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The National Criminal Justice Treatment Practices survey: An overview of the special issue*

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1. The information problem

Drug courts, therapeutic community treatment programs in prison, postrelease, outpatient aftercare services, and case management linking offenders to outpatient drug treatment in the community are notable innovative advancements in correctional programming involving addiction treatment. Although these drug abuse treatment interventions are now widely accepted as core elements of crime control strategy, we are unsure of how many correctional agencies perform such practices, or how many of the nearly 8 million adults and > 700,000 juveniles involved in the justice system receive such interventions. Assumptions are commonly made about the extent of programming available to offenders, particularly addiction treatment services. Without adequate information, it is difficult, if not impossible, to develop and implement sound programming that meets the needs of the population and serves greater public health and safety goals.

Research and policy in this area have been handicapped by lack of information about the nature and prevalence of substance abuse treatment services within correctional settings. The available information tends to be derived from piecing together various government reports, evaluations of single-site or multisite programs, and experimental studies on new treatments. Furthermore, these studies tend to discuss specific subpopulations, such as prisoners, reentering inmates, or drug court participants, instead of the full array of individuals involved with the justice system. This fragmented knowledge, combined with the complexity and idiosyncrasies of the justice apparatus across states and localities, further confounds our understanding of substance abuse treatment services provided across the spectrum of correctional settings (i.e., prisons, jails, courts, and probation/parole) and the capability of these services to effectively address the recidivism-prone behavior of offenders.

2. The National Criminal Justice Treatment Practices (NCJTP) survey

In 2002, the National Institute on Drug Abuse (NIDA) established the Criminal Justice Drug Abuse Treatment Studies (CJ-DATS), a 10-center research network designed to conduct directive research studies aimed at improving our understanding of treatment services for adults and youth in the justice system (Fletcher & Wexler, 2005). One of the first efforts of the new

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CJ-DATS cooperative was a national survey on the nature and prevalence of substance abuse treatment programs and services offered to drug-involved offenders throughout the criminal justice system.

The NCJTP survey was designed to describe and quantify the array of correctional settings and diverse populations served in these settings, including the juvenile justice system. Beyond a quantitative description of addiction treatment services and delivery mechanisms, the survey gathered organizational and sociopolitical information to provide a better understanding of the factors affecting interactions between correctional and treatment delivery systems across the nation. The articles in this special issue derive from the NCJTP survey and illustrate the multiple systemic, organizational, and infrastructure barriers affecting the provision of evidence-based addiction treatment as described in the NIDA's (2006) *Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research Based Guide*. The findings from these articles raise questions that are likely to challenge researchers, practitioners, and policymakers for years to come.

3. The articles in this issue

The first article of this issue (Taxman, Young, Wiersema, Rhodes, and Mitchell) presents an overview of the methodology of the NCJTP survey that captured information from state and local government agencies and private providers. Using a multilevel multistage sampling frame, the methodology is designed to examine treatment delivery networks in communities. This article also presents the purpose of the survey, instrumentation and key variables, sampling frame design, survey administration, response rates, and response analyses. The multilevel survey sample includes state-level executives, facility or unit administrators (state or local government, depending upon the agency), treatment administrators, and line staff. The survey team developed a strategy that involved collaboration with national associations (American Correctional Association, American Probation and Parole Association, Council of Juvenile Corrections Administrators, American Jail Association, National Treatment Accountability for Safer Communities, and National Association of State Alcohol and Drug Abuse Directors) in both the design and the administration of the survey. As this article shows, the survey administration itself reveals the complexity of the correctional system and provides insight into the complicated nature of the delivery of treatment services for offenders.

Two articles describe the programs and services offered in the vast array of correctional settings—prisons, juvenile residential facilities, jails and detention centers, and community corrections agencies (probation and parole)—for adult and juvenile offenders. The first of these (Taxman, Perdoni, and Harrison) presents survey results on programs and services available in adult corrections. The NCJTP survey found that substance abuse education and awareness are the most prevalent forms of services—offered in 74% of prisons, 61% of jails, and 53% of community correctional agencies. A companion article devoted to programs and services offered in the juvenile justice system (Young, Dembo, and Henderson) also found that education/general equivalency diploma programs and drug and alcohol education were the most prevalent services. Both articles report that although many agencies offer substance abuse services, the percentage of all eligible offenders who participate in drug treatment is very low: < 10% in both the adult and the juvenile correctional populations.

The survey was also designed to examine how organizational issues influence the adoption of "best practices," as identified through either expert consensus approaches or research studies. Friedmann, Taxman, and Henderson found that most adult programs report implementing < 60% of evidence-based practices assessed in the survey. Those treatment programs that used more consensus best practices were community based, were accredited, and had stronger connections to other community social services and other justice agencies; they were more

performance oriented, with attention to measuring key offender outcomes, and tended to operate in a nonpunitive culture. A companion article on the juvenile justice system (Henderson, Young, Jainchill, Hawke, Farkas, and Davis) found that facilities with resources dedicated to training, internal support for new programming, and connections to other noncriminal justice agencies showed greater use of consensus-based practices.

Two other articles discuss organizational issues involved in the treatment delivery system for offenders. Grella, Greenwell, Prendergast, Farabee, Hall, Cartier, and Burdon identified factors associated with the use of different therapeutic orientations (therapeutic communities, 12-step programs, and cognitive-behavioral therapy) in community programs that offer services to offenders. Oser, Stanton-Tindall, and Leukefeld identified five organizational factors governing the provision of HIV testing in both correctional agencies and community-based treatment programs, including facility centralization of power, complexity, interconnectedness, resources, and size.

4. Usefulness of the survey

As the first comprehensive survey of all correctional settings (prisons, jails, probation/parole, community corrections, and so on) for both adults and jails, the survey allows researchers, policymakers, and practitioners to understand the landscape of correctional and addiction treatment services available to offenders. Questions such as the likelihood of achieving public safety and health goals can be answered by carefully considering the findings from these articles, and future ones, that are directed toward examining organizational issues that affect the services provided. Several findings from the survey recur across the various articles illustrating systemwide needs, including assessment and treatment matching to ensure that offenders are placed in appropriate services, integration of treatment within the fabric of justice-based services, and sufficient quality and intensity of treatment services to reduce recidivism. Some new insights into implementation issues are provided by analyses of organizational development and change, such as the importance of achieving a balance between correctional and treatment goals within programs, redefining the roles of correctional staff in the delivery of treatment programs, expanding communication to ensure cohesion in certain programmatic activities, understanding the differences between punishment and clinical goals, and working across organizational boundaries to deliver substance abuse treatment services.

The NCJTP survey findings should spur correctional agencies to consider how both public safety and public health goals may be achieved through the implementation of integrated high-quality addiction treatment programs. In addition, and as intended, the NCJTP survey has also provided the organizational and practice contexts for future CJ-DATS studies—contexts that must be understood and built upon if these substance abuse treatment interventions are to move from research-based concepts into general practice.

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