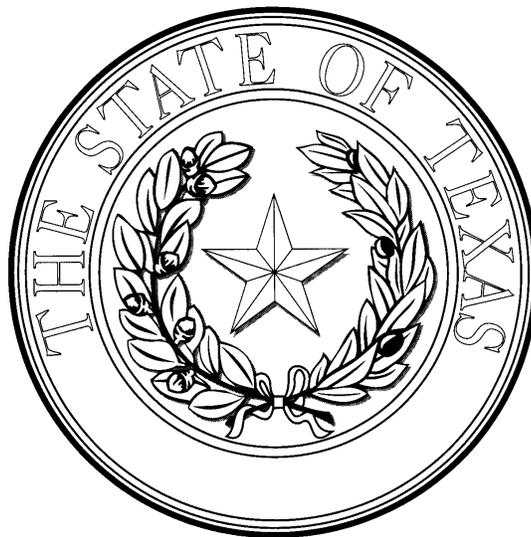


The Substance Abuse Felony Punishment Program: Evaluation and Recommendations



Criminal Justice Policy Council
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Tony Fabelo, Ph.D.
Executive Director

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Note From The Director

The Substance Abuse Felony Punishment (SAFP) program provides 4,500 treatment beds primarily for probationers whose crimes are related to substance abuse. This is the largest and most expensive correctional substance abuse treatment program provided by the state. The Criminal Justice Policy Council (CJPC) is mandated to evaluate the operation and effectiveness of this program along with other programs designated to be in the tier of rehabilitation facilities operated by the Texas Department of Criminal Justice (TDCJ). Prior evaluation reports have shown mixed results in terms of the impact of the program on recidivism and have led to further reviews identifying areas of possible improvement. Recidivism here is defined as the percentage of those released from the SAFP facility who were reincarcerated in prison or state jail one, two or three years after release. For this report, a two year recidivism tracking was conducted to provide the most recent recidivism information possible on a group released from the program in 1997-1998. A more in-depth study of 1,446 cases was also conducted to provide additional information on the characteristics and program experiences of the SAFP population.

Most SAFP offenders were under probation supervision when the conditions of their supervision were modified to place them in the program in lieu of a revocation to prison. Approximately 70% of the offenders placed in the program would have been revoked to prison or state jail if the SAFP program was not available. In this sense, the program is cost-effective as offenders serving a nine month sentence in a SAFP facility cost the state less than if they would have served an average of three years in prison. For the group tracked in-depth (1,446 offenders) the diversion savings to the state was \$6.0 million after accounting for the cost of the program.

The SAFP population is a difficult to treat population with the majority having received prior treatment for substance abuse (60%). Almost half of SAFP participants abused cocaine (46%). Most were drug (34%) or property offenders (30%). To complete all program components participants had to complete the institutional program (9 to 12 months), residential treatment (3 months) and outpatient treatment (3 to 9 months). Therefore, completing an intensive program of this kind is difficult. Less than half of all SAFP participants successfully discharge all treatment components of the program (44%).

The SAFP program significantly reduces recidivism for those who complete all program components, but recidivism rates are high for the 56% of offenders not completing all program components. The two year recidivism rate of a comparison group with similar characteristics not participating in the program is 32%. This compares to the 7% two year recidivism rate of offenders who completed all program components. The recidivism rate of all participants admitted to the SAFP program was 31%, while the recidivism rate of those completing only the nine months of institutional treatment was 30%. Those completing the institutional treatment, three months of residential treatment and at least one month of outpatient treatment had a two year recidivism rate of 25%.

Note From The Director

Given the fact that the major impact on recidivism occurs for those completing all program components, and given the fact that less than half of those who start the program complete all program components, the recidivism savings in terms of re-incarceration cost avoided were not sufficient to compensate for the cost of treating all those who participated but did not complete the program. The program and housing cost for the group tracked was \$23.9 million. The savings in re-incarceration cost from diversions was \$29.9 million and the savings from lower recidivism overall was \$0.4 million.

The SAFFP recidivism rate has been negatively impacted by the large number of offenders revoked for technical violations and the lack of treatment responses to relapse in some localities. Of those recidivating, 68% recidivated for technical violations of supervision and almost half of these violations were for drug or alcohol problems. Not all offenders who relapsed and used drugs or alcohol while in the program were intervened with a treatment response (44% of relapse cases had a motion to revoke in response to an initial relapse). Treatment responses could include placement in more intensive outpatient, relapse residential facility or a SAFFP relapse facility. Those who were intervened with a treatment response did better, having a two year recidivism rate of 29% compared to the 68% recidivism rate for those intervened with a motion to revoke.

Options to consider to improve the impact of the SAFFP program on recidivism include the following:

- Develop a consistent statewide system of graduated responses to technical violations, including increased emphasis on treatment responses to relapse.
- Consider using “drug courts” to manage the re-entry of SAFFP program participants to the community. Drug courts may provide the best mechanism to more effectively breach the “cultural” gap between criminal justice and treatment approaches.
- Reduce supervision terms after successful completion of program as an incentive for successful completion. Successful completion means the positive discharge from all program elements after approximately 15 to 18 months of treatment.
- Improve case management information flow between institutional, transitional and outpatient service providers.

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I. Introduction

Implemented in 1993, the Substance Abuse Felony Punishment Program is the Largest Inpatient Offender Drug Treatment Program Funded by the State

Drug Treatment Programs Funded by the State	Beds	Placements per Year (1999)
Treatment Alternatives to Incarceration	671	4,215
Substance Abuse Treatment Facilities	872	2,688
Court Residential Treatment Centers	608	1,084
Pre-Release Substance Abuse Program	1,000	2,000
Pre-Release Therapeutic Community	600	1,200
In-Prison Therapeutic Community	800	891
Substance Abuse Felony Punishment	4,500	6,000

- The SAFP program is the largest, most intensive, and most expensive substance abuse treatment program the state of Texas provides for felony probationers.
 - ✓ Probationers spend 9 to 12 months in a secure treatment facility staffed by correctional officers of the Texas Department of Criminal Justice (TDCJ).
 - ✓ After release from the SAFP facility, SAFP clients are placed in a residential treatment facility in the community for approximately 90 days, followed by 3 to 9 months of outpatient counseling.
 - ✓ Substance abuse treatment is provided under contracts with private treatment organizations contracted by the TDCJ.

- The Substance Abuse Felony Punishment (SAFP) program provides 4,500 treatment beds primarily for probationers whose crimes are related to substance abuse.
 - ✓ All probation eligible offenders may be placed into a SAFP if a judge determines that drug or alcohol abuse contributed to the offense and the offender is suitable for treatment.
 - ✓ Approximately 500 SAFP beds are reserved for parolees.

- An offender may be placed in the SAFP program as an original condition of a new probation sentence or as a modification of a supervision requirement while under supervision.

Mixed Results From the Previous SAFP Evaluation Prompted the CJPC to Conduct an In-Depth Evaluation to Determine Areas Needing Improvement

Group	Group Category	Percent in Prison After One Year	Percent in Prison After Two Years	Percent in Prison After Three Years
SAFP 1: Admitted 1993 Released 1994	Completers	5%	15%	32%
	All Participants	9%	23%	38%
	Comparison	18%	27%	35%
SAFP 2 Admitted 1994 Released 1995	Completers	*	*	*
	All Participants	14%	32%	44%
	Comparison	18%	27%	35%

* Data not available

- The CJPC has been evaluating the operation and effectiveness of the SAFP program since 1994. The results from the initial 2 year evaluations were positive. A 3 year follow-up of offenders however, showed that while offenders completing the program have lower recidivism rates than a comparison group, there were no differences in the recidivism rates of all participants admitted to the program and a comparison group.
- These mixed results prompted the CJPC, with the assistance of the Texas Department of Criminal Justice, to follow an additional group of offenders to conduct a more in-depth evaluation of the SAFP program. The evaluation was designed to investigate areas where improvements could be made to increase positive program outcomes. The focus of the study was the post-release experience of SAFP releasees. Some of the areas examined include:
 - ✓ Response to relapse and technical violations
 - ✓ Identifying most common points of unsuccessful discharge
 - ✓ Characteristics of successful and unsuccessful clients
- “Completers”, in the table above, refers to the definition used by the Criminal Justice Policy Council to identify the minimum period of time a SAFP client could participate in the program and satisfactorily leave the program.
 - ✓ A “completer” is defined as a SAFP client who successfully completed the 9 to 12 months in the SAFP facility, 3 months in the residential phase, and at least 1 month in the outpatient phase. Most SAFP clients are expected to participate in 3 to 9 months of outpatient counseling.
 - ✓ This definition was originally proposed by the CJPC and agreed upon by TCADA and TDCJ due to the lack of any definition or tracking of clients completing the program.
 - ✓ In addition to tracking offenders who “completed”, the survey identifies clients who successfully or unsuccessfully discharged the residential or outpatient phases of the program.

A New Sample of SAFP Releasees Was Selected to Track Post-Release Experience

Characteristics	SAFP Admissions: 1996-97	Sample
N=	7,305	1,446
Gender		
Female	21%	15%
Male	79%	85%
Race		
African-American	30%	27%
Hispanic	27%	30%
Anglo	44%	42%
Age at Release		
<25	23%	25%
25-30	18%	17%
30-35	20%	19%
35-40	19%	19%
40+	21%	21%
Offense Type		
Violent	14%	15%
Property	29%	30%
Drug	36%	34%
DWI	17%	18%
Other	5%	4%

- A random sample of successfully discharged SAFP releasees was selected to collect more in-depth follow up information regarding post-release SAFP experience. A survey was designed, with the assistance of TDCJ administrators, to collect this information.
 - ✓ This study tracked the two year post-release experience of 1,446 offenders randomly selected from 7,305 admitted to SAFP facilities in FY 1996-97 and released in FY 1997-98.
 - ✓ Approximately 2,100 surveys were mailed to SAFP officers. Officers returned 1,446 completed surveys for a 69% response rate.
 - ✓ A comparison (see table above) shows the sample to be representative of SAFP admissions from 1996-97.

- In addition to other demographic, offense, and SAFP data previously collected, the survey was designed to collect information in the following areas:
 - ✓ Prior treatment history
 - ✓ Drugs of abuse
 - ✓ Residential and outpatient experience
 - ✓ Relapse
 - ✓ Types of violations and outcomes

Acronyms and Jargon Used in This Report

Relapse?

Drug of abuse ?

TTC ?

The criminal justice and substance abuse communities use jargon, acronyms, and abbreviations that may be unfamiliar to the reader. A glossary of terms used in this report is provided below.

- **Discharge:** SAFP clients are terminated from the residential or outpatient counseling programs as either successful or unsuccessful discharges. A client successfully discharging from the outpatient phase has completed all phases of the SAFP program.
- **Drug of abuse:** Primary drug abused by offender (to include alcohol).
- **Dual-diagnosis:** An offender with a diagnosed mental illness, such as schizophrenia, as well as a substance abuse problem.
- **Modification of probation:** A change in the original conditions of probation supervision. A modification is usually the result of a violation of supervision and may result in placement into the SAFP program.
- **OP:** Outpatient counseling which includes both group counseling and individual counseling. A SAFP offender enters OP after finishing residential treatment. OP typically lasts 3 to 9 months with an offender usually attending approximately 2 hours of group counseling a week and 1 individual counseling session a month.
- **Original condition of probation:** The original court requirements of probation. For this report, “original condition” indicates the offender was placed in the SAFP program as a condition of probation.
- **Recidivism:** In this study, recidivism is defined as the percentage of offenders who were incarcerated in a prison or state jail within 2 years of their release from a SAFP facility.
- **Relapse:** Reoccurrence of use or abuse of prohibited drugs or alcohol. Relapse can be determined through a positive drug test, arrest for drug or alcohol offense, or self-report by the client.
- **Technical violations:** Failure to report, changing residence without approval of the supervising officer, positive drug test, arrests for new offenses (no conviction), and other violations of supervision conditions are considered technical violations. Offenders convicted of committing a new offense are not included as technical violators.
- **TTC:** A Transitional Treatment Center is a residential treatment facility where SAFP offenders reside for approximately 3 months after completing the initial 9 to 12 months in the secure SAFP facility.

II. Characteristics of SAFP Sample

Most SAFP Clients Had Previously Received Treatment and Were Under Supervision When They Had A Violation Resulting in a SAFP Placement

Characteristics of SAFP Clients	Percent of All Cases
Probation Status at Time SAFP Condition Imposed:	
Original Condition of Probation	35%
Modification of Probation Supervision	65%
Average Time on Supervision for Modifications	26 months
Prior Treatment for Substance Abuse:	
None	40%
Once	25%
Two or more	35%
Client Had Diagnosed Mental Illness?	
Yes	15%
No	85%

- Most SAFP offenders (65%) were under probation supervision when the conditions of their supervision were modified to place them in the SAFP program. Of offenders who had their supervision modified to include placement in the SAFP program:
 - ✓ Approximately 48% of offenders under supervision had the SAFP condition imposed because of a positive drug test.
 - ✓ Approximately 30% of cases under supervision had the SAFP condition imposed because of an arrest for a new offense.
 - ✓ Approximately 22% of offenders were modified for other technical violations (failure to report, failure to pay fines, restitution, etc.).
 - ✓ The average time under supervision for modifications was 26 months.

- 60% of SAFP cases had received prior treatment for substance abuse, although the majority of treatment reported consisted of attendance at AA/NA meetings and/or outpatient counseling.

- The SAFP program has 3 facilities designated to accept dual-diagnosis clients. Approximately 15% of the SAFP population had both a diagnosed mental illness and a substance abuse problem.

SAFP Females and Dual-Diagnosis Populations Have High Risk Characteristics

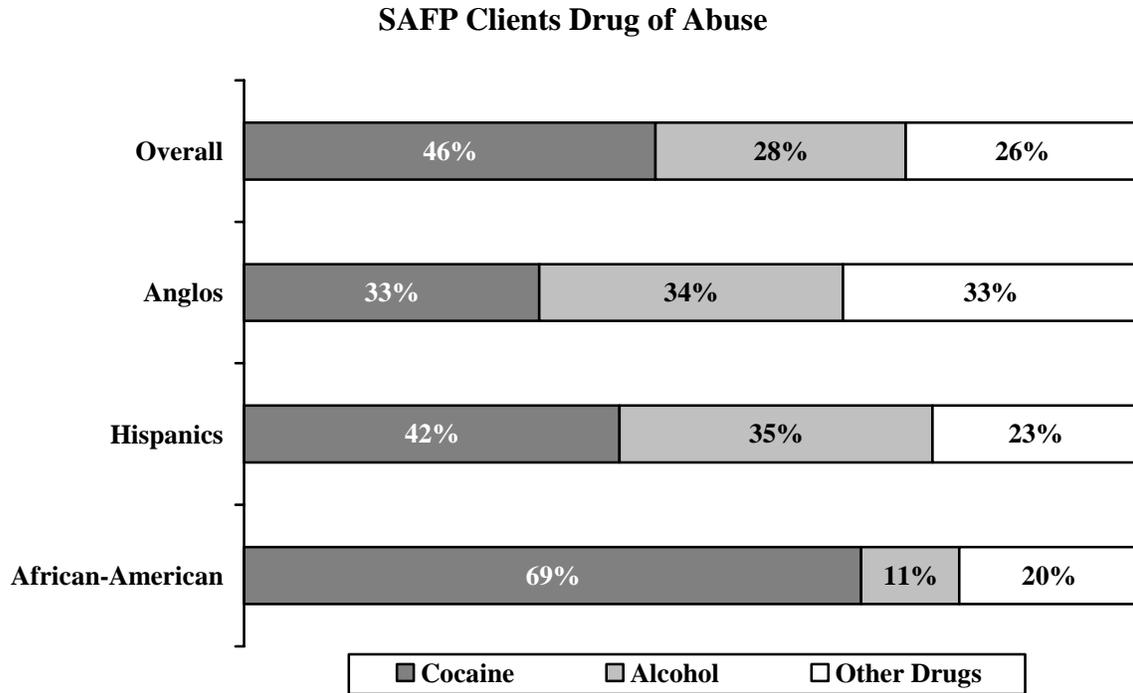
Characteristics	Percent of Population with Characteristic		
	Females	Dual-Diagnosis	Remaining SAFP Sample
Drug of Abuse			
Cocaine	63%	47%	43%
Heroin	6%	6%	5%
Amphetamines	10%	6%	4%
Prior Treatment			
None	46%	33%	39%
Offense Group			
Property	35%	33%	28%

- Drug of abuse, prior treatment experience, and offense type impact the success of offenders in the community.
 - ✓ Cocaine and heroin abusers, property offenders, and those with no prior treatment experience have higher recidivism rates than other offenders.

- Females in the SAFP sample have higher risk characteristics than other offenders due to a disproportionate percentage of cocaine abusers and limited prior treatment experience.

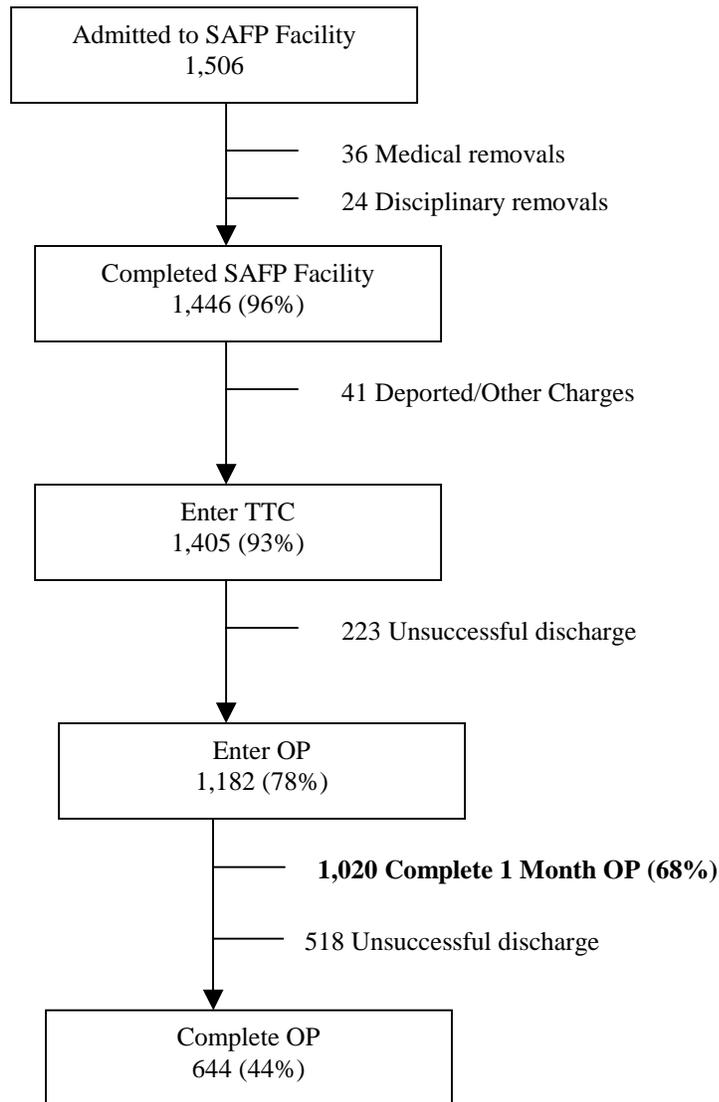
- Dual-diagnosis offenders have high risk characteristics due to their multitude of problems such as mental illness, drug abuse, and criminality.

Almost Half of SAFP Clients Abused Cocaine



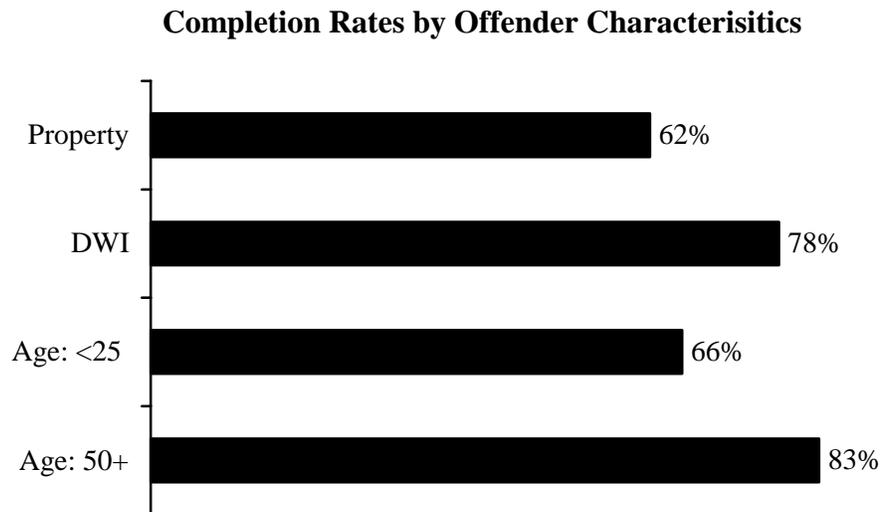
- SAFP officers were asked to identify the primary drug of abuse of SAFP clients. While many offenders abuse more than one drug, cocaine was cited most frequently as the primary drug of abuse of SAFP clients.
 - ✓ For offenders using more than one drug, respondents were asked to enter only the most serious drug used (e.g. cocaine more serious than alcohol or marijuana)
- Cocaine was the drug of abuse for 46% of SAFP clients while alcohol was the drug of abuse for 28% of clients. Drug of abuse varied significantly by race/ethnicity:
 - ✓ Cocaine was the drug of abuse for 69% of African-Americans, 42% of Hispanics, and 33% of Anglos.
 - ✓ Alcohol was the drug of abuse for 11% of African-Americans, 35% of Hispanics, and 34% of Anglos.
- Other drugs of abuse included:
 - ✓ Marijuana was the drug of abuse for 14% of SAFP clients.
 - ✓ Heroin was the drug of abuse for 5% of SAFP clients.
 - ✓ Amphetamines were the drug of abuse for 5% of SAFP clients.
- The average age of SAFP clients varied by drug of abuse.
 - ✓ Alcohol: 37.3 years old
 - ✓ Cocaine: 31.5 years old
 - ✓ Marijuana: 27.5 years old

68% of SAFP Clients Completed the Program



- This study focuses on the post-release experience of 1,446 SAFP offenders who completed the 9 to 12 month SAFP facility phase of the program. However, 4% (60) of offenders admitted to the SAFP facility were removed before program completion.
 - ✓ The table above reflects the 1,506 admitted to SAFP and tracks their experience from admission.
- While most SAFP clients complete the residential phase of the program (1,182 out of 1,405 or 84%), a significant percentage of SAFP clients who enter the outpatient phase do not complete that phase of the program (44% or 518 out of 1,182).
 - ✓ The most common reasons for failure to complete the outpatient phase are relapse, absconding from supervision, and other technical violations of supervision.
 - ✓ Participation in treatment is a condition of supervision, with failure to participate representing a technical violation of supervision that can lead to revocation.

Older Offenders and DWI Offenders Had Highest Program Completion Rates



- Completion rates (1 month OP as defined by CJPC) of offenders entering the post-release program varied by offender characteristics.
 - ✓ Older offenders had higher completion rates than younger offenders. 83% of SAFP clients over the age of 50 completed 1 month of outpatient versus 66% of SAFP clients under 25.
 - ✓ African-Americans had a 74% completion rate, Hispanics had a 65% completion rate, and Anglos had a 71% completion rate.
 - ✓ DWI offenders had a 78% completion rate versus 62% for Property offenders.

Cocaine and Heroin Users Had the Highest Relapse Rates

Relapse Characteristics	Percent Relapse
Overall Relapse Rate	46% (661/1446)
Age Group	
<25	52%
25-30	52%
30-35	47%
35-40	45%
40-50	35%
50+	28%
Offense Type	
Violent	47%
Property	55%
Drug	45%
DWI	31%
Drug of Abuse	
Alcohol	36%
Cocaine	51%
Heroin	54%
Marijuana	47%

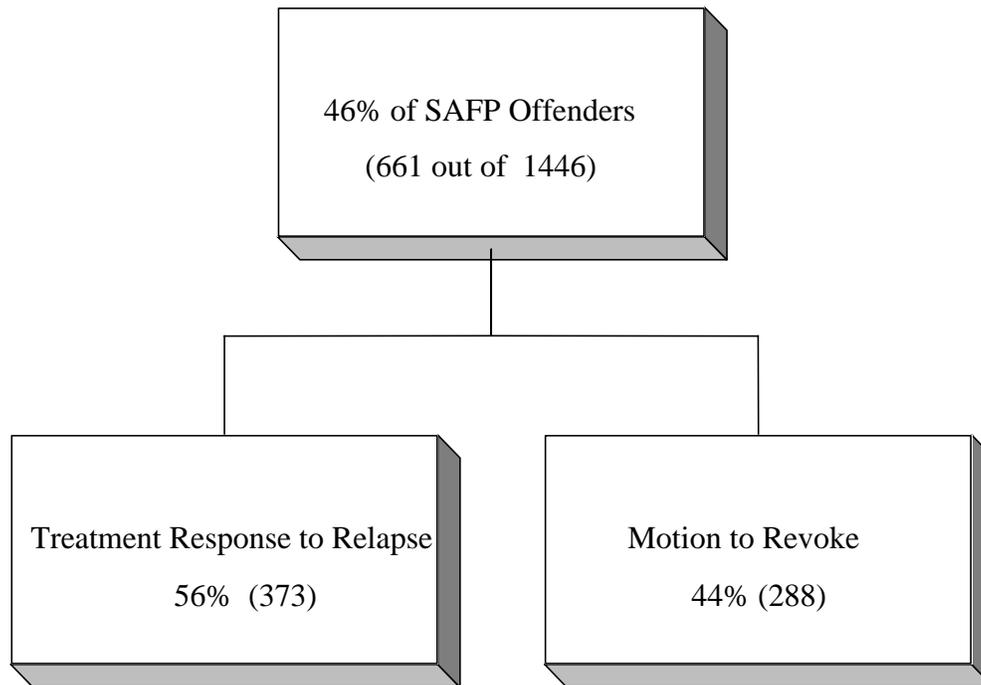
- Relapse, in this study, was defined as a SAFP client who had a positive drug test, was caught using drugs or alcohol, self-reported use of drugs or alcohol, or was arrested for a drug or alcohol offense while in the TTC or OP.
 - ✓ SAFP clients could have a relapse in the TTC and/or outpatient phase.

- As the age of offenders increased relapse rates decreased.
 - ✓ 52% of offenders under 30 relapsed while in the TTC or outpatient phase of the programs compared to a 28% relapse rates for offenders over 50.

- DWI offenders had the lowest relapse rates.
 - ✓ The fact that DWI offenders are older than the average SAFP client or that alcoholism may be easier to treat than cocaine or heroin may be associated with lower relapse rates. Testing for alcohol is also more difficult and not as common as drug testing.

- Most relapse occurred in outpatient counseling.
 - ✓ 14% (195 out of 1405) of SAFP clients in TTC's had a relapse.
 - ✓ 43% (512 out of 1182) of SAFP clients in outpatient counseling had a relapse.
 - ✓ SAFP clients could have more than 1 relapse.

Response to Relapse Varied



- Judges and Community Supervision and Corrections Departments (CSCDs also known as probation departments) in Texas have different policies and procedures regarding response to relapse. In this study, those responses are divided into treatment responses and motions to revoke.
 - ✓ The circumstances of each case may guide responses.
- Treatment responses include placement in more intensive outpatient treatment, relapse TTC, or a SAFP relapse facility. Treatment in these facilities focuses on identifying relapse triggers and preventing subsequent relapse.
 - ✓ 56% of offenders who relapsed received a treatment response.
- The other response to relapse is a motion to revoke. Some jurisdictions require a motion to revoke supervision for any relapse incident.
 - ✓ 44% of offenders who relapsed received a motion to revoke supervision and/or were revoked.
 - ✓ Some motions to revoke may not result in a revocation.
- The drug treatment and criminal justice systems are sometimes at odds regarding the appropriate responses to relapse.
 - ✓ Treatment providers expect most clients to relapse at some point in their treatment and view relapse as part of recovery from drug abuse.
 - ✓ Criminal justice practitioners more frequently view relapse as a violation of supervision conditions and may respond with a criminal justice sanction.

III. Overall Recidivism of SAFP Releasees

31% of SAFP Participants Were Revoked or Sentenced to Prison or State Jail After 2 Years

Group	Number of SAFP Clients	Two Year Recidivism Rate for Group
Enter SAFP Institutional Program	1,506	31%
Released from Institutional Program	1,446	30%
Entered TTC in Community	1,405	30%
Entered Outpatient	1,182	26%
Completed 1 Month Outpatient	1,020	25%
Completed Institutional, TTC and Outpatient Phases	664	7%

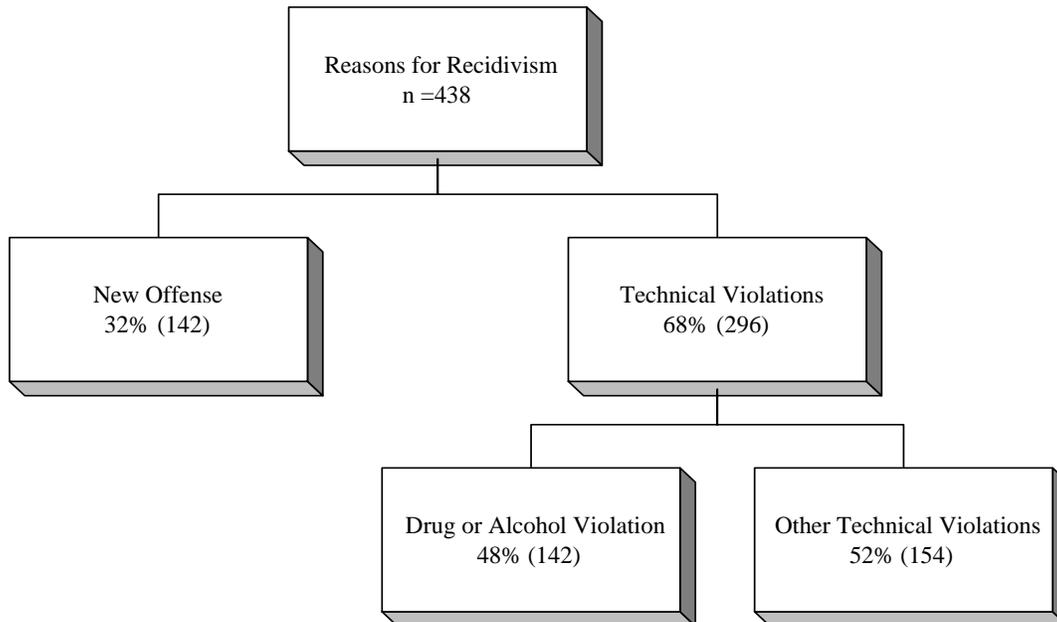
- Recidivism, in this study, is the percentage of SAFP clients incarcerated in prison or state jail within 2 years of their release from the SAFP facility.
- While the focus of this report is the post-release experience of the 1,446 SAFP releasees who completed the SAFP institutional phase (survey cases), 24 offenders admitted to the SAFP facility were negatively terminated in the SAFP facility and had their probations revoked. Another 36 offenders were removed from the SAFP facility for medical or other reasons, resulting in a total of 1,506 offenders admitted to the SAFP facility.
- SAFP offenders who finished all phases of the SAFP program (Institutional, TTC, and OP) had the lowest recidivism rates of all groups examined.
 - ✓ 44% of SAFP clients (664 out of 1,506) finished all phases of the program.
 - ✓ SAFP clients finishing all phases of the program had a 7% recidivism rate 2 years after release from the SAFP facility.

Recidivism Varied by Offender Characteristics

		Percent Incarcerated After 2 Years
Recidivism Rate of Survey Cases		30% (438/1446)
Gender		
	Male	30%
	Female	32%
Race/Ethnicity		
	African American	37%
	Hispanic	24%
	Anglo	31%
Age Group		
	<30	35%
	30-40	31%
	40+	21%
Offense Type		
	Violent	30%
	Property	41%
	Drug	27%
	DWI	19%
Prior Treatment		
	None	35%
	Once	29%
	Two or more	27%
Drug of Abuse		
	Alcohol	24%
	Amphetamines	34%
	Cocaine	32%
	Heroin	39%
	Marijuana	29%
Dual-diagnosis		
	Yes	32%
	No	30%

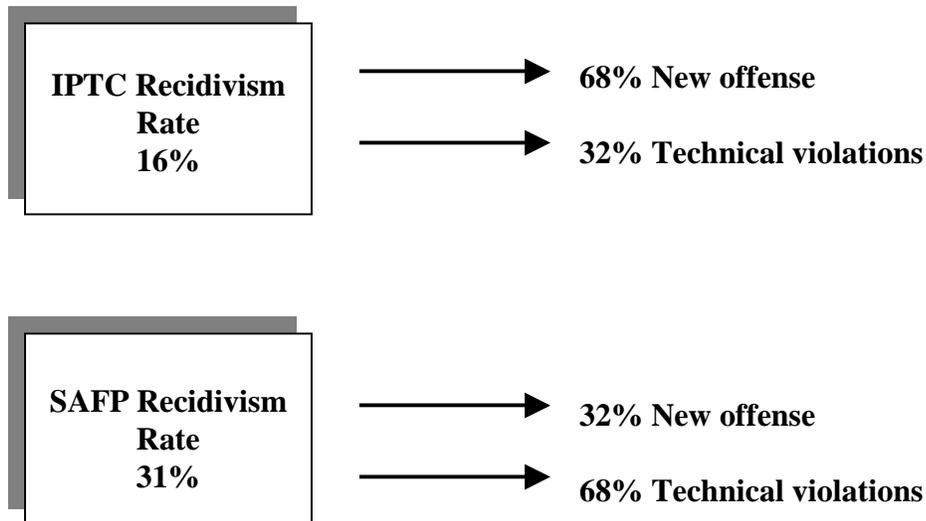
- This table reports the recidivism rates of the 1,446 SAFP clients tracked in the survey.
- Recidivism trends for SAFP participants are similar to recidivism trends of other offenders.
 - ✓ Older offenders had lower recidivism rates than younger offenders
 - ✓ Property offenders and African Americans had the highest recidivism rates.
 - ✓ Offenders whose drug of abuse was Heroin had the highest recidivism rates while Alcohol abusers had the lowest recidivism rates.

Two-thirds of Recidivism Was Due to Probation Revocation for Technical Violations of Supervision



- Compared to offenders on regular community supervision, SAFP offenders receive closer supervision and have additional conditions of supervision to which they must adhere:
 - ✓ SAFP offenders must spend approximately 3 months in a residential treatment facility after release from the SAFP facility and follow rules such as curfews, mandatory program attendance, and payment of residence fees.
 - ✓ SAFP offenders are subject to more frequent drug testing than offenders on regular supervision.
 - ✓ SAFP offenders must respond to conditions established by treatment counselors, supervising officers, and case managers and are subject to closer supervision by these treatment team members than an offender on regular community supervision who is responsible to only a supervising officer.
 - ✓ Closer supervision and additional rules of supervision increase the likelihood of SAFP offenders being revoked for technical violations of supervision compared to offenders on regular community supervision.
- Approximately 55% of all probation revocations in FY 1999 were for technical violations compared to 68% of SAFP revocations for technical violations.

Revocations for Technical Violations Occur at a Higher Rate for SAFP Participants Than IPTC Participants



- In addition to the SAFP evaluation, the CJPC conducted a similar evaluation of the In-Prison Therapeutic Community (IPTC), a drug treatment program for offenders in prison, prior to their release on parole.
 - ✓ The IPTC program is identical to the SAFP program with the exception that SAFP participants are primarily on probation and IPTC participants are prison inmates whose release on parole is contingent upon completion of the drug treatment program.
- The two year recidivism rate for IPTC participants was 16% compared to 31% for SAFP participants.
 - ✓ 11% of all IPTC participants recidivated due to a new offense compared to 10% of SAFP participants.
 - ✓ 5% of all IPTC participants recidivated due to technical violations compared to 21% of SAFP participants recidivating due to technical violations.
- While two-thirds of SAFP recidivism was the result of revocations for technical violations, less than 1/3 of recidivists in the IPTC program were revoked for technical violations.

Response to Relapse Significantly Impacted Recidivism Rates

Outcomes	No Relapse	Relapse	
		Treatment Response	Motion to Revoke
No Incarceration	83% (653/785)	71% (264/373)	32% (91/288)
Incarceration	17% (132/785)	29% (109/373)	68% (197/288)
Reason for Incarceration			
New Offense	36% (47/132)	27% (29/109)	31% (61/197)
Drug/Alcohol Violations	19% (25/132)	38% (41/109)	39% (77/197)
Other Technical Violations	45% (60/132)	36% (39/109)	30% (59/197)

- Relapse, in this study, was defined as a SAFP client who had a positive drug test, was caught using drugs or alcohol, was arrested for a drug or alcohol offense, or self-reported relapse.
 - ✓ 46% (661 out of 1446) of SAFP clients had 1 or more relapse incidents.

- Treatment responses could include placement in more intensive outpatient counseling, relapse TTC, or a SAFP relapse facility.
 - ✓ The other response to relapse is a motion to revoke or a revocation.

- When a treatment response was utilized recidivism rates were similar to the overall recidivism rate. This indicates that relapse does not necessarily serve as a precursor to failure as measured by recidivism.
 - ✓ The reason for incarceration for those revoked are similar, with the treatment group having a higher proportion of technical violations than the motion to revoke group (36% versus 30%) and the motion to revoke group having a higher proportion of new offenses (31% versus 27%).

- The exact circumstance and nature of the relapse, as well as the prior supervision experience of the offender, is unknown. These factors may influence the type of response judged necessary for the relapse event.

SAFP Clients Who Completed at Least 1 Month of Outpatient Counseling Had Lower Recidivism Rates Than Non-Completers

	Recidivism Rates of SAFP Clients	
	Completed 1 Month Outpatient	Did not Complete 1 Month Outpatient
Overall	25% (250/1020)	44% (188/426)
Race/Ethnicity		
African-American	34%	43%
Hispanic	17%	37%
Anglo	23%	51%
Gender		
Male	25%	44%
Female	26%	44%
Age Group		
<30	29%	48%
>30	22%	40%
Drug of Abuse		
Alcohol	19%	37%
Cocaine	26%	46%

- SAFP clients who completed at least 1 month of outpatient counseling, after completing treatment at a TTC, had a recidivism rate 43% lower than SAFP clients who did not complete 1 month of outpatient counseling (25% compared to 44%).
- Analyses conducted by offender characteristics indicate that the reduction in recidivism is associated with completion of 1 month of outpatient counseling and not differences in offender characteristics.
 - ✓ For example, while African-Americans have the highest recidivism rate of the three race/ethnic groups, African-Americans completing 1 month OP had lower recidivism rates than African-Americans who did not complete 1 month OP.

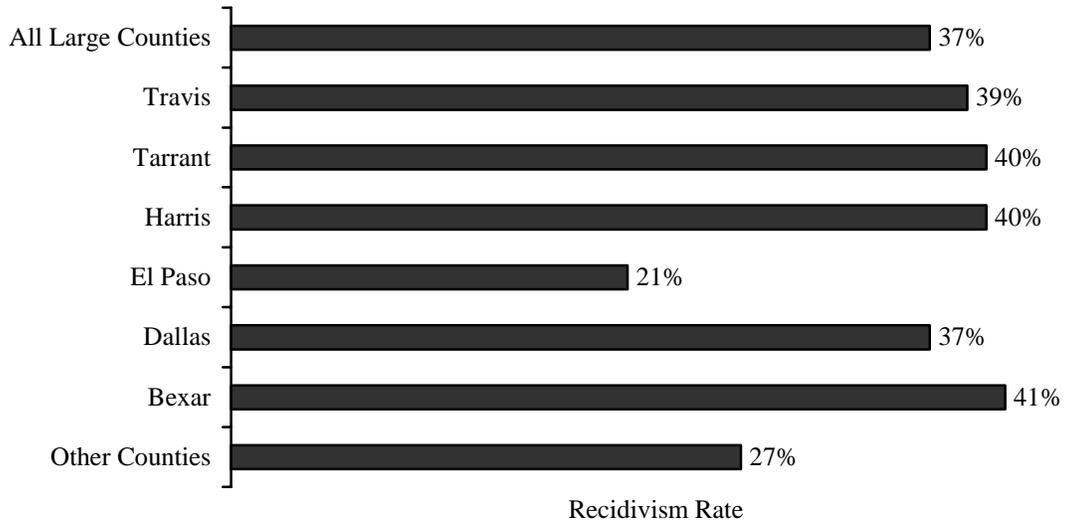
IV. Variation in Recidivism by County of Conviction

SAFP Clients From Large Urban Counties Differ From SAFP Clients From Other Counties

	Large Urban Counties (458)	Other Counties (988)
Percent of:		
State Population	49%	51%
Prison Population	58%	42%
SAFP Population	32%	68%
Drug of Abuse		
Alcohol	19%	32%
Cocaine	56%	42%
Heroin	9%	3%
Marijuana	9%	15%
Other Drugs	7%	8%
Race/Ethnicity		
African-American	36%	23%
Hispanic	33%	29%
Anglo	31%	48%

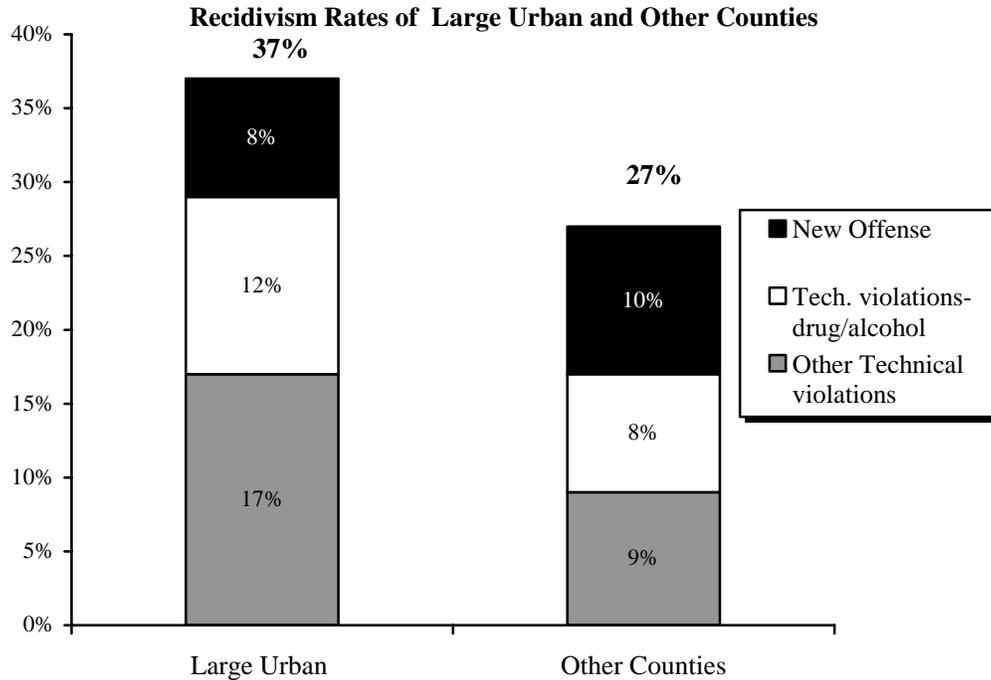
- In this report, large urban counties are defined as Bexar, Dallas, El Paso, Harris, Tarrant, and Travis counties.
 - ✓ 458 (32%) SAFP clients were from large urban counties while 988 (68%) SAFP clients were from other counties.
- The percent of SAFP clients from the large urban counties (32%) is smaller than their representation in both the state (49%) and prison (58%) populations.
 - ✓ While it is unknown why the large urban counties are under-represented in the SAFP population, one reason might be that these counties have additional treatment and/or sanction resources in their community that reduce their need for the SAFP program.
- SAFP clients sent to SAFP from the large urban counties are different from SAFP clients from other counties in Texas as far as race/ethnicity and drug of abuse are concerned.
 - ✓ Approximately 65% of SAFP clients from large urban counties are cocaine and heroin abusers compared to 45% from the other counties.
 - ✓ African-Americans and Hispanics constitute 69% of the population sent from the large urban counties compared to 52% of the population from the other counties.

Recidivism Rates Varied Widely by County



- Large urban counties had higher recidivism rates than other counties, with the exception of El Paso.

Differences in Recidivism Rates by Counties Associated with Response to Technical Violations



- A number of factors contribute to the wide variation in recidivism rates by counties but differences in the response to violations account for much of the difference.
- While the percent of SAFP clients convicted of new offenses and sentenced to prison are similar for large urban and other counties (8% urban and 10% other counties), 29% of SAFP clients in large urban counties were revoked for technical violations compared to 17% in other counties.
 - ✓ Large urban counties had higher percentages than other counties revoked for both technical violations associated with drug/alcohol violations (12% versus 8%) and revocations for other supervision violations (17% versus 9%).

Large Urban Counties Have Higher Recidivism Rates Regardless of Client Characteristics

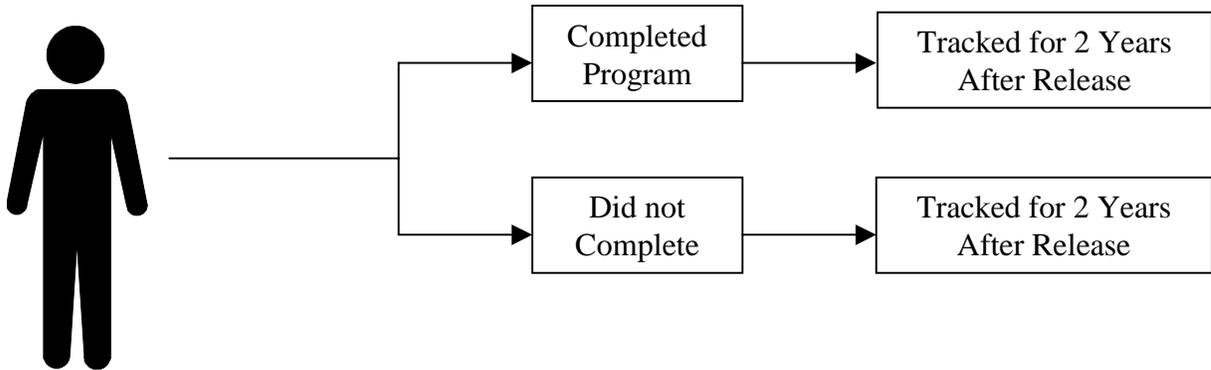
SAFP Client Characteristics	Recidivism Rates	
	Large Urban Counties	Other Counties
Overall Recidivism Rate	37%	27%
Gender		
Male	36%	27%
Female	39%	28%
Race/Ethnicity		
African-American	46%	29%
Hispanic	25%	24%
Anglo	38%	29%
Age Group		
<25	43%	36%
25-30	40%	26%
30-35	33%	29%
Offense group		
Violent	37%	26%
Property	49%	38%
Drug	36%	21%
DWI	12%	21%
Drug of Abuse		
Alcohol	23%	24%
Cocaine	40%	27%
Prior Treatment		
None	48%	29%

- Regardless of offender characteristics, SAFP clients from large urban counties had higher recidivism rates than offenders from other counties, with the exception of DWI offenders and offenders whose drug of abuse was alcohol.
- Data is not available to determine if there were significant differences in criminal histories or previous supervision violations of SAFP offenders from large urban counties compared to SAFP offenders from other counties that might be associated with these differences.

V. Recidivism of SAFP Clients and Comparison Group Offenders

How the CJPC Tracks Outcomes

Program Participant



Comparison – Eligible
But Did Not Participate



- Because SAFF offenders receive intensive supervision in TTC facilities and are subject to additional supervision and program participation requirements as previously detailed, all comparison group offenders selected were classified as maximum or intensive supervision cases or were supervised for some period in a residential facility. The comparison groups include:
 - ✓ *Probation*: Offenders placed or under probation supervision in FY 1997-98 who were maximum supervision (level 2) cases but not in a residential facility.
 - ✓ *Residential*: Probationers who terminated a residential facility (Restitution Center, Residential Treatment Center, etc.) in 1996.
 - ◆ Data for the residential comparison group is from a study conducted by TDCJ-CJAD (*Community Corrections Facilities Outcome Study*, January 1999).

Characteristics of Comparison Groups in Relation to the SAFP Sample

	Comparison Groups		
	SAFP	Probation	Residential
N =	1,506	4,240	3,098
Gender			
Male	85%	81%	83%
Female	15%	19%	17%
Race/Ethnicity			
African-American	27%	29%	32%
Hispanic	30%	27%	28%
Anglo	42%	44%	40%
Age			
<30	42%	56%	53%
>30	58%	44%	47%
Offense			
Violent	15%	21%	6%
Property	30%	34%	41%
Drug	34%	27%	31%
DWI	18%	9%	13%
Other	4%	9%	8%

- The overall recidivism rate for the SAFP sample was 31%. In order to determine if this represents a change in recidivism associated with the program, a number of comparison groups were developed.
- Because there were some differences in offender characteristics between the SAFP sample and the comparison groups, a number of analyses were conducted to determine if differences in recidivism rates were associated with participation in the SAFP program or differences in offender characteristics.

SAFP Offenders Completing the Program Have Lower Recidivism Rates Than Comparison Group Offenders

	SAFP			Comparison	
	Completed	Did Not	All	Probation	Residential
Overall	25%	44%	31%	31%	32%
Gender					
Male	26%	44%	30%	32%	33%
Female	25%	44%	32%	30%	27%
Race/Ethnicity					
African American	34%	43%	37%	37%	38%
Hispanic	17%	37%	24%	24%	26%
Anglo	23%	51%	31%	30%	31%
Age					
<30	29%	48%	35%	35%	38%
>30	22%	41%	27%	27%	25%
Offense					
Violent	26%	41%	30%	30%	29%
Property	34%	54%	41%	41%	42%
Drug	23%	39%	27%	27%	26%
DWI	15%	32%	19%	19%	13%

- Offenders participating in the SAFP program have a slightly lower recidivism rate than comparison group offenders participating in residential treatment and the same rate as probationers classified as maximum supervision.
- Offenders “completing” (1 month OP or more) the SAFP program had lower recidivism rates than comparison group offenders and offenders not completing the SAFP program.
 - ✓ Analyses conducted by offender characteristics indicate completion of 1 month of outpatient counseling was associated with a reduction in recidivism and was not attributable to differences in offender characteristics in the comparison groups.

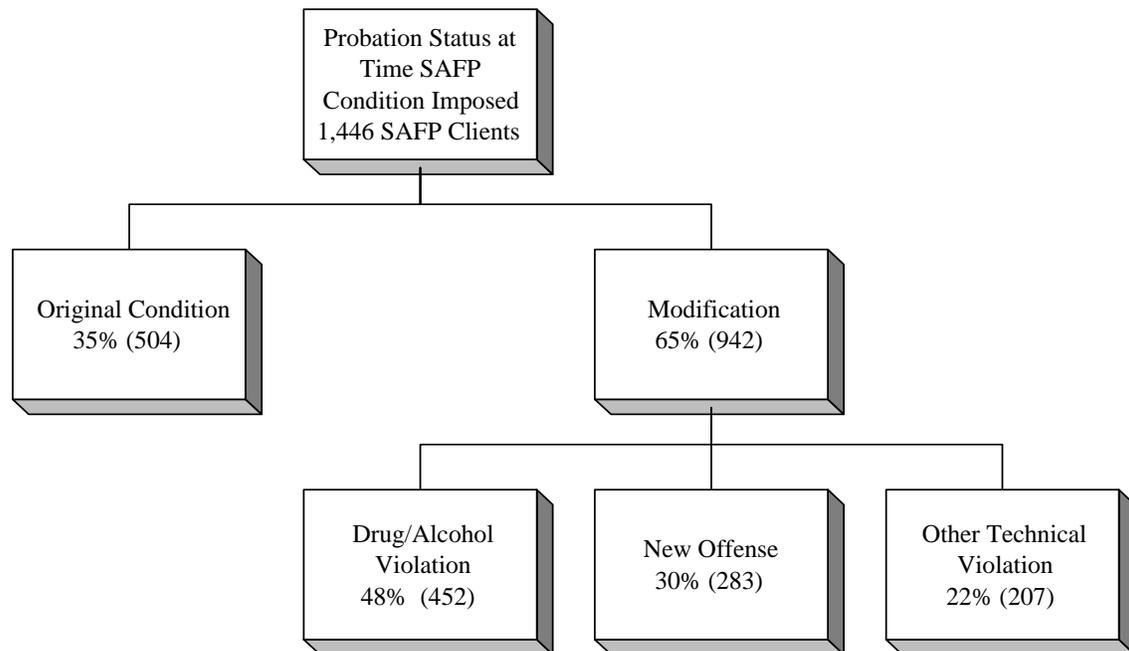
VI. Cost-Effectiveness of SAFP Program

Calculating Cost-Effectiveness: Methodology and Assumptions

$$\text{Cost-Effectiveness} = \text{Recidivism Savings} + \text{Diversion Savings} - \text{Treatment Costs}$$

- The CJPC calculates cost-effectiveness by examining savings in incarceration costs associated with a reduction in recidivism and savings associated with programs that reduce incarceration costs through diversion from prison or state jails and then subtracts costs associated with the program.
 - ✓ A number of facts and assumptions are utilized in this analysis. These facts and assumptions are based on the 1,506 SAFP clients admitted to the SAFP and the 1,446 entering the continuum of aftercare services.
- The total cost of the program for the 1,506 SAFP clients was \$23.9 million. The following methodology was used to calculate program cost:
 - ✓ The average SAFP client was in the SAFP facility for 9.0 months at a cost of \$2,178 for treatment or a total cost of \$3.3 million for 1,506 clients.
 - ✓ The average client who entered the TTC (1,405 clients) stayed 2.7 months at a cost of \$2,450 or a total cost of \$3.5 million.
 - ✓ The average client who entered outpatient counseling (1,182 clients) received services for 6.2 months for a total cost of \$.9 million.
 - ✓ The operating costs for an offender in the SAFP facility for 9.0 months was \$10,786 or a total of \$16.2 million.
- Recidivism and diversion savings were calculated based on the following assumptions:
 - ✓ SAFP offenders going to prison would have received an average sentence of 5.7 years, while those going to state jail would receive an average sentence of 1.1 years.
 - ✓ Offenders sentenced to prison would serve 50% of their sentence (2.85 years).
 - ✓ Cost of prison is \$14,347 per year (\$39.28 per day).
 - ✓ Cost of state jail is \$11,418 per year (\$31.26 per day).
- Seventy percent of offenders in the SAFP program would have been sentenced to prison or state jail if SAFP was not available and are therefore diversions.
- Forty percent of offenders admitted to SAFP were convicted of a state jail felony and could only be sentenced to or diverted from a state jail. 60% of offenders were convicted of a felony that could only be sentenced to prison.

Most SAFP Offenders Are Diversions From Prison and the State Jail System



- As indicated earlier, 65% of SAFP offenders were placed in the SAFP program as a modification of supervision conditions due to a technical violation or new offense charge.
 - ✓ If the SAFP program had not been available, it is likely that the 65% of SAFP clients modified would have gone to prison or state jail because of their new violation.
- A previous study by the CJPC (*Implementation and Cost-Effectiveness of the Correctional Substance Abuse Treatment Initiative*, March 1997) estimated that 70% of SAFP offenders were diversions from prison.
 - ✓ This estimate was based on a comparison of criminal histories of SAFP offenders compared to a sample of probationers and prisoners. The comparison concluded that the criminal histories of 70% of the SAFP offenders were more similar to offenders in prison than the probation comparison group.
- SAFP supervising officers, responding to the CJPC survey, indicated that approximately 65% of SAFP clients would have been sentenced to prison or state jail if the SAFP option had not been available.
 - ✓ 43% of survey respondents indicated that they “Did not know” how the SAFP client would have been sentenced. Those responses were excluded in calculating the above percentages.
- For this study, it is estimated that 70% of the 1,446 SAFP clients released from the SAFP facility were diversions from prison.

SAFP Cost-Effectiveness Calculation Associated with Reduction in Recidivism and Diversion from Prison and State Jails

	SAFP
Costs	1506 cases admitted to treatment
Cost of Treatment	\$7.7 million cost
Cost of Treatment Facility	\$16.2 million cost
Total Costs	\$23.9 million cost
Savings	
Recidivists Avoided (1% of 1,506 = 15)	15
Recidivism Savings 9 avoid prison / 6 avoid State Jail	\$.4 million savings
Diversions (70% of 1,446 = 1,012)	
Prison Diversions 60% of 1,012	607 diversions
Prison Diversion Savings 607 x \$14,347 x 2.85 years	\$24.8 million savings
State Jail Diversions 40% of 1,012 = 405	405 diversions
State Jail Diversion Savings 405 x \$11,418 x 1.1 years	\$5.1 million savings
Diversion Savings	\$29.9 million savings
Total Savings	\$30.3 million savings
Savings – Cost = Cost-Effectiveness	
\$30.3 million savings - \$23.9 million cost = \$6.4 million savings	

- Cost-effectiveness estimates are based on assumptions regarding the percent of SAFP clients that are estimated to be diversions. Changes in assumptions can impact cost-effectiveness estimates.
 - ✓ Recidivism savings are based on residential comparison group. No recidivism savings if based on probation comparison group.

VII. Conclusions and Recommendations

Improvements in Outpatient Counseling Phase, Response to Relapse, and Other Improvements Could Reduce Recidivism and Increase SAFP Cost-Effectiveness

Outpatient Counseling Phase of SAFP Program	Outcomes
Type of Discharge from Outpatient	
Successful Discharge	56% (664/1182)
Unsuccessful Discharge	44% (518/1182)
Outpatient Recidivism Rate	
Successful Discharge	7% (46/664)
Unsuccessful Discharge	50% (258/516)
Response to Relapse	
Treatment Response	56%
Motion to Revoke	44%
Recidivism Rate	
Treatment Response	29%
Motion to revoke	68%

- The highest failure rate for SAFP clients occurs in the outpatient phase of the program. Approximately 44% of SAFP clients who entered the outpatient phase were unsuccessfully discharged and half of unsuccessful discharges were in prison 2 years after release.
 - ✓ Improvements in the outpatient phase, transition to the outpatient phase, and quality of treatment are areas that need to be examined.
- A second area that could increase positive outcomes appears to be in utilizing a treatment response to relapse when possible. Treatment experts say that relapse is part of recovery, it should be expected, and additional treatment and relapse prevention training is the appropriate response if public safety is not compromised.
 - ✓ Increased training and education regarding response to relapse could improve treatment outcomes. Developing a graduated treatment/sanction response and expanding the capacity of alternative sanctions for probationers is likely to have a positive impact.
- The high percentage of technical revocations for SAFP clients (21%), when compared to the technical revocations of parolees in the IPTC program (5%), may be related to insufficient alternatives or insufficient use of alternatives for probationers.
 - ✓ In FY 1998, 6,846 parolees were placed in Intermediate Sanction Facilities (ISF) as an alternative to revocation for those who violated their conditions of supervision. This represents 9% of parolees under supervision (6,846 out of 74,974 parolees).
 - ✓ In FY 1998, 1,885 probationers were placed in Intermediate Sanction Facilities (ISF) as an alternative to revocation for those who violated their conditions of supervision. This represents less than 1% of probationers under supervision (1,885 out of 164,702 felony probationers).

SAFP Improvement Working Group Recommends Improvements in Quality and Consistency of Treatment

<i>What's the problem?</i>	<i>What's the solution?</i>
<i>Information regarding client's problems/needs does not consistently flow from the TTC to OP providers</i>	Create master client file that details client's progress and treatment plan and provide file to treatment providers throughout each program phase
<i>Treatment team meetings, designed to facilitate client's success and monitor clients progress, are not properly structured and are used inconsistently</i>	Develop and implement policies and procedures regarding treatment team meetings
<i>Relapse options and responses inconsistent</i>	Develop additional training, graduated sanctions, and resources for appropriate response to relapse
<i>Quality of treatment in TTC and OP could be improved</i>	Provide additional training, standardize curriculum, improve consistency of programming from SAFP facility to TTC to OP, and increase funding

- TDCJ and the CJPC have been working together, through the SAFP Core Improvement Working group, to identify SAFP program problem areas and work to find solutions to these problems.
 - ✓ The core working group consists of TDCJ program administrators, treatment providers, and SAFP supervising officers.
 - ✓ The group has held four focus group meetings in Austin, Midland, Dallas, and Houston, attended by local supervising officers and treatment providers, to identify problems and propose solutions.
 - ◆ Primary problems and solutions are summarized in the table above.
 - ✓ A second set of focus groups involves Judges, District Attorneys, and SAFP coordinators who will identify and propose solutions to client selection, response to relapse, and supervision violation issues.
 - ◆ The initial Judicial Focus group meeting identified a need for training and information exchange between judges, prosecuting attorneys, defense attorneys, and SAFP administrators.
 - ◆ A pilot project utilizing a drug re-entry court for SAFP releasees, with Judges closely monitoring SAFP client progress, is being implemented in Dallas and may aid in improving outcomes.

Are Treatment Resources Inadequate for Providing Quality Treatment and Does This Negatively Impact Outcomes?

Service	Treatment Reimbursement Rates	
	TCADA: 1994	TDCJ: 2000
SAFP/IPTC Facility Treatment	\$10/day	\$8/day
TTC	\$32/day	\$30/day
OP Group Counseling	\$16/hour	\$11/hour
OP Individual Counseling	\$47/hour	\$32/hour

- Reimbursement rates for treatment services decreased when TDCJ took over administration of the SAFP program and have not changed significantly in the last five years.
 - ✓ One reason for this reduction was the competitive bidding process for treatment services instituted by TDCJ.
 - ✓ There has been no increase in funding by the legislature for these services in the last five years resulting in little change in reimbursement rates.

- The CJPC did not study the impact of these lower rates on program performance, but correspondence with a TTC/OP treatment provider indicated potential issues regarding the relationship between reimbursement rates and outcomes for SAFP clients.
 - ✓ The treatment provider cited inadequate reimbursement rates that have led to pay scales too low to attract and retain a sufficient number of qualified staff. Faced with limited benefits and a shortage of qualified counselors, treatment providers have had to utilize less experienced and qualified staff. Counselor Interns, with little training and experience, have been utilized in lieu of Licensed Chemical Dependency Counselors (LCDC) to provide treatment in many instances.
 - ✓ Individual and group counseling has been reduced due to limited resources.
 - ✓ Training has also been limited due to limited resources.
 - ✓ These factors all negatively impact program outcomes.

- A closer examination of this issue appears to be merited.