



Evidence Based Corrections & Treatment  
Research Program  
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**National Criminal Justice Treatment Practices (NCJTP) Survey: Adult Settings**

Offenders are four times more likely to have a substance abuse disorder than the general public (National Household Survey on Drug Use and Health, 2006). Overall, it is estimated that half of female offenders and one-third of male offenders have a disorder that warrants intensive treatment services. The services available to the offender population are insufficient given the nature of their substance use disorders.

**Methods.** In the first survey of the correctional landscape of prisons, jails, and community corrections, the goals were to: 1) describe and assess the drug treatment services currently available to offenders, and 2) estimate offenders’ access to drug treatment services. The NCJTP survey sample consisted of: 1) *Directors of state correctional agencies* in all 50 states (n=240; 71% response rate); 2) *Administrators of Prisons, Jails, and Community Correctional Agencies* in both the adult and juvenile justice system (n=663; 65% response rate).

**Access to treatment services.** Findings from the NCJTP survey show that the most frequently provided treatment service is drug and alcohol education or outpatient group counseling for under 4 hours per week (these are considered low intensity services). Though 74% of prisons, 61% jails, and 53% community correctional agencies offer drug and alcohol education services, the program capacity for these services is such that few offenders can participate on any given day (see below table).

**Access to Drug Treatment Services on a Given Day**

Adult Correctional Setting	% of Total Population in Drug/Alcohol Education	% of Total Population in Outpatient Group Counseling	% of Total Population in Intensive Treatment
Prison	6.1%	2.5%	8.9%
Jail	6.2%	5.8%	3.9%
Community Corrections (Probation/Parole)	3.3%	2.5%	1.1%

A small portion of the adult offender population has access to testing for **health issues** such as HIV/AIDS (26% of all adult offenders), tuberculosis (36%), or Hepatitis C (26%), with few offenders in the community having access to these services.

**Service Delivery System.** Over the last two decades, correctional systems have been encouraged to put in place certain tools and structures to improve service delivery and outcomes. Below is a summary of the service delivery systems in place, and the use of evidence based practices (see NIDA, 2006) for drug-involved offenders.

**Service Delivery System and Use of Evidence-Based Practices**

Adult Correctional Setting	% Use Standardized SA Tool	% Use Risk Tool	% Active Referrals	% Use CBT Programming In Outpatient	Avg. # EBPs in Use (of 13)
Prison	53.5%	25.2%	10.6%	10.5%	5.6
Jail	34.5%	0.9%	5.6%	1.3%	4.6
Community Corrections	42.1%	49.4%	19.1%	3.2%	4.7

**Standardized SA Screening Tool.** The most commonly used substance abuse screening tools are the Substance Abuse Subtle Screening Inventory (SASSI) (26%) and Addiction Severity Index (ASI) (16%). Prisons are more likely to use the tools than other settings.

**Standardized Risk Assessment Tools** (to measure an offender’s likelihood to recidivate) are reported to be used in 33% of all adult facilities, with the Wisconsin Risk and Needs (WRN) being used in 22% of facilities, and the Level of Service Inventory (LSI-R) in 17% of facilities.

**Referral Strategies to Community Treatment Agencies.** Administrators reported that their agencies tend to refer offenders to a community treatment agency. Active referral strategies, such as scheduling an appointment for the offender, are reported in 19% of community corrections agencies, but only 11% of prisons, and 6% of jails.

**Use of Evidence-Based Practices.** Across all adult facilities the most frequently utilized **evidence-based practices** are comprehensive treatment (92%), systems integration (68%), the use of incentives (52%), and drug testing (44%).