

COMMONWEALTH OF PENNSYLVANIA
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SUBJECT: *Research in Review*

TO: Executive Staff
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Enclosed please find Volume 7, Number 2 of *Research in Review* (RIR). With this issue of RIR, we return to last year's theme of summarizing findings from evaluation projects that have been conducted within the Department. The intent of this series is to take RIR beyond simply reporting on research that has been done in other jurisdictions and provide you with information and insight derived from the Department's own active evaluation agenda.

This issue features summaries and commentary on the extensive process and outcome evaluations of the Department's Residential Substance Abuse Treatment (RSAT) program, which is a federally funded prison-based treatment initiative. These studies were conducted by researchers from the Vera Institute of Justice in New York City with funding from the National Institute of Justice and the Pennsylvania Commission on Crime and Delinquency and were completed in late 2002. This research tracked the outcomes of seriously addicted technical parole violators (TPV's) who received the RSAT program, comparing them to outcomes for similar TPV's not receiving RSAT. While the initial process evaluation concluded that RSAT had been implemented in Pennsylvania with a reasonable degree of fidelity, the outcome evaluation concluded that TPV's who received RSAT had slightly higher recidivism rates than TPV's in the comparison group. These evaluations contributed to a recent decision to close the RSAT program in Pennsylvania, which was also driven by a federal decision to suspend RSAT funding nationwide. This evaluation illustrates the full cycle of program implementation, evaluation and the utilization of evaluation results in program decision making.

We welcome your feedback on RIR. We also welcome your suggestions for specific topical areas for future issues. While we cannot promise that we can produce an issue in response to all suggestions offered, we are very much interested in knowing what questions and topics are most interesting to our readers. Future issues of RIR will continue with a review of our own departmental evaluation projects, as well as article reviews, book reviews, and other relevant pieces.

Thank you for your continued interest in *Research in Review*.

Research in Review

Office of Planning, Research, Statistics and Grants

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Special Focus on *Pennsylvania DOC Evaluation Agenda*

Volume 7, Number 2 of *Research in Review* returns to the focus on research and evaluation projects conducted within the Pennsylvania Department of Corrections. This issue highlights contributions made by our own organization to the national literature on effective correctional programs. As many readers of RIR know, the Pennsylvania Department of Corrections maintains an active agenda for evaluating its inmate treatment programs. A summary of the Department's program evaluation agenda and major projects can be found at: <http://www.cor.state.pa.us/stats/lib/stats/Evaluating%20Programs%20&%20Issues.pdf>

This issue of RIR features a summary of both the process and outcome evaluations of the Residential Substance Abuse Treatment (RSAT) program conducted by the New York City-based Vera Institute of Justice during the period 1998 through 2002, with funding from the National Institute of Justice and the Pennsylvania Commission on Crime and Delinquency. The evaluation summaries and the Department response below provide more detail on the RSAT program, but in brief, RSAT provides intensive alcohol and other drug (AOD) treatment to seriously addicted inmates, primarily technical parole violators (TPV's). The prison-based phase of AOD treatment is followed by a structured reentry component involving residency and continued treatment in a Community Corrections Center and then return to enhanced parole supervision and ongoing treatment. The evaluations reported on below focused upon the first 30 months of RSAT operations in Pennsylvania (1998 through mid 2000) and was limited to TPV's participating in the program at two sites.

The RSAT process evaluation indicated that the program had been implemented reasonably well as designed and credited the teamwork of the cross agency committee that was formed to oversee the program. The process report reinforced many of the conclusions that the Department had found in its own internal reviews of RSAT. The outcome evaluation of RSAT was less encouraging. While the findings of this study were obscured somewhat by questions about the research design, the conclusion remains that RSAT seems to have little or no effect on TPV recidivism. If anything, the recidivism rate of the RSAT group is marginally higher than for the comparison group. This study has contributed to a recent decision that the RSAT program will be closed when federal funds are exhausted in the Fall of this year. Following the summary of the outcome evaluation is a discussion of what this research has meant for Department policy and practice. The RSAT study reported on in this issue of RIR illustrates the full cycle of program implementation, comprehensive evaluation and the policy impact of the evaluation.

Volume 7 of RIR will continue to feature summaries of evaluations of DOC programs, such as outcome findings for parenting and educational/vocational programs, as well as article/book reviews and special briefing papers. We at RIR hope that you find these reports to be informative, practical and relevant to your work in corrections.

A COLLABORATIVE EVALUATION OF PENNSYLVANIA'S PROGRAM FOR DRUG-INVOLVED PAROLE VIOLATORS

by

Douglas Young and Rachel Porter

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Introduction and Program Overview

In 1998 Pennsylvania established two new 60-bed drug treatment programs in state prisons under the federal Residential Substance Abuse Treatment (RSAT) initiative. Of the more than thirty RSAT programs across the country, Pennsylvania's programs are unique in targeting technical parole violators (TPVs). Mirroring a national pattern, TPVs account for a growing proportion of prison admissions in Pennsylvania, contributing to a state prison population that remains above capacity. Pennsylvania's RSAT programs are also unique in their focus on cost-savings. Instead of the 12 to 36-month prison recommitment that typically results from a parole revocation, RSAT participants are committed to twelve months of treatment, half of which are spent in relatively low-cost residential halfway houses. The RSAT programs are maintained through the joint management of the state Department of Corrections (DOC), Board of Probation and Parole, Pennsylvania Commission on Crime and Delinquency, and two private service providers that operate the programs. An interagency working group was formed to oversee RSAT implementation and program development, and works to identify, monitor, and resolve implementation issues as they arise.

Entry into RSAT begins when male TPVs are brought into custody and screened by Parole and Corrections staff for eligibility. Men selected for RSAT from the state's eastern region are then transferred to the State Correctional Institution (SCI) at Graterford, about 30 miles northwest of Philadelphia; men from western Pennsylvania are sent to SCI-Huntingdon, in the central part of the state. Participants spend the first six months of the RSAT sentence in a therapeutic community (TC) at these facilities, where they are segregated from the rest of the inmate population. Graduates from this phase are then transferred to DOC-operated or sponsored Community Corrections Centers (CCC), where they reside, obtain employment in the area, and attend outpatient aftercare. Private treatment providers operate and staff the TCs, and are responsible for maintaining treatment for the six-month aftercare period. Participants who complete both stages of the program are released on parole, while those who terminate early from either stage of RSAT are returned to custody.

Evaluations of RSAT implementation and impact in Pennsylvania were conducted by the Vera Institute of Justice. A process evaluation of the first year of RSAT implementation were completed in May 1999. Key findings are presented below.

Program Admissions and Participants

- The programs filled to capacity within the first months of opening in February 1998. In May, each site expanded from 50 to 60 beds to meet demand and have remained at or near capacity since then. Through December 31, 1998, 237 TPVs had entered the two RSAT programs.
- RSAT participants have high levels of self-reported drug use and need for treatment, indicating that these men are appropriate referrals for the program. A substantial proportion (25 to 30 percent) also have medical and psychological problems and most have poor vocational and educational histories. The RSAT programs do not directly address these service needs, but focus on substance abuse and the “criminogenic thinking” that underlies the various life problems experienced by parole violators. In interviews done upon exit from the prison phase, RSAT participants judged the programs as helpful in addressing substance abuse problems, as well as vocational and educational areas, suggesting they are receptive to the treatment approach. It is important that an outcome evaluation examine whether prior problems in these areas contribute to failure in the community after RSAT. Future research should also explore differences in participants at the two sites, once the samples are larger. At this point, differences are apparent on a few background factors, but there is no pattern to suggest either group is more disposed to succeed or fail in treatment.

Program Retention and Completion

- There is very little dropout in the first, six-month phase of prison treatment, as less than 10 percent of those entering RSAT failed during this period. So far there is no pattern of differences between the programs in terms of participant characteristics or dropout during the prison phase.
- By the end of 1998, 38 percent of the Graterford graduates, who attend a CCC in Philadelphia, had failed; 22 percent of Huntingdon graduates, who attend CCCs in the western region, had failed. These figures are based on small samples (of about 50 each), and they may change as we track larger, more stable samples of parolees. Nearly half the failures are drug-related; a significant portion (40 percent) stem from such infractions at the CCC as curfew violations and fighting with another resident. While certainly in the range of expectations for parole violators, failure rates in this phase of RSAT were high enough in the first year to be of concern to the interagency working group. Outlined below, several initiatives have been undertaken with the intent of increasing RSAT retention in the CCC.

Program Implementation

- Both treatment providers, CiviGenics at Graterford and Gateway at Huntingdon, have implemented sophisticated, highly structured curriculums during the prison phase. They mix traditional 12-Step principles with a cognitive-behavioral approach; much of the programming focuses on changing thoughts, emotions, and behaviors associated with drug use and criminal acts. Structured, compulsory treatment, delivered in group sessions, is scheduled from about 8am to 4pm Monday through Thursday. Some of the inmates' other, unscheduled time is spent in therapeutic activities in the form of low-level labor and community work duties, homework assignments, elective 12-Step and individual counseling sessions, and recreational activities. Observations and interviews at the sites suggested that inmates were not taking full advantage of elective therapeutic opportunities, and needed to be further encouraged to attend them. Overall, participants rated the RSAT services as

moderately to very useful, and gave their highest ratings (just under '4' on a 1-to-5 scale) to measures of counselor competence and rapport. These ratings confirm previous research findings on the importance of participant confidence in treatment counselors, and counselor integrity.

- Both research and clinical experience suggests that treatment is more effective if it is tailored to individual needs. These programs conduct extensive individual assessments and create detailed treatment plans; however, they do little to act on them. The highly structured core curriculum employed by both programs is administered to all participants and leaves little room for individualized treatment. To utilize the assessments and address individual treatment plans, programs must be sufficiently flexible and staff adequately trained to incorporate individual counseling into the curricula; more individual sessions are also needed. Greater focus on personal histories and needs would further engage participants and would enhance their preparation for independent living.

- Issues surrounding the conflicting priorities of treatment and correctional security surfaced in both programs, but especially at Graterford. In addition to tensions between staff, this led some inmates to disengage from active participation at times, and to express anger and frustration over a perceived lack of support. Assertive leadership by state administrators, program directors and central treatment offices have helped to identify and address these problems, easing tensions, and establishing stronger, cooperative relationships between treatment and corrections staff.

- Counselors in both programs labored to balance DOC requirements while carrying a full caseload and running meetings and sessions. Staff stability and experience in the correctional setting assists in anticipating DOC demands, and lessening the negative impact such demands place on treatment delivery.

- Transition to the community is a vulnerable period for inmates. Prompted by the failure rates in the CCC phase, new initiatives include additional discharge planning in the final weeks of the RSAT prison phase, with the intent of preparing participants for responsibilities they will assume when they return to the community setting. These are coordinated between treatment staff at both sites, and CCC and DOC facility officials. It is also evident that corrections staff should have a clear understanding about treatment expectations, and anticipate and resolve issues that relate to mixing RSAT participants with general population parolees in the CCC.

- Finally, states should establish an interagency monitoring and response system that identifies and resolves RSAT implementation issues. Anticipation and early identification of problems facilitates their resolution. In Pennsylvania, the RSAT programs benefit from steady monitoring by a management group that includes all involved agencies, public and private.

Lessons Beyond Pennsylvania

The Pennsylvania experience provides useful lessons to states developing similar programs. They include:

- States should establish an interagency monitoring and response system that identifies and resolves RSAT implementation issues. Anticipation and early identification of problems facilitates their resolution. In Pennsylvania, the RSAT programs benefit from steady monitoring by a management group that includes all involved agencies, public and private. This group reviews all implementation issues and problems, and has both the authority and the initiative to implement policies designed to improve programming. For example, when monitoring of CCC outcomes showed unacceptably high

failure rates for the first set of participants, the Pennsylvania working group devised plans to improve communication, release preparation, and oversight. Coordinated interagency responsibility and initiative was critical to identifying these issues and implementing a possible solution. The group is now attuned to CCC performance, and will continue to assess and adjust the response to this issue.

- Program administrators and staff should anticipate issues relating to the conflicting priorities of security and treatment. Inmate movement and access to space on the cellblock, privacy for treatment sessions, and the perceived importance of an infraction are examples of issues on which corrections and treatment staff in Pennsylvania expressed differing, and in some cases conflicting, views. Both program and corrections staff must have the freedom and authority to express their concerns and reach common solutions on these issues. Staff need to address their professional concerns in partnership and reach consensus on program goals and objectives. New initiatives may challenge staff who are reluctant to change acculturated work roles. Administrators should devote the necessary resources to train staff to ensure they are invested in successful implementation.

- Staff stability and experience in the correctional setting is invaluable. While highly structured, detailed, and pilot-tested program curriculums are very useful in assuring consistent service delivery to participants, they do not guarantee effective implementation. Managers and staff must be prepared to enforce rules and perform time-intensive reporting requirements that are unique to correctional settings. Counselors in both programs, but particularly Graterford, wrestled with balancing the DOC demand to complete inmate paperwork while carrying a full caseload and running meetings and sessions. At Huntingdon, this task was integrated into the staffing plan, reducing the strain on counselors.

- Program participants and staff should be prepared for transition to aftercare phases. Reflecting the priorities expressed in federal announcements on RSAT, there is a tendency to focus attention on the quality of the program's prison phase rather than the aftercare phase. However, typifying the pattern observed in other programs, in Pennsylvania, failure was much more likely to occur in the CCC aftercare phase. Both participant behavior and CCC staff's perception of that behavior contributed to higher than anticipated RSAT failure rates in aftercare. Prior to their release to aftercare, participants should be prepared for the responsibilities they will assume when they return to their communities and have clear, realistic expectations about community reintegration. Correctional staff in the aftercare phase must also have clear expectations about treatment participants and how they differ from general population residents. Mixing of RSAT participants with general population inmates/parolees raises issues (e.g., special rules, privileges) that must be anticipated and resolved in advance. Staff linkages between phases ease transitions and may reduce failures in aftercare.

- Prison treatment programs should be given the opportunity to develop and stabilize before they become the subject of impact evaluations. Implementing therapeutic interventions in secure correctional settings is a complex and difficult undertaking. Even with the extensive prior experience and preparation the private treatment providers brought to the Pennsylvania programs, implementation barriers inevitably emerged during the first several months of each stage of operations. The programs developed continuously over the course of this research; this experience provides support for the National Institute of Justice's approach of requiring process evaluations of the RSAT programs prior to studies of their outcomes.

ENDNOTE:

This project was supported by the following grant:

"A Collaborative Evaluation of Pennsylvania's Program for Drug-Involved Parole Violators." Doug Young (Vera Institute of Justice), Principal Investigator. National Institute of Justice - Grant # 98-RT-VX-K002 (\$60,000). January 1998-December 1998.

More information about this project and results are found in the full evaluation report, available from the Principal Investigator, the National Institute of Justice, and the Pennsylvania Department of Corrections:

Douglas Young and Rachel Porter. (May 1999). *A Collaborative Evaluation of Pennsylvania's Program for Drug Involved Parole Violators*. New York: Vera Institute of Justice. Report to the National Institute of Justice.

BREAKING THE CYCLE: OUTCOMES FROM PENNSYLVANIA'S ALTERNATIVE TO PRISON FOR TECHNICAL PAROLE VIOLATORS

by

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In 1998 the Pennsylvania Board of Probation and Parole (PBPP) and the Pennsylvania Department of Corrections (DOC), in partnership with the Pennsylvania Commission on Crime and Delinquency (PCCD), developed a new substance abuse treatment program for technical parole violators (TPVs).

Unlike RSAT programs across the country this one included an explicit cost-savings component based on reducing the period of time a person would be incarcerated for violating conditions of parole. The coalition of government agencies accepted the premise of reduced incarceration because of internal research indicating that many TPVs were substance abusers in need of treatment.

The RSAT programs in Pennsylvania consist of three phases, each lasting approximately six months. Phase I consists of intensive drug treatment in a therapeutic community within a state correctional facility. Phase II provides ongoing treatment through an outpatient facility and supervised living in a Community Corrections Center (CCC). Phase III continues outpatient treatment and the TPV returns to parole supervision in his community. Participants in Phase II attend group treatment sessions and one individual counseling session each week. In Phase III treatment is reduced to one session each week and one individual session each month. In both phases, participants are required to adhere to monitoring and restrictions specifically for TPVs in RSAT.

The Vera Institute of Justice has been involved with Pennsylvania's RSAT development since 1997. As the independent evaluator of the project, Vera conducted a process evaluation of Phase I in the original two RSAT sites, SCI-Graterford and SCI-Huntingdon, and also conducted an outcome evaluation of all three phases at both sites. Described below are key findings from the outcome analyses.

A total research sample of 412 RSAT participants from both sites was tracked for retention in each phase. The RSAT group was compared with a group of technical parole violators who were from the same counties as RSAT participants and who were released from custody during the same period that the RSAT participants were released from Phase I, specifically between July 1998 and August 2000. The purpose of comparing the RSAT group with another group of TPVs who did not enter RSAT is to estimate whether the RSAT program has any positive effect or negative consequences relative to what would happen to TPVs without RSAT intervention. There were no significant differences in race, age, education or institutional history between the comparison group and the RSAT group. The comparison group was slightly less likely to be classified by the DOC as having a problem with drug addiction and slightly more likely to be classified as having a problem with alcohol addiction than the RSAT group. However the overwhelming majority of both groups were classified as substance abusers, 94 percent of the RSAT group and 82 percent of the comparison group.

RSAT Completion by Phase

Of the 412 people who entered the two RSAT sites during the study period, 89 percent (n=366) completed Phase I. This rate of completion is very high compared with a community-based therapeutic community, and it is also high for a corrections-based program.

Retention began to drop when participants entered the Community Corrections Centers. However 287 people, or 70 percent of the original RSAT sample, either succeeded in completing Phase II (n=232) or were still in Phase II (n=55) at the end of the research period. While in Phase II participants live in CCCs, in shared rooms that typically are reserved for RSAT participants to maximize the RSAT program cohesion. Participants are required to work, submit to drug testing, attend outpatient drug treatment and in-house counseling. The CCC staff monitor participant whereabouts and discipline TPVs who break house rules. While in the CCCs, RSAT participants may be punished for minor non-compliance, or returned to prison for more serious violations. Approximately one-fourth of the participants returned to custody in Phase II failed because of drug use; and another one-fourth because of rule violations (breaking curfew, not reporting whereabouts, etc.). Nearly half of the Phase II failures “escaped” – that is, left the CCC and did not return. Only one person was rearrested for a new offense while in Phase II.

After competing Phase II, 232 people, or 56 percent of the original RSAT sample (63 percent of the RSAT participants who entered Phase II) returned to parole. More than half (n=130) of these participants remained in Phase III or successfully completed the RSAT program at the end of the research period. Forty-four percent of the RSAT participants who completed Phase II failed in Phase III and were returned to custody by parole.

A total of 185 people, or 45 percent of the total research sample, completed the program, or were still in at the end of the research period. Eleven percent of the original RSAT sample failed in Phase I, 19 percent failed in Phase II, and 25 percent failed in Phase III. Of the total number of RSAT failures (n=227), 20 percent failed in Phase I, 35 percent failed in Phase II, and 45 percent failed in Phase III.

Comparison Outcomes

The comparison group consisted of 288 technical parole violators, 20 percent of whom (n=58) entered community correction centers prior to release on parole. Comparison subjects were not required to attend treatment or additional counseling while in the CCCs (it is not known if comparison subjects attended any form of drug treatment either on their own or as an individually imposed condition of parole). Sanction policies for drug use and other infractions were not as severe, nor were they as rigidly enforced for comparison subjects as sanction policies for RSAT participants. The length of stay in the CCCs also varied for comparison subjects, rather than the uniform six months required for RSAT participants. These two factors may indicate a relatively more lenient CCC structure for comparison subjects, and therefore a greater likelihood that comparison subjects would complete CCCs. This is also the case once participants returned to parole, where comparison subjects were less likely to be under intensive supervision.

Eighty-two percent of the 58 comparison subjects who entered CCCs completed their required stay. This rate is higher, but not significantly higher, than the RSAT completion rate in the CCCs (63 percent).

The majority of comparison subjects, 230 people, were released from state correctional institutions back to parole. Of these, 61 percent remained on parole at the end of the research period. This success rate is higher than the success rate for RSAT participants in the community (56 percent).

RSAT subjects have more opportunity to fail as a consequence of the time they are required to stay under supervision in Phase II and Phase III. Combined failure rates from each phase result in a higher overall failure rate for RSAT participants. The failure rate for comparison subjects is little affected by CCC participation, while the RSAT sample is reduced 20 percent during the required CCC residency.

Return to Custody

According to DOC records less than one percent of the people in both the RSAT and the comparison groups were rearrested for a new offense, and there was no significant difference for rearrest between the groups. Almost all of the people who were returned to custody in both groups were returned for a technical violation of parole.

The data described here suggest that technical parole violators can be returned to the community without risk to the public safety. This is true for both the intensive treatment and supervision program provided in RSAT or under less intensive supervision and standard parole. Information on the specific nature of parole violations is not kept in automated databases by either the Parole Board or the Department of Corrections (editor's note: enhancements have been made to the automation of parole violator data since the completion of this report). This information could be collected from individual case files and analyzed to understand how and why TPVs violate the conditions of parole again. Case file data could also be used to understand the conditions of parole that restricted RSAT and comparison subjects, and how those conditions varied.

The analyses conducted to date suggest that the RSAT structure provides more supervision, more severe sanctions and more opportunity to fail than traditional parole supervision. In spite of the intensive demands of the program, the RSAT program completion rate is approximately the same or better than retention rates reported for similar drug treatment programs nationally. RSAT administrators and supervision staff have indicated that they perceive their jobs to include protecting the public by returning participants to state custody before a new offense is committed. The extremely low rate of re-offending by RSAT participants may support their assertion. At the same time, the relatively high rate of return to custody suggests the potential to retain more RSAT participants in Phase II (in the CCCs) and Phase III (on parole), and thereby further increase the cost-savings and parolee rehabilitation that are central goals of this innovative program.

ENDNOTE:

This project was supported by the following grants:

"The Impact of An Intensive Continuum of Care for Parole Violators: An Evaluation of Pennsylvania's RSAT Programs." Rachel Porter (Vera Institute of Justice), Principal Investigator. National Institute of Justice - Grant # 99-RT-VX-K014 (\$99,985). January 1999-December 2000.

"Treating Technical Parole Violators." Rachel Porter (Vera Institute of Justice) Principal Investigator. Pennsylvania Commission on Crime and Delinquency - Grant # 1999-DS-19-9946 (\$87,752). July 2000-December 2001.

More information about this project and results are found in the full evaluation reports, available from the Principal Investigator, the National Institute of Justice, the Pennsylvania Commission on Crime and Delinquency and the Pennsylvania Department of Corrections:

Rachel Porter. (August 2002). *Breaking the Cycle: Outcomes from Pennsylvania's Alternative to Prison for Technical Parole Violators*. New York: Vera Institute of Justice. Report to the National Institute of Justice. see also "Technical Report" published as appendix.

Rachel Porter. (October 2002). *Treating Repeat Parole Violators: A Review of Pennsylvania's Residential Substance Abuse Treatment Program*. New York: Vera Institute of Justice. Report to the Pennsylvania Commission on Crime and Delinquency.

**THE PENNSYLVANIA DEPARTMENT OF CORRECTIONS RESPONSE:
EVALUATION AND THE PROGRAM CYCLE**

The Residential Substance Abuse Treatment (RSAT) program is a federally funded initiative intended to enhance treatment for severely addicted criminal offenders. RSAT was enacted through the Violent Crime Control and Law Enforcement Act of 1994 (Public Law 103-322). Under federal guidelines, grantees (state and local criminal justice agencies) are permitted wide latitude in defining and selecting the population targeted with RSAT funds. Broad federal parameters for RSAT programs include:

- Must last between 6 and 12 months.
- Be provided in residential treatment facilities set apart from the general correctional population.
- Focus on the substance abuse problems of the inmate.
- Develop the inmate's cognitive, behavioral, social, vocational and other skills to solve the substance abuse and related problems.
- Must implement drug testing for participants.
- Preference given to programs that provide aftercare services.

Pennsylvania's RSAT program began in early 1998 and targeted drug related Technical Parole Violators (TPV's), who were seen as a growing problem for the criminal justice system in the state. Pennsylvania was the first state to target TPV's under the RSAT program, although a few other states subsequently adopted this focus (other states used their grants for juveniles, general AOD treatment, etc.).

The RSAT program in Pennsylvania was an 18 month intervention, divided into three equal phases. Phase I was six months of intensive treatment in a prison-based therapeutic community (TC). TC's imply separation of the client from the general prison population and immersion into a "culture of recovery". A national body of evaluation research on the general TC model has shown that they can reduce recidivism rates by up to thirty percentage points or more (an important caveat is that there are variations on the TC model, and not all have been evaluated)¹. Assuming successful completion of Phase I, TPV's were reparaoled to Phase II, which was six months of continuing care in a Community Corrections Center (CCC). Assuming successful completion of Phase II, TPV's were discharged from the CCC's to enhanced parole supervision on the street and received an additional six months of aftercare as needed in Phase III.

For the first year or so of RSAT in Pennsylvania, Phase I operated only at the State Correctional Institutions (SCI's) at Graterford and Huntingdon. Phase I was subsequently expanded to SCI's Cambridge Springs (May 1999), Albion and Camp Hill (May 2000), and Somerset (June 2000). RSAT was also opened on a limited basis to inmates from the general population who were not TPV's, but who were approaching eligibility for parole and who could benefit from RSAT.

The National Institute of Justice (NIJ) required that all grantees cooperate with a national RSAT process evaluation. The Vera Institute of Justice in New York City was selected and funded by NIJ to evaluate RSAT in Pennsylvania during calendar year 1998. In August 1999, the Vera Institute submitted a final process evaluation report to the PADO (see first piece in this issue). This report confirmed many of the findings produced by the PADO's own internal studies of this program, and supported our efforts to make enhancements to the program. On the whole, Vera's initial process evaluation report, along with their extended process evaluation discussion included in their outcome

¹ See, for example: special issue of *The Prison Journal*, Volume 79, Number 3, (1999) on Drug Treatment Outcomes for Correctional Settings; and Wayne N. Welsh. (May 2003). *Evaluation of Prison-Based Therapeutic Community Drug Treatment Programs in Pennsylvania*. Philadelphia: Temple University. Report to the Pennsylvania Commission on Crime and Delinquency.

reports, conclude that RSAT was implemented as intended. The multi-agency collaboration surrounding RSAT in Pennsylvania had generated needed levels of cooperation, organizational support and resources. One concern noted in the process evaluation above (p.4) was the “one-size fits all” nature of the program, where the results of assessments conducted on the RSAT inmates did not appear to be utilized in the development of individual treatment plans (the use of assessment results in the development of treatment plans is one of the most important of the “principles of effective intervention”). This may help to explain the ambivalent outcome findings noted below.

Following the process evaluation, Pennsylvania was one of a handful of states selected by NIJ to participate in an outcome evaluation of RSAT. Vera received another grant from NIJ in 1999 to conduct an outcome evaluation of RSAT at SCI’s Graterford and Huntingdon. Vera received a supplementary grant from the Pennsylvania Commission on Crime and Delinquency (PCCD) to extend the outcome study and to undertake a basic process evaluation of Phases II and III of RSAT. Note that both the process and outcome evaluations focused only on inmates entering RSAT at Graterford and Huntingdon, and did not include any general population admissions to RSAT (all inmates in the evaluations were TPV’s).

Vera’s outcome evaluation findings are summarized above in the second piece in this issue. They analyzed the outcomes of 412 TPV’s who entered RSAT between January 1998 and January 2000 (these TPV’s would have been released to Phase II between July 1998 and August 2000). A comparison group of 288 TPV’s was created from the population of TPV’s who were released from the PADOE between July 1998 and August 2000, most of whom were re-committed before January 1998, prior to the start of RSAT. This design was adopted because a simple *intent-to-treat* approach was not feasible. Since inception, RSAT has been able to accommodate most eligible TPV’s. Thus, there has not been a waiting list of TPV’s who time-out on the list, which would be a natural comparison group. The alternative was to form a *retrospective comparison group* of TPV’s who are similar on key variables to the TPV’s who entered RSAT, and were released at similar times.

Vera tracked the post release outcomes for both groups of TPV’s for up to three years. The multi-phase nature of the RSAT program, however, complicates the outcome analysis. RSAT TPV’s can fail at any of the three phases. Most TPV’s in the comparison group did not have a similar phase progression, and for the purposes of this evaluation could fail only after re-release from incarceration to parole on the street (some went to a CCC prior to returning to the street). Accordingly, the cleanest analysis compares RSAT TPV’s who made it to Phase 3 (parole on the street) to the TPV’s in the comparison group who were re-paroled to the street. Of the 412 RSAT TPV’s enrolled in the study, 232 returned to parole on the street (Phase 3) during the study period. Of the 288 TPV’s in the original comparison group, 230 were re-paroled to the street (the remainder were diverted to a CCC, with varying outcomes there). Of the 232 RSAT TPV’s who progressed to Phase 3, 44 percent were reincarcerated. Of the 230 comparison TPV’s re-paroled, 39 were reincarcerated during the study period. Thus, the RSAT group had a somewhat higher failure rate than the comparison group. Fewer than one percent of the failures in either group were for new crimes; the vast majority were for new technical parole violations.

As noted above, the Vera study examined outcomes only for TPV's who participated in Phase I at SCI's Graterford and Huntingdon. The PADOc recently undertook some additional, brief analysis of outcomes for inmates (TPV's and general population) from all six RSAT sites. Two year follow-up reincarceration rates for inmates released in 2001 from each of the six sites were as follows: Albion – 75.9%; Cambridge Springs – 57.1%; Camp Hill – 77.9%; Graterford – 75.7%; Huntingdon – 72.6%; Somerset – 72.9%. The PADOc numbers are higher than those in the Vera report because of longer standardized follow-up periods. As can be seen, the six sites had relatively comparable failure rates (with the exception of the women's program at Cambridge Springs, which is based upon very low numbers of inmates). Note that this analysis contains no comparison group, but simply shows failure rates for RSAT participants. Even without the analytical context provided by a comparison group, the failure rates can be said to be quite high.

The significance of the findings in the Vera report is clouded by concerns over the limitations of the research design, expressed by the Vera Institute, the PADOc and the Principal Investigator. By the very design of the program, the RSAT TPV's were under closer parole supervision than were the TPV's in the comparison group (some of these may have also been under a higher level of supervision, but not as a general rule), which may have contributed to the higher rate of failure for the RSAT parolees. This difference in parole conditions was not controlled for in the research design. Arguably, though, the closer parole supervision was an essential feature of the intervention being evaluated and should *not* be controlled for. It is clear, though, that not enough was known about the parole conditions imposed upon the comparison group, which may constitute a threat to the validity of the design. There is also the concern that the inmates in the RSAT group were drawn from the first year or two of the RSAT program, when it was still "shaking out". Program impacts *may* have been different after the program stabilized.

These reservations about the adequacy of the research design may speak to some ambiguity over what was being evaluated: the core substance abuse treatment (provided primarily in Phase 1), or the overall intervention called RSAT, manifested in all three phases and *including* the conditions of post-release supervision? If the former, then the findings may shed little or no light on RSAT effectiveness (because the differing parole conditions confound attempts to tease out pure treatment effects). If the latter, then the findings may tell us that residential substance abuse treatment for TPV's followed by enhanced parole supervision does not impact recidivism.

Regardless of how one chooses to "present" the RSAT outcome evaluation findings, it seems that RSAT is at best an intervention that has a questionable impact on the behavior of seriously addicted parole violators. While the TPV's served by RSAT are likely very high risk offenders (at least as indicated by repeated parole violations and addiction), RSAT should at minimum have been able to better prepare them for the expectations of their next parole release. Clearly, it did not.

As Pennsylvania's RSAT outcome evaluation was wrapping up last year, instability began to develop in federal funding for RSAT. As a result, there are no federal funds available to any state RSAT program for the coming fiscal year. At this point, it is unclear if federal support for RSAT will ever be reinstated, or if RSAT is permanently zeroed out of the federal budget. What is equally

unclear are the exact reasons for the decline of federal support for RSAT. Contributing factors likely include a shift towards other federal crime fighting priorities (including homeland security), the national RSAT evaluation agenda and new state policies on dealing with parole violators. It is not evidently the case, though, that RSAT funding was eliminated simply because of the development of some consensus that RSAT does not work.

Such a consensus did seem to emerge, however, with respect to RSAT in Pennsylvania. Had the Vera study found significant, positive treatment effects for RSAT here, there would have been much stronger justification for using state funds to keep RSAT afloat. Given the disappointment with what Vera did find, the Department concluded that there was little reason to invest further in an intervention whose delivery has not lived up to its promise. RSAT will be phased out in the PADOA by the end of this year and the number of sites and beds have already been reduced. We are presently working to develop and pilot test new alternatives for parole violators later this year, attending to what we learned about their broad range of needs from a major study of them that we recently conducted in-house (and which will be reported on in a future RIR). Thus, the RSAT study illustrates that the impact of research and evaluation on policy, while sometimes indirect, can be important in situations where an evidence-based decision is called for.