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# Federal Probation

Guiding Philosophies for Probation in the 21st Century ..... *Richard D. Sluder  
Allen D. Sapp  
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Threat Groups..... *Victor A. Casillas*

Community Service: A Good Idea That Works ..... *Richard J. Maher*

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What Do Offenders Say About Supervision and Going Straight? ..... *Julie Leibrich*

Golden Years Behind Bars: Special Programs and Facilities for  
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"Up to Speed"—Results of a Multisite Study of Boot Camp  
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"Looking at the Law"—Recent Cases on Probation and  
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# Federal Probation

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## This Issue in Brief

**Guiding Philosophies for Probation in the 21st Century.**—What does the future hold in store for probation? Authors Richard D. Sluder, Allen D. Sapp, and Denny C. Langston identify and discuss philosophies and goals that will emerge to guide probation in the 21st century. They predict that offender rehabilitation will become a dominant theme in probation but that it will be tempered by concern about controlling offenders to ensure community protection.

**Identifying and Supervising Offenders Affiliated With Community Threat Groups.**—Gangs and community threat groups have placed a new breed of offender under the supervision of U.S. probation officers. Are the officers adequately trained in special offender risk-management techniques to provide effective supervision? Author Victor A. Casillas analyzes gang and community threat group issues from a district perspective—that of the Western District of Texas. He defines and classifies community threat groups generally, relates the history of gangs in San Antonio, and recommends organizational strategies for identifying, tracking, and supervising offenders affiliated with community threat groups.

**Community Service: A Good Idea That Works.**—For more than a decade the community service program initiated by the probation office in the Northern District of Georgia has brought offenders and community together, often with dramatic positive results. Author Richard J. Maher presents several of the district's "success stories" and describes how the program has built a bridge of trust between offenders and the community, has provided valuable services to the community, and has saved millions of dollars in prison costs. He also notes that the "get tough on crime" movement threatens proven and effective community service programs and decreases the probability that new programs will be encouraged or accepted.

**Community-Based Drug Treatment in the Federal Bureau of Prisons.**—Author Sharon D. Stewart provides a brief overview of the history of substance abuse treatment in the Federal Bureau of Prisons and discusses residential treatment programming within Bureau institutions. She describes in detail the

community-based Transitional Services Program, including the relationship between the Federal Bureau of Prisons, the United States Probation System, and community treatment providers.

**The Patch: A New Alternative for Drug Testing in the Criminal Justice System.**—Authors James D. Baer and Jon Booher describe a new drug testing device—a patch which collects sweat for analysis. They present the results of a product evaluation study conducted in the U.S. probation and U.S. pretrial

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# Community-Based Drug Treatment in the Federal Bureau of Prisons

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## *Introduction*

**T**HE COMMITMENT to provide substance abuse treatment to inmates in correctional settings has undergone almost countless cycles of public and political scrutiny over the past several decades. In that the Federal Bureau of Prisons (BOP) is a publicly funded agency, it has not been untouched by societal and political trends, particularly with regard to funding for substance abuse treatment programming. The BOP has likewise been influenced by emerging treatment literature in developing its current substance abuse treatment program.

Substance abuse treatment for the correctional population as a field of study is in its infancy. Only in recent years has research been able to demonstrate clearly the often-held belief that there is a link between drugs and crime and the related value of substance abuse treatment. A matter of ongoing discussion and research is whether an "ideal" treatment model exists. While this debate persists, correctional treatment models, including that which has been adopted by the BOP, continue their movement toward a system of care that includes individualized treatment planning and a continuum of treatment through all phases of the inmate's correctional experience.

## *Historical Perspective*

The BOP's first formal effort to address the addictions of Federal inmates began with the passage of the Narcotic Addict Rehabilitation Act (NARA) in 1966.<sup>1</sup> Title II of NARA provided that the BOP would treat inmates known to be addicted to narcotics whose sentence did not exceed 36 months in length and whose offense met certain specifications. In response to NARA, and to a recognized need for treatment, in the early 1970's the BOP began to establish a wide range of programs designed to provide substance abuse treatment. By 1978 there were 33 such programs operating within 24 separate BOP facilities. Initial reports on this programming effort were positive; however, a shift in societal focus away from substance abuse treatment eventually led to less emphasis on the programs.

Beginning in the mid-1970's public perception began to move toward the view that drug treatment is of

limited value. This perspective was given its start by the well-known "What Works?" article published by Robert Martinson in 1974. In sum, Martinson reviewed a study by the New York State Governor's Special Committee on Criminal Offenders (Lipton et al., 1975) and made the far-reaching conclusion that, with few exceptions, "nothing works" in drug treatment. Unfortunately, this research, combined with a growing crime rate and other factors within the criminal justice system, ultimately undermined faith in the rehabilitative value of correctional treatment. The resulting reduction in resources occurred contemporaneously with an increase in prison population, leading to a decline in the intensity of the BOP's drug programming efforts. BOP substance abuse treatment programs were significantly reduced over the ensuing several years.

Substance abuse treatment in correctional environments enjoyed a resurgence when, in the early 1980's, research efforts began to demonstrate the strong relationship between drug use and criminal activity (Johnson et al., 1985; Inciardi, 1981; Nurco et al., 1990). The Anti-Drug Abuse Act of 1988 created resources for in-prison drug treatment programs. In 1989 the BOP held a forum to develop drug abuse treatment strategies, which included provisions for drug education, "nonresidential" treatment, "residential" treatment,<sup>2</sup> and transitional drug treatment services. Between the years 1990 and 1993 the BOP implemented drug education and nonresidential treatment programs in all BOP facilities with populations in excess of 500 inmates and residential treatment programs in 30 facilities of varying security levels. The community-based component has been implemented nationwide and is described in detail later in this article.

## *BOP Treatment Philosophy*

The BOP's overall drug treatment philosophy, consistent with the best available research findings, is predicated on the belief that inmates are personally responsible for the choices they have made which have led to their incarceration and drug dependence and are likewise responsible for future choices which affect their criminality and substance abuse. However, the presumption is that a myriad of factors ranging from faulty thinking patterns to employability have influ-

enced past choices and behaviors. By addressing these factors in treatment, the BOP gives the inmate the opportunity to gain the tools necessary to make proactive decisions which support a drug-free and crime-free lifestyle.

### *Residential Programming*

The Residential Drug Abuse Program (RDAP) is the vehicle for intensive treatment within the institution setting. RDAP's are unit-based programs which provide approximately 500 hours of programming conducted over a 6- to 12-month period.<sup>3</sup> Upon entering RDAP an inmate goes through an extensive assessment process which seeks to determine programming needs and leads to the development of an individualized treatment plan. Areas of analysis in the assessment process include history and pattern of drug<sup>4</sup> use, history and pattern of criminal behavior, social and psychosocial functioning, significant mental health issues, and physical health issues. During the initial phase of treatment (Orientation Phase) treatment staff assesses the inmate's skills in interpersonal communication, cognitive processing, and decisionmaking. Also during orientation, the inmate is educated in psychopharmacology and varying theories on addiction and is exposed to group process. Finally, treatment staff advises the inmate of the rules and behavior standards for residential treatment and the consequences for noncompliance. The Orientation Phase lasts from 1-3 months, subject to variability among program administrators and institution settings.

The middle phase of RDAP (Treatment Phase) might well be considered the "meat" of the program in that this is the phase in which the inmate directly confronts deficits identified during the initial phase of RDAP. The Treatment Phase can last from 5 to 7 months, during which the following areas are specifically addressed: cognitive skills, interpersonal communication skills, criminal lifestyle patterns, relapse prevention strategies, and wellness (spiritual, physical, and emotional). During this phase of treatment, treatment staff encourages the inmate to identify his or her own strengths and weaknesses in each of these areas and to develop alternative behavior patterns where necessary. This is accomplished with a combination of didactic presentations, group and individual exercises, group discussions, group and individual counseling, and unit activities. The underlying premise is that a residential environment in which change occurs ideally includes a "24 and 7" approach in which staff and peers in the program address and confront the inmate's behaviors 24 hours a day, 7 days a week, as opposed to the limiting nature of programs which are wholly didactic.

The final phase of RDAP (Transitional Phase) lasts approximately 1 month and focuses on those skills that will be necessary for the inmate to successfully transition out of the residential program. The inmate

may be faced with reintegration into the general population, release to the community through a halfway house or on home confinement, or direct release to the community. It is likely that an inmate will be called upon to transition through all of the above settings. Many of the skills an inmate will use in negotiating these changes the inmate has developed during the Treatment Phase of the program (e.g., interpersonal communication skills, relapse prevention skills, and cognitive restructuring). In the last month of treatment inmates will expend considerable energy anticipating potential problems that will face them after they are discharged from the program and developing skills and strategies to meet these concerns. Areas that are addressed include employment seeking skills, financial management, housing issues, legal obligations, family reintegration issues, health issues, and treatment maintenance requirements.

At the end of this final phase of residential treatment the inmate will have developed goals in each of these areas which are consistent with and supportive of a drug-free and crime-free lifestyle and will have identified action steps that must be taken to accomplish each goal. These goals, and the inmate's overall treatment experience, are summarized in a treatment summary document, which is subsequently provided by institution staff to BOP community corrections personnel for further dissemination to contract halfway house staff, U.S. probation personnel, and staff of the community-based treatment provider contracted to provide treatment while the inmate resides in the community.

### *Transitional Treatment Services*

Each inmate who has successfully participated in RDAP is required to participate in transitional treatment programming after discharge from the residential program. Within the institution, transitional treatment consists of a minimum of 1 hour of counseling per month for the first 12 months following discharge from RDAP. When RDAP graduates are released through the community (either in a halfway house or on home confinement), they participate in drug treatment programming as a requirement of their community release status. This effort is known as the community-based Transitional Services Program (TSP).

It is often said that the community-based component of a correctional drug treatment program is the most important part of the treatment effort. This, of course, does not negate the value of intensive unit-based treatment in the institution. However, in correctional programming a viable goal is to provide services in the least restrictive environment possible, factoring in such important issues as community safety. It might

similarly be said that the halfway house placement is the most important portion of a sentence served by an inmate with significant transitional issues (i.e., employment, housing, community support, and treatment issues), assuming that the successful reintegration of an inmate into the community remains a worthy goal. Not all inmates are appropriate or eligible for a halfway house placement. RDAP graduates who are otherwise eligible for a halfway house placement will likely receive 180 days in a halfway house, resources providing. Other halfway house placements may range from 30 to 120 days. In all, nearly 70 percent of the BOP population moves through a community custody phase before being released from BOP jurisdiction. The TSP seeks to provide substance abuse treatment services for those inmates in the community who may benefit from such services. This effort is consistent with the overall goals of community corrections. In the past, the BOP has emphasized such things as seeking and obtaining employment and securing appropriate housing upon release in the community. The BOP will continue to emphasize these activities but will give increasing attention to substance abuse treatment. The assumption is that many inmates in the community have significant histories of substance abuse behavior which have affected their ability to remain crime-free in the past. The BOP believes that providing transitional drug treatment services to these individuals is in the best interest of the inmate, the community, and the Government.

Because the BOP designed the TSP as an extension of residential programming, the BOP has sought community-based treatment providers whose treatment philosophy is compatible with BOP's. The prevalence of programs in the community which use the biopsychosocial model of treatment has helped the BOP realize this goal. Additionally, the BOP has sought the assistance and cooperation of the Federal Probation System, since most inmates leaving BOP jurisdiction will be released to supervision by U.S. probation. The intent of this partnership is to ensure a continuity in care between systems, thus minimizing overlap of treatment activities and manipulation by offenders. To solidify this partnership the two agencies entered into a Memorandum of Understanding which provides that the BOP will, whenever possible and appropriate, use community-based treatment providers already under contract with U.S. probation. Federal Acquisition Regulations permit these Intergovernmental Agreements because they obviate the need for two or more Federal agencies to enter into expensive contract negotiation procedures for similar services.

Approximately 97 percent of the community-based treatment providers currently providing services to BOP inmates are also under contract with U.S. probation. The BOP has procured the remaining providers through separate solicitation procedures initiated because U.S. probation contracts were inadequate to meet the needs of the BOP (most often due to fiscal limitations on the probation contract). Currently the BOP uses the services of nearly 200 community-based treatment providers spread among the 93 judicial districts of the United States Probation System. This arrangement is advantageous to U.S. probation in that it facilitates a smooth transition between systems, provides probation personnel with an opportunity to become involved in treatment planning activities for inmates who will ultimately be under probation supervision, and reduces the fiscal resources probation must expend for treatment for the offender after he or she leaves BOP jurisdiction. Because the Memorandum of Understanding provides for a mutually beneficial program, both agencies generally have responded enthusiastically to the TSP, and its implementation has been relatively uncomplicated.

As discussed, the Transitional Services Program was originally designed as an extension of residential programming in the institutions. However, in the past year the TSP has been expanded to provide treatment services to a wide range of inmates in the community. Currently residential treatment program referrals constitute approximately 30 percent of all referrals to the TSP, with the remaining cases coming from a myriad of referral sources. For instance, inmates who are sentenced to an Intensive Confinement Center ("boot camp") are required to participate in drug education while incarcerated. Those deemed appropriate for further substance abuse intervention are referred for placement in a community-based treatment program while serving the community custody portion of their sentence, which may be as long as 24 months. Treatment is provided to these inmates for as long as clinically indicated or until they leave BOP jurisdiction, whichever comes first. Nearly 20 percent of the BOP's community population currently participating in the TSP have been referred by one of the BOP's two Intensive Confinement Centers.

The remaining TSP participants are inmates who are placed in halfway houses or on home confinement and who are subsequently referred for placement in a community-based treatment program. Most often this referral is made pursuant to one of several BOP initiatives which seek to identify and treat appropriate inmates in the community. One such initiative is the Comprehensive Sanctions Center (CSC) pilot project. CSC's are multifaceted community correctional centers which offer a wider range of services than is found

in the traditional halfway house. Enhanced programming in such areas as life skills training and substance abuse treatment, combined with a comprehensive classification system that includes six levels of restriction, increases inmate accountability, thus allowing community placement for higher risk offenders. Inmate activities are reviewed periodically by a joint team comprised of representatives from the BOP, U.S. probation, and the halfway house. This team determines whether to make referral for community-based substance abuse treatment. Treatment is provided, if clinically indicated, within the structure of the Transitional Services Program. Currently there are eight CSC's which are fully operational and one additional site which may soon be operational. A similar initiative is the Enhanced Treatment Services (ETS) project. In this project each of the BOP's six regional offices were asked to select halfway house facilities to implement the ETS initiative, a program which requires all inmates with identified substance abuse treatment needs to participate in drug treatment. At present 14 halfway houses have been formally designated as ETS sites.

Finally, many inmates residing in the community are identified and referred by either U.S. probation or BOP personnel as being potential benefactors of substance abuse treatment while in the community. Most often these inmates will face a requirement for treatment while under the supervision of U.S. probation and are given the opportunity to begin treatment while in the community under BOP jurisdiction. Again, this is advantageous to U.S. probation as it reduces its fiscal obligation for treatment and advantageous to the BOP because it enhances community control and provides a greater opportunity for successful reintegration of the inmate into the community.

Any inmate participating in community-based treatment, regardless of the referral source, faces consequences for noncompliance. Inmates refusing a program assignment may be returned to the institution for the balance of their sentence, as will inmates who test positive for illegal substance use while in the community under BOP jurisdiction. Few inmates have been returned to the institution for failure to cooperate with the TSP program assignment. It is not yet clear how, or if, the TSP has affected the rate of return for inmates testing positive for drug use while in the community under BOP jurisdiction. We hope to gather concrete information on these and other issues through a cooperative research effort between the BOP and the National Institute on Drug Abuse.

Community-based drug treatment activities generally involve an average of 2 hours of individual and/or group counseling per inmate, per week. Treatment activities most often center around family reintegra-

tion issues, cognitive skill building, relapse prevention issues, and life skills, such as employment seeking. Inmates who participated in residential treatment in the institution will build upon those skills which they have learned in the program. Their progress in treatment, and key issues for future treatment, are summarized by institution program staff and supplied to the halfway house, U.S. probation, and the community treatment provider. Treatment in the community is individualized, with no minimum requirement for successful completion of the program. Most often inmates remain in treatment through their entire community custody phase and continue treatment with the same provider through their transition to supervision by U.S. probation. The BOP's treatment services are provided at an average cost of approximately \$6.30 per day per inmate, based on available fiscal data. Costs for treatment after release from BOP jurisdiction are incurred by the offender and/or U.S. probation.

#### *Future Initiatives*

The TSP has enjoyed steady growth since its full implementation in September 1992. By way of illustration, in February 1993 approximately 1 percent of inmates residing in the community were receiving community-based drug treatment under the auspices of the TSP. One year later the ratio had increased to nearly 19 percent and is climbing still. The potential for continued growth is great. Fully 30 percent of the BOP's total inmate population meets the American Psychiatric Association's diagnostic criteria for substance dependence (*Diagnostic and Statistical Manual for Psychiatric Disorders*, 3rd Edition, Revised). Presumably then, at least 30 percent of the inmates in the community could benefit from substance abuse treatment, almost doubling the size of the existing program. In addition to increasing current efforts, it seems clear that the Transitional Services Program provides a framework within which a myriad of community-based services could be provided. Future initiatives may include such things as providing mental health treatment or treatment services designed to meet the unique needs of female offenders.

The BOP is committed to the continued expansion of the Transitional Services Program. Such expansion would not be possible were it not for the combined efforts of many agencies. The ongoing cooperation of the United States Probation System, BOP institution and community corrections personnel, BOP contract halfway houses, and contract treatment providers speaks well of the corrections system as a whole.

#### NOTES

<sup>1</sup>The "Narcotic Farms" established in Lexington, Kentucky, and Fort Worth, Texas, in 1935 and 1936, respectively, provided treatment to nonsentenced individuals committed by the court

via civil proceedings and were administered by the Public Health Service.

<sup>2</sup>“Nonresidential” and “residential” treatment are akin to outpatient and residential treatment in the community, respectively. Both programs are administered within the setting of a Federal correctional institution.

<sup>3</sup>Three BOP facilities are operating pilot residential programs that include 1,000 hours of programming over a 12-month period and a higher staff to inmate ratio on the unit.

<sup>4</sup>The word “drug” is meant to include alcohol and all drugs of abuse.

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