

## **CSOSA's Reentry and Sanctions Center: An Opportunity for Leadership**

In its FY 2006 budget submission, the Court Services and Offender Supervision Agency (CSOSA) requests a \$14.9 million adjustment to base to fund the positions necessary for its Reentry and Sanctions Center (RSC). CSOSA received a \$13 million appropriation to renovate the existing facility at Karrick Hall in FY 2002. Those renovations are expected to be substantially complete by the fall of 2005.

In debating the potential value of the RSC, it is useful to place the facility in the context of both the national debate surrounding offender reentry and the discussion of best practices in substance abuse treatment. The two are inextricably connected. The Bureau of Justice Statistics estimates that approximately 600,000 individuals are released from state and federal prisons each year. The majority (50 to 70 percent) report a history of substance abuse<sup>1</sup>, but only one in ten state prisoners and one in nine federal prisoners reports receiving treatment during incarceration.<sup>2</sup>

The connection between substance abuse and crime has been well established. Long-term success in reducing recidivism among drug-abusing offenders, who constitute the majority of individuals under CSOSA's supervision, depends upon two key factors:

1. Identifying and treating drug use and other social problems among the defendant and offender population; and
2. Establishing swift and certain consequences for violations of release conditions.

National research supports the conclusion that treatment significantly reduces drug use. A study conducted by the Department of Health and Human Services Substance Abuse and Mental Health Services' Administration (SAMHSA) found a 21 percent overall reduction in the use of drugs following treatment; a 14 percent decrease in alcohol use; 28 percent in marijuana use; 45 percent in cocaine use; 17 percent in crack use; and a 14 percent reduction in heroin use.<sup>3</sup> CSOSA's preliminary analysis of the effectiveness of its treatment programming echoes these findings. A study of CSOSA offenders referred to treatment in FY 2001 revealed a 20 percent reduction in substance use. In the year prior to treatment, offenders were testing positive at a rate of 37 percent. The rate of positive tests among this population dropped to 17 percent in the year following treatment.

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<sup>1</sup> Cited in Taxman, Faye, "Effective Practices for Protecting Public Safety through Substance Abuse Treatment." Washington, DC: National Institute on Drug Abuse, 2004.

<sup>2</sup> Bureau of Justice Statistics, "Substance Abuse and Treatment, State and Federal Prisoners, 1997." Washington, DC: U.S. Department of Justice, 1999.

<sup>3</sup> Office of Applied Studies. *Services Research Outcome Study (SROS)*. DHHS Publication No. (SMA) 98-3177. Rockville, MD: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 1998.

While reduction in drug use is encouraging, the benefits of drug treatment are proven to extend well beyond this basic measure. There is substantial research that demonstrates the impact of substance abuse treatment on criminal behavior. One national study showed a 45 percent reduction in predatory crime in the two years following treatment.<sup>4</sup> Another study compared criminal activity during the 12 months prior to treatment with the activity 12 months following treatment and found a 78 percent decrease in drug sales, 82 percent decrease in shoplifting, and 78 percent decrease in physical altercations. The same study showed a 51 percent decrease in arrests for drug possession and a 64 percent decrease in arrests overall.<sup>5</sup>

The goal of treatment is to return the individual to productive functioning in the family, workplace, and community. Not only can treatment reduce drug use and criminal behavior, it can also improve the prospects for employment, with gains of up to 40 percent after a single treatment episode. Treatment therefore increases the offender's chances for successful reentry in all areas of his or her life.

In order for the potential positive effects of treatment to be realized, the individual must be receptive and committed to it. The American Society of Addiction Medicine's *Patient Placement Criteria for the Treatment of Substance Abuse Disorders* classify "Readiness to Change" as a critical dimension of assessment. The ASAM standards state (page 6):

...[A]n individual's emotional and cognitive awareness of the need to change and his or her level of commitment to and readiness for change indicate his or her degree of cooperation with treatment, as well as his or her awareness of the relationship of alcohol or other drug use to negative consequences....[I]t is the *degree* of readiness to change that helps to determine the setting for and intensity of motivating strategies needed, rather than the patient's eligibility for treatment itself.<sup>6</sup>

The value of pre-treatment assessment and treatment readiness programming for individuals under criminal justice supervision has also been noted. As Dr. Faye Taxman writes:

A critical, but typically neglected, component [of successful treatment] is the initial stage of the treatment process—treatment readiness. Often the assumption is that the offender is interested in changing his/her behavior and that the offender knows what aspect of his/her behavior is

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<sup>4</sup> Hubbard, R.L.; Marsden, M.E.; Rachal, J.V.; Harwood, H.J.; Cavanaugh, E.R.; and Ginzburg, H.M. *Drug Abuse Treatment – A National Study of Effectiveness*. Chapel Hill, NC: University of North Carolina Press, 1989.

<sup>5</sup> Gerstein, D.R.; Datta, A.R.; Ingels, J.S.; Johnson, R.A.; Rasinski, K.A.; Schildhaus, S.; Talley, K.; Jordan, K.; Phillips, D.B.; Anderson, D.W.; Condelli, W.G.; and Collins, J.S. *The National Treatment Evaluation Study. Final Report*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 1997.

<sup>6</sup> American Society of Addiction Medicine, Inc. *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders (Second Edition-Revised)*. Chevy Chase, MD: American Society of Addiction Medicine, Inc., 2001.

troublesome. Treatment readiness groups prepare the offender for participating in treatment by creating a desire to change. The concept of treatment readiness is relatively new. Simpson, et al,(1997) identifies the importance of treatment induction as part of the process of engaging the client in the treatment process. Pretreatment activities are critical to improving the client's commitment to behavior change, motivation, and adjustment to the treatment process. Readiness usually deviates from traditional psychosocial education groups by working on motivational issues instead of educational issues. In many cases, this requires the development of verbal skills; the identification of feelings and emotions are part of the process of committing to change.<sup>7</sup>

The issue of “desire to change” becomes particularly critical for individuals with long-term histories of substance abuse and inconsistent or ineffective past treatment experiences. These individuals may be highly skeptical of the value of treatment and reluctant to participate actively. They will also usually present other physical or emotional issues that must be treated concurrently with the substance abusing behavior.

CSOSA's proposed Reentry and Sanctions Center (RSC) program is based on its current Assessment and Orientation Center (AOC) program, a 30-day clinical assessment and treatment readiness course for offenders and defendants.

The Reentry Policy Council (RPC), convened by the Council of State Governments, recently issued a report<sup>8</sup> that summarizes much of the current thinking regarding how these services should be organized and integrated to be most effective.

The report resulted from a five-year collaborative process involving public agencies, consulting analysts, researchers, and service providers. Its recommendations can be viewed as a “state of the art” on both public policy about reentry and the programs that currently serve as national examples of successful implementation. Viewing the proposed Reentry and Sanctions Center in light of the RPC report provides a useful method of answering some key questions about the program:

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<sup>7</sup> Taxman, Faye, Ph.D. “Unraveling ‘What Works’ for Offender in Substance Abuse Treatment,” National Drug Court Institute Review, Vol. II, No. 2, 1999.

<sup>8</sup> *Report of the Reentry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community*. New York: Reentry Policy Council, 2005. Hereafter cited as “RPC Report.” Citations refer to the report as published on reentrypolicy.org and so do not include page numbers.

- Is the RSC a “state of the art” program?
- Will it make a difference?
- Do any similar programs exist elsewhere?
- Can the RSC serve as a model for national reentry programming?

Each of these questions will be considered separately.

### **Is the RSC a “state of the art” program?**

The RSC builds on CSOSA’s successful Assessment and Orientation Center (AOC) program, which has been operational since 1996 and was developed as part of the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) initiative. The AOC program meets the needs of a very specific, and very high-risk, group of offenders and defendants: repeat offenders with long-term histories of substance abuse. These individuals are particularly vulnerable to both criminal and drug relapse at the point of release. Often, they have been incarcerated for a long term and have little outside support. For these individuals, reentry is a particularly difficult and dangerous period.

In its 2001 overview of offender reentry, *From Prison to Home*, the Urban Institute noted:

Following release from prison, inmates are moved directly from a very controlled environment to a low level of supervision or complete freedom. They may immediately be exposed to high-risk persons, places, and few have developed relapse prevention skills during their incarceration to deal with these risks...[R]eleased offenders tend to cope with everyday problems in ineffective and sometimes destructive ways. In fact, research...has shown that some offenders are unable to recognize and deal with problem situations, leading to increased stress levels and rash, often criminal reactions.<sup>9</sup>

The AOC program provides a 30-day transition between prison and release. Although the program is voluntary, participants cannot leave the facility and cannot receive visitors. During this period, the offender receives intensive services designed to prepare him for the next phase of reentry—which, for most AOC participants, is either inpatient or daily outpatient substance abuse treatment. Programming consists of:

- 24-36 hours of psychotherapy
- 24 hours of fatherhood training

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<sup>9</sup> Urban Institute Justice Policy Center, *From Prison to Home: The Dimensions and Consequences of Prisoner Reentry*, June 2001

- 12 hours of goal setting
- 12 hours of spiritual growth counseling
- 12 hours of criminal cognitive restructuring
- 12 hours of relapse prevention
- 12 hours of stress management
- 8 hours of HIV education
- 8 hours of anger management
- 8 hours of substance abuse education
- 2 hours of nutrition education

As the program content illustrates, the AOC approach is holistic and multi-disciplinary. The program is intended to introduce the offender to a range of tools that he can use to prevent relapse and improve his behavioral control. Similarly, the offender learns about the roles of diet, exercise, and overall health care in stress management. Finally, each offender receives a complete physical, psychological, and behavioral assessment that identifies his specific treatment issues. Because an extensive discharge summary is prepared for and shared with each offender, the offender leaves the AOC with a better understanding of his relapse triggers and the specific strategies he can use to counteract them. After being introduced to these concepts, the offender is more likely to enter treatment with a positive attitude and a commitment to change. AOC program participants have a higher rate of successful treatment completion than non-participants. Furthermore, this assessment informs the offender’s supervision plan so that he is held accountable for engaging in programming that addresses his needs.

In a review of successful treatment practices, Dr. Faye Taxman wrote:

The AOC program, which will serve as the basis for RSC programming, addresses all of the elements of successful pre-treatment programming. The program also results in a comprehensive assessment of the offender’s emotional, physical, behavioral, and social needs. This is consistent with the RPC report’s recommendations that community supervision be assessment-driven and that resources should be dedicated to the period immediately following release<sup>10</sup>

It should also be noted that “readiness to change” is an important factor in determining the most appropriate substance abuse treatment placement; therefore, in-depth assessment is essential to making an informed clinical decision. The American Society of Addiction Medicine’s *Placement Criteria for the Treatment of Substance-Related Disorders* states, “...[I]t is the *degree* of readiness to change that helps determine the setting for and intensity of motivating strategies needed, rather than the patient’s eligibility for treatment itself.”<sup>11</sup> The RSC program, which will incorporate many ASAM

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<sup>10</sup> RPC Report, Policy Statements 25 and 26.

<sup>11</sup> *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders*. Chevy Chase, Md.: American Society of Addiction Medicine, Inc., 2001, p. 6. Emphasis in original.

clinical standards, will therefore enable CSOSA to use its treatment dollars more effectively by placing offenders in the setting most likely to produce lasting effect. In addition to providing pre-treatment assessment for high-risk offenders, the RSC will expand the range of graduate sanctions available to Community Supervision Officers. The ability to impose swift, meaningful consequences for non-compliant behavior is essential to successful community supervision. Moreover, from the standpoint of managing substance abuse and ensuring treatment readiness, the RSC will offer an environment in which substance abuse can be stabilized and assessed prior to treatment placement.

From its inception, CSOSA has worked with the DC Superior Court and the US Parole Commission to define a range of sanctions that the Community Supervision Officer can impose without the delay of seeking judicial or paroling authority approval. CSOSA's authorizing legislation, the National Capital Revitalization and Self-Government Improvement Act of 1997, empowers the Director of CSOSA to "develop and operate intermediate sanctions programs for sentenced offenders" [Public Law 105-33, Title XI, §11233 (b)(2)(f)]. The idea that CSOSA would operate a system of graduated sanctions, including residential sanctions, also informed the recommendations of the District of Columbia Advisory Commission on Sentencing. In its report to the DC Council, the Commission stated:

CSOSA is developing a series of graduated sanctions, so that penalties short of imprisonment can be imposed. Offenders should have ample opportunity to comply with conditions of supervised release before the U.S. Parole Commission imposes a term of imprisonment, which the Commission considers the punishment of last resort.<sup>12</sup>

By increasing Community Supervision Officers' ability to reinforce accountability, the Agency will decrease the number of cases in which the individual must be reincarcerated to interrupt his or her violating behaviors. The RSC will greatly increase both the range of sanction options available to CSOSA and the programmatic value of brief residential placements.

The RPC report recommends that "community supervision officers have a range of options available to them...to address, swiftly and certainly, failures to comply with conditions of release" and that offenders who have violated release conditions should be assessed to determine the most appropriate response.<sup>13</sup> Although the use of graduated sanctions is currently under review in California and elsewhere, the practice has gained considerable credibility in recent years. The RPC report also notes that "[r]esponses that are treatment-oriented... have ...shown greater promise than the alternative of re-

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<sup>12</sup> "Report of the District of Columbia Advisory Commission on Sentencing," April 5, 2000, p. 35.

<sup>13</sup> RPC Report, Policy Statement 29.

incarceration.”<sup>14</sup> The RSC program will provide the option of immediate placement, assessment, and stabilization of non-compliant offenders, typically for repeated substance abuse violations.

### **Will the RSC make a difference?**

Studies by the Institute for Behavior and Health<sup>15</sup> found that offenders who participated in the Washington/Baltimore HIDTA drug treatment program were less likely to commit crimes. The indicator used was arrest rate, which is defined as the number of arrests for non-technical violations per participant in the year before treatment vs. the number of arrests for non-technical violations per subject in the year following treatment. The 2000 Cohort study reported that the overall arrest rate for program participants within the Washington/Baltimore HIDTA in calendar year 2000 dropped 51.3 percent, from 0.8 to 0.39. AOC program participants experienced a 74.5 percent decrease in arrest rates, from 0.94 to 0.24.

The 2001 cohort study produced continued declines in arrest rates. All HIDTA program participants experienced a 47 percent decrease in arrest rate, from 1.08 to .57. AOC participants experienced 35 percent decrease, from .97 to .72.

These results are promising, and CSOSA expects that similar or better rates of success will be achieved for the RSC population. However, it is impossible to predict the exact impact of the RSC on recidivism and drug use among supervised offenders. The RSC program will be evaluated for both process effectiveness and outcomes during the early years of its implementation.

The RPC report spotlights a number of programs that have achieved some measure of success with similar strategies. The State of Georgia, for example, has fully implemented a continuum of graduated sanctions and reports a 12 percent increase in successful completion of parole from FY 1998 to FY 2002.<sup>16</sup>

One thing is clear: Incarceration, or reincarceration, alone has little impact on recidivism. While reincarceration incapacitates the offender for a short period of time, it does nothing to address the conditions that led him or her to violate the conditions of release in the first place. In 1997, the Bureau of Justice Statistics reported that three out of five state prison admissions were for technical violations, rather than commission of a new crime.<sup>17</sup> The public therefore bears an enormous cost if reincarceration is used as the only meaningful response to violations.

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<sup>14</sup> Ibid.

<sup>15</sup> “The Effect of W/B HIDTA-Funded Substance Abuse Treatment on Arrest Rates of Criminals Entering Treatment in Calendar Year 2001.” College Park, Md.: Institute for Behavior and Health, June 2004.

<sup>16</sup> RPC Report, Policy Statement 29.

<sup>17</sup> Ibid.

## **Do any similar programs exist elsewhere?**

Although the literature is persuasive in arguing the case for programs such as the RSC, no jurisdiction has implemented a residential facility that combines intensive assessment and sanctioning capacity to address substance abuse among high-risk offenders. This is due in part to the scarcity of resources, of course, but other factors have contributed to the absence of RSC-type programs elsewhere. Among these factors are:

- **The tendency to place offenders in whatever treatment resources are available, rather than implementing the clinically indicated placement.** In Policy Statement 32, the RPC report defines the “intensity gap” in substance abuse treatment:

Due to the abundance of outpatient services...many people with substance abuse disorders are counted as having received treatment but may have received once-per-week counseling for three months, when a clinically appropriate course of treatment would have been three months in a residential placement, followed by three months in intensive outpatient services, then another six months in regular outpatient counseling.

Determining the clinically indicated course of treatment is a complex process in itself, and implementing the resulting recommendation is undoubtedly more expensive than simply referring people to outpatient counseling. However, offenders with long-term substance abuse problems are also at a high risk for recidivism. It therefore makes sense from a public safety standpoint to treat these offenders aggressively, according to the clinical indications. Placement in treatment that is inappropriate either in intensity or duration can increase dropout rates, as well as contribute to the offender’s reluctance to participate in any kind of future treatment.

CSOSA’s treatment resources have enabled us to implement full treatment regimens for the highest-risk offenders. The RSC program will promote more efficient use of these resources by increasing the percentage of high-risk offenders who can receive comprehensive assessment and treatment readiness programming. CSOSA is therefore in a unique position to fully implement the recommended model for treatment placement.

- **Reluctance to review how treatment resources are allocated.** In most jurisdictions, public treatment resources are controlled by an agency outside the criminal justice system. Therefore, offenders compete directly with others for treatment slots; public administrators are therefore reluctant to dedicate significant resources to treatment for them. In the District of Columbia, the scarcity of public treatment resources has contributed to CSOSA’s development

of capacity that is dedicated to offenders under supervision. The infrastructure to maximize the benefit of RSC programming already exists; the RSC will therefore add value to CSOSA's treatment continuum.

- **Concentrating treatment resources on in-prison programs.** While prison-based treatment programs can be valuable, they do not prepare the offender for the stress of reentry. It should be noted that recovery from substance abuse often involves multiple episodes of treatment delivered in different settings and under different circumstances. Even if the offender was receptive to prison-based treatment, he or she may not be able to use that treatment to overcome the risk of relapse that reentry presents. While certain funding mechanisms, such as the Residential Substance Abuse Treatment for State Prisoners grant program, have supported the development and maintenance of in-prison treatment programs, jurisdictions have not necessarily diverted existing resources to expand post-release treatment options. The RSC, combined with CSOSA's existing treatment resources, provides a unique opportunity to implement and evaluate a full continuum of post-release treatment.
  
- **The complexity of implementing and evaluating this type of program.** The RSC program model employs a "blended standards" approach, incorporating standards from different accrediting bodies to define each area of facility and program operations. These accrediting bodies include the American Society for Addiction Medicine (client placement); the Commission on Accreditation of Rehabilitation Facilities (program content); American Correctional Association (security); the Joint Commission on Accreditation of Healthcare Organizations (medical operations); the District of Columbia Addiction, Prevention, and Recovery Administration (life safety and physical plant); and the District of Columbia Department of Consumer and Regulatory Affairs (provider licensing). Staff will be cross-trained in the different standards used in program development, and evaluation design will incorporate compliance with all the standards consulted.

### **Can the RSC serve as a model for national reentry programming?**

CSOSA's emphasis on community-based, assessment-driven supervision practices closely follows the recommendations of the RPC report. In that sense, CSOSA is already a national model for best practices in community supervision. The RSC will further enhance CSOSA's ability to prove that properly implemented community supervision can realize significant public safety benefits.

From the agency's inception, CSOSA's leaders have envisioned an agency-operated residential program as a core component of successful program implementation. The agency's Critical Success Factors, which serve as guiding principles for policy development and performance measurement, stress both offender accountability and the

provision of treatment and support services. As the RSC is implemented, CSOSA will expand its ability to achieve performance goals in both of these critical areas.

In its introduction, the RPC report summarizes the opportunity that implementation of the RSC presents:

The urgency of the [reentry] problem may seem stunning, its scope overwhelming, and the potential solutions hopelessly impractical, especially given the dwindling resources available to state and local officials. In fact, this situation has generated an unprecedented level of attention to an issue that has persisted for as long as jails and prisons have existed. And, with this level of attention, innovative programs and creative policies have emerged, some with an evidence base which confirms their efficacy.<sup>18</sup>

Full implementation of the Reentry and Sanctions Center provides an opportunity for CSOSA to make a national contribution to reentry programming effectiveness. The RSC increases the range of tools that CSOSA's Community Supervision Officers can use to achieve the agency's public safety mission. It focuses resources on the highest-risk offenders to ensure that these individuals receive appropriate services in a timely manner. It expands a proven program strategy into an invaluable resource that can be studied and replicated by other jurisdictions. Most importantly, it will enable CSOSA to continue achieving its mission of public safety for the nation's capital.

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<sup>18</sup> RPC Report, Introduction.