Filling the Gap

Alcohol and Drug Abuse Treatment in Dane County

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Executive Summary

Dane County is trying to develop innovative solutions to address overcrowding in the county jail. For many months, the number of inmates in the jail facilities have exceeded the 942-bed design capacity of the county jail, with jail population growing 6 percent to 10 percent per year over the past several years. Responding to this concern, the sheriff proposes to add 600 beds to the existing jail facilities at an estimated cost of $23-25 million. Recognizing that simply adding jail beds may not fully address the continually increasing jail population, the Committee on Jail Diversion has been formed to examine jail diversion alternatives and make recommendations on modifying or expanding these alternatives.

A one-day snapshot of the Dane County Jail showed that 36.2 percent of the total inmate population and about half of the sentenced work release population had at least one drug- or alcohol-related offense. Over the last few decades, research has found that AODA treatment works to reduce substance abuse and crimes committed by addicted people (National Institute on Drug Abuse, 1999). Hence, this paper presents several options for AODA treatment in the Dane County Jail that may eventually lead to fewer arrests and shorter lengths of stay, thus resulting in less jail overcrowding.

- No change in existing AODA treatment programs,
- Expansion and/or modification of existing AODA treatment programs,
- AODA treatment at the minimum security classification level, and
- AODA treatment at the medium/maximum security classification level.

In reviewing outcome studies on substance abuse treatment in correctional facilities, we found strong evidence that facility-based AODA treatment has positive and significant effects on reducing recidivism and increasing sobriety in the community.

- The RAND corporation found that "for every dollar spent on treatment seven dollars would be saved by the reduction of recidivism and the ancillary savings in costs of courts, police, jailing, and probation" (Pratt, p. 61, 1998).
- The California Drug and Alcohol Treatment Assessment (CALDATA) study reported that the average person completing treatment generated approximately $10,000 in cost reductions in the form of health care, criminal justice and victimization savings (Byrne, 1998).
- Wisconsin annually spends approximately $63.2 million on alcohol and drug abuse services in the public sector. It is estimated that the economic benefit from these services is over $442 million (Quirke, 1997).
- AODA treatment programs in county jails indicate recidivism rate reductions ranging from 8 to 50 percent.

We present a methodology for assessing AODA treatment alternatives in terms of their relative costs and benefits. The analysis describes an ideal method for calculating net benefits and provides a limited example based on existing data. Criteria used in the analysis include statutory compliance, public safety, flexibility, long-term jail diversion, effectiveness of service, and cost-effectiveness.

This preliminary illustration of the costs and benefits of facility-based AODA treatment indicates the potential for such a program in Dane County as well as outlines the type of

information necessary to make a better informed policy decision. Findings from the analysis include:

- A significant need for AODA treatment exists in the Dane County Jail.
- A treatment gap in AODA services currently exists for offenders in Dane County.
- A wide range of alternatives for successfully treating substance abusing inmates are employed in other correctional facilities.
- Cost-effectiveness of the alternatives relies heavily on assumptions of population characteristics, program costs, and program effectiveness.
- There are many benefits to in-jail AODA treatment beyond a reduction in recidivism.

Although there is currently insufficient data to make a formal policy decision on the specific program that is most suitable to Dane County's offender population, general recommendations for the implementation of any AODA treatment alternative include:

- Utilizing existing AODA treatment options to provide a more comprehensive stream of treatment services. Offenders are most successful when they are involved in a continuum of substance abuse treatment that helps them to make the transition from institution to community and to maintain their sobriety.
- Establishing measurable goals and objectives such as percent of offenders who complete the program, number of inmates served and percent of beds utilized, percent of offender graduates that recidivate, and program evaluations.
- Creating a quality assessment tool that ensures that each offender receives the appropriate type of treatment based on individual characteristics, type of addiction, and type of offense.
- Facilitating interagency cooperation and coordination.

In order to make a more informed decision, Dane County should consider improving their methods of data collection, conducting a demonstration project, and studying recidivism rates and characteristics of the jail's sentenced population.

Future research will help determine the direction Dane County should take in developing and allocating resources for AODA programs. Clearly, Dane County will have to address the problem of jail overcrowding by likely expanding current jail facilities. Consequently, county officials must decide whether or not to address the link between substance abuse and recidivism for sentenced offenders. Recent studies have shown that the addition of jail beds is correlated with an accelerated rate of growth in the jail population suggesting that jail overcrowding would be more appropriately addressed by alternatives to incarceration and jail-based AODA treatment (D'Alessio and Stolzenberg, 1998).

Jails, with the proper resources and in the hands of jail professionals and community agencies, represent our best chance at tackling the substance abuse problem upstream."–Bryan Hill, President of the American Jails Association

Introduction

Dane County is trying to develop innovative solutions to address overcrowding in the county jail. For many months, the number of inmates in the jail facilities have exceeded the 942 bed design capacity of the county jail, with jail population growing six to ten percent per year over the past several years. Responding to this concern, the sheriff proposes to add 600 beds to the existing jail facilities at an estimated cost of $23-25 million. When considering jail expansion, however, it is important for Dane County officials to think about whether various alcohol and other drug abuse (AODA) programs help to reduce recidivism by providing treatment for incarcerated offenders. Over the last few decades, research has shown that AODA treatment works to reduce substance abuse and crimes committed by addicted people (National Institute on Drug Abuse, 1999). In addition to evaluating the possibility of facility-based AODA treatment, other committees in Dane County are attempting to address the overcrowding issue by examining the court system and alternatives to incarceration. Hence, this paper presents several options for AODA treatment in the Dane County Jail that may eventually lead to fewer arrests and shorter lengths of stay, thus resulting in less jail overcrowding.

Recently a report produced by the Dane County Executive Office offered a glimpse into the Dane County Jail through a snapshot of who is there on any one day. Table 1 illustrates the judicial status of offenders and inmates on June 25, 1999.

Table 1: Jail Population Mix by Legal Status

Judicial Status of Offenders and Inmates	*Percent of Total*
Pre-arraignment	3-5%
Pre-trial	20%
Parole/Probation Hold	16%
Pre-sentence	7%
Sentenced w/ Work Release	41%
Sentenced w/ No Work	8%
State, Federal, and Misc.	5%

According to this table, 50 percent of offenders in jail on any one day have been convicted and are sentenced to jail time, while the other half are being held pending decisions by the courts about their status.

Looking at the snapshot of the jail we were also able to discern that a significant number of inmates have alcohol and drug problems. In fact, 36.2 percent of the total inmate population and about half of the sentenced work release population had at least one drug- or alcohol-related

offense. The report also crosschecked inmate records with those of the Dane County Department of Human Services (DCDHS) to determine whether inmates had previously received alcohol and drug treatment services. They found that 30 percent of the total Dane County Jail population had received AODA treatment from the county. This evidence suggests that drug and alcohol abuse is a significant problem for inmates in the Dane County Jail. Currently, a variety of programs exist in Dane County that attempt to meet the needs of individuals with alcohol and drug problems. Several agencies have the authority to assist offenders in beginning a successful treatment program. The District Attorney's office, in consultation with the court and the prosecutor, may reduce or replace jail time with treatment alternatives. One example of this is the deferred prosecution program, which allows individuals to develop a contract for performance in the community that includes not re-offending and compliance with other conditions which might include mandatory participation in AODA treatment.

The judiciary is responsible for sentencing decisions and may authorize jail diversion options. State probation is the most common option to provide for community-based supervision in lieu of jail. Also under court direction, offenders may be supervised under four programs administered by the Alternatives to Incarceration Program in the Clerk of Court. First, electronic monitoring allows specific inmates to serve their sentences in the community. Second, inmates could be sentenced to community service. Third, a bail-monitoring program saves jail beds for sentenced inmates. Finally, the judiciary can agree to defer payments of fines for low-income individuals, which keeps people who cannot afford to pay fines out of jail.

The final two offices involved in the process are the Sheriff's Department and the Department of Human Services. The Sheriff's Department administers two jail diversion programs, which involve releasing inmates on their own recognizance and then monitoring them in the community. The two programs, CAMP and STAR, monitor inmates electronically and with random phone check-ins, respectively. Finally, the Human Services Department directs two programs to treat alcohol and drug abuse problems—Drug Court and the Treatment Alternative Program (TAP). Drug Court diverts drug-abusing offenders and takes a comprehensive approach to reduce recidivism. In the TAP program, offenders receive intensive case management and therapy for their AODA problems, either as jail diversion or in addition to incarceration. Essentially, all of these programs have the ultimate goal of reducing jail population and providing services to offenders in order to reduce their likelihood of repeat offenses. The programs most relevant to this report, however, are those that specifically focus on the treatment of alcohol and drug problems in Dane County.

Although the county provides opportunities for jail diversion, many of the programs do not directly address treatment for AODA problems. Table 2 lists current jail diversion programs in Dane County and whether they include or allow for AODA treatment.

Table 2: Current Dane County Jail Diversion Programs and AODA Applicability

Jail Diversion Program	*County Agencies*	*Goal of Diversion Program*	*AODA Treatment*
Deferred Prosecution	District Attorney	Decrease jail population by redirecting first time offenders to suitable programs	Yes
Deferred Payment	Judiciary	Keep those who cannot afford fines out of jail	No
Electronic Monitoring and CAMP/STAR	Judiciary and Sheriff	Decrease jail population by monitoring in community	No
Community Service	Judiciary	Decrease jail population by placing the inmate in community service projects	No
Bail Monitoring	Judiciary	Decrease jail population by letting pre-trial inmates out on bail	Yes
Treatment Alternatives Program (TAP)	Department of Human Services	Provides intensive case management and treatment for drug and alcohol offenders	Yes
Drug Court	Department of Human Services, District Attorney, and Clerk of Court	Pre-trial and pre-adjudication program for drug and alcohol abusing offenders	Yes

Source: Authors and the Office of the Dane County Executive

In Dane County, a sizable gap exists in the extent of treatment services available for substance abusers. Jail-based AODA treatment offers an opportunity to help fill that gap and address the burgeoning problem of jail overcrowding. Evidence, from the National Task Force on Correctional Substance Abuse Strategies, suggests that drug treatment is an effective vehicle for helping to prevent individuals from returning to substance abuse and criminal activity (1991). A preliminary illustration of the costs and benefits indicates the potential for such a program as well as outlines the type of information necessary to make a better informed policy decision on the future of jail-based AODA treatment in Dane County.

AODA Treatment Alternatives

Before discussing possible alternatives for AODA treatment for offenders in Dane County, it is important to examine the role of graduated sanctions in punishment and the use of judicial discretion to improve efficiency. The use of graduated sanctions rests upon the idea that

laws and rules will be effective restraints only if the punishment is swift and certain (Harrell, 1998). By the same token, for AODA treatment to be effective in the correctional setting, sanctions must be put in place and exercised routinely to deter offenders from breaking program rules.

A second component to efficient improvement of the system is through the use of judicial discretion. As one Dane County circuit court judge pointed out, the courts could consider issuing a rule that would automatically offer sentence credits (reductions in jail time) to offenders who agree to participate in an AODA treatment program (Nelson, 1999). In Waukesha County, a "blanket order" was put in place by judges to accomplish this same goal of providing offenders with an incentive to participate in AODA treatment (Schnabl, 1999).

Judicial discretion has also been exercised at the stage following initial AODA treatment to individualize treatment plans. In some counties, after undergoing treatment, offenders appear before the judge who initially sentenced them to have their future involvement with the correctional system determined. Based upon their individual progress, the judge decides whether they will return to jail, enter another AODA treatment setting, or be released into the community.

If AODA problems can be addressed successfully, recidivism will decline, and society will benefit from an improvement in public safety and from the reduction in public funds spent on crime. To analyze the potential impact of AODA treatment on criminal recidivism in Dane County, four alternatives (see Table 3) are discussed here:

- No change in existing AODA treatment programs,
- Expansion and/or modification of existing AODA treatment programs,
- AODA treatment at the minimum security classification level, and
- AODA treatment at the medium/maximum security classification level.

No Change in Existing AODA Treatment Programs

If no change occurs in Dane County, the formal programs addressing AODA problems run by the Department of Human Services will simply continue. In the county's 2000 budget, an additional $150,000 was authorized for the expansion of existing jail diversion programs or the creation of new initiatives. The budget explicitly states that the goal of these funds is to add 45 new slots to existing successful programs such as Drug Court or TAP. However, the proposed expansion will not meet existing demand for AODA treatment services. In addition, while this alternative may be a way of controlling the average population in the jail, it will not provide incarcerated offenders access to AODA treatment.

Expansion/Modification of Existing AODA Treatment Programs

In the context of reducing recidivism and freeing up jail beds in Dane County, the most obvious approach would be to expand and modify existing programs. In this way, Drug Court, TAP, and the use of Community-Based Residential Facilities (CBRF) would all be expanded to increase AODA treatment currently available in Dane County. These programs are all key initial components of AODA treatment because they specifically aim at diverting offenders from jail, thus freeing up jail beds.

Drug Court

Dane County's Drug Court is a program already in place which diverts drug-abusing offenders from jail, uses judicial oversight to individualize treatment and sentence options, and uses sanctions to force compliance. Drug Court uses an assessment system to classify offenders' needs and place them in the corresponding treatment setting—whether it be outpatient, day treatment, or community residential treatment. In these ways, Dane County's Drug Court is similar to drug courts in other counties across the country.

In Dane County, the district attorney is the main source of referrals to Drug Court. Referrals are typically provided for those charged with possession of a controlled substance, possession of drug paraphernalia, or prescription fraud. This list of relevant crimes has been expanded in recent times, but Drug Court could still benefit from a further expansion of the crimes eligible for referrals. Offenders who are charged with fraud and theft might also be assessed for drug abuse problems and benefit from Drug Court jail diversion.

An option for modifying Drug Court's present layout includes using a jail-based treatment phase for offenders with severe drug abuse problems. With beds in the jail set aside for AODA treatment programming, offenders with severe drug abuse problems could be placed in a strict, secure setting for their first phase of treatment. Community residential facilities could then be utilized as the next step in the treatment continuum in order to readjust the offender to a community environment. Los Angeles County currently uses this model (Huddleston, 1998).

Treatment Alternative Program

The Dane County Treatment Alternative Program (TAP) functions as a bridge between the criminal justice system and community-based AODA treatment. Offenders who are eligible for TAP are those who have been classified as non-assaultive but who have substance abuse problems. TAP, like Drug Court, uses judicial oversight and graduated sanctions, and offenders volunteer to participate in it. The program lasts six months and is offender-specific in its treatment modality (inpatient or outpatient).

Because the program is currently operating at capacity and is not able to meet the existing demand, it could likely be successfully expanded. With increased cooperation between involved agencies, an increase in funding, and a more concentrated effort to reach offenders who have already been sentenced into the jail, it could even be improved. According to a previous TAP program coordinator at the Dane County Department of Human Services, TAP would be better able to address substance abusing offenders if the Department had a more proactive role in determining who is in need of services at the jail.

Community-Based Residential Facilities

Community-Based Residential Facilities (CBRFs) are currently used by Dane County as alternatives to jail, specifically for offenders diverted through either Drug Court or TAP and who are assessed as needing short-term residential treatment. Offenders in community residential facilities have serious AODA problems and therefore need the structure and stability of a secure treatment environment where AODA programming can help. Dane County Human Services uses the AODA treatment facilities of Tellurian UCAN, ARC Community Service Inc., Attic Correctional Services Inc., Hope Haven Inc., Meriter Hospital, and REBOS House of Wisconsin Inc.

Expanded use of Drug Court and TAP might result in expanded use of community residential facilities. In other counties, community residential facilities are typically used as the first stage in AODA treatment for offenders diverted from jail who need the structure of inpatient residential treatment (Huddleston, 1998). Further if Dane County does expand its current AODA treatment options to include an in-jail treatment facility for sentenced offenders, community-based residential facilities could also be more significantly utilized as an after-care component. In other correctional systems, community-based residential facilities are often used as transitional housing for offenders prior to release. In this way, offenders are slowly reintegrated into the community and treatment continues from incarceration to release (Huddleston, 1998). In general, expansion of the use of such facilities would add to the treatment plans for individuals with serious AODA problems who could benefit from a multi-stage approach to treatment.

Minimum Security AODA Treatment

The one-day snapshot of the Dane County Jail shows a jail population made up of approximately half sentenced offenders and half pretrial detainees and transfers. The sentenced offenders would be eligible for in-jail AODA treatment. Of the jail population in general, 36.2% of inmates were sentenced either on an alcohol or drug-related charge or on a charge where substance abuse was directly related to their crime.

When discussing the implementation of in-jail substance abuse treatment, or substance abuse treatment for an offender population in general, it is important to emphasize the need for a continuum of care. To maintain treatment results, continuity in treatment approach and methods must be in place (National Task Force on Correctional Substance Abuse Strategies 1991). The problem with treatment for offenders is that this continuity often does not exist. The criminal justice system itself is fragmented (between federal, state, county, and local enforcement), and a lack of coordination typically exists between the criminal justice system and outside substance abuse treatment providers (public or private). Therefore, for substance abuse treatment to be effective with offenders, the agencies involved in its provision must be coordinated and interdependent. Offenders are most successful when they are involved in a continuum of substance abuse treatment that helps them to make the transition from institution to community and to maintain their sobriety (Field 1998).

A common approach to addressing substance abusing sentenced offenders is to add a jail-based AODA treatment facility. When dealing with a minimum-security setting, two formats for offender treatment are often used—AODA treatment with work release and the therapeutic community model. A therapeutic community is defined as incarceration with residential units dedicated to substance abuse treatment. Within these secure and separated units, offenders gradually learn to take responsibility for their actions and discard the negative patterns of thinking, feeling, and behaving that contributed to their drug use. The goal of the therapeutic community model is to provide previously addicted offenders with positive social attitudes and behaviors that can help them achieve a responsible, drug-free lifestyle (Mathias, 1995). Many therapeutic communities are extremely comprehensive and can include employment training as well as other support services. Typically, residents in therapeutic communities have more severe problems than offenders in other forms of drug treatment especially in terms of co-occuring mental health problems and more extensive criminal involvement (NIDA, 1999).

One example of the therapeutic community model, which incorporates work release privileges and emphasizes a holistic, facility-based approach, has been used by the Delaware CREST Outreach Center. CREST is a minimum-security correctional facility where inmates

receive up to six months of job training and substance abuse counseling. After completing their sentences, inmates enter the community, but they must return weekly for group counseling sessions. CREST emphasizes a therapeutic community approach to substance abuse, a work release approach to community integration, and a continuum of treatment from an initial assessment to after-care services (Inciardi, 1996).

Some inmates may not be allowed out of jail on work release even though they are classified as minimum security. For these inmates, the therapeutic community model alone is the most common approach used for AODA treatment. In San Bernadino, California, the Glen Helen Rehabilitation Center is a minimum-security residential treatment facility used specifically for jail inmates with substance abuse problems. In the center, inmates undergo ten weeks of intensive treatment for substance abuse while also participating in educational and vocational programs. Upon completion of the ten weeks, inmates are individually assessed by the staff and sent back before a judge who then either sends them back to the center, sends them into a community inpatient program, or releases them for outpatient care. This model emphasizes a continuum of AODA treatment for offenders with serious substance abuse problems in a secure and stable setting. In this model, beds would need to be set aside in a designated unit for AODA treatment (Huddleston, 1998).

Medium and/or Maximum Security AODA Treatment Alternative

AODA treatment, which takes place in other county jails' medium and maximum-security facilities, also commonly utilizes the therapeutic community model. In the Dane County Jails, again, we assume that approximately 36.2% of the jail population has AODA treatment needs. If this number is adjusted for the amount of sentenced inmates currently in the medium and maximum-security facilities, one can approximate the number of beds needed for a therapeutic community to be twenty-five to thirty.

Actual implementation of the therapeutic community approach varies slightly in county jails across the country. At the Waukesha County Jail in Wisconsin, the Secure Substance Abuse Treatment Program is a jail-based intensive treatment and skills development program addressing substance abuse, cognitive distortion, mental health disorders, life skills development, and release planning. In this program, both pretrial and sentenced offenders receive treatment services while they are in the jail. Incentives for offenders to enter the program include sentence credits for program completers, more privileges, and greater freedom of movement (Schnabl, 1999).

Another example of the therapeutic community approach as used in a medium or maximum security setting is the Sheriff's Office Substance Abuse Treatment Program in Hillsborough County, Florida. Hillsborough County's program is housed in the jail in a separate unit from other inmates. The program provides services to sixty inmates at a time in a therapeutic community setting, and treatment lasts a minimum of six weeks. The majority of inmates in the Hillsborough County program are referred by the court, though others are self-referred or referred by correctional officers. Upon referral, inmates go through several steps of screening to assess their individual needs for treatment. This program emphasizes recovery, cooperation, and interdependence. Once inmates complete the program and are released, they are linked with community treatment agencies for after-care (Peters et al., 1993).

An example of a therapeutic community model, which strongly promotes the idea of a treatment continuum, is the Delaware Key program. A maximum-security prison-based treatment

Table 3: Alternatives, Offenders Served, Characteristics, and Location of Programs

Alternative	Offender-Type Served	Characteristics of Program	Program Location
No Change	Offenders eligible for jail diversion	Judicial oversight, use of sanctions to force compliance	Dane County
Expansion/ Modification of Drug Court	Drug-abusing offenders, prior to sentencing	Assessment to determine treatment needs, placement in the corresponding treatment setting	Dane County, Los Angeles County, District of Columbia*
Expansion/ Modification of TAP	Non-assaultive substance abusing offenders, prior to sentencing	Assessment to determine treatment needs, placement in treatment setting, duration of six months	Dane County, Marathon County*, Eau Claire County*
Expansion/ Modification of Use of CBRFs	Offenders diverted through Drug Court or TAP who have serious AODA problems	Structured and secure substance abuse treatment environment within the community	Dane County
Minimum Security with Work Release	Sentenced offenders who have work release privileges and are in a minimum security facility	Therapeutic community model of treatment, work release allowed during the day	Delaware CREST
Minimum Security without Work Release	Sentenced offenders who are in a minimum security facility full-time	Therapeutic community model of treatment	San Bernadino, CA, Orange County, FL*
Medium/Maximum Security	Sentenced offenders who are in a medium/maximum security facility	Therapeutic community model of treatment	Waukesha County, Hillsborough County, Delaware Key, Dallas County*, Racine County*, Uinta County, WY*

**Programs not listed in the text but which were discovered in our literature review. Citations for articles describing these programs are included in the reference section.*

program for substance-abusing inmates, it consists of a discrete residential unit within the prison. Program participants volunteer and spend twelve to fifteen months in the program before release. Upon release from the institution, Key participants are often placed in the CREST Outreach Center, the minimum security facility. There they still receive treatment for substance abuse problems within a therapeutic community, but they also get job training. Inmates are in CREST

for approximately six months of AODA treatment, job training, and work release. Upon release from CREST, offenders remain in substance abuse treatment by attending weekly outpatient sessions. In Delaware's system for AODA treatment, offenders truly move along a continuum of treatment services. Dr. James Inciardi, founder of the Key and CREST programs, has asserted that offenders are therefore much more likely to be successful in remaining drug and alcohol free (1996).

The alternatives, listed in Table 3, are approaches to substance abuse treatment that Dane County might consider. The alternatives shown here are based on studies of what other county jails are attempting to use for AODA treatment, as overcrowding has become an issue that all correctional facilities are attempting to address.

In determining which type of treatment will best address the needs of each offender, it is important to consider numerous factors. Some of the criteria that should be used in assessing whether individuals would best be suited to jail diversion programs, community-based treatment or jail-based treatment include:

- Criminal Justice History (prior offenses, violent offenses, outstanding warrants and previous diversions)
- Substance Abuse (signs of alcohol or drug intoxication, withdrawal signs, recent results of drug testing, prior involvement in treatment, family history of substance abuse, self-reported substance abuse—age and pattern of use, history of use, current pattern of use, "drugs of choice, motivation for using)
- Mental Health (mental health symptoms, suicidal, cognitive impairment)
- Other Indicators (motivation and readiness for substance abuse treatment, perceived level of substance abuse problems, infectious disease)
- Social Factors (such as primary responsibility for children, living with an abusive or substance-involved partner, sole economic provider) that may present obstacles for treatment participation

Substance abuse treatment is a highly individualized process, and services should be tailored to the individual needs and must include detailed, realistic after-care plans. It is an unrealistic expectation to develop a specific inmate type for a specific treatment because it all depends on the type of client, type of offense, type of addiction, and type of service available.

Evaluative Criteria and Analysis of Alternatives

Numerous studies and program evaluations have been conducted to measure the costs and benefits of facility-based AODA treatment programs. Although each program is unique, a number of general conclusions are widely applicable to AODA treatment in a correctional setting.

One recent study, conducted by the federal Substance Abuse and Mental Health Services Administration, examined the effectiveness of various types of addiction treatment alternatives by conducting literature searches, examining literature reviews, and reviewing meta-analyses and research articles. Some of the findings that are particularly relevant to the consideration of facility-based treatment in Dane County are the following:

- Patients with severe substance abuse problems, less social stability, and more severe psychiatric illness appear to benefit from inpatient treatment more than the general population.
- Patients who are legally pressured to participate in addiction treatment have an increased likelihood of participating in treatment, tend to stay in treatment longer, and have similar outcomes as patients who voluntarily participate.
- Addiction treatment in correctional settings is effective and curbs criminal recidivism when the programs have the support of correctional authorities, sufficient resources, comprehensive therapy, and a successful after-care component.
- Therapeutic communities are the most effective approach to substance abuse treatment within correctional facilities (Landry, 1997).

Although this study indicates the potential of jail-based alternatives, it does not provide any particular numbers on any specific treatment's effectiveness. Because facility-based treatment programs are so diverse in structure, in treated populations, and in outcomes, caution should be used when extrapolating specific results to a hypothetical program in another community. With this caution in mind, we provide a framework by which to analyze the potential effects of including a facility-based treatment component in the proposed expansion of Dane County jail.

Dane County Jail: Substance Abuse Population

Dane County currently has three jail facilities with a total capacity of 942:

- City County Building (334)
- Public Safety Building (464)
- Ferris Center (144)

Although the incarcerated population for 1998 was on average only 924, the Dane County Executive's report indicated that the 20-year average of growth in the jail population was 11 percent, the 10-year average was 8.6 percent, and the average for the last three years was 6.42 percent. A conservative estimate of future growth would be 6.42 percent. Applying this annual growth figure, the projected population quickly exceeds the current capacity of Dane County's facilities (see Table 4). Because the incarcerated population cannot exceed the maximum capacity, we assume a total jail population of 942 for all of the subsequent calculations except when the possibility of jail expansion is considered.

Using averages from the 1999 Dane County report and data recently collected by the County Executive's office, we determined the ratio of sentenced inmates with work release privileges to those without to be 85:15. Applying this ratio to the percentage of total inmates sentenced for substance abuse related crimes (36.2%), we determined that approximately 25 inmates with no work release and 140 inmates with work release fit within our general subpopulation. These are most likely conservative estimates of the number of inmates with substance abuse problems as state correctional administrators generally report that 70 to 80 percent of inmates had alcohol or drug-related problems (SAMHSA, TIP series 17, 1995). In 1991, federal officials estimated that 500,000 out of the 680,000 inmates in state prisons nationwide had substance abuse problems (General Accounting Office, 1991). As an additional illustration of the existing demand for AODA treatment in Dane County, the Wisconsin

Substance Abuse Treatment Capacity Analysis found that Dane County's residential hospital, residential short-term, and residential long-term facilities were operating at 90 percent of capacity, one of the highest rates for any county with these types of AODA facilities (Welch and Quirke, 1998).

Table 4: Dane County Jail Population Potential Growth Trends[1]

Year	Total Jail Population	Sentenced Inmates	Work Release Status Of Inmates		Work Release Status Of Substance Abusers	
			Yes	*No*	*Yes*	*No*
2000	942	471	400	71	145	26
2001	1,002	501	426	75	154	27
2002	1,067	533	453	80	164	29
2003	1,135	568	483	85	175	31
2004	1,208	604	513	91	186	33
2005	1,286	643	546	96	198	35

In examining the impacts of drug treatment on this subpopulation, we used some of the same characteristics of the offender population that were used in the assessment of the Wisconsin TAP treatment program. That study found that TAP clients commonly were employed full-time, held a high school diploma or less, and had a lifetime average of 10 arrests and 6 convictions. Nearly one-fourth of Dane County TAP participants reported more than 20 arrests (Van Stelle et al., 1994). Because we are primarily concerned with incarcerated substance abusers who have presumably committed more severe crimes or have recidivated more frequently and thus are not candidates for TAP, these statistics may likely underestimate the number of arrests and convictions for jailed inmates.

Evaluative Criteria

The right criteria need to be used to assess the alternatives, and the benefits involved in reducing recidivism and avoiding overcrowding need to be measurable in order to show that increased AODA treatment for offenders is an efficient use of criminal justice resources.

The subsequent analysis presents a methodology for assessing AODA treatment alternatives in terms of their relative costs and benefits. This process describes an ideal method for calculating net benefits (Appendix A- Matrix 1) and provides a limited example based on existing data (Appendix B-Matrix 2).[2] Although some of the parameters are intentionally

[1] This table presents trends based on a population growth rate of 6.42 percent, an assumed work release to no work release ratio of 85:15. If the proposed facility is built, population figures could actually grow to this level.

[2] This section draws heavily on a recent report by the National Institute on Drug Abuse (NIDA) that addresses the issue of measuring costs and benefits for substance abuse treatment programs.

adjusted in order to test the sensitivity of our findings, more research is necessary to make conclusive recommendations.

Qualitative Criteria

Each of the alternatives must be structured to meet the following qualitative criteria, which have been identified as critical by the county's Committee on Jail Diversion.[3] For purposes of this analysis, we considered them mandatory.

Statutory Compliance. The first qualitative criterion is the adherence of AODA treatment programs to Wisconsin state statutes. The statutes do not clearly define what a county can or cannot do regarding assessment and treatment of AODA problems. Without statutory guidelines, the county has a great deal of freedom and flexibility in developing programs to assess and treat incarcerated individuals. Therefore, all of the alternatives noted, if legally instituted, would adhere to the rough guidelines given in law. Wisconsin statutes do, however, point to the importance of providing AODA treatment in county jails. For example, in Chapter 302.365, the county sheriff is required to provide a written policy which includes screening prisoners for AODA problems, identifying facilities in the community that can be used to treat prisoners, and providing a list of available AODA programs to prisoners. The sheriff is also required to provide care for intoxicated individuals either in the jail or at an approved facility (Wis. Statute 302.38).

Another specific section of law deals with drunk driving offenders. Anyone convicted of Operating While Intoxicated (OWI) must be assessed by an "approved treatment facility" (Wis. Statute 346.63). This assessment is part of a driver safety plan that is a contract between the offender and the court. The driver safety plan explains what an offender can and cannot do to be in compliance with the law.

The assessment of incarcerated individuals is also addressed in the Wisconsin Department of Correction's Administrative Code. Chapter 350.18 states that a health screening form showing the health needs of the inmate must be completed when the prisoner is booked into the jail. Included in this form is a rough determination of alcohol and drug problems. In April 2000, the state legislature passed Assembly Bill 795 to address health assessment problems in county jails. This bill requires the state's Department of Corrections to develop a standardized form for use in county jails that will allow the jailer to record a prisoner's medical history and conditions. The standardized form is to be completed upon transfer to any other jail or to a state prison facility. The form also provides a summary of treatment provided and gives recommendations for the care that the prisoner requires after release. This bill does not require every prisoner to be assessed upon booking into the county jail. The sheriff has to complete the required assessment form only when the prisoner transfers to a different jail or state prison.

Public Safety. This is a two-part criterion requiring officials to deal with both early risk assessment and offender accountability. In order for any jail diversion to be considered a success, the public must feel safe with the offender being out in the community. Early risk assessment identifies the level of supervision and the appropriate type of diversion program to be used. This assessment must make sure that the offender is accountable to the criminal justice system and ultimately to the general public. The goal of jail diversion is to match the appropriate program

[3] Our list was developed from criteria used by the Dane County Jail Diversion Committee: jail diversion (both immediate and long-term effects), public safety and offender accountability, effectiveness of services, efficiency of resource use and budget compliance, cooperative effort, and innovation and potential for system change.

with the appropriate type of offender. Without both early risk assessment and offender accountability, concern for public safety arises.

Flexibility. The final qualitative criterion is for the alternative to be able to adapt over time. No alternative can be static in its approach to treating alcohol and drug problems. New programs are always being implemented, and each alternative must have the flexibility to fit into an ever-changing system.

Quantitative Criteria

The quantitative criteria, explicitly considered in Matrix 1 (Appendix A), generally fall into one of three categories: possible cost savings, possible benefits, and program costs. Each of these categories attempts to measure the three quantitative criteria identified by the Committee on Jail Diversion.

Long-term Jail Diversion (Possible Cost Savings). The primary measure of long-term jail diversion is the potential reduction in recidivism for those participating in a particular treatment alternative. Unfortunately, there are no universally accepted numbers for the reduction in recidivism rates resulting from different treatment options. During our literature review, estimates of rates of recidivism reduction varied, so we have included five that appear to be the most methodologically sound and most relevant to Dane County.

1. The first estimates come from a *National Institute of Justice* study which evaluated the first therapeutic community work-release center in the United States. This study was particularly good because it evaluated four different populations and the percentage of individuals who remained arrest-free after 18 months. Although the duration of the programs was significantly longer than programs would be in Dane County, the type of programs are very similar and offer good comparisons. In fact, they compared the recidivism rates for participants in a therapeutic community in prison (52%), a therapeutic work-release center (35%), both programs (29%), and neither of the programs (70%). Thus the therapeutic community in prison reduced recidivism rates by 25 percent, and the therapeutic work-release center reduced recidivism rates by 50 percent (Inciardi, 1996).
2. The second estimates are derived from an analysis of the Hillsborough County Jail Substance Abuse Treatment Program, which was one of the three model demonstrations projects funded by the U.S. Department of Justice in 1987. After twelve months, 68 percent of the untreated offenders had repeated criminal activity in comparison to only 46 percent of the treated inmates thus resulting in a 21 percent reduction in recidivism. In addition, the treated group was arrested less frequently (an average of 1.1 arrests versus 1.6) and served fewer days in prison (an average of 32.2 versus 44.9 days) than the untreated group The strengths of this study include its use of regression analysis to control for other variables and its use of a six-week program, which is similar to what may be needed in Dane County (Peters et al., 1993).
3. The third estimates are from a six-week, jail-based treatment program in Uinta County, Wyoming, which was intended for serious repeat offenders or those who had failed at other treatment programs. This program showed a 30 percent reduction in recidivism (Huddleston, 1998).
4. A study of the TAP program in Dane County showed that while 70 percent of those who did not complete the program were rearrested and convicted (average of two

arrests) within one year, only 42 percent of those who did complete the program were convicted of a new offense (average of one arrest). Two obvious weaknesses of this study were the lack of a control group of matched offenders and a scarcity of comparison data. In addition, although this is a common problem in many studies, the relationship between treatment completion and outcome may be spurious because the most motivated offenders with positive outcomes are the most likely to complete treatment. Although this study does not evaluate a facility-based program, it is the only detailed study of recidivism or reconviction rates for substance abuse offenders at the county level in Wisconsin (Van Stelle et al., 1994).

5. In a meta-analysis conducted on the results of remedial interventions on drunk drivers, it was ascertained that the average effect of remediation was an 8-9 percent reduction in drunk driving recidivism. This study examined multiple types of AODA treatment and determined that combining education, counseling, and follow-up contact or probation was the most effective treatment (Wells-Parker et al., 1995). An examination of the potential for successfully treating hardcore drunk drivers is particularly relevant for Dane County as it is a serious problem, and recidivism is high. In 1998 in Wisconsin, 8,475 alcohol-related crashes occurred causing 282 fatalities and 6,850 injuries. The five-year average of adjudicated OWI citations for Dane County (1994–98) was 2513, and according to a statewide survey on substance abuse treatment facilities, over 85 percent of clients were being treated for alcohol as their primary drug. (Wisconsin Department of Transportation, 1999).

It is important to recognize that reduction in recidivism is only one indicator of the success of substance abuse treatment in a criminal justice setting. In fact, Van Stelle et al., in their evaluation of the Wisconsin TAP program also investigated charge at arrest, number of arrests, days to first arrest, and length of stay in treatment. They also emphasized that "equally important indicators of program success are the substance use level and productivity of participants after involvement in TAP treatment" (p. 195). Due to limitations in existing data and research, estimates on these types of indicators are difficult to make. An outcome evaluation of the Stay n' Out program, a therapeutic community in the New York State Prison System, indicates that not only does this program decrease recidivism rates (26.9 percent for those who participated in treatment versus 40.9 percent who did not), but also has the effect of delaying criminal behavior as measured by time until next arrest over some of the other types of treatment (Wexler et al., 1990). Some of these issues are discussed in further detail in the following criteria as possible cost savings and benefits.

In order to properly quantify the effects of reduced recidivism in terms of monetized cost savings and benefits, more data needs to be gathered on the particular characteristics of the population treated. Besides deciding on a specific figure for the reduction in recidivism for inmates participating in treatment, it is important to have some estimate of the number of future arrests avoided, time increased between arrests, charges, and length of sentence for those rearrested and convicted. Clearly, as the five previous examples suggest, the reduction in recidivism rates vary a great deal depending on the type and extent of treatment as well as with the methodology used to collect the data, but it is equally clear that there is some positive reduction. For the purposes of analyzing the alternatives in connection with Dane County, this report has selected recidivism reduction rates of 8 percent and 25 percent to determine how dependent the cost-effectiveness of the alternatives are on the number selected.

Other possible cost savings related to a reduction in recidivism, in addition to criminal justice service not used, include criminal acts not performed and drugs not purchased. For the purposes of this study, the only additional cost saving explicitly estimated is a reduction in property damage and personal injuries resulting from alcohol-related crashes. To approximate this figure, numbers for alcohol-related crashes in Wisconsin for 1998 are applied to cost estimates produced by the Minnesota Department of Transportation indicating that the average costs are $2000 for property damage accidents, $25,600 for personal injury, and $500,000 for fatal crashes (Minnesota Department of Transportation, 1999).

Effectiveness of Service (Possible Benefits). A critical component of this criterion requires that any implemented treatment program must have clear, measurable objectives, an issue that is considered in greater detail in the recommendation section. This criterion should be measured by:

1. Successful treatment or management of the substance abuse
2. Reduction in recidivism
3. Improved ability of the individual to live successfully in the community

The cost-benefit matrix (Matrix 1) includes a few examples of specific ways to measure and quantify the positive benefits of AODA treatment beyond a reduction in crime. These other measures include health and social services, such as drug treatment and welfare, which are no longer required as a result of successful treatment, as well as positive benefits, such as increased income and increased productivity. Effectiveness findings can be transformed into tangible benefits that are easily compared by multiplying the data by a specified cost value. The ideal method would include measuring the individual cost savings for those involved with treatment, but a more practical method involves ascertaining cost values by collecting and analyzing local data and/or surveying local criminal justice, social, and health service agencies.

Although there is too much variation between jurisdictions to rely on national or generalized cost values, these values can provide some estimates of local costs when local data is unavailable or too costly to obtain. For example, the CALDATA study, which looked at AODA in the California penal system, shows that, for inmates treated for substance abuse, costs of health services declined from a mean of $3,227 to a mean of $2,469 per person (NIDA, 2000). Another study found that drug abuse treatment increased employment rates for treated offenders from 31 percent to 45 and increased average personal earnings from $6,158 before treatment to $7,120 after treatment (NIDA, 2000).

Cost-effectiveness. This criterion is addressed in a comprehensive, theoretical manner in Matrix 1 (Appendix A) and is applied in Matrix 2 (Appendix B) to illustrate the relative cost-effectiveness of the various alternatives based on available data and certain reasonable assumptions. Following the discussion on the costs of treatment, the results from Matrix 2 are presented and explained in terms of cost-effectiveness. In addition to the examples provided in the analysis of Matrix 2, a number of studies have been undertaken that address this issue in connection with their own treatment programs. An evaluation of the jail-based substance abuse program in Marion County, Indiana, indicated that since 1993 significant savings resulted from removing 70 clients from the arrest system, saving a total of 350 arrests. The study estimated that the average cost of each arrest was $5000, and the total savings amounted to $1.75 million (Pratt, 1998). In addition, the CALDATA study determined that residential treatment was associated with a 58% reduction in costs to taxpayers (NIDA, 2000).

Costs

In order to properly quantify the costs and benefits of AODA treatment, both the costs of incarceration and AODA treatment programs must be estimated.

Costs of incarceration. Dane County's accounting office estimates that the cost of housing an inmate was $57-58 per day. In addition, Van Stelle et al., provided alternative housing cost estimates which included $54 per day (Legislative Fiscal Bureau), $59.50 per day (Wisconsin Department of Health and Family Services), and $95.13 per day (Wisconsin Department of Corrections) (1994). By relying only on inmate costs per day, the potential cost savings in criminal justice resources resulting from AODA treatment are significantly underestimated. Other significant costs include those associated with arresting, booking, processing, and adjudicating offenders. This is particularly relevant for jails because, while it was estimated that it takes two years to turn over a prison population, the jail population turns over 20-25 times each year (Hill, 1998). Clearly, these pre-incarceration cost savings could be quite significant and should be considered in a comprehensive assessment of the net benefits of AODA treatment for substance abusing offenders. For the preliminary illustration of treatment costs and benefits, this study does not consider pre-incarceration costs and simply uses the $58 estimate provided by the accounting office.

Costs of AODA treatment (Program Costs). The National Treatment Improvement Evaluation Study (NTIES), a congressionally mandated, five-year study of the impact of AODA treatment, provides national estimates on the overall costs of treatment for a variety of treatments. They estimated that substance abuse treatment in jails cost $24/day (over and above all the other costs of incarceration) and that it was provided for an average of 75 days (NTIES, 1997). To illustrate how significantly these costs vary by intensity and type of treatment, one study, which conducted an outcome evaluation of jail-based drug treatment in five counties, found that treatment resulted in net additional costs from $2.49 to $41.51 per prisoner per day (Tunis, 1995). Also, a 1992 research study, published by the National Institute on Drug Abuse, provided a nationwide average daily inmate cost ranging from $2.30 to $9 (Peters and May, 1992). In our analysis, we selected the $24 figure determined by NTIES because it is the most current and generally applicable.

The NTIES study also showed that costs for long-term residential treatment (around 140 days) was approximately $49 per day and for short-term residential (around 30 days) was $130 per day (1997). The Wisconsin Substance Abuse Treatment Capacity Analysis report, which was an attempt to compare AODA treatment demand with treatment usage and capacity, found that the average cost per day for long-term residential treatment in Wisconsin is $95, with an average stay of 72.9 days. The average cost per day for short-term residential treatment is $142 per day, with an average stay of 25.8 days (Welch and Quirke, 1998).

There may also be additional costs associated with jail-based AODA treatment. For example, substance abuse treatment could temporarily increase patients' use of social services because they have become well enough to obtain assistance for health and other related problems.

Application of Matrix Alternatives

To illustrate the cost-effectiveness of the various facility-based AODA treatment alternatives, we conducted a cursory cost-benefit analysis based on Matrix 2 (Appendix B). A

summary of the findings is presented in Table 5 with the complete results listed in Appendix C. These computations are based on the following data and assumptions:

- Jail population of 942 with 165 inmates who have substance abuse problems.
- The cost of incarcerating inmates is $58 per inmate.
- Cost of full-day programming and AODA treatment is an additional $24 per inmate per day.
- Since no recidivism data is kept at the state or county level, we selected 56 percent as a baseline measure of criminal recidivism in Dane County for AODA-related offenses.[4]
- Two rates for reduction in recidivism, 8 percent and 25 percent.
- The report on the Dane County jail population indicated that the average sentence length for inmates in Dane County was 222 days, and that between January 1997 and June 1999, 39 percent of individuals booked into the jail were booked at least twice and 20 percent were booked three times or more. Van Stelle et al. found that TAP participants in Dane, Eau Claire, and Rock County had a lifetime average of 10 arrests and 6 convictions and spent an average of 526 days incarcerated in their lifetime (1994). Recognizing that future jail days saved depends on both the number of future arrests avoided and the average sentence per arrest, this study considers two possible estimates for future jail days saved from AODA treatment, 111 and 263.[5]
- In 1998, in Dane County, 6.7 percent of the total crashes involving motor vehicles were alcohol-related resulting in 525 injuries and 15 fatalities. In Dane County, in 1998, there were 2,191 OWI convictions with 28.1 percent of these convictions being repeat offenders. In addition, statewide averages indicate that, although drunk drivers were responsible for only 6.7 percent of all crashes, 11 percent of all injuries and 40 percent of all fatalities were alcohol-related.
- There are no estimates on the number of licensed drivers who drive while intoxicated, but in 1998, there were 30,263 convictions for OWI. This figure represents less than 1 percent of all licensed drivers in Wisconsin. In order to measure the potential benefits of AODA treatment in terms of reducing alcohol-related accidents, it is necessary to have some estimate of the percentage of individuals who drive drunk We selected 6.7 as a conservative estimate for the proportion of individuals who drive drunk.[6]

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[4] This figure came from a 1994 study which evaluated the Wisconsin TAP program. In order to be conservative, we average the recidivism rates for those who completed the program with those who did not. This may be a conservative figure because national studies indicate that the average recidivism rate for county jails is 75 percent (Schnabl, 1999).

[5] Calculated from the Dane County Jail population, 111 represents a lower bound estimate assuming that only one future conviction is avoided at half the average days per sentence. Calculated from the data on TAP participants, 263 represents an upper bound estimate assuming that three future convictions are avoided at an average of 87.67 days per sentence.

[6] This number likely overstates the percentage of drunk drivers in Dane County relying on the conservative assumption that the number of drunk drivers is proportional to the number of accidents caused by drunk drivers. One would expect that drunk drivers would be more likely to be involved in accidents than sober drivers.

- We used 2 percent and 6 percent reduction rates to determine the reduction in alcohol-related accidents.[7] alternative.
- The average cost savings for reducing accidents are $2000 for property damage accidents, $25,600 for personal injury accidents, and $500,000 for fatal crashes.

The four primary alternatives discussed in detail in the previous section can now be expanded into seven facility-based treatment options, including the following:

No Facility-based Treatment

This alternative is used as the baseline for comparing the various treatment options and their costs. All 165 inmates, who are estimated to have substance abuse problems, are simply incarcerated without any treatment.

AODA Treatment with Work Release

Part-day AODA programming within a minimum security setting where 50 of the 165 inmates are participating in the treatment program.

Therapeutic Community: Minimum Security

Dedicated residential units for 25 inmates who would receive full-time daily programming and AODA treatment.

Therapeutic Community: Medium and/or Maximum Security

Similar to the previous alternative but in a medium and/or maximum security setting and perhaps longer in duration.

Hybrid 1

A combination of alternatives for minimum-security inmates in order to increase the flexibility of the program by making AODA treatment services available at various levels of intensity.

Hybrid 2

A therapeutic community for both minimum (15 inmates) and medium and/or maximum security (10 inmates). It recognizes that regardless of security classification inmates would benefit from AODA treatment, so it divides the resources.

[7] The percent reduction in alcohol-related injuries and fatalities is derived from the reduction in recidivism rates used earlier (1/4 of each rate). In order to show a proportional relationship based on number of offenders removed from the arrest cycle, we calculated the reduction in alcohol related injuries and fatalities based on the alternative that resulted in the most numbers of offenders removed from the system. The figures for the other alternatives are proportionally derived based on the number of offenders removed for that particular alternative relative to the alternative with the highest number of offenders removed.

Community-based Residential Facility

Expansion of resources currently devoted to assisting individuals in obtaining AODA treatment from community-based residential facilities. Obviously, this option does not address the existing gap in AODA treatment services for those substance abusers who have been incarcerated, but rather provides resources to individuals who are not required to serve jail time. For this reason, this alternative is quite costly in comparison to the other six because it consists of funding 25 slots in a community-based residential facility in addition to housing all 165 inmates. While community-based residential facilities likely divert some substance abusing offenders from incarceration, it is not clear what the relative impact of this diversion is in terms of slowing the growth of the jail population. In any case, while increased funding for community facilities will expand the access of the services available to substance abusers, it does not provide access to treatment for offenders, who, for multiple reasons, have been incarcerated.

Although the expansion or modification of existing AODA jail diversion programs was presented as an alternative in an earlier section, it is not being explicitly compared to the facility-based treatment alternatives. Instead, we view it in terms of its relationship with the various alternatives.

Results and Limitations of the Applied Cost-Benefit Analysis

This assessment of the costs and benefits of jail-based AODA treatment is intended only as a hypothetical exercise because it is based on insufficient dataa. Still, it does provide some insights into the potential benefits of AODA treatment and those factors that will most significantly determine its cost-effectiveness. Clearly, an AODA treatment program will be more cost effective if it is analyzed using a higher reduction in recidivism rate, a higher incarceration cost per inmate, higher estimates of future convictions and jail days saved, and a more inclusive measurement of other social benefits.

By using reduction in recidivism rates as the only measure of savings in criminal justice expenditures, the impact of treatment is underestimated. To estimate properly the direct benefits of AODA treatment, it is important to measure length until next arrest, frequency of future arrests, and type of offense. Studies have shown that individuals who have participated in jail-based AODA treatment and then broke the law again tend to be arrested less frequently, have longer non-criminal periods and commit less severe crimes (Hill, 1998).

In addition, this model applies the same reduction in recidivism rate to each type of treatment because there is no a priori theory or conclusive statistics concerning the differential effects of each treatment. To estimate treatment effectiveness more accurately, much more information about population characteristics and levels of AODA dependence is required. One might expect a therapeutic community to be more effective, but this type of treatment is generally used for individuals with more serious AODA problems. On the other hand, one might believe that AODA treatment with work release would have better results because these offenders may have less severe substance abuse problems, but there is no clear correlation between severity of offense and severity of substance abuse dependency. In addition, inmates on work release receive less intensive AODA treatment and most likely participate in programs that are shorter in duration.

Obviously, this model's measurement of the social benefits of AODA treatment in terms of the reduction in alcohol-related crashes, injuries, and accidents is based on a number of tenuous assumptions and may overstate a benefit that is very difficult to quantify. At the same

time, this model does not contain any measure of other important social benefits of jail-based AODA treatment, including a decrease in illicit activity, a potential reduction in the need for other AODA treatment, a decrease in health, welfare, and disability payments, an increase in productivity, new personal income, additional taxes, and an increased level of sobriety in the community. Also, in order to present the impact of program size on cost-effectiveness, the treatment alternatives do not consist of the same size program or the same level of AODA expenditures. Thus, they should not only be directly compared in terms of net benefits, but also should be translated into benefit-cost ratios.

Also, this model is static and does not measure benefits over time. In particular, the incarcerated population will likely continue to grow at or near existing rates thus increasing the number of substance-abusing inmates. A comprehensive analysis would build these trends into its model and estimate the potential benefits, over time, of a constantly expanding jail-based treatment program. In addition, this illustration was conducted as if the costs and benefits would be realized at the same time. In reality, there would be significant program costs before any benefits were realized. In order to compare costs and benefits properly, they should be discounted and compared in terms of their net present value.[8]

[8] This calculation can easily be done by dividing costs or benefits in some year (t) by $(1+r)^t$ where (r) is the discount rate (often .08, .10 or .14).

Table 5: Summary of Suggestive Cost-Effectiveness Findings (Matrix 2)

AODA Treatment Alternative	165 Inmates 8% reduction in recidivism 111 jail days saved per offender		165 Inmates 25% reduction in recidivism 111 jail days saved per offender		165 Inmates 8% reduction in recidivism 263 jail days saved per offender		165 Inmates 25% reduction in recidivism 263 jail days saved per offender	
	Net Budget Change	Budget Change With Social Benefit	Net Budget Change	Budget Change With Social Benefit	Net Budget Change	Budget Change With Social Benefit	Net Budget Change	Budget Change With Social Benefit
No facility-based treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
AODA treatment with work release (50 program slots)	-$110,960.00	**$150,040.00**	**$118,625.00**	**$950,625.00**	**$36,986.67**	**$297,986.67**	**$580,958.33**	**$1,412,958.33**
Therapeutic Community: Min. Security (25 Beds)	-$164,980.00	-$34,480.00	-$50,187.50	**$365,812.50**	-$91,006.67	**$39,493.33**	**$180,979.17**	**$596,979.17**
Therapeutic Community: Med./Max. (25 Beds)	-$164,980.00	-$34,480.00	-$50,187.50	**$365,812.50**	-$91,006.67	**$39,493.33**	**$180,979.17**	**$596,979.17**
Hybrid 1 50 program slots and 25 beds	-$275,940.00	**$115,560.00**	**$68,437.50**	**$1,316,437.50**	-$54,020.00	**$337,480.00**	**$761,937.50**	**$2,009,937.50**
Hybrid 2 15 Min. , 10 Med./Max.	-$219,7300.00	-$89,230.00	-$104,937.50	**$311,062.50**	-$145,756.67	-$15,256.67	**$126,229.17**	**$542,229.17**
CBRF expansion 25 slots	-$812,855.00	-$682,355.00	-$698,062.50	-$282,062.50	-$738,881.67	-$608,381.67	-$466,895.83	-$50,895.83

Thus, there is strong evidence that facility-based AODA treatment has positive and significant effects in terms of reducing recidivism and increasing sobriety in the community. In addition to the rather complex attempt at modeling these impacts in Dane County, there are some national or state-level assessments that have produced more generalized statistics. The RAND corporation has conducted numerous studies of AODA treatment in penal institutions and has found that "for every dollar spent on treatment seven dollars would be saved by the reduction of recidivism and the ancillary savings in costs of courts, police, jailing, and probation" (Pratt, p. 61, 1998). The California Drug and Alcohol Treatment Assessment (CALDATA) study reported that the average person completing treatment spent 95 days at a total cost of $1360. At the same time, this treatment resulted in approximately $10,000 in cost reductions in the form of health care, criminal justice and victimization savings (Byrne, 1998).

Also, in the public sector, Wisconsin annually spends approximately $63.2 million on alcohol and drug abuse services for 58,650 people, 70 percent of whom receive treatment or rehab services. It is estimated that the economic benefit from these services is over $442 million resulting in savings on welfare, criminal justice costs, property damage and loss, unemployment, medical care, etc (Quirke, 1997).

Findings and Recommendations

Jail-based AODA treatment expands the continuum of treatment services and might help to address the burgeoning problem of jail overcrowding by reducing recidivism.

In addition, our analysis indicated the following:

- Although the number of inmates arrested on an AODA related charge suggests that significant demand exists for jail-based AODA treatment, national data indicate that this severely underestimates the true extent of demand.
- A treatment gap in AODA services currently exists for offenders in Dane County.
- There are many alternatives for treating alcohol and drug abusers that can be flexibly applied to meet the treatment needs of inmates based on their security classification, work-release status, and length of stay.
- The cost-effectiveness of AODA treatment is determined by the assumptions made regarding costs, rates of recidivism, and the range of social benefits included in the analysis.
- By committing resources to jail-based AODA treatment, Dane County may benefit from reduced crime, enhanced public safety, improved levels of health and sobriety, and increased cost savings from curtailed demand on criminal justice, health, and social services.
- Insufficient data exists for fully measuring the costs and benefits of jail-based AODA treatment or for making appropriate policy decisions on the allocation of treatment resources.

Recommendations

In light of the findings, some general suggestions can be made regarding a more comprehensive approach to treating substance abuse.

Continuum of AODA treatment services in Dane County

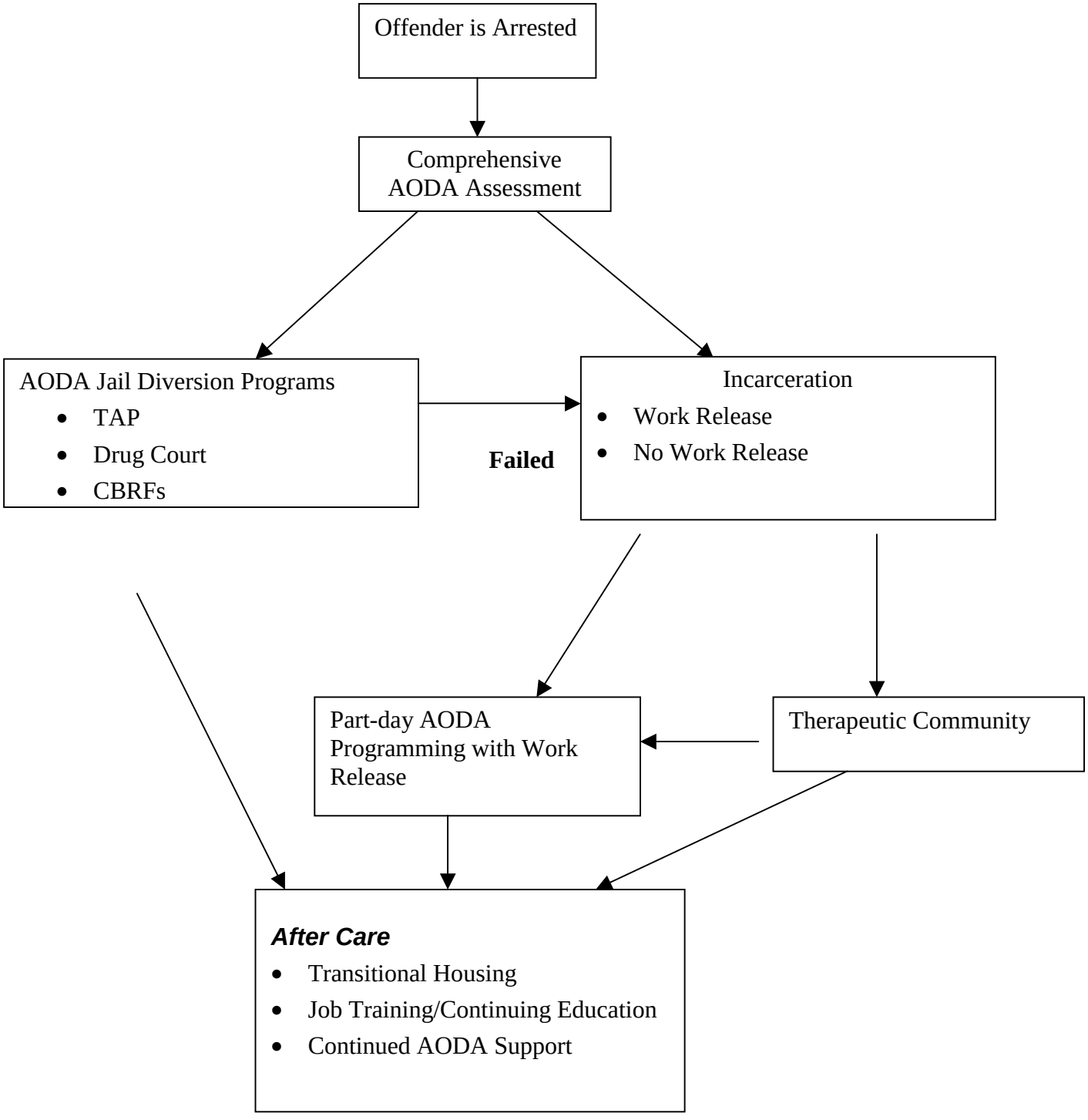
In order for jail-based AODA treatment to be successful, a comprehensive system needs to be developed that provides individualized services to inmates at every stage in the criminal justice process. Jail-based treatment must also be integrated into the existing range of AODA services available in Dane County. Giuliani and Schnoll (1985) suggest four primary characteristics of comprehensive AODA treatment.

- A uniform, centralized assessment process.
- Focus on relevant patient characteristics beyond the severity of substance abuse.
- Treatments appropriate to the individual.
- Different levels of care or intensity of treatment depending on the situation.

Both criminal justice and substance abuse treatment experts have observed that significant gains made by offenders during AODA treatment while incarcerated are not sustained when offenders return to the community. The main reason cited for this rapid depreciation of results is that continuity of care in most systems is either inadequate or nonexistent. Without good coordination between the systems providing treatment, positive results are lost when the offender is released because of the loss of the structured treatment setting. Individuals with either mental illness or addiction disorders often have an even more difficult time readjusting to the community after living in highly structured environments. When offenders are unable to readjust, they are more likely to fall back into old patterns of substance abuse and crime.

In order to mitigate the loss of treatment results and to provide continuity, programs need to coordinate treatment. Evaluations of recidivism rates for both the Delaware programs and the Amity, California, programs show substantial reductions in recidivism rates for offenders who participated in both secure facility-based programming and community-based facility programming. Further, the Oregon Department of Corrections has shown that use of a day treatment pre-release program combined with supervised community aftercare yields greater reductions in recidivism than treatment through just one of the two components. When a true continuum of treatment is structured into these jail-based and community-based programs, reductions in recidivism are more substantial than in models that do not stress treatment continuity (Field, 1998).

Figure 1: Ideal Continuum of AODA treatment



Implementation

Regardless of the type of AODA treatment used, several critical issues need to be addressed to ensure success of the AODA program.

Measurement Criteria. In order to assess the impact of the AODA program, clear measurable goals and objectives must be established and properly maintained. Waukesha County uses the following criteria to measure the success of its secure substance abuse treatment program (1999).

- Percent of offenders who complete jail based program.
- Number of inmates served and percent of beds utilized.
- Percent of offender graduates that repeat after 6 months, one year, and five years.
- Evaluation of the program by those treated.

Assessment Tool. A centralized, uniform assessment tool is essential to ensure that appropriate services are provided. The National Drug Court Institute suggests that a comprehensive risk and needs assessment for every offender, immediately after arrest, is necessary to determine the nature and extent of the individual's substance abuse problem and whether the individual is suitable for AODA treatment programs (1999). Recognizing that treatment is most effective when program content closely matches client characteristics, the Wisconsin Department of Corrections conducts a multifaceted assessment, the Wisconsin Uniform Substance Abuse Screening Battery, which includes four major dimensions: alcohol dependence, other drug involvement, psychiatric impairment, and pyschopathic tendencies (Vigdal, 1992). Each offender should be screened either in the jail or in the courts to determine eligibility for placement in a treatment setting, to assess escape risk, and to determine appropriateness for placement in a direct supervision facility or a community residential center (National Task Force on Correctional Substance Abuse Strategies, 1991). An example of a comprehensive risk and needs assessment is included Appendix D.

Agency Cooperation and Coordination. AODA treatment is a complex undertaking that requires the concerted effort of multiple agencies in close cooperation. Waukesha County provides an example of a holistic program which relies on the cooperative effort of a multiplicity of actors (1999). Following is a list of those who are involved:

- Jail AODA counselors—a primary case manager ensures integrated service delivery to inmates
- Sheriff and correctional officers
- AODA services provider—contracted agency for AODA treatment services in the jail
- Waukesha County Department of Health and Human Services—provides services for released inmates and helps coordinate AODA support groups
- Alcoholics Anonymous (AA)—weekly meetings held in the jail
- Wisconsin Department of Corrections Division of Probation and Parole—encourage participation in AODA treatment programs
- Jail ministries and spiritual counseling

- Waukesha County Technical College—provides education and employment services to inmates

Other necessary participants include the district attorney, public defender, county judge, and the clerk of court, all of whom would be involved in identifying potential candidates for jail based AODA treatment.

Future Research

New research and better data collection is a prerequisite to making an informed policy decision. The data collection must include the following:

- Better numbers on type and number of offenses, recidivism rates, average lengths of stay for different types of offenders, characteristics of jail population (demographic, security classification, AODA classification, and work release)
- Pre-trial costs
- Incarceration costs.

In addition to improved data collection, helpful research projects might include the following:

- A more detailed examination of the jail population
- A study of recidivism rates to develop baseline statistics in Dane County
- A demonstration project that tests the impacts of jail-based AODA treatment on substance abuse levels, recidivism rates, and improved earnings and productivity

Future research will help determine the direction Dane County should take in developing and allocating resources for AODA programs. Clearly, Dane County will have to address the problem of jail overcrowding by likely expanding current jail facilities. Consequently, county officials must decide whether or not to address the link between substance abuse and recidivism for sentenced offenders. Recent studies have shown that the addition of jail beds is correlated with an accelerated rate of growth in the jail population suggesting that jail overcrowding would be more appropriately addressed by alternatives to incarceration and jail-based AODA treatment (D'Alessio and Stolzenberg, 1998).

Appendix A: Ideal Cost-Benefit Analysis (Matrix 1)

	Program Costs	**Possible Cost Savings**				**Possible Benefits**		
		Reduction in Recidivism (could also be measured by length of stay or time until next booking)				(Measured in decreased number of absentee days, increased earnings, etc.)		
Alternatives		Criminal Justice services not used	Criminal acts not performed (property not damaged)	Drug treatment/ Health Services no longer needed	Welfare/ Disability payments no longer made	Employment/ Entrepreneurship	Income taxes on increase in licit income	Increased worker productivity
No facility-based treatment								
AODA treatment with work release								
Therapeutic Community: **min. security**								
Therapeutic Community: **med./max. security**								
Hybrid 1Min. security both TC and work release program								
Hybrid 2 **TC for both min. and med./max. security**								
CBRF expansion								

Appendix B: Applied Cost-Benefit Analysis (Matrix 1)

Alternatives	Program Costs	Cost Savings Resulting from a Decrease in Criminal Justice Expenditures				Reduction in Alcohol-Related Crashes, Injuries and Fatalities			
	This is the additional cost per day due to AODA treatment.	The data needed include baseline recidivism rates, reduction in recidivism rates, average length of stay, average number of convictions, cost of incarceration. Each variable can easily be varied to determine a range of possible cost savings.				Without direct evidence on the relationship between AODA treatment and reduction of alcohol-related crashes, certain data and assumptions are required. These include number of alcohol-related crashes, injuries, and fatalities, and the percentage of total crashes, total damages from each type of accident, and some estimate on the decreased likelihood of such accidents resulting from AODA treatment.			
No facility-based treatment									
AODA treatment with work release									
Therapeutic Community: **min. security**									
Therapeutic Community: **med./max. security**									
Hybrid 1 **Min. security both TC and work release program**									
Hybrid 2 **TC for both min. and med./max. security**									
CBRF expansion									

Appendix C: Complete Summary of Matrix 2 Demonstration

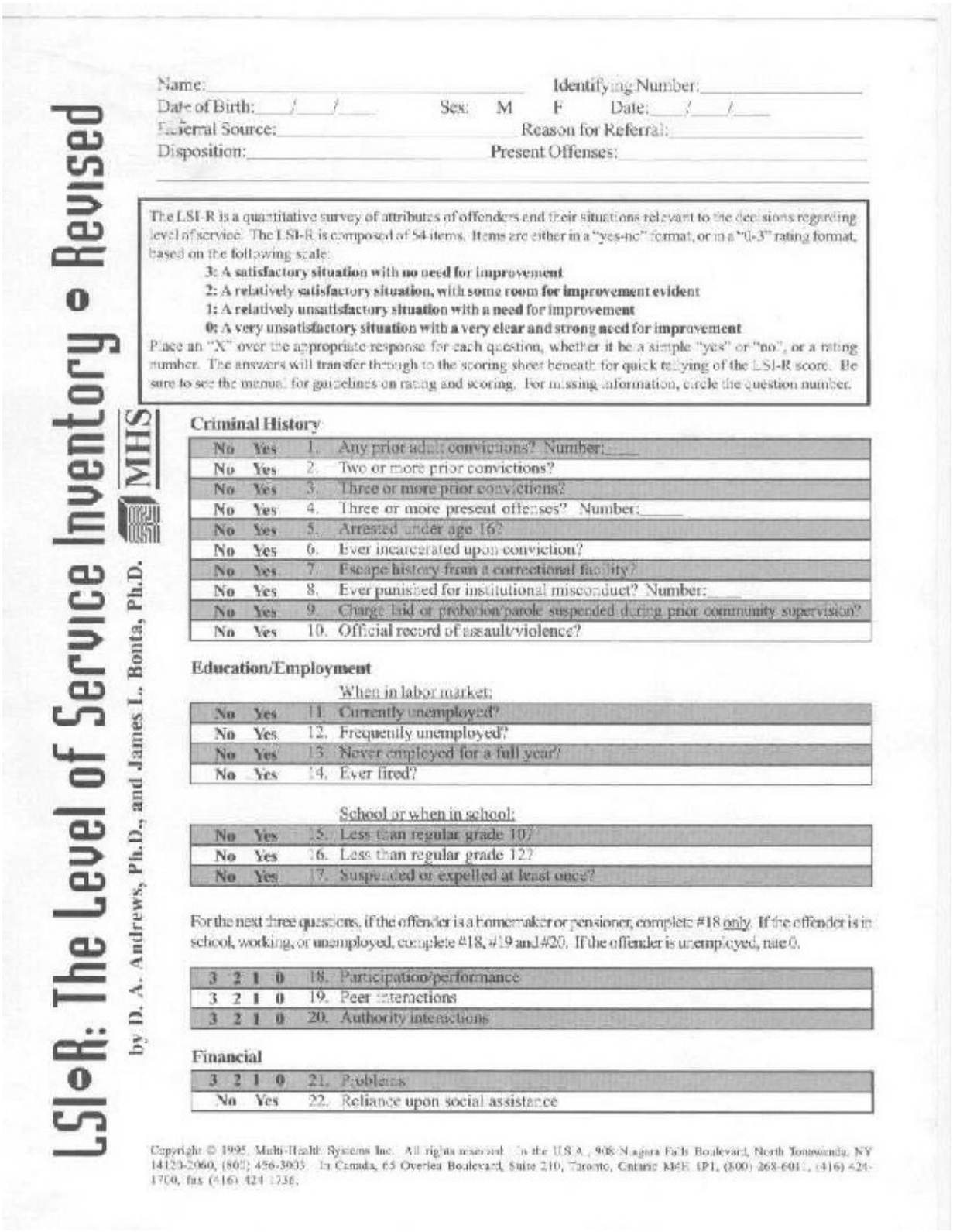
165 Inmates 8% reduction in recidivism 111 jail days saved per offender	Program Costs (Daily/per inmate)	Total Costs (6 weeks)	Offenders Removed	Annual Costs	Annual Offenders Removed	Jail Days Saved	Costs Saved	Injuries/Fatalities Averted	Net Budget Change	Budget Change With Social Benefit
No facility-based treatment	$58	$401,940	0	$3,493,050.00	0	0	$0.00	$0.00	$0.00	$0.00
AODA treatment with work release (50 program slots)	$70	$427,140	2.24	$3,712,050.00	19.47	2161	$108,040.00	$261,000.00	($110,960.00)	$150,040.00
Therapeutic Community: min. security (25 Beds)	$82	$427,140	1.12	$3,712,050.00	9.73	1080	$54,020.00	$130,500.00	($164,980.00)	($34,480.00)
Therapeutic Community: med./max. (25 Beds)	$82	$427,140	1.12	$3,712,050.00	9.73	1080	$54,020.00	$130,500.00	($164,980.00)	($34,480.00)
Hybrid 1 50 program slots and 25 beds	$70/$82	$452,340	3.36	$3,913,050.00	29.20	3241	$162,060.00	$391,500.00	($275,940.00)	$115,560.00
Hybrid 2 15 min. and 10 med./max.	$88	$433,440	1.12	$3,766,800.00	9.73	1080	$54,020.00	$130,500.00	($219,7300.00)	($89,230.00)
CBRF expansion 25 slots	$95	$501,690	1.12	$4,359,925.00	9.73	1080	$54,020.00	$130,500.00	($812,855.00)	($682,355.00)

165 Inmates 25% reduction in recidivism 111 jail days saved per offender	Program Costs (Daily/per inmate)	Total Costs (6 weeks)	Offenders Removed	Annual Costs	Annual Offenders Removed	Jail Days Saved	Costs Saved	Injuries/Fatalities Averted	Net Budget Change	Budget Change With Social Benefit
No facility-based treatment	$58	$401,940	0	$3,493,050.00	0	0	$0.00	$0.00	$0.00	$0.00
AODA treatment with work release (50 program slots)	$70	$427,140	7	$3,712,050.00	60.83	6753	$337,625.00	$832,000.00	$118,625.00	$950,625.00
Therapeutic Community: min. security (25 Beds)	$82	$427,140	3.5	$3,712,050.00	30.42	3376	$168,812.50	$416,000.00	($50,187.50)	$365,812.50
Therapeutic Community: med./max. (25 Beds)	$82	$427,140	3.5	$3,712,050.00	30.42	3376	$168,812.50	$416,000.00	($50,187.50)	$365,812.50
Hybrid 1 50 program slots and 25 beds	$70/$82	$452,340	10.5	$3,913,050.00	91.25	10129	$506,437.50	$1,248,000.00	$68,437.50	$1,316,437.50
Hybrid 2 15 min. and 10 med./max.	$88	$433,440	3.5	$3,766,800.00	30.42	3376	$168,812.50	$416,000.00	($104,937.50)	$311,062.50
CBRF expansion 25 slots	$95	$501,690	3.5	$4,359,925.00	30.42	3376	$168,812.50	$416,000.00	($698,062.50)	($282,062.50)

165 Inmates 8% reduction in recidivism 263 jail days saved per offender	Program Costs (Daily/per inmate)	Total Costs (6 weeks)	Offenders Removed	Annual Costs	Annual Offenders Removed	Jail Days Saved	Costs Saved	Injuries/Fatalities Averted	Net Budget Change	Budget Change With Social Benefit
No facility-based treatment	$58	$401,940	0	$3,493,050.00	0	0	$0.00	$0.00	$0.00	$0.00
AODA treatment with work release (50 program slots)	$70	$427,140	2.24	$3,712,050.00	19.47	5120	$255,986.67	$261,000.00	$36,986.67	$297,986.67
Therapeutic Community: min. security (25 Beds)	$82	$427,140	1.12	$3,712,050.00	9.73	2560	$127,993.33	$130,500.00	($91,006.67)	$39,493.33
Therapeutic Community: med./max. (25 Beds)	$82	$427,140	1.12	$3,712,050.00	9.73	2560	$127,993.33	$130,500.00	($91,006.67)	$39,493.33
Hybrid 1 50 program slots and 25 beds	$70/$82	$452,340	3.36	$3,913,050.00	29.20	7680	$383,980.00	$391,500.00	($54,020.00)	$337,480.00
Hybrid 2 15 min. and 10 med./max.	$88	$433,440	1.12	$3,766,800.00	9.73	2560	$127,993.33	$130,500.00	($145,756.67)	($15,256.67)
CBRF expansion 25 slots	$95	$501,690	1.12	$4,359,925.00	9.73	2560	$127,993.33	$130,500.00	($738,881.67)	($608,381.67)

165 Inmates 25% reduction in recidivism 263 jail days saved per offender	Program Costs (Daily/per inmate)	Total Costs (6 weeks)	Offenders Removed	Annual Costs	Annual Offenders Removed	Jail Days Saved	Costs Saved	Injuries/Fatalities Averted	Net Budget Change	Budget Change With Social Benefit
No facility-based treatment	$58	$401,940	0	$3,493,050.00	0	0	$0.00	$0.00	$0.00	$0.00
AODA treatment with work release (50 program slots)	$70	$427,140	7	$3,712,050.00	60.83	15999	$799,958.33	$832,000.00	$580,958.33	$1,412,958.33
Therapeutic Community: min. security (25 Beds)	$82	$427,140	3.5	$3,712,050.00	30.42	8000	$399,979.17	$416,000.00	$180,979.17	$596,979.17
Therapeutic Community: med./max. (25 Beds)	$82	$427,140	3.5	$3,712,050.00	30.42	8000	$399,979.17	$416,000.00	$180,979.17	$596,979.17
Hybrid 1 50 program slots and 25 beds	$70/$82	$452,340	10.5	$3,913,050.00	91.25	23999	$1,199,937.50	$1,248,000.00	$761,937.50	$2,009,937.50
Hybrid 2 15 min. and 10 med./max.	$88	$433,440	3.5	$3,766,800.00	30.42	8000	$399,979.17	$416,000.00	$126,229.17	$542,229.17
CBRF expansion 25 slots	$95	$501,690	3.5	$4,359,925.00	30.42	8000	$399,979.17	$416,000.00	($466,895.83)	($50,895.83)

Appendix D: Sample AODA Assessment Tool



LSI•R: The Level of Service Inventory • Revised

by D. A. Andrews, Ph.D., and James L. Bonta, Ph.D.

MHS

Name:_____ Identifying Number:_____

Date of Birth:___/___/___ Sex: M F Date:___/___/___

Referral Source:_____ Reason for Referral:_____

Disposition:_____ Present Offenses:_____

The LSI-R is a quantitative survey of attributes of offenders and their situations relevant to the decisions regarding level of service. The LSI-R is composed of 54 items. Items are either in a "yes-no" format, or in a "0-3" rating format, based on the following scale:

3: A satisfactory situation with no need for improvement
2: A relatively satisfactory situation, with some room for improvement evident
1: A relatively unsatisfactory situation with a need for improvement
0: A very unsatisfactory situation with a very clear and strong need for improvement

Place an "X" over the appropriate response for each question, whether it be a simple "yes" or "no", or a rating number. The answers will transfer through to the scoring sheet beneath for quick tallying of the LSI-R score. Be sure to see the manual for guidelines on rating and scoring. For missing information, circle the question number.

Criminal History

No	Yes	1.	Any prior adult convictions? Number:____
No	Yes	2.	Two or more prior convictions?
No	Yes	3.	Three or more prior convictions?
No	Yes	4.	Three or more present offenses? Number:____
No	Yes	5.	Arrested under age 16?
No	Yes	6.	Ever incarcerated upon conviction?
No	Yes	7.	Escape history from a correctional facility?
No	Yes	8.	Ever punished for institutional misconduct? Number:____
No	Yes	9.	Charge laid or probation/parole suspended during prior community supervision?
No	Yes	10.	Official record of assault/violence?

Education/Employment

When in labor market:

No	Yes	11.	Currently unemployed?
No	Yes	12.	Frequently unemployed?
No	Yes	13.	Never employed for a full year?
No	Yes	14.	Ever fired?

School or when in school:

No	Yes	15.	Less than regular grade 10?
No	Yes	16.	Less than regular grade 12?
No	Yes	17.	Suspended or expelled at least once?

For the next three questions, if the offender is a homemaker or pensioner, complete #18 only. If the offender is in school, working, or unemployed, complete #18, #19 and #20. If the offender is unemployed, rate 0.

3 2 1 0		18.	Participation/performance
3 2 1 0		19.	Peer interactions
3 2 1 0		20.	Authority interactions

Financial

3 2 1 0		21.	Problems
No	Yes	22.	Reliance upon social assistance

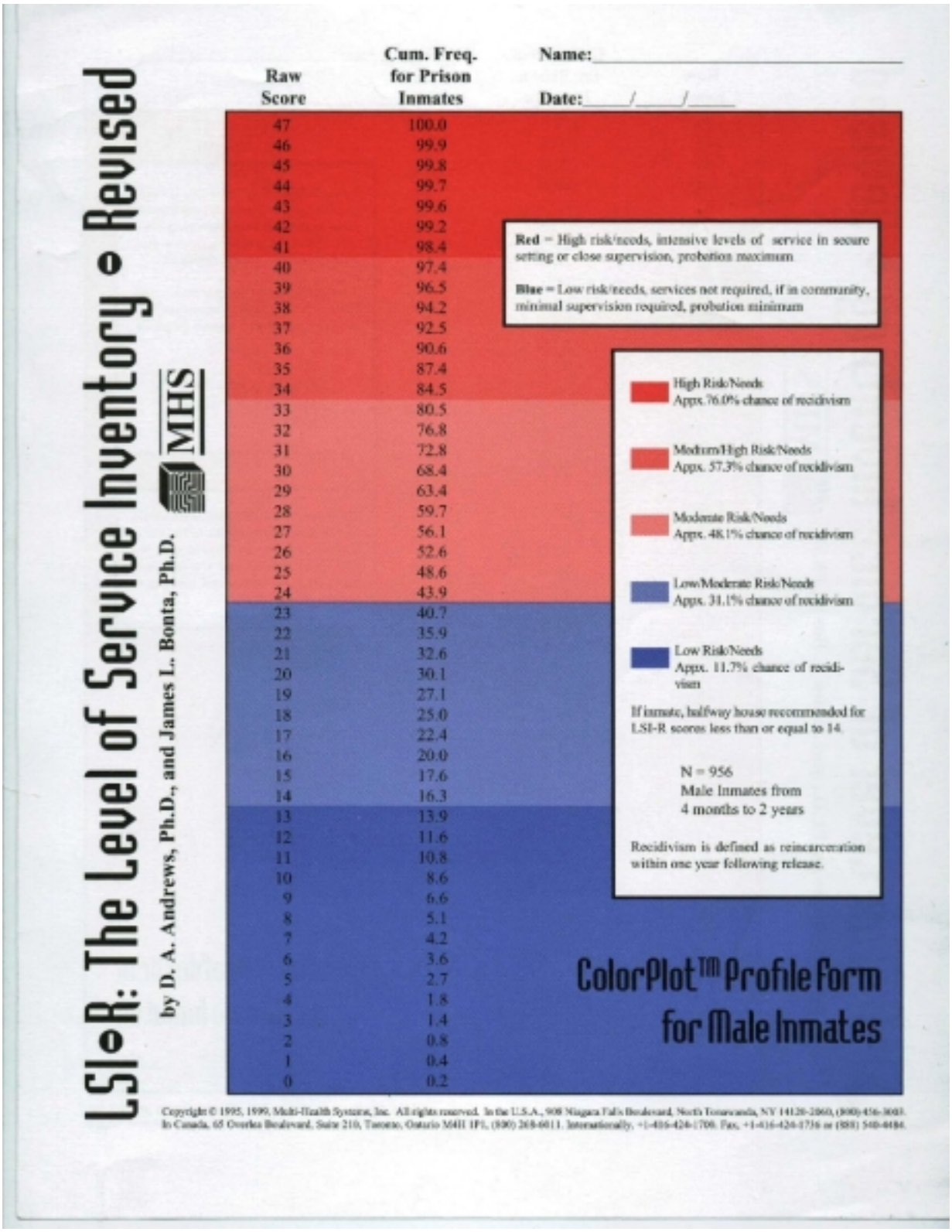
LSI-R: The Level of Service Inventory - Revised

by D. A. Andrews, Ph.D., and James L. Bonta, Ph.D.

Remember, the rating scale is as follows:

3: A satisfactory situation with no need for improvement
2: A relatively satisfactory situation with some room for improvement evident
1: A relatively unsatisfactory situation with a need for improvement
0: A very unsatisfactory situation with a very clear and strong need for improvement

		Question Numbers
Family/Marital		
Dissatisfaction with marital or equivalent situation	3 2 1 0	23.
Non-rewarding, parental	3 2 1 0	24.
Non-rewarding, other relatives	3 2 1 0	25.
Criminal-Family/Spouse	No Yes	26.
Accommodation		
Unsatisfactory	3 2 1 0	27.
3 or more address changes last year	No Yes	28.
High crime neighborhood	No Yes	29.
Leisure/Recreation		
Absence of recent participation in an organized activity	No Yes	30.
Could make better use of time	3 2 1 0	31.
Companions		
A social isolate	No Yes	32.
Some criminal acquaintances	No Yes	33.
Some criminal friends	No Yes	34.
Few anti-criminal acquaintances	No Yes	35.
Few anti-criminal friends	No Yes	36.
Alcohol/Drug Problem		
Alcohol problem, ever	No Yes	37.
Drug problem, ever	No Yes	38.
Alcohol problem, currently	3 2 1 0	39.
Drug problem, currently Specify type of drug:	3 2 1 0	40.
Law violations	No Yes	41.
Marital/Family	No Yes	42.
School/Work	No Yes	43.
Medical	No Yes	44.
Other indicators Specify:	No Yes	45.
Emotional/Personal		
Moderate interference	No Yes	46.
Severe interference, active psychosis	No Yes	47.
Mental health treatment, past	No Yes	48.
Mental health treatment, present	No Yes	49.
Psychological assessment indicated Area:	No Yes	50.
Attitudes/Orientation		
Supportive of crime	3 2 1 0	51.
Unfavorable toward convention	3 2 1 0	52.
Poor, toward sentence	No Yes	53.
Poor, toward supervision	No Yes	54.


LSI•R: The Level of Service Inventory • Revised
by D. A. Andrews, Ph.D., and James L. Bonta, Ph.D.
MHS
Raw Score
Cum. Freq. for Prison Inmates
Name:
Date:
47 100.0
46 99.9
45 99.8
44 99.7
43 99.6
42 99.2
41 98.4
40 97.4
39 96.5
38 94.2
37 92.5
36 90.6
35 87.4
34 84.5
33 80.5
32 76.8
31 72.8
30 68.4
29 63.4
28 59.7
27 56.1
26 52.6
25 48.6
24 43.9
23 40.7
22 35.9
21 32.6
20 30.1
19 27.1
18 25.0
17 22.4
16 20.0
15 17.6
14 16.3
13 13.9
12 11.6
11 10.8
10 8.6
9 6.6
8 5.1
7 4.2
6 3.6
5 2.7
4 1.8
3 1.4
2 0.8
1 0.4
0 0.2
Red = High risk/needs, intensive levels of service in secure setting or close supervision, probation maximum
Blue = Low risk/needs, services not required, if in community, minimal supervision required, probation minimum
High Risk/Needs
Appx. 76.0% chance of recidivism
Medium/High Risk/Needs
Appx. 57.3% chance of recidivism
Moderate Risk/Needs
Appx. 48.1% chance of recidivism
Low/Moderate Risk/Needs
Appx. 31.1% chance of recidivism
Low Risk/Needs
Appx. 11.7% chance of recidivism
If inmate, halfway house recommended for LSI-R scores less than or equal to 14.
N = 956
Male Inmates from
4 months to 2 years
Recidivism is defined as reincarceration within one year following release.
ColorPlot™ Profile form for Male Inmates
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