

# Evidence-Based Corrections & Treatment

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## How are Correctional Agencies Doing in Adopting Evidence-Based Substance Abuse Treatment Programs and Services?

Offenders are four times more likely to have a substance abuse disorder than the general public (National Household Survey on Drug Use and Health, 2006). Overall, it is estimated that half of female offenders and one-third of male offenders have a disorder that warrants intensive treatment services. Less than 10% of the offender population can participate in treatment services on any given day, and they are more likely to be involved in services that are not appropriate given for the severity of their disorder. To be effective at reducing recidivism, emphasis should be placed on providing appropriate services designed to reduce criminogenic needs.

**Methods** In the first survey of the correctional landscape of prisons, jails, and community corrections, the goals were to: 1) describe and assess the drug treatment services currently available to offenders; and 2) estimate offenders' access to drug treatment services. The NCJTP survey sample consisted of: 1) *Directors of state correctional agencies* in all 50 states (n=240; 71% response rate); and 2) *Administrators of Prisons, Jails, and Community Correctional Agencies* in both the adult and juvenile justice system (n=663; 65% response rate).

**Access to treatment services** Findings from the NCJTP survey show that the most frequently provided treatment services are drug and alcohol education and outpatient group counseling for less than 4 hours per week (these are considered low intensity services). The program capacity for these services is such that few offenders can participate on any given day (see below table). A major challenge is that most offenders need intensive services but do not have access to such services either in the correctional or public health system.

### Access to Drug Treatment Services on a Given Day

Adult Setting	% of Total Population in Drug/Alcohol Education	% of Total Population in Outpatient Group Counseling	% of Total Population in Intensive Treatment
Prison	6.1%	2.5%	8.9%
Jail	6.2%	5.8%	3.9%
Probation/Parole	3.3%	2.5%	1.1%

A small portion of the adult offender population has access to testing for health issues such as HIV/AIDS (26% of adult offenders), tuberculosis (36%), or Hepatitis C (26%), with few community offenders having access to these services.

**Service Delivery System** Over the last two decades, correctional systems have been encouraged to put in place certain tools and structures to improve service delivery and outcomes. Below is a summary of the service delivery systems in place, and the use of evidence based practices (see NIDA, 2006) for drug-involved offenders.

### Service Delivery System and Use of Evidence-Based Practices

Adult Setting	% Use Standardized SA Tool	% Use Risk Tool	% Active Referrals	% Use CBT Programming In Outpatient	Avg. # EBPs in Use (of 13)
Prison	53.5%	25.2%	10.6%	10.5%	5.6
Jail	34.5%	0.9%	5.6%	1.3%	4.6
Community Corrections	42.1%	49.4%	19.1%	3.2%	4.7

**Standardized SA Screening Tool** The most commonly used substance abuse screening tools are the Substance Abuse Subtle Screening Inventory (SASSI) (26%) and Addiction Severity Index (ASI) (16%).

**Standardized Risk Assessment Tools** These tools measure an offender's likelihood to recidivate and are reported to be used in 33% of all adult facilities, with the Wisconsin Risk and Needs (WRN) being used in 22% of facilities, and the Level of Service Inventory (LSI-R) in 17% of facilities.

**Referral Strategies to Community Treatment Agencies** Active referral strategies, such as scheduling an appointment for the offender, are reported in 19% of community corrections agencies, but only 11% of prisons, and 6% of jails. Most agencies use passive referral strategies.

**Use of Evidence-Based Practices** The average correctional agency implements less than one third of the recommended EBPs. Across all adult facilities the most frequently utilized evidence based practices are systems integration (68%), incentives (52%), and drug testing (44%).

## Findings about organizations, leaders, and systems

Organizational functioning is a key to EBP adoption and other service innovations. Administrator opinions on the importance of substance abuse treatment are significantly associated with EBP adoption. Administrator education and experience in human service delivery are associated with EBP adoption. Furthermore, the use of sound service delivery practices (e.g. standardized substance abuse screening instruments, specialized programs and facilities, and systems integration) are important levers for EBP adoption.

**Organizational learning** The adoption of EBPs is affected by the degree to which the correctional and/or substance abuse agency creates an environment where acquiring and applying new ideas is encouraged. The learning environment focuses on building teams to try new processes and to achieve better service performance, as well as ensuring that staff can learn and grow from the experience.

**Interagency working relationships** The degree to which the organization builds relationships with other agencies that sustain innovative service delivery is also a factor affecting EBP adoption. The focus of the relationships is on creating intertwined partnerships to support the general goals of the agency, including programs that support evidence-based practices. The relationships should be functional and focus on integrating service delivery (e.g. shared assessment tools and information, shared funding, etc.).

**Clarity of mission regarding treatment** Treatment is a secondary goal of correctional agencies. The fit between treatment and public safety is an issue that often requires the leadership to ensure the innovation is aligned with

### Select NCJTP Publications

- Taxman, F.S., & Kitsantas, P. (2009). Availability and capacity of substance abuse programs in correctional settings: A classification and regression tree analysis. *Drug and Alcohol Dependence*, 103(Supp 1), S43-S53.
- Henderson, C., Taxman, F. S., & Young, D. (2008). A Rasch model analysis of evidence-based treatment practices used in the criminal justice system. *Drug and Alcohol Dependence*, 93: 163-175.
- Friedmann, P.D., Taxman, F.S., & Henderson, C. (2007). Evidence-based treatment practices for drug-involved adults in the criminal justice system. *Journal of Substance Abuse Treatment*, 32(3): 267-277.
- Taxman, F.S., Perdoni, M., & Harrison, L. (2007). Treatment for adult offenders: A review of the state of the state. *Journal of Substance Abuse Treatment*, 32(3): 239-254.

## Currently Funded Studies Of The EBCT Research Team

- *Manualized Treatment in a Seamless System of Care (NIDA)*. This randomized clinical trial assesses the effectiveness of different models of providing treatment services to offenders: seamless criminal justice/treatment system vs. traditional criminal justice supervision. The RCT examines the impact on reducing recidivism and drug use, and improving social adjustment.
- *Evidence-Based Practices in Corrections Project: The Maryland Division of Parole and Probation*. A 19 year old agreement with the Maryland Department of Public Safety and Correctional Services has contributed to the development of innovative strategies to advance correctional practices. The agreement developed the Proactive Community Supervision Project which reduces rearrest rates and technical violations. The current Maryland project focuses on adapting evidence based practices in pre-release facilities.
- *Juvenile Assessment and Referral Services in the Juvenile Justice System (NIDA)*. This project is designed to assess the impact of on-site coaches, booster sessions and standard agency protocols on the utilization of assessment, treatment planning, and case management procedures in Maryland's Department of Juvenile Services. The goal is to examine the impact of the different strategies on youth utilization of services.
- *Using Rewards in Justice Treatment Programs (NIDA-CJDATS2)*. This two year study of the implementation of contingency management procedures in six federal reentry courts and probation offices. The contingency management protocol involves a specialized technology program—JSTEPS—to assist with the mechanics of having a structured process for handling rewards and sanctions on target behavioral objectives.
- *Innovator's Award—Simulation of Risk-Needs-Responsivity (BJA)*. This study develops a simulation model for states and local agencies to identify the various services that are needed to effectively manage the offender in the community based on different risk and need factors.
- *Correctional Health (BJA)*. This study examines the trends in sharing information between correctional agencies and health organizations. Findings will be used to develop a prototype of sharing information.

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