TREATMENT READINESS DORM Programming in a Local Jail

Executive Summary

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Program Background

The Multnomah County Justice Reinvestment Program (MCJRP) was developed by Multnomah County public safety partners as a local strategy to meet the state-wide goal of reducing prison usage set forth in Oregon's House Bill 3194 (2013), the Justice Reinvestment Act. MCJRP affords individuals who would otherwise receive a prison sentence an opportunity to stay in their local community with enhanced community supervision and access to services designed to reduce recidivism, increase offender accountability, and enhance public safety. One of the several services provided to individuals eligible for MCJRP is participation in the Treatment Readiness Dorm (TRD) program at Inverness Jail. The TRD program was designed to prepare and motivate individuals to engage in and complete community-based substance abuse treatment upon release from jail, and to actively engage with the enhanced probation supervision process. The ultimate goal of the TRD program is for participants to be less likely to reoffend in the future.

With funding from the Oregon Criminal Justice Commission, the Research and Planning Unit of Multhomah County's Department of Community Justice completed a rigorous evaluation of the TRD programming. The outcome evaluation was completed for two reasons. First, the evaluation was designed to substantiate whether the program is effective, thereby helping Multhomah County in efforts to meet the goals of HB3194. Second, findings from the evaluation would make an important contribution to the body of knowledge on the impact of an in-jail treatment readiness programming approach on various criminal justice and treatment-based outcomes.

Evaluation Methodology

The outcome evaluation was conducted on a sample of 529 unique individuals who participated in TRD programming during an 18-month sample enrollment period extending from January 1, 2017 through June 30, 2018. Data for the outcome evaluation were obtained from multiple sources including (1) client data provided by program clinicians; (2) administrative records from the community corrections agency (Department of Community Justice), arrest records from the Oregon State Police, jail information from the electronic Sheriff's Warrants and Information System (eSWIS), and a county-wide public safety and criminal justice data repository system called Decision Support System – Justice (DSS-J); and (3) community-based treatment provider records and invoicing rosters.

The evaluation employed various multivariate modeling strategies with appropriate statistical controls to estimate the relationship between participation in TRD programming at Inverness Jail and various attitudinal and behavioral outcomes upon release into the community. Outcomes of interest included change in attitudes surrounding addiction and recovery, engagement and retention in community-based substance abuse treatment, future rearrest and jail utilization, and administrative indicators of non-compliant behavior while under probation supervision.

Overview of Main Findings

Participant Characteristics

Reflecting the general MCJRP population, TRD participants were largely White (63%), non-Hispanic (83%), and averaged 36.1 years of age at program entry. Clients averaged 1.99 jail bookings and 32 bed days in Multnomah County local jails in the year prior to their TRD participation, indicating rather extensive justice system contact pre-TRD programming exposure. The most common primary charges at booking were those related to unauthorized use of a motor vehicle (26%) and property offenses (25%), with slightly less alcohol and drug offenses (22%), behavioral offenses (19%), and person-based offenses (8%). As would be expected given MCJRP eligibility criteria, 75% of program participants were assessed as either High or Very High risk on the Length of Service/Case Management Inventory (LS/CMI) assessment instrument. The majority of participants identified their drug of choice as methamphetamine/other amphetamine (35%) or heroin/opioids (25%), with the remainder identifying alcohol (19%), marijuana (15%), and cocaine/crack (6%).

Characteristics of Dorm Stay and Jail Release

Length of time spent in the TRD, and therefore extent of engagement with the evidence-based treatment readiness programming ranged widely among sample members. Ranging from 0 days (representing TRD program intake and exit on the same day) to over 400 days, the average length of stay in the TRD was 49.3 days (standard deviation=57.9 days). In total 19.5% of participants spent a week or less in the TRD (0-7 days), 29.7% spent between a week and a month (8-30 days), and 50.4% were in the Dorm for a month or longer (31+ days).

While participating in the TRD programming, the 529 individuals in the study sample received 20,501 treatment sessions (60-90 minutes) during the 18-month observation period. This calculates out to approximately 29,600 hours of evidence-based readiness for change and substance abuse treatment services received by the outcome study sample.

Since the TRD is embedded within Multnomah County's Inverness Jail (MCIJ), the TRD program must operate within policies developed by the Multnomah County Sheriff's Office (MCSO). According to MCSO policy, once justice involved individuals go through the sentencing process and are sentenced to additional time in jail custody, they are automatically and immediately transferred to one of the internal or external work dorms to help fulfill MCSO inmate work contracts. This means individuals who had been successfully engaging with TRD programming pre-adjudication are no longer able to participate in the treatment readiness programming.

Regarding the destination following release from MCIJ itself (not necessarily the same as release from the TRD), 61% of program participants were released directly to the community in Multnomah County, 26% went directly to the custody of Oregon Department of Corrections to serve a prison sentence, and 13% were released to the custody of another jurisdiction (i.e., another Oregon county, another state, or a federal agency).

Change in Attitudes toward Addiction and Treatment Readiness

The impact of TRD participation on attitudes related to addiction and treatment readiness was measured by pre- to post-TRD differences in Stages of Change Readiness and Treatment Eagerness Scales (SOCRATES) scores. Participation in TRD programming for 30 days or more was associated with increased Recognition of an <u>alcohol</u> problem and increased acknowledgement of the need for Taking Steps to address an <u>alcohol</u> problem. Similarly, participation in 30 days or more of TRD programming was associated with increased Recognition of a <u>drug</u> problem, although that relationship was only marginally significant.

Program Impact on Treatment Outcomes

Trends in the data suggest that increased length of stay in the TRD was marginally associated with a greater likelihood of engagement with community-based substance abuse treatment services. Importantly, though, once engaged, clients who spend more time in the TRD also spent a significantly longer time engaged in those community-based substance abuse treatment programs.

Program Impact on Future Jail Utilization

Findings of the outcome evaluation indicate that participants who spent more time participating in TRD programming were less likely to experience at least one jail booking and, if booked, used significantly less jail bed days in the 365 days after MCIJ release. Additionally, for clients who experienced a jail booking, the time between MCIJ release and the first subsequent jail booking was marginally longer when they spent more time participating in TRD programming, but this difference was not statistically significant.

Program Impact on Felony Rearrest

Consistent with much of the empirical research on recidivism within the area of criminal justice policy and intervention, the current research did not find a significant relationship between TRD participation and either receipt of or time-to a felony rearrest.

Program Impact on Negative Probation Events

Individuals with a longer length of TRD programming were significantly less likely to abscond from their probation supervision, to receive a formal probation sanction, and to experience a revocation of their probation supervision. For those clients who did experience a probation revocation, individuals who spent a longer time in the TRD remained successful for significantly longer (were revoked later) than did those who spent less time participating in TRD programming.

Ideal Length of Stay for Maximum Impact

Based on analyses estimating the influence of length of TRD participation on various indicators of attitudinal change and behavioral impact, the research findings indicate that participating in TRD programming for:

- 8-14 days was associated with better outcomes than 0-7 days;
- 15-30 days was associated with better outcomes than 8-14 days; and
- 31 + days showed continued gradual, but less marked improvement.

Data-Informed Recommendations

The research findings highlighted above can be translated into the following concrete policy implications and datainformed recommendations.

First, results of the outcome analysis suggest that it is critical for clients to receive at least 30 days of TRD services to achieve maximum impact. One of the main policy recommendations directly informed by the current research is for program stakeholders to work collaboratively to modify internal MCSO and jail policy to allow post-sentencing clients to remain in the TRD at least until they reach that critical 30-day mark, while also ensuring that labor contracts are met. To clarify, the suggestion is not that individuals should stay in jail longer than they otherwise would, but simply that sentenced individuals should be allowed and encouraged to continue TRD program participation through that critical 30-day point instead of being subject to the automatic transfer to a work dorm.

Second, the data suggest that TRD participation increases community-based substance abuse treatment retention once initially engaged, but does not seem to have a meaningful impact on initial treatment engagement. The period between release from the jail facility and entering a residential or outpatient treatment program can be an especially vulnerable time for former TRD participants, especially in light of the finite amount of available treatment resources, which can lead to long periods on a wait list for services. Noting this gap in service provision, TRD program stakeholders should continue to brainstorm solutions to offer extra support to clients in this vulnerable time period.

Overall, the findings of the outcome evaluation lead to the conclusion that TRD programming is helping support the larger goals of HB3194 and Multnomah County's Justice Reinvestment Program. Based on a statistical analysis of various attitudinal and behavioral outcomes, this research suggests that participation in jail-based TRD programming helps to set individuals up for success upon reentry into the community from a jail facility.