Treating Repeat Parole Violators: A Review of Pennsylvania's Residential Substance Abuse Treatment Program

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Executive Summary

Technical parole violators are parolees who go back to prison not because they commit a new crime, but because they fail to comply with the rules of their parole. In recent decades, the cost of returning technical parole violators to prison has been a substantial component of corrections budgets in Pennsylvania. Noting that problems with drug and alcohol abuse increase the likelihood that a parolee will commit such violations, the Department of Corrections in Pennsylvania, the Board of Probation and Parole, and the Pennsylvania Commission on Crime and Delinquency (PCCD) used a 1994 federal anti-crime initiative to create a Residential Substance Abuse Treatment (RSAT) program in the state. This program provides substance abuse therapy to rehabilitate offenders, reduce parole violations, and minimize the time technical parole violators spend in prison.

The Vera Institute of Justice has been studying the implementation and outcomes of the RSAT program from its inception. This report is our third and final report on the project. Drawing upon program observation, participant and staff interviews, focus groups, and a file review, it explores issues in the program's implementation, the rates at which RSAT participants complete the program, and whether participation leads to lower rates of criminal recidivism.

Our study reveals several achievements and opportunities. Pennsylvania is one of a handful of states to create a multi-agency drug rehabilitation program focused specifically on technical parole violators—a program it has expanded to other offenders. Persistence and cooperation allowed the partner agencies to overcome many of the conflicts that arose in implementing the project. We also found that by assigning offenders to RSAT the state achieved some modest "up-front" reductions in the time that participants would otherwise have spent in prison—although since this does not include time spent in prison for a failure in RSAT, we do not know the program's net impact on prison time or costs. Continued attention to implementation—more training, steps to bolster and standardize policies on admission and failure and, most of all, the implementation of intermediate sanctions in lieu of a one-strike return to prison policy—could all substantially advance the RSAT program's agenda.

Though the success rate of RSAT participants is in line with that of other programs that work with challenging populations, the outcomes are sobering. Forty-five percent of our sample of participants successfully completed the program or were still active, 55 percent failed, and this failure rate is likely to increase as the still active group moves through the program. Almost all of the failures stemmed from technical violations rather than from new crimes.

Pennsylvania correctional officials report that 70 percent of the 10,486 inmates released from Pennsylvania's correctional facilities in 2001 have experienced drug or alcohol related problems. While we cannot gauge the full impact of RSAT, its successful implementation provides a compelling model for addressing a vexing problem.

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Section One: Introduction and Background

The struggle to find a balance between ensuring public safety and minimizing corrections costs has rarely been more pronounced than it is today. In the closing decades of the twentieth century, as lawmakers emphasized tough sentencing policies to allay public fears about crime, the number of inmates in U.S. prisons grew steadily.[1] But only two years into the twenty-first century many of the same legislators, faced with the heavy financial burdens of those policies, are exploring ways to safely reduce inmate populations and cut expenses—in many cases, with the use of rehabilitative services.

States have long viewed early release of inmates into parole supervision as one way of achieving this balance.[2] By imposing strict rules on parolee behavior, they hope to avoid additional injury to public safety even as they reduce prison populations and cut prison outlays. Unfortunately, due to a number of factors, including economic and social instability, drug addiction, and health problems, many parolees fail to abide by these rules and are returned to prison on a technical parole violation.[3] Pennsylvania is the first state to address this problem with a treatment solution. In 1997, the state used the Residential Substance Abuse Treatment (RSAT) initiative of the 1994 Violent Crime Control and Law Enforcement Act to fund a new program that sought to apply enhanced rehabilitative services to safely reduce the prison time served by those technical parole violators (TPVs) with a history of drug abuse.[4]

The Vera Institute of Justice has examined the planning, implementation, and outcomes of Pennsylvania's coordinated use of RSAT funding from the outset of the initiative. The majority of our findings have been published in two earlier reports. The first, *A Collaborative Evaluation of Pennsylvania's Program for Drug-Involved Parole Violators*, was issued in 1999 and discusses the initial implementation of the RSAT program and retention rates for the first group of offenders in the program. The second report, *Breaking the Cycle: Outcomes from Pennsylvania's Alternative to Prison for Technical Parole Violators*, was completed in 2002 and provides additional information on outcomes—specifically, the rate at which offenders completed the program or failed and were returned to custody. The current report presents new information about the

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[1] Blumstein, Alfred and Allen J. Beck (1999), "Population Growth in U.S. Prisons, 1980-1996," in Tonry, Michael, ed. *Crime and Justice: A Review of Research*, vol. 26. Chicago: University of Chicago Press. Harrison, Paige M and Allen J. Beck (2002). *Prisoners in 2001.* BJS Bulletin, NCJ 195189. Washington, DC: USDOJ.

[2] More than 400,000 inmates left prison on parole in 2000. Timothy A. Hughes, Doris J. Wilson, & Allen J. Beck. *Trends in State Parole, 1990-2000*. Bureau of Justice Statistics: Washington, DC, 2001.

[3] Jeremy Travis, Amy L. Solomin, & Michelle Waul (2001). *From Prison to Home: The Dimensions and Consequences of Prisoner Reentry*. Urban Institute: Washington, D.C. Shadd Maruna (2001). Making Good: How Ex-Convicts Reform and Rebuild Their Lives. American Psychological Association: Washington DC.

[4] The state parole board supervised more than 78,000 people at the time—forty percent more than were on parole in the state ten years earlier. United States Department of Justice. *Probation and Parole in the United States, 1998*. Bureau of Justice Statistics. August 1999. NCJ 178234.

program's ongoing implementation and insight into the reasons why the participants violated parole. It also provides an overview of the first five years of Pennsylvania's RSAT program and lessons from the program for policy makers.

The remainder of this introduction describes the RSAT program and, briefly, the research methodology. The two sections that follow cover the outcomes of the program and the challenges faced in implementing it. The fourth and final section discusses the principal lessons learned in the course of this research and suggests areas for further analysis.

RSAT in Pennsylvania

In Pennsylvania, as in many other states, the Department of Corrections (DOC) provides clients to the Board of Probation and Parole in the form of released inmates, and the Board of Probation and Parole routinely sends clients back to the Department of Corrections in the form of parolees returned to custody, often for technical parole violations. And, as in many other states, prior to 1997 these two agencies rarely cooperated on large-scale efforts to interrupt the cycle.

This changed in 1998, when both agencies, joined by the Pennsylvania Commission on Crime and Delinquency, collectively unveiled the RSAT pilot program. The group selected two initial RSAT sites. One located in the state correctional institution (SCI) at Graterford, about an hour north of Philadelphia, drew clients from five counties in the eastern part of the state, primarily Philadelphia; the other, located in SCI-Huntingdon, in the middle of the state, drew from five counties in the western part of the state, primarily Pittsburgh.[5] The program originally consisted of two consecutive six-month phases—phase I in the prison setting, and phase II in a Community Corrections Center (CCC) located near the clients' home. Phase III, six months on intensive parole, was added later.[6]

The program initially targeted TPVs deemed likely to face substance abuse-related problems judging from their history, the nature of their violation, or their record on parole.[7] Unlike treatment alternatives targeting first-time and non-violent felony

[5] The five counties originally served by the RSAT program in SCI-Graterford are: Bucks, Chester, Delaware, Montgomery, and Philadelphia. The five counties originally served by the program in SCI-Huntingdon are: Allegheny, Beaver, Butler, Erie, and Westmorland.

[6] Several of the program's key constituents, including treatment providers and corrections and parole administrators, were concerned that 12 months would be insufficient time to stabilize the severely disadvantaged population the program was designed to serve. Further, paperwork and security classifications resulted in program entry delays early in RSAT's inception. In order to adhere to a mandate for a one-year program many participants in the first year were in Phase II for less than the intended six months. Consequently, in 1999 the state agreed to supplement federal funding in order to expand the program to a third phase that provides six additional months of outpatient drug treatment after RSAT participants returned to parole, and to insure that participants would be in each phase for the full six months.

[7] The addition of federal support in late 1999 led the program to include women and general population inmates as well.

offenders, Pennsylvania's RSAT program would provide drug treatment to people who had been convicted of serious offences, who had served prison sentences of more than five years, and who had failed on parole due to a rule infraction, not the commission of a new crime. In phase I, the therapy provided by the program takes place in therapeutic communities in the state prison; phase II therapy involves outpatient treatment operated by the DOC or through contract agencies; and phase III continues outpatient treatment after the TPV returns to parole supervision.

Program structure. After a parole officer determines that a parolee has failed to conform to parole requirements, a parole hearing determines how to punish the violation. Typically, one of three alternatives is possible: the parolee may be returned to state prison, remanded to a CCC, or assigned to RSAT.[8] Before a parolee may enter RSAT, the Bureau of Community Corrections within the Department of Corrections must approve him for living in a CCC. While awaiting that approval, the parolee is detained in prison and housed with the general population. Once they are admitted to the program, unless they fail in a phase, participants graduate from each phase after six months.

Treatment content. The treatment provided by the RSAT program attempts to break the cycle of prison and parole in which many of these men had been circulating for years. It is provided by several private agencies, including Boston-based CiviGenics and Pennsylvania's own Gateway.[9] As in most prison-based drug abuse treatment programs, the treatment model assumes a direct relationship between substance abuse and criminal activity and consists of cognitive behavioral therapy that treatment program administrators say is designed to address both substance abuse and "criminal thinking."

As participants advance through the three phases of the program, the intensity and amount of both supervision and drug treatment decrease concurrently. Phase I consists of intensive drug treatment in a therapeutic community inside a state correctional facility. TPVs at SCI-Graterford, a maximum security prison, live in dedicated cellblocks inside

[8] Pennsylvania operates several local parole programs, such as SAVE in the eastern parole region and similar programs in the western region (See D. Zanis. Outcomes from SAVE. Presentation at the Annual Conference on Research and Technology. Valley Forge, Pa. May 6, 2002.). Parolees returned to custody are returned for indeterminate periods of time, but come up for review for re-parole approximately every 18 months. The RSAT referral process, while initiated by individual parole officers, is monitored by RSAT administrators in the state capital. This surveillance may result in periodic spikes in referrals when authorities make it known that there are empty RSAT beds to fill.

[9] Originally, these two therapeutic community providers supervised treatment in all three phases. CiviGenics, a private, for-profit organization, covered the Philadelphia region, and Gateway, also a private for-profit organization, handled the Pittsburgh region. In 2000 CiviGenics took over phase I at both original sites. CiviGenics continues to oversee outpatient treatment in phase II through contracts with local treatment providers (including Gateway). Treatment services for the three phase II CCCs in the eastern part of the state are all operated by private agencies (both for-profit and not-for-profit). The four CCCs in the western part of the state have services operated by either private providers (including Gateway) or the DOC. Also in 2000, the state shifted responsibility for all phase III treatment to Gateway and Pennsylvania-based Gaudenzia, another private, for-profit provider.

the main prison; those at SCI-Huntingdon, a medium security facility, occupy modular housing units just beyond the prison walls. At both sites, the treatment is highly structured and incorporates lectures and other didactic lessons, group discussion sessions, and individual classroom work and homework.[10] Participants in this phase are isolated from the rest of the prison population and all treatment is delivered to RSAT-only groups.

Phase II provides ongoing treatment through outpatient facilities along with supervised living in a community corrections center. CCCs typically provide dormitory-style rooms and require participants to observe curfews, gain permission for all off-site activities and travel, perform chores, find and maintain employment, and attend in-house therapeutic groups. They also require participants to attend weekly outpatient drug treatment and 12-step groups. Unlike phase I, the outpatient treatment takes up relatively little time in a participant's week and is not restricted to RSAT participants.[11] While group sessions are didactic, they are significantly less structured than the groups held in phase I and generally incorporate specific themes and lessons. Outpatient treatment also varies significantly among sites.[12] Due to logistical considerations, in both the CCCs and in the treatment facilities, RSAT participants intermingle with other former inmates who are not in RSAT.

Phase III continues outpatient treatment after the TPV returns to parole supervision. RSAT participants in this phase have fewer responsibilities in terms of treatment and supervision, but the stakes for breaking the rules remain high—specifically, a one-strike policy that can return individuals to state prison for a single infraction. Participants live at home and are required to work. They are also required to attend a group treatment session each week and an individual session each month. While this treatment is administratively coordinated with treatment in phases I and II, it is generally not provided by the same organization. As in phase II, the outpatient sessions include both RSAT participants and other former inmates not formally in the program.

Overall, Pennsylvania's RSAT program features enhanced supervision as well as enhanced services. By design, its participants are subject to more rules and punished more severely when they fail to adhere to them. Unlike most other CCC residents, for example, RSAT participants in phase II are monitored by outpatient treatment staff. Thus, they can be returned to state prison for infractions in treatment programs as well as violations of the CCC rules. RSAT participants in phase III are under enhanced supervision too, and held to higher behavioral and monitoring standards than most other parolees—even if that enhanced supervision amounts to only two face-to-face contacts with a parole officer each month.

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[10] This includes approximately 20 hours of group sessions and approximately one individual session each week.

[11] Participants are expected to attend a pair of two-hour group sessions and one hour-long individual counseling session in treatment organizations located outside of the CCCs.

[12] CiviGenics facilities are more structured than other facilities and focus less on drug treatment than criminal thinking and behavior.

Research Methodology

Three sets of research questions guided this evaluation. First, did RSAT enroll its target population? Second, what outcomes did participants achieve: how many completed each phase of the program without being returned to custody, and how do participants' prison stays and return to custody rates compare with those of similar TPVs who did not enter the program? Third, what obstacles were encountered in the implementation of RSAT, how were the obstacles managed, and what obstacles remain after the first five years of the program?

We observed the program, spoke to program staff, conducted initial interviews with 160 participants and follow up interviews with 115 participants, and reviewed files at the two original RSAT sites between December 1997 and February 1999 and again between January 1999 and July 2002.[13] Our findings on participant outcomes are based on data from Pennsylvania's Department of Corrections and Board of Probation and Parole for the 412 men who entered RSAT at the two sites between January 1998 and January 2000.[14] We compared the participants' outcomes with those of a matched group of technical parole violators from the same counties who were released from custody during the same period.

As shown in Appendix A, the participant and comparison groups shared most characteristics. The main differences between the groups are that the comparison subjects were more likely to have been employed prior to incarceration and less likely to have been on parole more than once in the past, indicating somewhat greater stability among them. On the other hand, the comparison subjects had been involved in the criminal justice system for an average of nearly two years longer than the RSAT participants.

Much of this work took place near the beginning of the RSAT program. As with most new initiatives, RSAT has changed over time as program staff and administrators learn more about what works. Analyzing newer data might show different results.

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[13] Our interviews with the 160 and 115 participants were conducted during the first data collection period. We used modified versions of standardized instruments including the Addiction Severity Index and the Treatment Services Review. A.T. McLellan, L. Lubrosky, J. Cacciola & J. Griffith (1985) "New Data from the Addiction Severity Index: Reliability and Validity in Three Centers" *The Journal of Nervous and Mental Disease,* 173:412-423. A.T. McLellan, A. Alterman, J. Caciola, D. Metzger & C.P. O'Brien (1992). A New Measure of Substance Abuse Treatment: Initial Studies of the Treatment Services. *The Journal of Nervous and Mental Disease.* 180: 101-110.

[14] The men had been released from prison between July 1998 and August 2000. The 160 participants we interviewed are included among the 412 men in the outcome sample.

Section Two: Participants and Outcomes

Pennsylvania designed its RSAT program for parole violators with long histories of incarceration. State officials expected that they could save corrections costs by targeting this group. They recognized that technical parole violators accounted for an increasing share of prison admissions and that the violations often stemmed from drug abuse.[15] By addressing offenders' drug problems, the officials hoped to interrupt this cycle of prison and release to parole. Moreover, interrupting the cycle for offenders with longer criminal histories would have the greatest impact on costs since these offenders are returned to state prison for substantial periods of time when they violate parole—typically for more than one year, and frequently for more than three years.

Participants

Pennsylvania succeeded in enrolling the target population in RSAT: participants were, on average, older than offenders usually targeted for drug treatment, and they had long and serious histories of drug abuse and criminal convictions (Table 1). Three-fourths of the participants we interviewed reported a need for drug treatment, and half had attended drug treatment in the past. On average, they had been convicted six times and spent five years in custody.

The RSAT population is also overwhelmingly African American and Latino. Only half of the participants had a high school education and more than half were unemployed when they were returned to custody. Nearly one-fourth suffered from mental health problems, and this proportion may actually be higher. In our interviews, staff of the treatment programs and state agencies expressed concern that increasing numbers of RSAT participants showed signs of mental illness.

The more limited data we received from the DOC on our outcome sample confirms that participants' average age is high for drug treatment and that they have long and serious criminal histories—with three prior convictions, on average, and, for more than half of them, a record of violent offending. Nearly all of the 412 participants were classified as needing drug treatment (See Appendix A for characteristics of the samples).

[15] Over three years in the mid-1990s, imprisonment for parole violations increased by 41 percent in the state. Technical violations—not new crimes—account for 52 percent of all parole violations and returns to prison.

Table 1. RSAT Population: Original Research Sample

Variable Description	Graterford [N=99]	Huntingdon [N=61]	Both Programs [N=160]
Age (median)	37	39	37
Race/Ethnicity			
African American	74%	63%	70%
Latino	9%	0	6%
White	12%	32%	20%
Other	5%	5%	4%
Married	17%	34%	20%
High school diploma or GED	49%	62%	54%
Unemployed at time of violation	59%	6-%	60%
Depends on others for support	40%	32%	37%
Psychiatric and Family Problems			
Experienced serious depression in lifetime	30%	28%	23%
Very troubled by family problems	22%	19%	19%
Substance Abuse and Criminal History			
Any prior admission to drug treatment	46%	82%	53%
Used heroin/cocaine, past 30 days	67%	66%	67%
Reports serious need for alcohol treatment	46%	37%	43%
Reports serious need for drug treatment	78%	69%	75%
Number of prior convictions (mean)	4	8	6
Months incarcerated	99	47	70

Source: interviews conducted by the Vera Institute of Justice.

Outcomes

Evidence of Prison Bed Savings. RSAT also was successful in reducing the "up-front" time that the offenders would have spent in prison. The up-front time includes days spent in prison after the violation but before the assignment to RSAT and days spent during RSAT's phase I. We compared the time that RSAT participants spent in custody with the time spent by the comparison group for the violation that led to incarceration rather than assignment to RSAT. We have not included incarceration for subsequent violations, either those committed by participants during RSAT or by the comparison subjects after their release from prison. Table 2, based on DOC entry and exit records, shows that participants spent an average of 253 days in prison—about two months longer than the program plan calls for, but only about a third of the average time served by the comparison TPVs (721 days). Even if we add days spent in CCCs during RSAT's phase II, participants spent an average of 425 days compared with 1,034 days served by the comparison group. Because this analysis does not include incarceration for violations during RSAT or after prison release, it does not demonstrate net cost savings to the state but it does demonstrate "up-front" reductions in time spent incarcerated.

Table 2. Time in Custody
RSAT and Comparison Groups

	RSAT (n=412)	Comparison N=288
Average Days Detained	48 prior to entering RSAT	721 average number of days incarcerated
Average Days in Phase I: Prison-based TC	205	N/A
Total days in prison: Mean Median	253 237	721 537
Range of Days in Prison	185-483 detained + phase I	1-4334 incarcerated for parole violation
Average Days in Phase II: Community Corrections Center	172 (n=366)	313 (n=49)
Range of Days in CCC	1-367	1-1263
Total Average Days in DOC custody	425	1034

Source: Pennsylvania Department of Corrections

Participant Outcomes. The rate at which RSAT participants met requirements varied across the three program phases (Table 3). As participants gained freedom, moving to community corrections centers in phase II and to parole supervision in phase III, they were more likely to fail. Eighty-nine percent of the people who entered RSAT during the study period completed the in-prison treatment of phase I, 63 percent of those who entered phase II completed it successfully and another 15 percent were still active in this phase, and 56 percent of those who entered phase III either completed it successfully or were still active. Although these results compare favorably with those achieved in other drug treatment programs—including residential and outpatient programs—they show that only 32 percent of the sample completed the program successfully or remained active.[16]

[16] See, for example, Simpson, D., G. Joe, K. Broome, M. Hiller, K. Knight, and G. Rowan-Szal. "Program Diversity and Treatment Retention Rates in the Drug Abuse Treatment Outcome Study (DATOS)." *Psychology of Addictive Behaviors* 11(4): 279-293, 1997.

Table 3. RSAT Phase Performance

Phase Status	RSAT Number	
	(Percent Within Phase)	(Percent of Total Sample)
Entered Research (Phase I)	412 (100)	(100)
Completed Phase I	366 (89)	(89)
Failed Phase I	46(11)	(11)
Entered CCCs (Phase II)	366 (100)	(89)
Completed Phase II	232 (63)	(56)
Failed Phase II	79 (22)	(19)
Still in Phase II	55 (15)	(13)
Return to Parole (Phase III)	232 (100)	(56)
Still in or Completed	130 (56)	(32)
Failed Phase III	102 (44)	(25)

Source: Pennsylvania Department of Corrections

The RSAT participants were more likely to fail—to be returned to custody—than the comparison group members (Table 4). Fifty-five percent of the participants failed and were returned to prison compared to 42 percent of the comparison group. The participants' higher failure rates can be traced to their experiences in phase I of RSAT—when our research would not detect any failures by the comparison group—and in phase II when participants were subject to more supervision and to more serious sanctions than the comparison group members. The rates of failure on parole are about the same for both RSAT and comparison groups. If we compare rates only for those in phases II and III, there is still only a slight difference between the groups: 49 percent of the participants, and 42 percent of the comparison group, failed. We cannot determine from our analysis the degree to which the rates of failure reflect the levels of supervision that offenders received or the sanctioning policies that were applied to them. This is an important subject for future research, which is necessary before we can draw firm conclusions about RSAT's effect on participants or on net correction costs to the state. [17]

[17] Several problems were encountered in the comparison analyses that seriously limit these findings. The original design called for a matched comparison and multivariate analysis of outcome. However, after the match was performed and the records for the selected comparison group (of 412) were obtained, we discovered that nearly a third of the group had not been released from prison because they were serving consecutive sentences. This group was not at risk to re-offend or violate parole, and was dropped from the study. For more details, see the technical report to the National Institute of Justice entitled *Breaking The Cycle* (Grant No. 99-RT-VX-K014).

Table 4. Comparative Outcomes as of August 2000

	RSAT		Comparison Group	
	N	*Failure Rate*	*N*	*Failure Rate*
Enter Research	412		288	
Fail in Phase I	46	11%	N/A	
Enter CCCs	366		58	
Fail in CCCs	79	22%	7	12%
Still in CCCs	55			
On Parole or Completed Sentence	130			
Return to Parole	232		281	
Fail on Parole	102	44%	115	41%
Failure Rate	227	55%	122	42%
Failure in Phases II and III	181	49%	122	42%

Source: Pennsylvania Department of Corrections

Data from Pennsylvania's Department of Corrections show that almost all RSAT failures in phase II stemmed from technical violations rather than from new crimes. In phase II, nearly half of those who failed escaped or walked away and only one participant is recorded as failing for a new arrest. We obtained data from the Board of Probation and Parole on 60 of the participants who failed in phase III, whose cases had been closed by Parole. We found, again, that the great majority of failures were technical violations and not new crimes.

Table 5. RSAT Reason for Failure: Phase II

Reason for Failure	Number of Phase II RSAT Failures	Percent of Phase II RSAT Failures
Alcohol or Drug Use	21	26%
Escape or Walk Away	38	48
New Arrest	1	<1
Other Rule Violation	19	25
Total	79	100%

Source: Pennsylvania Department of Corrections

Table 6. RSAT Reason for Failure: Phase III

Reason for Failure	Number of Phase III RSAT Failures	Percent of Phase III RSAT Failures
Technical Violation	55	92%
New Crime	1	2%
New Crime and Technical Violation	4	6%
Total	60	100%

Source: Pennsylvania Board of Probation and Parole

Section Three: Implementation Issues

Outcomes tell only part of the RSAT program's story. When Pennsylvania embarked on this partnership between parole, corrections, and treatment providers, no other program had similar goals and scope. Predictably, the first years of operation involved considerable adjustment among the state agencies, institutional staff, and treatment providers involved. As noted in our earlier reports, the stakeholders monitored the program rigorously and demonstrated tenacity and commitment in confronting problems as they arose. For example, coordination across program phases improved after a working group instituted biweekly meetings to track participants through the program. Intake lags were reduced after additional information was provided to parole officers. However, even after five years, there are areas in which still more refinement might advance the program's goals. This section describes the major issues that emerged during program implementation, with a particular focus on those that continue.

Theory: Addiction and Criminal Thinking. The rationale for imposing restrictive conditions on parolees is based on the belief that offenders tend not to consider the consequences of their behavior. Instead, the theory holds, they think more about what they want in a particular moment without properly taking into account the cost of satisfying the desire, even if it means breaking the law. This disposition has been identified in Pennsylvania and elsewhere as criminal thinking.[18]

Many forms of criminal thinking are explicitly identified in the curricula developed and used by the primary treatment provider for Pennsylvania's RSAT program, CiviGenics. Unlike other treatment strategies, which typically focus specifically on drug use and addiction, CiviGenics seeks to guide participants to recognize short-sighted, selfish decisions and their impact. Our first implementation evaluation raised concerns about whether participants accept the curriculum or simply learn it well enough to move on. Our subsequent focus groups with participants also suggested that many have not internalized the lessons of responsible behavior—although several participants did report that the frequent repetition of the curriculum helps them remain focused on the tasks of maintaining sobriety and not re-offending.

Corrections staff in prisons and the CCCs appear to believe that criminal thinking explains the behavior of offenders, but are skeptical that it can be treated successfully. Parole officers also repeatedly characterize parolee behavior as criminogenic but face practical difficulties in their efforts to address participants' behavior. With caseloads ranging from about 45 in the western part of the state to 75 in the eastern region, parole

[18] See, for example, Andrews, Don A. and James Bonta (1998). *The Psychology of Criminal Conduct*. Second Edition. Cincinnati: Anderson. Also see Bush, Jack, Barry Glick, and Juliana Taymans (2002). Thinking for a Change: Integrated Cognitive Behavior Change Program. Washington DC: National Institute of Corrections.

officers are far too busy to devote sufficient time for individual case management or counseling. Instead, they rely on treatment providers to address behavior change and focus on maintaining the enhanced supervision of the participants.

This theory needs context. As parole officers well know, people leaving prison face many obstacles in their efforts to re-enter society. Obtaining jobs, housing, and reconnecting with family and loved ones are major challenges for people leaving prison—and the mental energy required to maintain sobriety likely makes these even greater hurdles to overcome.[19] Moreover, three-quarters of the study sample are members of racial or ethnic minorities who often encounter discrimination in housing, employment, health care, and other domains—in addition to the bias resulting from their status as ex-offenders.[20] Parolees often live in neighborhoods characterized by a lack of economic opportunity, high crime rates, and relatively easy access to drugs.

These conditions are likely to breed a frustration and anger that makes criminal thinking more likely. For those parolees who have little hope for their long term futures, an emphasis on future consequences may have less impact than for people facing a more opportunity rich environment. Drug treatment programs for this population not only have to help their clients to overcome addiction, but must do so in a context of social and economic disadvantage over which they have no control.

Agency Coordination. The stakeholders' differing relationships to the rehabilitative component of the program suggests the difficulty inherent in coordinating so ambitious a project. Indeed, the task of coordinating treatment to clients in two separate state agencies was a challenge from the outset of the RSAT program. As documented in our earlier reports, efforts to integrate treatment goals with security goals in phase I resulted in conflict between some treatment staff and corrections officers, for example. At the same time, participants were angry about corrections practices that seemed at odds with their recovery.[21]

Sustained efforts at staff reorganization and training substantially alleviated many of these problems. After the first year, for example, managers took steps to strengthen treatment program leadership and to reduce staff turnover. While these changes improved service delivery, some problems persist. Participants near the end of phase II often receive conflicting accounts from parole and CCC staff on what is required of them and when they will be moved to the next phase of the program. This lack of coordination

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[19] See Travis, Jeremy, and Michelle Waul, *Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families, and Communities*. Washington, DC: Urban Institute Press, 2004.

[20] See Patillo, Mary, David Weiman, and Bruce Western (eds.). *Imprisoning America: The Social Effects of Mass Incarceration*. New York: Russell Sage Foundation, 2004. See also Herivel, Tara and Paul Wright (eds). 2003. *Prison Nation: The Warehousing of America's Poor*. New York: Routledge Press, 2003.

[21] They construed DOC regulations such as rules forbidding fraternization with inmates and lockdowns that interrupt therapeutic sessions as conflicting with therapeutic goals. The treatment staff's strict, if occasionally begrudging, policy of observing these regulations could leave participants feeling betrayed.

means that in some cases RSAT participants at the end of their time in phase II have not been approved for parole and are left in the CCCs for additional weeks or even months. Time served may be similarly extended by the process that determines whether a potential client is qualified to live in a CCC. While some parolees are violated, returned to state prison, and sent to an RSAT program within two weeks, others may spend months with the general prison population while the state determines whether their security classification is suitable for assignment to a CCC.

Our focus groups and interviews also show that when a participant is kept longer than he was told to expect, or longer than his peers, he is likely to become resentful and angry. Parolees often continue to have negative attitudes after the immediate situation. An initial negative experience often has the potential to engender precisely the anomie that rehabilitation and the program's focus on criminal thinking is designed to reduce. It also bears noting that the coordination weaknesses that frequently account for these delays also jeopardize efforts to cut costs. When participants are retained significantly longer than six months in prison or in the CCCs, the added time in prison reduces the likelihood that the state will meet its goal of reducing incarceration outlays.

Population: Who Belongs in RSAT? Pennsylvania's RSAT program was designed for technical parole violators. However, the Department of Corrections initiated efforts to expand the program population, largely out of concern over early logistical problems that kept it from reaching full capacity—technical parole violators sometimes waited months for a program bed to open; at other times a third of the beds were empty. There was also an interest in expanding the program to include women and parolees from other counties, and a desire to provide RSAT-type treatment to other kinds of inmates. In light of these changes, state-level administrators have made attempts to re-examine the intake process. No systematic review has taken place, however, nor has the relationship between intake and treatment philosophy been explicitly stated.

In interviews, stakeholders repeatedly expressed concern that the program had too many of the wrong people—parolees with "bad attitudes" who get nothing out of the program and detract from its utility for others, for example, as well as those who are mentally ill, and non-addicts.[22] Some also expressed concern that the program should accept fewer first-time TPVs, arguing that by not being more selective the program fails to truly be a last chance at reform. Both corrections officers and parole officials explained that, in effect, the last chance often comes too soon.

Many of the participants we interviewed also had strong feelings about who should be included in the program. In focus groups at CCCs, participants who overwhelmingly

[22] Researchers basically agree that there is no single treatment appropriate for all individuals. See, for example, National Institute on Drug Abuse. *Principles of Drug Addiction Treatment: A Research-Based Guide*. NIH Publication #99-4180; Gaes, Gerald G., Timothy J. Flanagan, Laurence L Motiuk, and Lynn Stewart, "Adult Correctional Treatment," in Tonry, M and J. Petersilia eds. (1999). *Crime and Justice: A Review of Research*, vol. 26.

expressed commitment to treatment concepts learned in phase I expressed a corresponding frustration with peers who did not share those treatment concepts. One respondent put it this way, "When you are trying to stay clean, it isn't good for you…when someone is just out and it's been ten years and he's looking for women and he's looking to pick up." Similarly, participants who expressed desire for additional care in phases II and III pointed out that their peers who had not been in therapeutic community treatment did not understand the need for this more intensive support.
The expansion generated a range of feelings among staff in all three phases. Many treatment administrators expressed concern that participants who are perceived as troublesome, argumentative, consistently late, or sullen are inappropriate for the program. On the other hand, other treatment providers felt that problems associated with these kinds of participants lay with overly strict rules that made it too easy for them to fail. Varying degrees of tolerance for difficult clients were also evident among the CCCs. In some cases, CCC incident reports cited bad attitudes or minor rule violations to justify returning a resident to prison. Other CCCs, while mindful of fundamental rules such as no drug use, no threats, no violence, demonstrated far greater flexibility.

There was also a concern that too many RSAT participants were criminals but not addicts. This sentiment was expressed by central DOC administrators and CCC staff alike. And while CiviGenics staff, given their focus on criminal thinking, typically saw no problem in accepting participants who do not identify as substance abusers, other treatment staff were skeptical about the effectiveness of mixing substance abuse treatment with broader efforts to reform decision-making. They were particularly concerned that substance abuse may not be taken seriously enough in a program that focuses on cognitive-based skills in lieu of mental health and psychological needs of chronic addiction.

The principal issue for parole regarding eligibility for the program concerns the individual officers' role in recommending parolees to RSAT in the first place. Ideally, all parole officers should be familiar with the program. However, even though the board explains the program in writing and in staff trainings, administrators say there is no rigorous training about the RSAT program's mission and no structured formula to guide officers in making recommendations. These same administrators insist that parole's work depends upon individual relationships, and that the discretion of officers is critical. Nonetheless, this research found no evidence of systematic and reliable screening and targeting of TPVs according to the program's mission or the severity of their addiction.

Implications

Many of the continuing implementation issues could be addressed by focussing on three areas that are, if not equal, then at least overlapping determinants of the program's success: the screening process for new participants, the criteria for program failure, and the consequences for failure. When, for example, a TPV fails in RSAT because of a "bad

attitude" and is sent back to serve the entire original prison sentence without counting time spent in RSAT, it is worth pondering whether he should have been admitted to the program in the first place, whether the criteria for failure were reasonable, and if the cost of failure is justified.

As noted in the preceding section, the screening process for admitting inmates to the RSAT program currently provides decision makers with a great deal of discretion and relatively little guidance. While the state has expressed concern about intake problems, it has primarily examined the issue in terms of numbers and capacity. Both the screening tools and the training provided to parole officers and related personnel need to be examined and improved.

Similarly, the criteria for program failure need further clarification. Some RSAT stakeholders find too many people who have never failed on parole, and for whom RSAT is too extensive a sanction. Other stakeholders worry that the program accepts mentally ill offenders whom it lacks the staff, training, or structure to support. The decision to return a participant to custody, which falls to corrections staff in the CCC or a parole officer, is usually based on security factors and not informed by a clinical understanding of the case. While all relevant staff undergo regular and mandatory training, corrections and parole staff are not required to attend training in addiction, therapeutic interventions, or the RSAT program model.[23] Parole and corrections staff rely on treatment providers (including staff in individual CCCs) for information about participant infractions and, by extension, any progress they make in treatment. Clearer guidelines and additional training would standardize and improve decisions about failure without removing discretion.

Finally, not having intermediate sanctions puts program staff and parole officers in a dilemma. Erring on the side of returning participants to prison undermines the rehabilitation and cost savings goals of the program, while erring on the side of keeping participants in the community may undermine public safety. This suggests that the one-strike policy used in both the CCCs and on parole may hamper program goals more than it helps achieve them. Instead of leading to a return to prison, minor technical violations might result instead in an extensions of time served in a CCC or restrictions on existing rules. Conversely, alternative measures of success could be developed, with accompanying rewards for good behavior. A parolee who demonstrates strong connection to family members, for example, or maintains a good record of employment might be granted an exemption for out of state travel that would allow him to visit family members who live nearby, but across state lines. Such arrangements could have the added benefit reducing the likelihood of a technical violation.

[23] The Pennsylvania Board of Probation and Parole requires 40 hours of training each year, but parole officers are not required to attend any therapeutic training.

Section Four: Conclusion

Our research over five years suggests that Pennsylvania has established policies and management systems that are the foundation for giving its RSAT participants an opportunity to succeed. The program identified a target group of serious offenders, program managers worked out a balance between security and treatment concerns, and offenders spent less time in prison before and during their participation than they otherwise would have. Few RSAT participants were returned to prison for new crimes.

Although these are positive developments requiring hard work, this report suggests several opportunities to improve the program. Above all, the state should consider implementing a policy of gradual sanctions for technical violations. An appropriate graduated sanctions regimen could allow parole officers to track parolees under their supervision and advance the program's goal of reducing time spent in prison and its associated costs.

Implementing a graduated sanction program can be difficult and the prospect of doing so raises hard questions about the balance between rehabilitating offenders and insuring public safety. The RSAT experience suggests, however, that in the absence of graduated sanctions program managers in Pennsylvania and states that may follow its example should have modest expectations for participant outcomes in treatment programs: more than half of the RSAT participants failed in the program, and most of these failures were due to violations. The data we analyzed is current through August 2000, and others may have failed since then.

Treating offenders with serious criminal histories is a daunting task. People with long histories of criminal activity and drug problems often must overcome additional problems such as mental illness, unemployment, homelessness, and adjusting to life outside of prison. Combined with addiction, the challenges facing this population are not easy to surmount. Succeeding, however, brings multiple benefits to the offenders who rebuild their lives, to potential victims, and to the budgets of criminal justice agencies. Continued research on these programs is vital to identify the strategies and tactics most likely to lead to this success.

Appendix A. Characteristics of RSAT and Comparison Outcome Samples[24]

January 1998-January 2000

Characteristic*	**RSAT n=412**	***Comparison* n=288**
Average Age	39	40
Race		
African American	71%	71%
Latino	5%	6%
White	24%	24%
High School Diploma/GED (298/180)	69%	64%
Employed (228/156)	27%	46%
Married (228/158)	18%	20%
Classified Substance Abuse (298/180)**	97%	91%
Criminal History		
Years since first recorded entry into state custody	9.3	11.0
Average number of prior commitments	3.5	3.0
Previously on Parole**	77%	50%
Ever convicted of a violent offence (297/177)	55	55

*Number in group is given if data was available for less than 90 percent of total group.
**Pennsylvania used an instrument internally developed by PDOC (the PACSI) for drug and alcohol screening at the time the data was collected. The PACSI has since been replaced with the widely-used TCU Drug Screen.
***This refers to release to parole prior to the offence for which the person was currently paroled.

Source: Pennsylvania Department of Corrections

[24] Percentages may not equal 100 due to rounding. This data was collected by the Department of Corrections during prison intake interviews. The DOC does not record the date of the intake interviews, so it is not possible to know if the information was collected at the last prison intake or some earlier intake.