

**EIGHTH ANNUAL REPORT ON THE EVALUATION OF THE  
CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY (SATF-SAP)  
AND STATE PRISON AT CORCORAN**

**Submitted to  
The California Department of Corrections  
Office of Substance Abuse Programs**

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**TABLE OF CONTENTS**

<b>Preface</b>	iii	
<b>Executive Summary</b>		1
<b>Technical Report</b>		<b>3</b>
I. Outcome Analysis of Successive SATF-SAP Cohorts		3
II. Profiles of Successful SATF-SAP Participants		8
III. Conclusions		8

## PREFACE

*The UCLA Integrated Substance Abuse Programs (UCLA-ISAP) is operating under an agreement with the California Department of Corrections, Office of Substance Abuse Programs (CDC-OSAP) to conduct an extended evaluation of the California Substance Abuse Treatment Facility, Substance Abuse Program (SATF-SAP) to examine the possible improvements in recidivism (e.g., return-to-prison) outcomes associated with the ongoing maturation of the SATF-SAP over a period of four years. Additionally, UCLA-ISAP will work collaboratively with Sheldon Zhang, PhD., San Diego State University, to conduct a cost-benefit analysis.*

*This report summarizes findings from the second year of this evaluation, and is submitted pursuant to the approved scope of services that calls for an annual report on or before August 15th of each project year.*

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SUBSTANCE ABUSE TREATMENT FACILITY (SATF-SAP)  
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Executive Summary

The SATF-SAP at Corcoran is a 1,478-bed therapeutic community (TC) that serves Level I and II inmates who have substance use disorders. The SAP is housed in two separate secure facilities: F and G, with each treatment facility consisting of three housing units of four 44-bed treatment clusters. Inmates in Facilities F and G are completely separated from the general prison population.

The TC model was chosen for the SATF because its effectiveness has been demonstrated in a number of prison settings such as the Stay'n Out program in New York, the Key-CREST program in Delaware, and the Amity Program in California. Aside from some minor differences, both the Walden House (Facility F) and Phoenix House (Facility G) programs adhere to the same basic TC philosophy and structure. The in-prison treatment lasts from 6 to 18 months, and continued participation in community treatment services is strongly encouraged (and funded for up to 180 days for 50% of program graduates). While participation in the prison-based phase of treatment is mandated for those deemed to be in need of treatment, continued treatment in the community is voluntary.

The purpose of this report is to summarize the results of UCLA's continuing evaluation of the SATF-SAP. Specifically, this report describes the outcomes (with regard to aftercare participation and recidivism) of successive parolee cohorts.

**I. Outcome Analysis of Successive SATF-SAP Cohorts**

The primary goals of this portion of the evaluation were to (1) analyze data from successive release cohorts of inmates who paroled from Phoenix House or Walden House at SATF between July 1, 2000 through June 2003 (7/00-12/00 [n=460], 1/01-6/01 [n=589], 7/01-12/01 [n=556], 1/02-6/02 [n=736], 7/02-12/02 [n=728]), and 1/03-6/03 [n=638] to determine whether outcomes have improved over time; and (2) contrast recidivism outcomes among those receiving at least 90 days of aftercare with those who receive fewer days or none at all.

- Overall, the percentages of SATF-SAP parolees (by cohort) who attend some form of aftercare have ranged from 25% to 36%. The percentages of parolees who attend aftercare for at least 90 days have remained relatively constant, with about one out of five parolees meeting this standard.
- Participation in aftercare for at least 90 days was associated with a 34.2% reduction in recidivism,<sup>1</sup> compared with those who received less than 90 days of aftercare or none at all.

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<sup>1</sup> This is a "raw" percentage reduction that does not take into account other potentially confounding differences between these two groups. The calculation is based on difference in recidivism percentages for the groups receiving <90 days of aftercare and those receiving 90+ days of aftercare divided by the recidivism percentage of those receiving less than 90 days of aftercare (43%-28.3%=14.7/43=34.2%). This refers to the percent reduction rather than the percentage point difference of 14.7%.

- Parolees who are classified as having mental health problems (CCCMS or EOP) generally have been more likely to participate in aftercare for at least 90 days than non-CCCMS parolees, although these two groups appear to have converged in the most recent release cohort.
- The likelihood of attending aftercare for at least 90 days increases with each increment in offender's recidivism risk.
- Although there was no difference in general recidivism rates for the lower risk offenders by aftercare participation, higher risk offenders were significantly less likely to be returned to prison (for any reason) if they attended aftercare for at least 90 days than if they did not attend aftercare or did so for less than 90 days.
- SATF parolees in risk level 3 who did not attend 90 days of aftercare were *twice* as likely to recidivate as parolees at the same risk level who did attend 90 days of aftercare.

## **II. Profiles of Successful SATF-SAP Participants**

On February 5, 2004, UCLA-ISAP submitted to OSAP the final draft of a screening instrument and final report entitled, "Profiles of Successful SATF-SAP Participants."

## **III. Conclusions**

- Our analysis of the SATF-SAP recidivism data on successive release cohorts reveals a strong association between participation in some form of aftercare for at least 90 days and reduced recidivism risk during the first year following release.
- Across these release cohorts, the percentage of parolees who have participated in aftercare for at least 90 days has remained close to 20%.
- Participation in at least 90 days of aftercare is associated with significantly greater reductions in recidivism risk for high-risk (versus low-risk) offenders.
- The risk classification developed for this evaluation may serve as a useful actuarial tool for identifying SATF parolees for whom aftercare should be mandated.

**EIGHTH ANNUAL REPORT ON THE EVALUATION OF THE CALIFORNIA  
SUBSTANCE ABUSE TREATMENT FACILITY (SATF-SAP)  
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**Technical Report**

The SATF-SAP at Corcoran is a 1,478-bed therapeutic community (TC) that serves Level I and II inmates who have substance use disorders. The SAP is housed in two separate secure facilities: F and G, with each treatment facility consisting of three housing units of four 44-bed treatment clusters. Inmates in Facilities F and G are completely separated from the general prison population.

The TC model was chosen for the SATF because its effectiveness has been demonstrated in a number of prison settings such as the Stay'n Out program in New York, the Key-CREST program in Delaware, and the Amity Program in California. Aside from some minor differences, both the Walden House (Facility F) and Phoenix House (Facility G) programs adhere to the same basic TC philosophy and structure. The in-prison treatment lasts from 6 to 18 months, and continued participation in community treatment services is strongly encouraged (and funded for up to 150 days for 50% of program graduates). While participation in the prison-based phase of treatment is mandated for those deemed to be in need of treatment, continued treatment in the community is voluntary.

The purpose of this technical report is to provide additional detail regarding the results of UCLA's continuing evaluation of the SATF-SAP. Specifically, this report describes (1) the outcomes of successive parolee cohorts, and (2) the steps taken in cooperation with San Diego State University to begin the cost-benefit analysis.

**I. Outcome Analysis of Successive SATF-SAP Cohorts**

In the January-March 2004 quarterly report, we provided descriptive results from our comparisons of successive SATF release cohorts from July 1, 2000 through June 2003 (7/00-12/00 [n=460], 1/01-6/01 [n=589], 7/01-12/01 [n=556], 1/02-6/02 [n=736], 7/02-12/02 [n=728]), and 1/03-6/03 [n=638] to determine whether outcomes have improved over time. These data were based on the Initial Assessment, Admit/Discharge, and aftercare participation data submitted to ISAP by the institutions-based substance abuse programs (SAPs) and the Substance Abuse Services Coordinating Agencies (SASCAs). In addition, 12-month recidivism (defined as return to prison for any reason) was based on the Offender-Based Information System (OBIS) database maintained by the California Department of Corrections.

We begin this report with an overview of the trend data provided in the January-March 2004 Quarterly Report on the UCLA-ISAP Extended Evaluation of the SATF/SAP January-March 2004. Following this review, we provide more in-depth analyses of these trends, with special emphasis on the highest-risk subgroup of SATF clients, both with regard to general and violent recidivism.

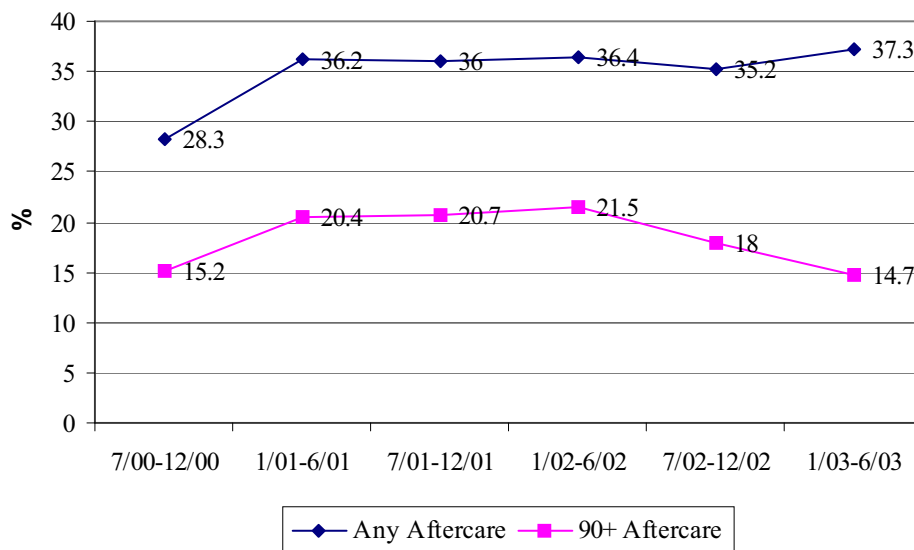
**Aftercare Participation**

Two measures of aftercare participation were tracked in the previous analyses—any aftercare participation and at least 90 days of aftercare participation. Overall, we found that 35.2% of the SATF parolees attended some form of SASCA-funded aftercare upon release; 18.6% of all

eligible SATF parolees participated in aftercare for at least 90 days (52.7% of those who entered aftercare). On average, SATF-SAP parolees who did attend aftercare did so approximately one month following release (mean=30.7 days; SD=76.6). However—as indicated by the rather large standard deviation—the time between parole and aftercare enrollment varied considerably. Dividing the aftercare participants roughly into thirds, we find that 31.2% enrolled in an aftercare program the same day they were released from prison, 32.1% enrolled within 1-7 days of release, and the 36.7% ranged from eight days to one year. It is interesting to note that aftercare participants in the latter group were more likely to be returned to custody within a year (45.7%) than those who enrolled in an aftercare program the day (37.4%) or within a week (34.8%) of being paroled ( $\chi^2 [2, N=1,067]=10.1, p<.01$ ).

As seen in Figure 1, the percentage of SATF parolees who attended aftercare shows a positive trend, overall, increasing from approximately 28% in the July-December 2000 release cohort to 37% in the January-June 2003 release cohort. However, the percentage of parolees who attended aftercare for at least 90 days showed a slight decrease from January-June 2002 (21.5%) to January-June 2003 (14.7%). According to OSAP officials, some of this reduction is attributable to the increased number of parolees entering residential aftercare, which is generally briefer than outpatient treatment. Subsequent reports will ascertain whether this trend reflects actual reductions in long-term aftercare attendance or is merely a statistical artifact due to lag times in reporting.

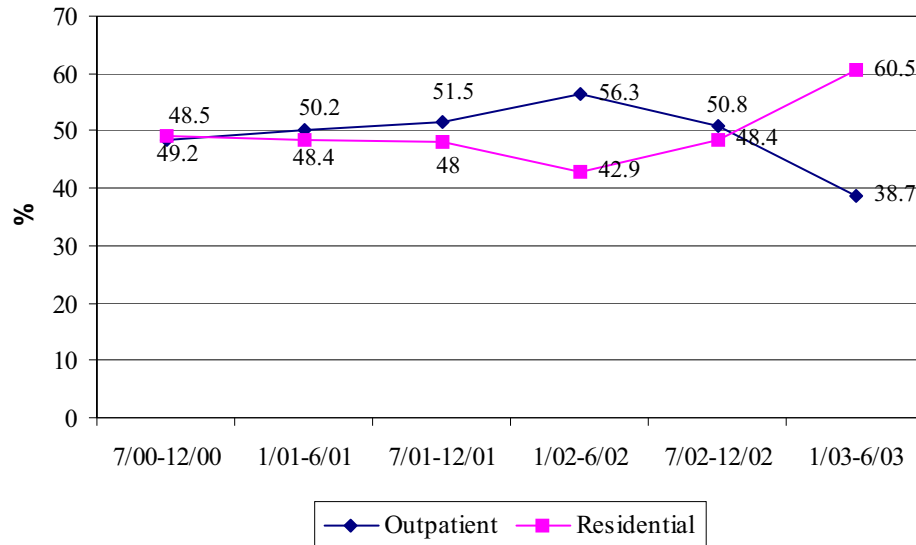
**Figure 1:** *Aftercare Participation by Release Cohort (N=3,707)*



### Trends in First Modality Entered

As shown in Figure 2, historically SATF parolees who attend aftercare have been equally likely to enter outpatient or residential programs. However, this trend appears to have shifted in the latter half of 2002 and has continued to favor residential treatment through the most recent cohort, with approximately 61% of aftercare participants entering residential treatment.

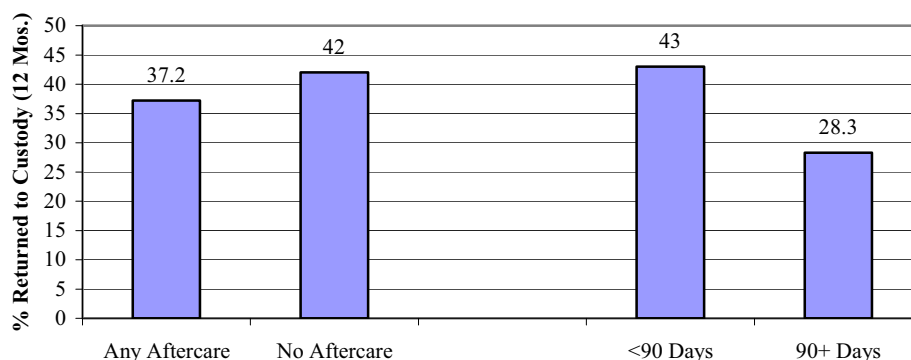
**Figure 2:** *First SASCA-Funded Treatment Modality Entered After Release From SATF (N=1,305)*



**Association Between Aftercare Participation and Recidivism**

The January-March quarterly report also showed recidivism patterns as they related to aftercare participation. As seen in Figure 3, parolees who attended any aftercare (versus those who did not) as well as between parolees who attended aftercare for at least 90 days (versus those who either did not attend or did so for less than 90 days) were less likely to have been returned to custody within 12 months (both comparisons are significant at the .05 level). Still, as we cautioned in the quarterly report, it is important to keep in mind that these subgroups were not randomly assigned, and therefore are likely to differ in other ways besides level of treatment participation.

Subsequent analyses comparing parolees admitted to outpatient versus residential programs showed no statistically significant difference in recidivism by modality. Here again, it is important to note that parolees were not randomly assigned to residential or outpatient programs. Consequently, parolees with greater problem severity make “self-select” into residential programs while higher functioning parolees may opt for outpatient treatment. Thus, it is possible that participation in residential treatment mitigates relapse and recidivism risk of higher risk offenders to the level of lower-risk offenders participating in outpatient treatment.

**Figure 3:** 12-Month Return to Custody Percentages by Aftercare Participation (N=3,707)

### Identification of High-Risk SATF Clients

For purposes of this report, we define “higher-risk” offenders with regard to their general recidivism risk (regardless of the reason) as well as for violent recidivism risk. Several studies have demonstrated that providing intensive treatment to offenders with low substance use and criminal severity is an ineffective use of resources (Knight et al., 1999; Wexler, Melnick, & Cao, 2004). This pattern also has been referred to as the “Risk Principle,” which states that the most intensive treatments should be reserved for offenders with the most serious problems (Andrews, Bonta, & Hoge, 1990). Although the design of the present evaluation does not allow us to compare treatments of varied intensity, it does allow us to identify subgroups who pose the highest risk of recidivating in order to examine the potentially mitigating effect of aftercare attendance on subsequent general and violent crime.

Our designation of a high-risk subgroup was based on a recent study by Girard and Wormith (2004), which identified eight life domains that were associated with recidivism risk. Of these domains, four were assessed in the TCU IA: criminal history, education/employment, family/marital, and substance abuse. Therefore, in the analyses below we focus on these domains to create high-risk subgroups and compare their aftercare participation and recidivism outcomes with lower-risk offenders.

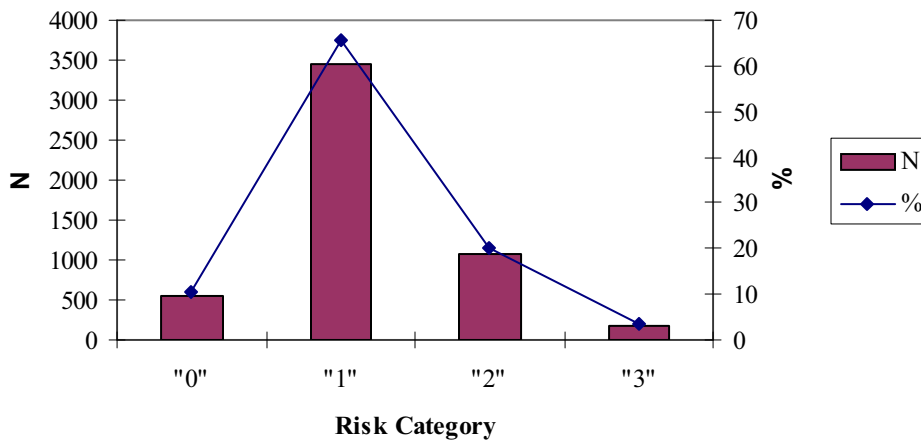
To create a continuum of risk, we examined the relationships between raw variables in each of these risk domains and the recidivism (both general and violent). These variables consisted of the following: marital status, level of education, employment during the 30 days prior to incarceration, number of lifetime arrests, frequency of drug use, and frequency of alcohol use. After examining the range of responses for each of these variables—and examining their relationship to recidivism—cutoff levels were assigned according to the thresholds that revealed the clearest discrimination between high and low recidivism risk.

These cutoffs were as follows:

- Marital status—if legally married, marital risk=0; else, marital risk =1.

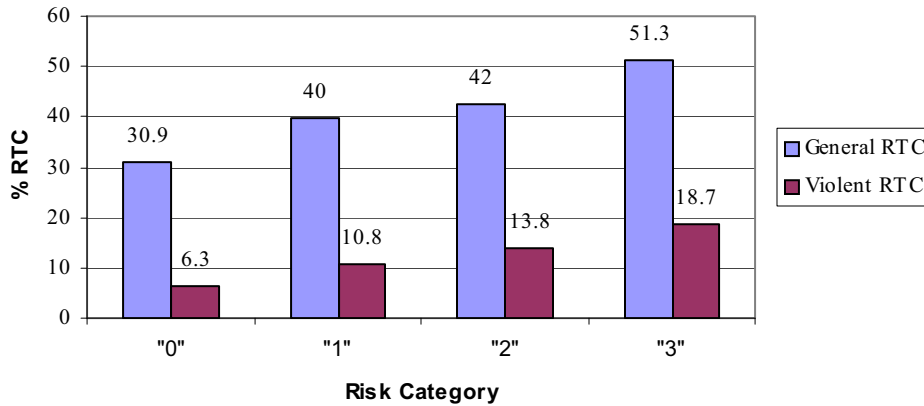
- Level of education—dropped due to poor discrimination.
- Employment during the 30 days prior to incarceration—if any employment during this time, employment risk=0; else, employment risk=1.
- Number of lifetime arrests—if fewer than 22, arrest risk=0; else, arrest risk=1;
- Frequency of drug use—if less than once a month, drug risk=0; if once a month or more, drug risk=1.
- Frequency of alcohol use—if less than daily, alcohol risk =0; if daily, alcohol risk =1.

**Figure 4:** *Distribution of Recidivism Risk Levels for SATF Participants (N=5,272)*



The resulting distribution is shown in Figure 4. It should be noted that these classifications are relative. For example, to be classified in the “0” risk category, an offender must report being currently married, employed at the time of incarceration, arrested fewer than 22 times in his life, using illicit drugs no more than once a month, and consuming alcohol less than daily. Although five levels of risk were possible (i.e., for inmates who scored a “1” on each of the variables), the actual range was from 0 to 3.

**Figure 5:** *Associations Between Risk Level and Actual Recidivism (General and Violent; N=5,272)*

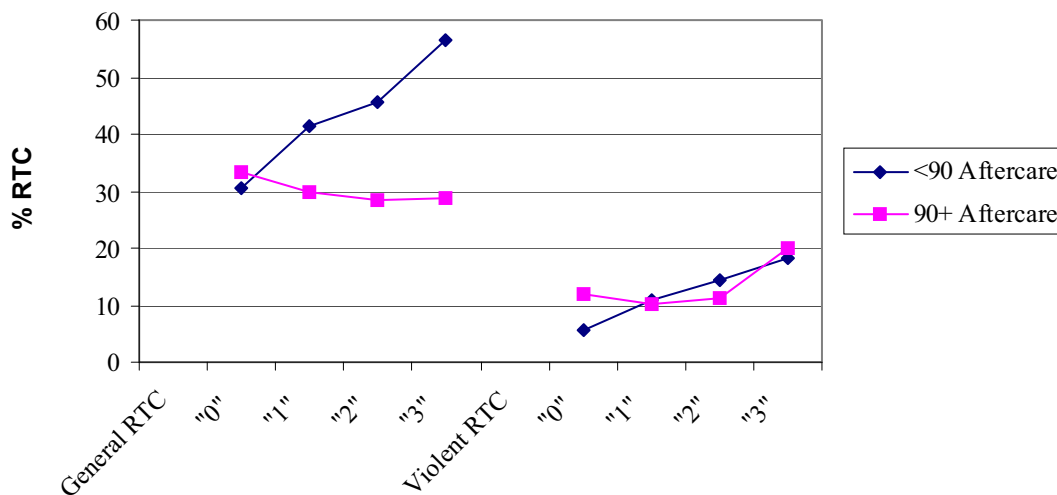


As shown in Figure 5, the general and violent recidivism rates increase with each increment in risk category. General recidivism rates increase from 31% for those in the lowest category to 51% for those in the highest category. For violent crimes, the return rates increase from 6% for those in the lowest risk category to almost 19% for those in the highest category.

**The Interaction of Risk Level, Aftercare Attendance, and Recidivism**

Interestingly, the likelihood of attending aftercare for at least 90 days also increases with each increment in risk level (Level 0: 11.9%, Level 1: 14.3%, Level 2: 18.5%, and Level 3: 18.7%). As shown in Figure 6, it appears that, consistent with prior studies, the higher-risk offenders appear to benefit more from participating in community treatment than lower-risk offenders, at least with regard to general recidivism. However, the interaction of risk level and aftercare participation was not a significant predictor of violent recidivism.

**Figure 6:** General and Violent 12-Month Recidivism Rates by Risk Level and Aftercare Participation



Although there was no difference in general recidivism rates for the lowest risk offenders by aftercare participation, offenders in risk levels 1, 2 and 3 were significantly less likely to be

returned to prison (for any reason) if they attended at least 90 days of aftercare than if they did not attend aftercare, or did so for less than 90 days; in fact, those in risk level 3 were *twice* as likely to recidivate if they did not attend aftercare for a minimum of 90 days.

## **II. Profiles of Successful SATF-SAP Participants**

On February 5, 2004, UCLA-ISAP submitted to OSAP the final draft of a screening instrument and final report entitled, "Profiles of Successful SATF-SAP Participants."

## **III. Conclusions**

- Our analysis of the SATF-SAP recidivism data on successive release cohorts reveals a strong association between participation in some form of aftercare for at least 90 days and reduced recidivism risk during the first year following release. This association was strongest for the two most recent release cohorts for whom 12-month recidivism data are available.
- Across the release cohorts, the percentage of parolees who have participated in aftercare for at least 90 days has remained close to 20%.
- Participation in at least 90 days of aftercare is associated with significantly greater reductions in recidivism risk for high-risk (versus low-risk) offenders.
- The risk classification developed for this evaluation may serve as a useful actuarial tool for identifying SATF parolees for whom aftercare should be mandated.

### References

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