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focus

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State cuts offender drug treatment plan

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In 1995 the Legislature sharply scaled back state plans to offer substance abuse treatment to criminal offenders. The state cut by almost 60 percent the number of planned intensive treatment slots and transferred authority for treatment programs from the state's primary alcohol and drug abuse agency to the state corrections agency.

The changes followed findings of gross fiscal mismanagement by the drug abuse treatment agency — the Texas Commission on Alcohol and Drug Abuse — and charges that the state was unprepared to successfully implement the offender treatment program required by 1991 legislation, despite completion of most of the facilities for housing the participants. In implementing the cutback the Legislature in early 1995 funded 4,500 intensive treatment beds for probationers, compared to the 12,000 proposed in 1991, and reduced from 2,000 to 800 the number of intensive treatment beds for prison inmates.

By fall the bulk of the state's newly constructed treatment beds had been converted to other corrections uses. Contractors for providing services in the scaled-back treatment programs were about to be selected by corrections officials. Also, new studies had been published showing that the treatment programs initiated in the early 1990s had helped curb repeat offenses and save public funds.

Substance abuse and crime

Increasing awareness of a high rate of substance abuse among criminal offenders and of the link between substance abuse and crime has fueled calls

that the state help offenders overcome addictions. About 63 percent of all inmates are substance abusers or substance dependent, the Texas Commission on Alcohol and Drug Abuse (TCADA) has estimated, based on studies done in 1993 and 1994. The studies classified inmates as substance dependent if they had three or more substance-related problems, such as marked tolerance or withdrawal symptoms, and as substance abusers if they had one or two of the problems. Other estimates of the proportion of substance abusers among inmates range from 50 percent to 80 percent.

TCADA's 63-percent estimate suggests that of the nearly 127,000 inmates in state correctional facilities in late 1995, roughly 80,000 were substance abusers or substance dependent. Another 269,000 offenders, a substantial percentage of them believed to be likely candidates for drug or alcohol treatment, were being supervised on probation.

Half of the male inmates and 56 percent of the female inmates surveyed by TCADA in 1993 and 1994 said they would be interested in participating in a drug or alcohol treatment program, and about one-quarter of the males surveyed and 22 percent of the females surveyed said they would be willing to participate in an in-prison treatment program even if it meant staying in prison an additional three months.

Reducing drug use could reduce crime, the TCADA report concluded. Nearly 40 percent of the inmates in the studies had reported being drunk or high at the time of the offense that led to their imprisonment. The number of drug-use problems an offender had was the single best predictor of

financially motivated criminal behavior among males surveyed — more than age, race, education, marital status, employment status or family income. A 1989 TCADA report stated that 47 percent of inmates entering Texas prisons had used illegal drugs in the month before they were arrested and about 87 percent had used illegal drugs in their lifetime.

Treatment for substance abuse may include education on drug and alcohol abuse and its effects on the abuser, group and individual psychological counseling and education and training in vocational and coping skills. Intensive treatment may segregate substance abusers from their normal environment in “therapeutic communities” or be offered on an outpatient basis. It is often followed by aftercare counseling or assignment to halfway houses for community living. The programs established in 1991 were to be in therapeutic communities.

Offender treatment before 1991

Before a 1991 legislative initiative markedly expanded Texas’ offender treatment, state prisons could offer substance abuse treatment to about 5,000 inmates at a time, and the state offered no programs for treating probationers. In-prison treatment was offered shortly before an inmate’s release and consisted of outpatient counseling augmenting regular prison activities such as work or school. Inmates also could participate, as they can now, in peer-group support programs such as the 12-step recovery programs of Alcoholics Anonymous and Narcotics Anonymous.

Outside the prisons, the state offered some substance abuse counseling to parolees. Counties offered fewer than 200 substance abuse treatment beds for probationers. Counties now offer about 800 beds, with Dallas County providing about 38 percent of the total. Additional beds are sometimes available under contract.

The 1991 initiative

In 1991 the Legislature enacted a major offender treatment initiative. The plans for expanding treatment options were championed as an aggressive attempt to break the cycle of crime, recidivism and rising criminal justice costs and to rehabilitate non-violent inmates. Critics, however, questioned rapid development of a large, costly program without proof of its effectiveness. They said unproven rehabilitation efforts would divert scarce state incarceration resources.

Three criminal justice substance abuse treatment programs were established:

- intensive treatment for *probationers* in therapeutic communities under the Substance Abuse Felony Punishment (SAFP) program;
- intensive treatment for prison *inmates* in therapeutic communities under the In-prison Therapeutic Community (IPTC) program; and
- treatment of some offenders as an *alternative to incarceration* in the state’s six most populous counties under the Treatment Alternatives to Incarceration Program (TAIP).

The programs, mandated by SB 828 by Lyon and HB 93 by Hightower and Stiles, required the state to provide 12,000 beds in “substance abuse felony punishment facilities” for persons on probation and to provide, by 1995, at least 2,000 beds for intensive substance abuse treatment for prison inmates.

Treatment in prison

Three-month and six-month in-prison treatment programs were to be phased in from 1992 to 1995. The Texas Department of Criminal Justice (TDCJ) was to provide at least 450 beds for male inmates and 50 for female inmates in fiscal 1992; at least 900 beds for male inmates and 100 beds for female inmates in fiscal 1993; at least 1,300 beds for male

inmates and 200 beds for female inmates in fiscal 1994; and at least 1,700 beds for male inmates and 300 beds for female inmates in fiscal 1995 and each subsequent year.

The In-Prison Therapeutic Communities offer structured work, education and treatment schedules for inmates separated from other prisoners either within a prison unit or in a special facility. Candidates for treatment are identified in assessments done when offenders enter the prison system. The parole board must vote to send an inmate to the program and to release the inmate on parole if the program is completed successfully. Inmates sentenced for sex crimes are ineligible. TDCJ provides security at the IPTC units; treatment is provided by contractors.

After completing the in-prison treatment program offenders are paroled for up to three months to a community residential facility that continues drug and alcohol treatment, followed by outpatient treatment for up to one year and then by attendance at support group meetings.

TDCJ also provides less intensive treatment through counseling and participation in 12-step recovery groups. TDCJ has budgeted about \$19.2 million for the fiscal 1996-97 biennium to provide 61 chemical dependency counselors for inmates not placed in the therapeutic community program and for a new pre-release program. The pre-release program is to provide about 1,400 beds for three- to four-month intensive treatment for offenders with substance abuse problems. It is scheduled to begin operation in February of 1996. The parole division of TDCJ also provides some substance abuse counseling for parolees.

Related report

Recent changes and cutbacks in state funding for drug and alcohol treatment outside the corrections system are summarized in House Research Organization Focus Report No. 74-18. That report also describes changes affecting TCADA, the Texas Commission on Alcohol and Drug Abuse.

Treatment for probationers

The 1991 law required TDCJ to provide 12,000 beds in facilities for substance abuse treatment to offenders on probation, now called community supervision. The 12,000 substance abuse felony punishment beds may also be used for persons whose probation or parole had been modified, persons in county jails awaiting transfer to a prison and persons in halfway houses.

The 1991 law allowed courts to impose a substance abuse felony punishment on persons convicted of a felony other than certain violent offenses if drug or alcohol abuse had significantly contributed to the offense. In 1993 the state eliminated the separate substance abuse felony category and allowed courts to send offenders with crime-related substance abuse problems directly to a substance abuse facility as a condition of probation. Persons charged with or convicted of certain sex crimes or any felony that does not allow probation are ineligible. The programs include structured work, education and treatment schedules and periodic evaluations of participants.

In 1993 the Legislature told TCADA to develop a "continuum of care" program for persons who were released from the facilities, and judges were mandated to require post-release follow-up care. Like those treated in prison, probationers receive up to three months of aftercare treatment in a community residential facility, followed by up to a year of outpatient treatment and then by attendance at support group meetings.

Treatment Alternative to Incarceration Program (TAIP)

In 1991 the Legislature set up a program to treat, instead of incarcerate, some offenders with substance abuse problems in the six most populous counties (Bexar, Dallas, Harris, Tarrant, Travis, El Paso) in community treatment facilities. Under the Treatment Alternative to Incarceration Program (TAIP), certain offenders are referred automatically, while courts or probation officers may refer others for screening for the program. The state pays for treatment if the offender cannot pay or if other public treatment is

unavailable. In fiscal 1996 the state is spending about \$11 million on the program. The TAIP program was designed to reduce offender recidivism by intervening early in the criminal justice process and getting some offenders into substance abuse treatment. TCADA administered the program until 1995 when the 74th Legislature transferred administration to TDCJ, the state's criminal justice agency.

Changes in 1995

The 1991 treatment initiative was substantially revised and scaled back in 1995. The Legislature reduced from 12,000 to 5,200 the statutorily required number of treatment beds for probationers and funded 4,500. The number of beds for prison inmates was cut from 2,000 to 800. Also cut was the minimum term for a probationer to serve in one of the treatment slots. While formerly terms could range from six months to a year, the minimum was reduced to three months (90 days). TDCJ also was allowed to mix probationers and prison inmates in the treatment programs.

The 1995 changes also included the transfer of authority for procuring or providing treatment services for probationers and prison inmates from TCADA to TDCJ. The change followed TCADA's placement under state conservatorship after evidence of lax fiscal management emerged.

Supporters of the treatment program cutbacks said the number of beds proposed in 1991 had not been fully justified and that the state might be unprepared to provide adequate services such as screening, assessment, aftercare and program monitoring for a program on such a broad scale. The state's Criminal Justice Policy Council (CJPC) in its March 1995 report *The Texas Treatment Initiative* concluded that the "nuts and bolts" were not in place to operate quality programs for 14,000 substance abuse treatment beds under the 1991 schedule.

Critics of the 14,000-bed plan said the number had been arbitrarily selected in forging a compromise between those who thought the need was even greater and those who favored a much smaller program. The

Legislature had authorized a total of 25,000 new corrections beds in 1991 and had made 14,000 of them treatment beds.

About 7,200 SAFP treatment beds would be needed for probationers in the 1996-1997 budget period, the CJPC reported in February 1995, though others estimated a much greater demand. About 5,200 SAFP beds and 200 beds for inmates (IPTC beds) were scheduled to be finished at the end of fiscal 1995. Some argued that the increase to 7,200 SAFP beds proposed in the original version of the 1996-97 appropriations bill would overtax support facilities. The House-passed version of the bill funded 5,200 SAFP beds and 800 in-prison treatment beds, and the Senate-passed version funded 5,200 beds for probationers and 500 beds for the in-prison program. The final appropriations bill funded 4,500 SAFP beds and 800 in-prison beds.

Supporters of a reduction in the treatment programs said existing treatment should be evaluated more carefully before any expansion. They also questioned the value of using prison funds for treatment when the need for incarcerating dangerous criminals was pressing. Less intensive treatment programs could serve more offenders, some argued.

Treatment expansion was supported by those who said the state's 1991 commitment merely acknowledged that over half of offenders have substance abuse problems and that intensive treatment in therapeutic communities is an effective way of dealing with addiction and reducing recidivism. Just locking up substance abusers in ever-expanding criminal "warehouses" eventually will have great social and economic costs, they argued.

By the time of the 1995 legislative session support for corrections treatment had dwindled in the Governor's Office. While Gov. Ann Richards had strongly supported the 1991 treatment initiative, her successor, Gov. George W. Bush, argued that the value of prison treatment programs was unproved and that further study was needed.

Following charges of gross fiscal mismanagement within the state's main treatment agency, TCADA, the Legislature transferred authority for offender

treatment services to TDCJ. Supporters of having TDCJ — rather than TCADA — provide treatment services or contract for them was viewed by some as a necessary response to the findings of mismanagement at TCADA and to agency placement under state conservatorship in April 1995. Others said TDCJ's traditional focus on incarceration and punishment, not treatment, made that agency an unlikely candidate to provide useful treatment programs. Treatment is best provided by treatment professionals, they said, and the state's substance abuse treatment plan could suffer if TDCJ's commitment to or knowledge about treatment proved lacking.

Where the programs stand

By late 1995 about 4,500 of more than 11,000 treatment beds built for probationers were being used for treatment in the SAFP program. The remainder

of the beds, most in 500-bed units, were being used to house inmates awaiting transfer to a state prison where they would serve time. TDCJ's Institutional Division plans to continue employing the beds formerly designated for probationer treatment.

By late 1995 about 1,500 in-prison (IPTC) beds had been built and about 700 were being used for the IPTC program. The rest had been converted to regular prison beds. One 520-bed treatment facility for men had been established in Kyle, and most of a 288-bed facility in Gatesville was being used for treatment for women.

TDCJ is required by law to determine at least every two years whether the number of beds in the two programs should be increased.

TDCJ is also developing a three- to four-month 1,400-bed intensive substance abuse treatment program for prison inmates. This "pre-release" program is scheduled to begin in February 1996.

For additional information on corrections and treatment, see:

Criminal Justice Policy Council of Texas

■ *An In-Depth Review of the Evaluation of the Texas Correctional Substance Abuse Treatment Initiative.* November 6, 1995.

■ *The Texas Treatment Initiative, Overview and Recommendations from the Criminal Justice Policy Council Program Evaluations.* March 1995.

■ *Why It Was Prudent Not to Expand the Correctional Substance Abuse Treatment Initiative.* Bulletin from the Executive Director. July 1995.

■ *Treatment Alternatives to Incarceration Program, An Analysis of Retention in Treatment and Outcome Evaluation.* March 1995.

Institute of Behavioral Research, Texas Christian University.

■ *Prison-Based Treatment Assessment (PTA): Final Report on 6-Month Follow-up Study.* October 13, 1995.

Johnson, Bassin & Shaw.

■ *Review of Substance Abuse Services, Texas Department of Criminal Justice.* For the Texas Department of Criminal Justice and Criminal Justice Systems Branch, Center for Substance Abuse Treatment. August 22, 1995.

Texas Commission on Alcohol and Drug Abuse.

■ *Substance Use Among Male Inmates Entering the Texas Department of Criminal Justice - Institutional Division: 1993.* October 1994.

■ *Substance Use Among Female Inmates Entering the Texas Department of Criminal Justice - Institutional Division: 1994.* April 1995.

Budget

The Legislature appropriated about \$188.4 million for fiscal 1996-97 for the treatment programs for probationers and prison inmates, but state-mandated cuts by TDCJ reduced the amount to about \$184.6 million, or about 4.2 percent of the TDCJ budget. About 21 percent is allocated for the therapeutic community programs for probationers and parolees and about 52 percent for aftercare programs for these offenders. TDCJ says fiscal 1996 and 1997 treatment spending is as follows:

Fiscal 1996-97 Treatment Spending by TDCJ

SAFP and IPTC programs	\$19.3 million a year
Aftercare	\$46.7 million 1996 (\$49.8 million 1997)
Treatment Alternatives to Incarceration	\$11.0 million a year
Other institutional division programs	\$9.6 million a year
Parole division programs	\$2.8 million a year
Administration	\$1.3 million a year

It costs about \$7 to \$10 a day to provide substance abuse treatment for probationers in a SAFP facility and prison inmates in an IPTC facility, according to TDCJ. This is in addition to average costs of about \$44 a day to house an inmate in the institutional division. A Criminal Justice Policy Council study of inmates who received treatment at an in-prison intensive treatment program found the program cost to be about \$8,000 for each offender, in addition to regular incarceration and supervision costs, for those who completed all phases of treatment.

Recommendations from studies

A recent review of the operations of TDCJ's substance abuse treatment program by the federal government's Center for Substance Abuse Treatment recommended many changes in the management, organization and operation of the programs. The study's recommendations include:

- Centralize management of the programs in a Substance Abuse Department with separate sections for intensive treatment, monitoring and evaluation, volunteer and education programs and clinical responsibilities;
- Discontinue TDCJ's current outpatient program providing two hours per week of treatment for some inmates, develop a pre-release treatment program and redesign other treatment education and self-help programs offered by the Institutional Division;
- Modify TDCJ's State Jail Division's treatment programs to include a wide range of services;
- Improve screening and assessment of inmate substance abuse problems; and
- Transfer management of the SAFP intensive treatment facilities for probationers from the Institutional Division to the State Jail Division.

TDCJ has implemented many of the proposals, including reorganizing the substance abuse program management, developing a pre-release treatment program and discontinuing the outpatient program. The proposal to shift management of SAFP facilities for probationers to the State Jail Division remains under study.

Contracts

Responsibility for providing substance abuse treatment services for probationers living in SAFP facilities and prison inmates in therapeutic communities was transferred to TDCJ on September 1, 1995. TDCJ extended for 90 days existing contracts with treatment providers and asked for new

contract proposals. TDCJ plans to contract with outside providers for treatment services in all in-prison therapeutic communities and in all but two of the treatment facilities for probationers. The agency will directly employ treatment providers at the 500-bed SAFF units in Plainview and Winnsboro. TDCJ is also reviewing contracts for treatment in the aftercare programs used by probationers and by parolees released from the therapeutic communities.

Treatment must be provided by "qualified professionals" under current law, which includes certified alcohol and drug abuse counselors, certified social workers or advanced clinical practitioners with experience in chemical dependency counseling and licensed professional counselors, physicians or psychologists with experience in chemical dependency counseling.

Some program cutbacks occurred before TDCJ took over the programs. Because of a budget shortfall late in fiscal 1995, TCADA had scaled back its offender aftercare program in July and August. TCADA also had temporarily suspended funding for outpatient treatment. The aftercare cuts reduced the maximum stay in a community residential treatment center from three months to two months during the final two months of the fiscal year. Some parole and probation officers and case managers were able to continue outpatient treatment for some offenders, but for others the funding shortage meant a two-month gap in treatment.

Evaluating treatment programs

Studies that evaluate treatment programs support the argument that treatment helps break the crime cycle and may reduce government's long-term criminal justice costs. Studies of therapeutic community treatment programs for offenders in New York, Oregon and California have shown a decline in the recidivism among those who complete the programs when compared to others, the Criminal Justice Policy Council (CJPC) has reported.

Recent Texas studies

The Texas therapeutic community treatment program has incorporated features of some of those programs and showed similar benefits. The council concluded after evaluating a group of inmates sent to the in-prison IPTC program that the program led to reduced recidivism for those who completed it. The CJPC evaluated a group of offenders admitted to the in-prison IPTC treatment program in 1992, followed their progress for one year after release and reported on the study in November 1995 in its report, *An In-Depth Review of the Evaluation of the Texas Correctional Substance Abuse Treatment Initiative*.

Offenders in the study who completed treatment had significantly lower recidivism rates than those in similar groups who failed to complete treatment or who qualified for treatment but were not selected for it, according to the CJPC. In the year following treatment, 7 percent of those in the sample who completed the program were incarcerated, compared with 19 percent of those who did not complete the program and 19 percent of those in the comparison group. Thirteen percent of those who had completed treatment had been arrested, compared with 31 percent of those who did not complete treatment and 29 percent of those who were in the non-treatment group. The CJPC said if the differences in recidivism persisted, the state would receive a return of \$1.18 in reduced incarceration costs for every \$1 invested in treatment.

But the CJPC also cited problems with the program, including difficulty in retaining offenders in treatment, and concluded that better screening of candidates for treatment and better program structure could enhance success. The policy council also cautioned that the prison program was much smaller than the program for probationers and that a larger program could present additional challenges. The study examined offenders entering the program when it was new, and changes had been made since then, the council noted.

Further evaluation of the IPTC program and a study of the SAFF program for probationers is planned by the policy council during the fiscal 1996-97 budget period.

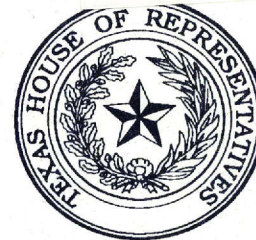
Another evaluation of the in-prison treatment program concluded that treatment, especially when followed by aftercare, was associated with lower recidivism rates during the first six months after leaving prison. The Institute of Behavioral Research at Texas Christian University (TCU) studied a group of offenders who entered the IPTC program in 1993 and early 1994 and found that 7 percent of program graduates had an official arrest record within six months of leaving prison, compared with 16 percent of those in a comparison group that did not go through the program. A treatment group that also completed a three-month residential aftercare program had an arrest rate of 3 percent. TCU is scheduled to issue another report on the status of program participants one year after they have completed the program.

Two reports on the Treatment Alternatives to Incarceration Program in the six largest counties concluded that treatment can help reduce recidivism. The Criminal Justice Policy Council reported in March 1995 that for the group surveyed, \$1 invested by the state in the TAIP program yielded a return of \$2.86 to the state in reduced recidivism costs. The study also identified problems with keeping some offenders in treatment and with identifying persons who are ready and motivated for the treatment.

Other states

Comparing Texas' treatment effort to other states is difficult, because of the variety of programs offered and other variables. Both Florida and New York, which like Texas have large prison systems, have initiated significant offender treatment programs, but the Criminal Justice Policy Council estimates that Texas has the largest program in terms of intensive treatment beds. Texas, with a late-1995 prison population of about 127,000, also appears to spend a larger share of its budget on treatment, about 4 percent for the current budget period, than either Florida or New York. Florida, with about 62,000 prison beds, reports having about 4,600 slots for substance abuse treatment, 1,550 of them in a therapeutic community. Florida designated about 1.5 percent of its corrections department budget for fiscal year 1994-95 for substance abuse treatment. New York offers about 3,750 beds for therapeutic communities or intensive shock treatment for its inmate population of about 69,000. New York spent an estimated 1.4 percent of its corrections budget on substance abuse treatment in fiscal 1994-95. Both states also offer some less intensive treatment options for offenders.

— By Kellie Dworaczyk



House Research Organization

Texas House of Representatives
P.O. Box 2910
Austin, Texas 78768-2910
(512) 463-0752
FAX (512) 463-1962

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