fragmented and in many cases inappropriate. Some probation staff made attempts to identify resources and services for their clients. The lack of systematic approaches and coordination of services, however, made it difficult for staff to develop treatment plans and strategies that were consistent and effective. In many cases, probation staff were placed in the role of a drug treatment counselor for which they had no background, training and had very little or no understanding of substance abuse treatment to address these problems with their clients.

The implementation of the DAC program was viewed as the most effective and innovative strategy to providing services for drug offenders. It provided probation staff with a mechanism by which to systematically obtain treatment services that were tailored to the individual needs of offenders.

For most staff, the DAC program continues to be viewed as an important resource for delivering substance use treatment. One reason the program is believed to be effective is

because it requires contract treatment providers to be experts in the addictive process, recovery and relapse prevention. Moreover, they must have a thorough knowledge and understanding of 12 step principles, associated self-help support and intervention groups; and have familiarity with the criminal justice system and be comfortable with serving the DAC target population. In addition, the private treatment providers are audited on a regular basis to ensure that services to DAC participants are provided in compliance with program goals.

The accessibility and availability of services is identified as a major strength of the program. Staff reported very few difficulties to accessing services for clients. At time of the present study there were no waiting lists for services. Another identified strength of the DAC program is that services are tailored to the individual needs of the consumer. According to some staff, an advantage of the program is that accessibility of these services reduces the burden and workload because staff have an identified program to refer clients. They do not have to devote time to trying to identify appropriate resources or providing some form of counseling themselves. In effect, the availability of the DAC program allows the probation officer to assume the role of service broker rather than provider.

On the other hand, there are several weaknesses of the DAC program as well. Perhaps the most commonly identified weakness was the lack of District-wide support for the program. The DAC program has not been accepted and fully implemented throughout the District. The fragmented implementation of the program is a result of barriers to developing collaborative relationships between the central office and other sites throughout the District. In addition, the lack of adequate and consistent oversight of the implementation of the program by line supervisors at each probation location directly contributed to the inconsistent implementation of the program. port from line supervisory at each probation location directly

contributed to the implementation issues identified. Some probation staff do not support the program and do not understand the need for drug treatment services.

Finally a major concern for probation staff is that the program does not effectively engage participants to change their thought processes for better decision-making regarding drug use. Some staff maintained that probationers only comply with treatment until they are released from the program, indicating that the program has very little impact on long-term drug use behavior.

Summary of Findings on the Implementation of the DAC and R&R Program

The process evaluation underscores some of the difficulties associated with administering innovative drug treatment programs. First, probation staff who delivered the cognitive learning services did not have adequate administrative support or sufficient training in cognitive skills treatment to fully administer the program. Because of demands of their regular job duties, they did not have sufficient time for lesson preparation. Probation staff assigned to the program were highly committed and often put in long hours in preparation for their classes. But despite their efforts, there was insufficient time to properly deliver the cognitive learning methods.

Other short-comings of program delivery included an inability of probation staff to explain concepts correctly, inappropriate combination of program sessions and failure to make the program relevant to the participants. While the program content was delivered, the process of teaching the skills and imparting knowledge to the offenders, in most cases, did not occur.

Finally, because R&R requires offenders to receive treatment in a group setting over a 40 week period as opposed to individually scheduled sessions, there were lengthy delays in initiating groups and maintaining them over time. While the evaluation design reduced the

number of candidates that could participate in the experimental program, this structure limited the number of offenders who could or would participate in such a program. Few groups were formed and there was considerable attrition for many of them.

Despite these implementation difficulties, probation officers who participated in the program reported that the R&R program allowed them an opportunity to deliver treatment to their clients. A significant portion of a probation officer's work entail filing reports and making appearances in court. Just the opportunity to work with clients in a treatment mode was a major plus for them.

Because of this positive experience, the R&R program will continue to operate as the probation staff believe that the cognitive learning approach is a valuable tool for probation staff to have as well as the more traditional and well-established DAC system.

OUTCOME FINDINGS

Program Completion Rates

The first outcome measure was successful program completion rates. As illustrated in Table 11, successful terminations from the drug treatments programs were comparable across the two programs with DAC participants at a slightly higher percentage (60.3% vs. 55.4%). Of the R&R participants who did not successfully complete the program, the most common reasons for unsuccessful termination was participants relapse into drug use (37.0%) and other reasons (40.7%) such as offender relocation, poor class attendance or conflict with work schedules. About one-seventh (14.8%) of R&R participants unsuccessfully terminated the program because of program rules violation. Of the DAC participants who did not successfully terminate the program, reasons for unsuccessful termination were evenly

distributed across four areas: new arrests, rules violation, drug relapse and other reasons (25% per category).

Re-Arrest Rates

A year following release into the community, participants' criminal history rap sheets were obtained and coded for re-arrest data. As depicted in Table 12, the majority of participants in both the DAC and R&R programs had no arrests in the year following their release into the community. However, the percentage of R&R participants with no arrests were slightly higher than DAC participants (74.6% and 67.7%, respectively). These differences are not statistically significant due to the low number of cases assigned to the two groups. Overall, results indicate that both DAC and R&R participants are equally likely to recidivate.

In terms of the types of crimes these offenders were re-arrested for, there was a higher percentage of drug-related arrests among the R&R participants than DAC (37% and 8%). In addition, the R&R group had a higher percentage of violent arrests than DAC. Most of the arrests for the DAC group were for non-violent offenses and probation/parole violations (Table 13).

Costs

A central research question of this evaluation is whether a drug treatment program delivered by probation/parole staff is equally or more effective and less expensive than the cost of contracting with private drug treatment providers?

In order to determine the cost-effectiveness for the two programs, costs for the program components were calculated. Both the DAC and the R&R programs are 12 month programs. Participants of the DAC program received an initial assessment and weekly group counseling sessions for 8 months, and 12 months of probation supervision. Participants of

the R&R program received an average of eight hours a week of cognitive skills development sessions for 5 months along with 12 months of probation supervision.

As shown in Table 14, the costs of treating a drug offender under the R&R treatment model was less expensive than the DAC program. The 8 months of weekly group counseling and 12 months of probation supervision for the DAC cases was \$3,868 versus \$2,823 for participating in 5 months of cognitive skills development training sessions and 12 months of regular probation supervision. However, the R&R costs assume that the program is filled -- a problem that is discussed in the next chapter.

**TABLE 11
TERMINATION STATUS BY STUDY GROUP**

	Experimental R&R Program N=65		Control DAC Program N=63	
	N	%	N	%
Termination				
Successful	36	55.4	38	60.3
Unsuccessful	27	41.5	16	25.3
Incomplete Information	2	3.1	9	14.3
Reason for Termination				
New Arrest	1	3.7	4	25.0
Rules Violation	4	14.8	4	25.0
Relapse	10	37.0	4	25.0
Medical	1	3.7	0	0.0
Other	11	40.7	4	25.0

Due to missing data, Ns do not total to sample totals.

**TABLE 12
RECIDIVISM RATES BY STUDY GROUP**

	Experimental R&R Program N=71		Control DAC Program N=65	
	N	%	N	%
Recidivism Data				
No Arrests	53	74.6	44	67.7
1-2 Arrests	13	18.3	19	29.2
3+ Arrests	5	7.0	2	3.1

**TABLE 13
TYPES OF ARREST BY STUDY GROUP**

	Experimental R&R Program		Control DAC Program	
	N	%	N	%
Total Arrests	29	100.0	26	100.0
Drug-related Crimes*	11	37.9	2	7.7
Violent Crimes	10	34.4	6	23.1
Property/Non-Violent Crimes	6	20.7	10	38.5
Parole/Probation Violations	3	10.3	8	30.8

*Drug-related arrests include drug possession, drug sale/manufacturing

*Violent arrests include assault, robbery and battery.

*Non-violent arrests include petty theft, arson, burglary, motor vehicle theft and DUI.

**TABLE 14
PER CAPITA PROGRAM COSTS
DAC versus R&R**

Program Component Costs	Drug Aftercare Program	Reasoning & Rehabilitation Program
Group Counseling Months Costs	8 months \$1,525	0 \$0
R&R Skills Development Training Months Costs	0 \$0	5 months \$480
Probation Supervision Months Costs	12 months \$2,343	12 months \$2,343
Total Program Cost Per Participant Months Costs	12 months \$3,868	12 months \$2,823

CHAPTER 4

CONCLUSIONS AND POLICY IMPLICATIONS

Findings from the process evaluation indicate that there were major problems with program implementation. In addition to contributing to the lack of significant outcome findings from the study, the shortfalls of the program implementation are important as they were a major contributing factor in undermining the effectiveness of the two drug treatment models. In summary, results from the process evaluation indicate that there were several challenges to successful institutionalization of the R&R and DAC programs. The major barriers to program implementation were: 1) lack of ownership and buy-in of front-line and management staff for the implementation of the program; 2) limited resources allocated for program institutionalization; and 3) inadequate supports for probation staff administering the program.

Results from the outcome evaluation show that most participants in both programs did not recidivate during the one year follow-up period following program termination. There is no evidence that offenders in the DAC program were less likely to recidivate than R&R program participants, despite a percentage difference between the two groups. This finding suggests that participants successfully terminated from the R&R program do not pose any greater threat to public safety than participants who successfully terminated from the DAC program. The average number of arrests over a year period following program completion for both groups was less than one. Results from the cost-effective assessment indicate that the R&R program is a less expensive treatment model than DAC for treating drug offenders with similar demographic characteristics and drug-use and criminal histories.

On the surface, results from this evaluation indicate that the R&R program is as effective in reducing the recidivism rates for drug offenders as DAC and is slightly less expensive. However, the poor administration of the two programs suggests that a well planned program that gains front-line staff support and has adequate resources to support its implementation may result in more favorable outcomes for drug offenders than the two programs that were evaluated. Therefore, results from the outcome component should be interpreted with caution. There are several steps the District can take to improve treatment of drug offenders through the R&R or DAC programs. Specific recommendations for the District or any other probation and parole system include:

1. Develop a plan for systematic evaluation of program administration and implementation. Programs need to be carefully monitored on a regular basis so that necessary mid-course corrections in program direction can occur. However, for monitoring to occur, probation staff and treatment providers must be required and held accountable for recording their activities in a timely and accurate manner.
2. There is a need for greater support and coordination mechanisms for administration of the program. Front-line staff need routine and ongoing training on how to administer the programs. On an annual or semi-annual basis, depending on the number of staff involved in delivery, an advanced training workshop of two to three days should be provided to ensure continued growth and development of delivery skills.
3. A support network should be developed to encourage staff delivering cognitive programming to share experiences and difficulties, discuss successes and failures and work together towards enhancement and refinement of their delivery skills.
4. To increase administrative support for the program and to ensure continuity of care between front-line staff who deliver the program and other probation staff not trained as coaches, all probation staff should be required to participate in a training that reviews the basic philosophy, principles, skills and requirements of the R&R, DAC, and all other treatment programs.

The Problem of Market Share

Finally, one must address the issue of what we refer to as "market share". Innovative and promising drug treatment programs appear on the scene on a regular basis. Often, these programs are relatively small in terms of the number of clients involved in the treatment. Even if the program is successful, there may be real obstacles associated with the program's structure that limit its ability or capacity to capture a larger share of drug abuser market.

This appears to be the case for R&R as least within the context of the Norther District of California. The District is relatively unique from other state or county probation departments by virtue of its caseload (predominantly drug and white collar offenders) and resources available, and a relatively well educated and trained probation staff. Nonetheless, this probation department had considerable difficulties in implementing the R&R approach and only plans to use it in the future in a very limited basis.

As shown in Table 15, of the 1,700 offenders assigned to the District, approximately 500 will be placed in DAC while only 50 will be placed in R&R. Due to the program restrictions noted in this report, R&R can be effective but only with a small share of the potential market of drug offenders. The real challenge for R&R will be to demonstrate that it can be used on a far larger scale than is now possible.

**TABLE 15
PROJECTED USE OF DAC AND R&R**

Supervision Population Categories	N	Percent
Total Supervision Population	1,700	100.0
DAC Population	500	29.4
R&R Population	50	2.9

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