

# **Inter-Agency Partnerships as Part of a Seamless System of Care For Substance-Using Offenders**

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# Purposes

- Describe a seamless system of care for drug-using offenders
- Present preliminary research findings on a clinical trial of one such approach
- Identify management principles and policies that can guide cooperation and integration between these two primary systems.

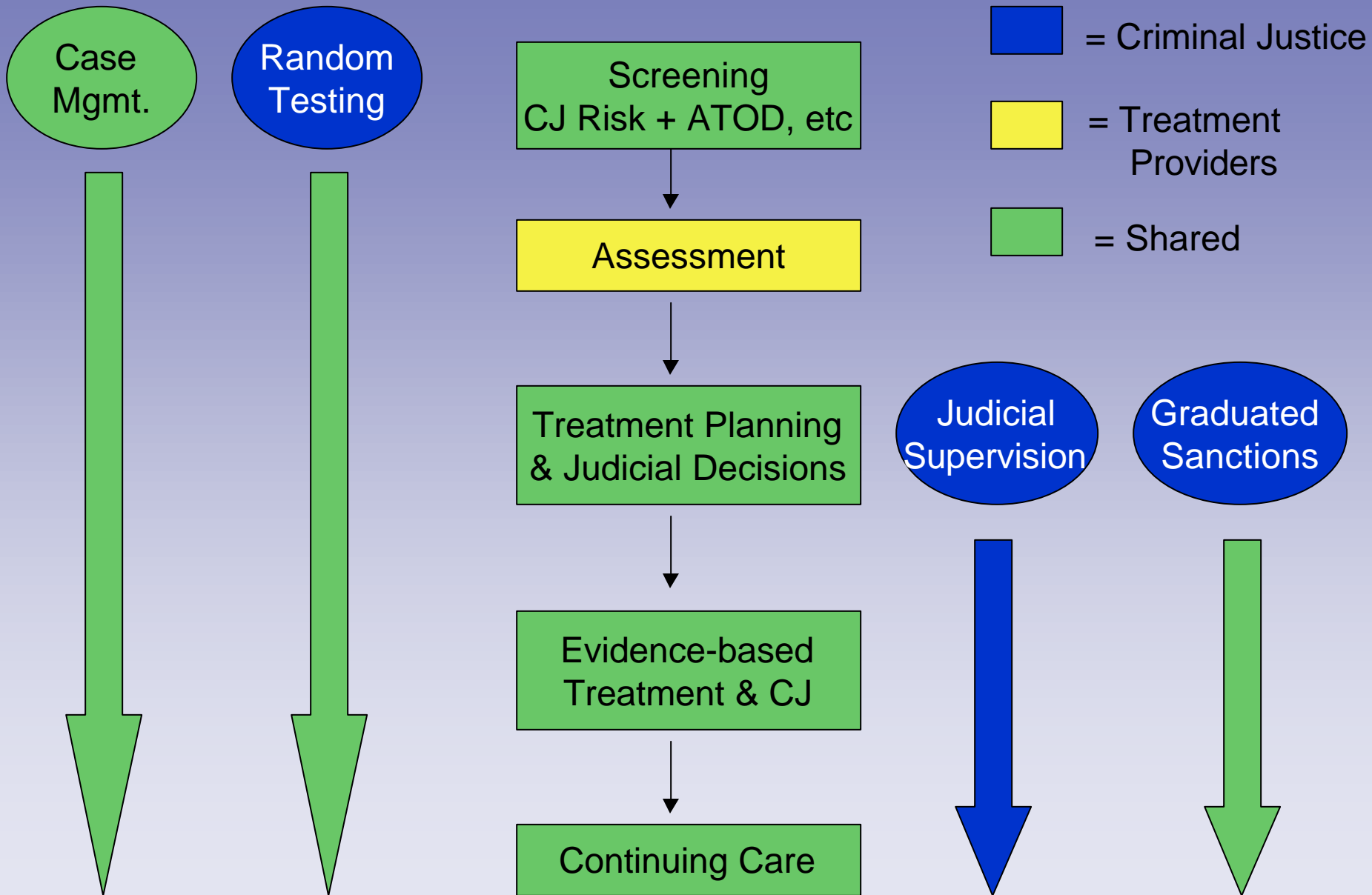
# Background

- Almost 6.5 million adults are involved in the criminal justice system; nearly 70 percent with substance abuse issues (Department of Justice, 2001; Mumola, 1999).
- By 2001, overall incarceration rates in federal and state prisons were over four times higher than in 1980 (Brown, et al., 1996; Harrison & Beck, 2002).
- Two-thirds of both adult male and female felony arrestees had an illegal drug in their bodies at the time of arrest; close to 50% were drug dependent and 75% were alcohol dependent (ADAM, 2000).

# Why Criminal Justice System?

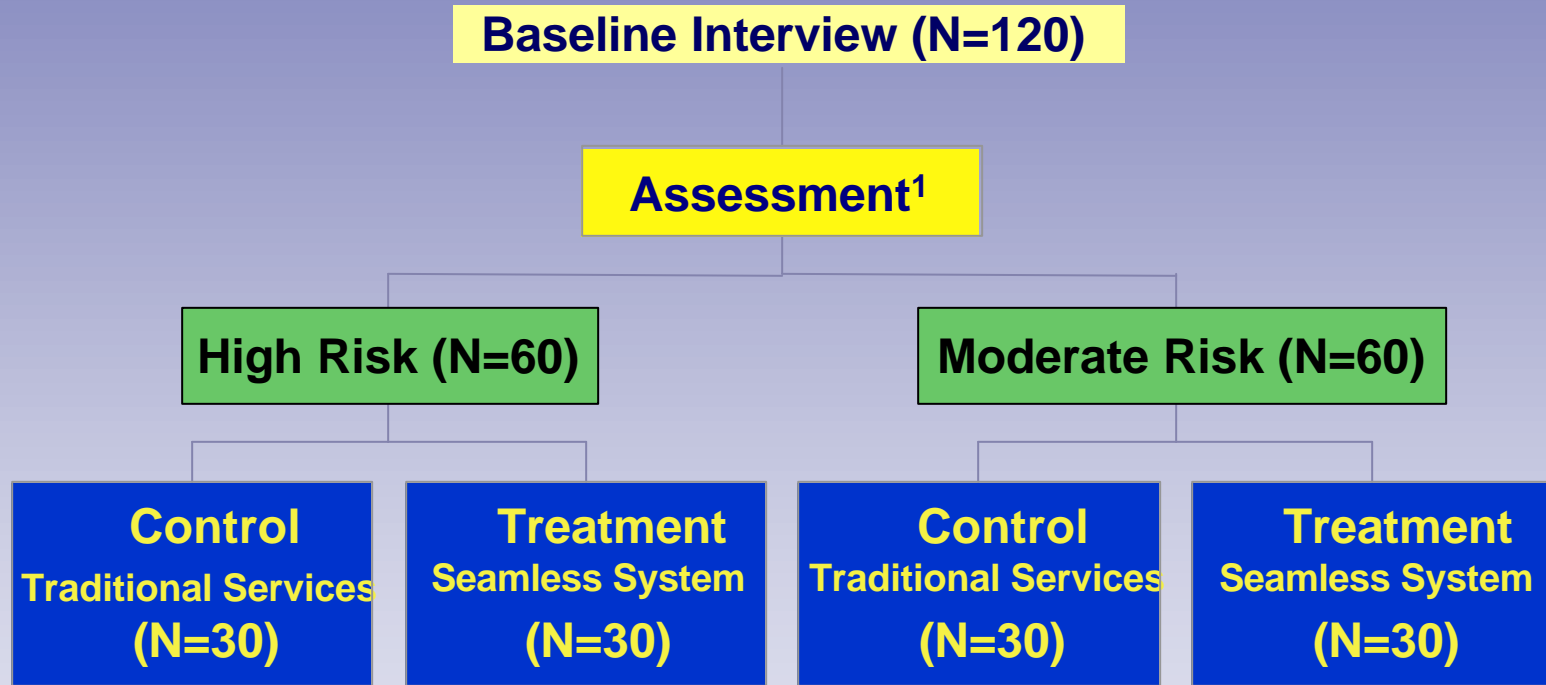
- Criminal justice system serves as an optimal location for increasing compliance with substance abuse treatment (Leukefeld & Tims, 1990; Lipton, 1995)
  - Coerced treatment works (Hubbard et al., 1998; Inciardi et al., 1997; Wexler, 1995)
  - Length of time in treatment increases treatment success (National Institute on Drug Abuse, 1999)
  - Treatment completion improves outcomes
- Typical delivery system (referral process) limits access to, and utilization of, treatment services (Andrews et al., 1990; Gendreau, 1996; Taxman, 2002; Thanner & Taxman, 2003)

# Seamless Inter-Agency Collaboration Model



# Research Design

The larger study is a multi-year, multi-site randomized trial experiment of four sites (see Weisburd and Taxman, 2000). The current study presents preliminary findings of first year outcomes from one site in Alexandria, VA



**Follow-up Interviews completed approximately 12 months post baseline**

**N = 108, Response Rate = 90%**

<sup>1</sup> Risk Assessment Tool modeled after the Wisconsin model (see Van Voorhis and Brown, 1997)

# Study Methods

- Personal interviews with clients (n=120)
- Review of official arrest records
- Collection of urine samples
- Interviews with probation and parole staff (n=18)
- Review of agency financial and budget records

# Seamless System

- On-site assessment for treatment and accelerated entrance into treatment
- Two levels of intensive cognitive behavior therapy (e.g. group therapy, individual therapy, and aftercare)
- Co-run group therapy session
- All offender therapy session
- Intense supervision at least 2 times per week
- Drug testing 3x/month
- Graduated sanctions

# Traditional Supervision

- Referral for assessment at public health agency
- Four-week drug education classes
- Intense supervision at least 2 times per week
- Drug testing 3x/month
- Graduated sanctions



# Randomization was Successful

| Variable                        | Control    | Treatment   |
|---------------------------------|------------|-------------|
|                                 | N=60       | N=60        |
| Males                           | 82%        | 83%         |
| Blacks                          | 97%        | 90%         |
| Mean Age at baseline (Std.)     | 32.2 (9.8) | 32.8 (9.1)  |
| Married                         | 7%         | 7%          |
| Divorced/Separated              | 18%        | 16%         |
| Never Married                   | 75%        | 76%         |
| Mean days worked past 39 (Std.) | 11 (11.4)  | 11.5 (11.2) |

# Treatment Status at Follow-up by Randomization Assignment

| <b>High Risk</b>                                   | <b>Control Group<br/>N=56</b> |                      | <b>Treatment Group<br/>N=52</b> |                      |
|--|-------------------------------|----------------------|---------------------------------|----------------------|
| % Treatment Participation (not AA/NA or Education) | 32                            |                      | ***94                           |                      |
| Length of Time to First Treatment Entrance (Mos.)  | 3.5(208)                      |                      | ***1.7(2.4)                     |                      |
| Length of Time in TX                               | 1.3(2.5)                      |                      | ***5.4(4.7)                     |                      |
| <b>Moderate Risk</b>                               | <b>MR<br/>(N=28)</b>          | <b>HR<br/>(N=28)</b> | <b>MR<br/>(N=25)</b>            | <b>HR<br/>(N=27)</b> |
| % TX Participation (not AA/NA or Education)        | 36                            | 29                   | ^^100                           | */^^89               |
| Length of time in TX (Mos.)                        | 3.0(2.4)                      | 4.1(3.3)             | 1.8(2.7)                        | ^^1.6(2.1)           |
| Length of time in TX (Mos.)                        | 1.8(3.1)                      | .82(1.5)             | ^^6.6(4.2)                      | ^^/*4.4(4.9)         |

NOTE: Numbers in parentheses are standard deviations.

Within Randomized Group \*\*p≤.01 \*p≤.05 \*p≤.10

Between Risk Groups ^^p≤.01 ^^ p≤.05 ^≤.10

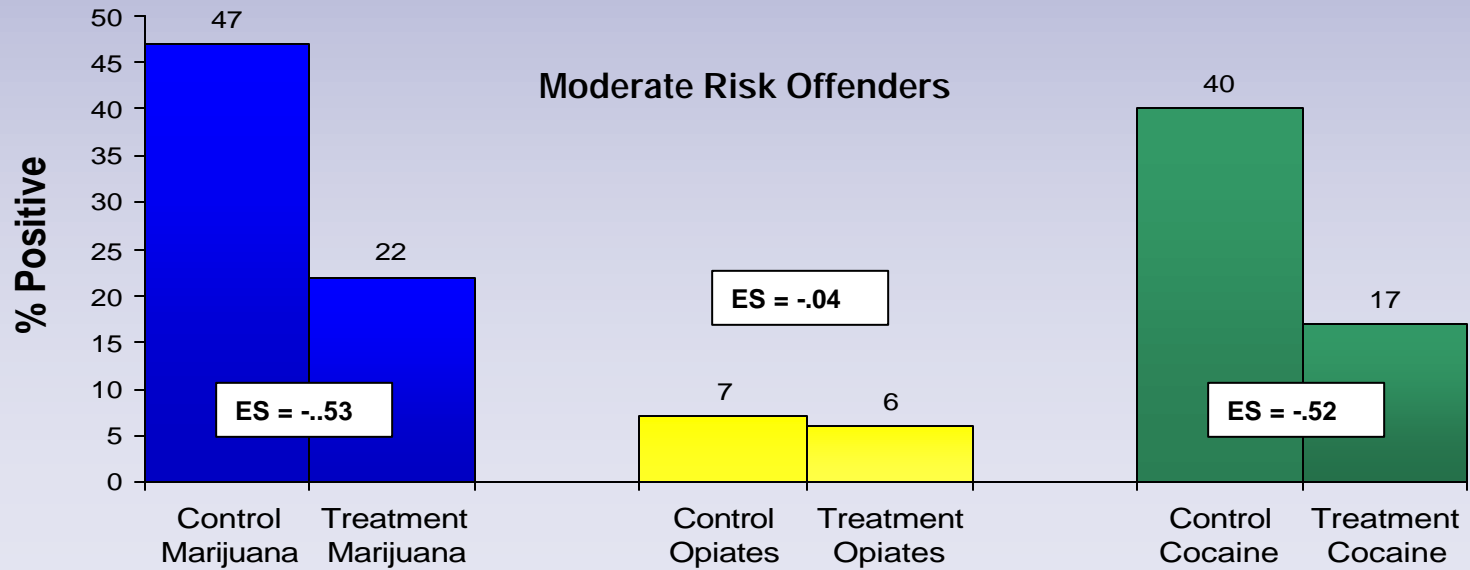
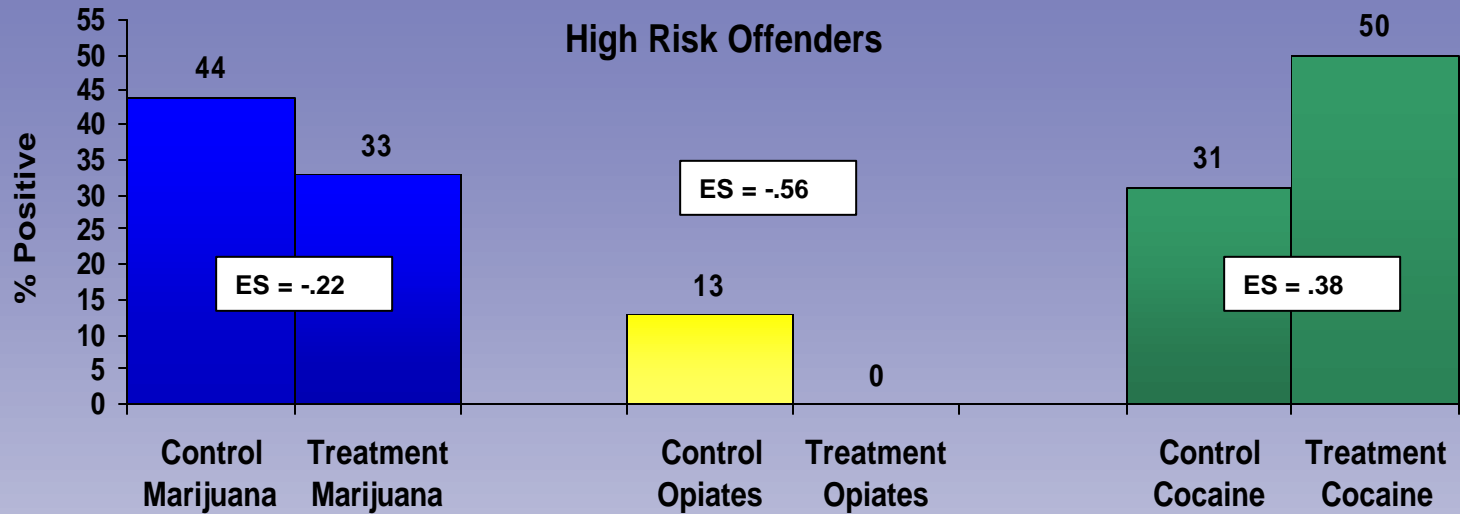
# Criminal Justice Outcomes At 12 Month Follow-Up

- No main effects: 58% (Control) vs. 55% (Tx)
- ES differences noted for High Risk offenders

| <b>High Risk</b>                          | <b>Control<br/>N=28</b> | <b>Treatment<br/>N=28</b> | <b>Sig.</b> | <b>ES</b>  | <b>Power</b> |
|---|-------------------------|---------------------------|-------------|------------|--------------|
| <b>% Any Arrest</b>                       | 72                      | 54                        | .17         | <b>.37</b> | .38          |
| <b>Mean number of arrests</b>             | 1.64(1.35)              | .93(1.05)                 | <b>.04</b>  | <b>.59</b> | .68          |
| <b>% Violation of probation</b>           | 36                      | 25                        | .17         | .24        | .22          |
| <b>Days to first new criminal arrests</b> | 287(126)                | 302(120)                  | .65         | .12        | .13          |
| <b>Moderate Risk</b>                      | <b>Control<br/>N=27</b> | <b>Treatment<br/>N=25</b> | <b>Sig.</b> | <b>ES</b>  | <b>Power</b> |
| <b>% Any Arrest</b>                       | 44                      | 57                        | .39         | -.25       | .22          |
| <b>Mean number of arrests</b>             | .93(1.17)               | 1.05(1.36)                | .74         | -.09       | .16          |
| <b>% Violation of Probation</b>           | 15                      | 10                        | .24         | .15        | .14          |

Number in parenthesis are standard deviations




# Drug Use for 12-month Post Baseline



# Results

- Lower number of overall arrests, fewer VOP, and greater arrest-free time for the seamless group - notably for high-risk treatment
- Reviewing ES differences, the treatment group improved relative to control group
- Findings support the principle of responsivity: those assessed as high-risk respond more to treatment

# Selected Management Principles and Corresponding Challenges

- **Treatment and Criminal Justice Systems Must Collaborate & Function as a Team** 
- **Target Offenders for Treatment Where Treatment Can Work**
- **Use Treatment Matching Practices (e.g. risk screens)**
- **Create a Treatment Process and Extend the Length of Time in Treatment** 
- **Sanction Non-Compliant Behavior and Reward Positive Behavior** 
- **Role Redefinition of Probation/Parole Staff**
- **Sharing Information for Tx Progress Decisions is Difficult**
- **Failure to Use Contingency Management Concepts**

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