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)
Screening
CJ Risk + ATOD, etc

Assessment

Treatment Planning & Judicial Decisions

Evidence-based Treatment & CJ

Continuing Care

Seamless Inter-Agency Collaboration Model

Case Mgmt.

Random Testing

Screening
CJ Risk + ATOD, etc

Assessment

Treatment Planning & Judicial Decisions

Evidence-based Treatment & CJ

Continuing Care

Judicial Supervision

Graduated Sanctions

Criminal Justice

Treatment Providers

Shared

= Criminal Justice

= Treatment Providers

= Shared
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.

**Baseline Interview (N=120)**

**Assessment[^1]**

- **High Risk (N=60)**
  - Control Traditional Services (N=30)
  - Treatment Seamless System (N=30)

- **Moderate Risk (N=60)**
  - Control Traditional Services (N=30)
  - Treatment Seamless System (N=30)

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

N = 108, Response Rate = 90%

[^1]: 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
<table>
<thead>
<tr>
<th>Seamless System</th>
<th>Traditional Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>• On-site assessment for treatment and accelerated entrance into treatment</td>
<td>• Referral for assessment at public health agency</td>
</tr>
<tr>
<td>• Two levels of intensive cognitive behavior therapy (e.g. group therapy, individual therapy, and aftercare)</td>
<td>• Four-week drug education classes</td>
</tr>
<tr>
<td>• Co-run group therapy session</td>
<td></td>
</tr>
<tr>
<td>• All offender therapy session</td>
<td></td>
</tr>
<tr>
<td>• Intense supervision at least 2 times per week</td>
<td>• Intense supervision at least 2 times per week</td>
</tr>
<tr>
<td>• Drug testing 3x/month</td>
<td>• Drug testing 3x/month</td>
</tr>
<tr>
<td>• Graduated sanctions</td>
<td>• Graduated sanctions</td>
</tr>
</tbody>
</table>
Randomization was Successful

<table>
<thead>
<tr>
<th>Variable</th>
<th>Control</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=60</td>
<td>N=60</td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>82%</td>
<td>83%</td>
</tr>
<tr>
<td>Blacks</td>
<td>97%</td>
<td>90%</td>
</tr>
<tr>
<td>Mean Age at baseline (Std.)</td>
<td>32.2 (9.8)</td>
<td>32.8 (9.1)</td>
</tr>
<tr>
<td>Married</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>18%</td>
<td>16%</td>
</tr>
<tr>
<td>Never Married</td>
<td>75%</td>
<td>76%</td>
</tr>
<tr>
<td>Mean days worked past 39 (Std.)</td>
<td>11 (11.4)</td>
<td>11.5 (11.2)</td>
</tr>
</tbody>
</table>
## Treatment Status at Follow-up by Randomization Assignment

<table>
<thead>
<tr>
<th></th>
<th>Control Group N=56</th>
<th>Treatment Group N=52</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Risk</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Treatment Participation (not AA/NA or Education)</td>
<td>32</td>
<td>***94</td>
</tr>
<tr>
<td>Length of Time to First Treatment Entrance (Mos.)</td>
<td>3.5(208)</td>
<td>***1.7(2.4)</td>
</tr>
<tr>
<td>Length of Time in TX</td>
<td>1.3(2.5)</td>
<td>***5.4(4.7)</td>
</tr>
<tr>
<td><strong>Moderate Risk</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% TX Participation (not AA/NA or Education)</td>
<td>36</td>
<td>^^^100</td>
</tr>
<tr>
<td>Length of time in TX (Mos.)</td>
<td>3.0(2.4)</td>
<td>1.8(2.7)</td>
</tr>
<tr>
<td>Length of time in TX (Mos.)</td>
<td>1.8(3.1)</td>
<td>^^^6.6(4.2)</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>High Risk</th>
<th>Control N=28</th>
<th>Treatment N=28</th>
<th>Sig.</th>
<th>ES</th>
<th>Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Any Arrest</td>
<td>72</td>
<td>54</td>
<td>.17</td>
<td>.37</td>
<td>.38</td>
</tr>
<tr>
<td>Mean number of arrests</td>
<td>1.64(1.35)</td>
<td>.93(1.05)</td>
<td>.04</td>
<td>.59</td>
<td>.68</td>
</tr>
<tr>
<td>% Violation of probation</td>
<td>36</td>
<td>25</td>
<td>.17</td>
<td>.24</td>
<td>.22</td>
</tr>
<tr>
<td>Days to first new criminal arrests</td>
<td>287(126)</td>
<td>302(120)</td>
<td>.65</td>
<td>.12</td>
<td>.13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Moderate Risk</th>
<th>Control N=27</th>
<th>Treatment N=25</th>
<th>Sig.</th>
<th>ES</th>
<th>Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Any Arrest</td>
<td>44</td>
<td>57</td>
<td>.39</td>
<td>-.25</td>
<td>.22</td>
</tr>
<tr>
<td>Mean number of arrests</td>
<td>.93(1.17)</td>
<td>1.05(1.36)</td>
<td>.74</td>
<td>-.09</td>
<td>.16</td>
</tr>
<tr>
<td>% Violation of Probation</td>
<td>15</td>
<td>10</td>
<td>.24</td>
<td>.15</td>
<td>.14</td>
</tr>
</tbody>
</table>

Number in parenthesis are standard deviations
Drug Use for 12-month Post Baseline

High Risk Offenders

- Control Marijuana: 44%
- Treatment Marijuana: 33%
- Control Opiates: 0%
- Treatment Opiates: 13%
- Control Cocaine: 31%
- Treatment Cocaine: 50%

Effect Sizes (ES):
- Marijuana: Control vs. Treatment: -.22
- Opiates: Control vs. Treatment: -.56
- Cocaine: Control vs. Treatment: .38

Moderate Risk Offenders

- Control Marijuana: 47%
- Treatment Marijuana: 22%
- Control Opiates: 7%
- Treatment Opiates: 6%
- Control Cocaine: 40%
- Treatment Cocaine: 17%

Effect Sizes (ES):
- Marijuana: Control vs. Treatment: -.53
- Opiates: Control vs. Treatment: -.04
- Cocaine: Control vs. Treatment: -.52
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
References


References


Further Information


