

# **2016-2017 EVALUATION REPORT**



## **TULARE COUNTY SHERIFF'S OFFICE RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM**

**Evaluation Contractor  
BARBARA AVED ASSOCIATES**

**July 7, 2017**

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# INTRODUCTION

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*“All of the counselors showed me they cared; I could tell.”  
- RSAT Participant*

This report presents evaluation findings from the Tulare County Sheriff's Office FY 2016-17 Residential Substance Abuse Treatment (RSAT) program, a successful project that has been in place for the past 18 years to address the county's staggering drug problem and return inmates to the community with the necessary tools to remain clean and sober. The federally funded grant program is one of four California RSAT projects funded by the Board of State and Community Corrections (BSCC). Barbara Aved Associates (BAA), a Sacramento-based consulting firm, was engaged in 2015 as the external evaluation contractor for the agency's three-year (2015-2018) RSAT grant cycle.

Substance abuse—defined as a dependency on mind and behavior altering substances—is associated with family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse and crime.<sup>1</sup> Participants who completed the Tulare County Community Health survey in 2016 selected drug abuse as one of the top three factors they thought most impacted the overall health of the community, identified by 61.1% of respondents—a higher proportion than the respondents from Kings, Fresno and Madera Counties who completed the same survey.<sup>2</sup>

The magnitude of the drug problem in Tulare County is considerable. Based on 2012 state prevalence estimates (the latest year for which these estimates are available), and assumptions used in their methodology, 9.7% of the Tulare County adult population age 18 and older (and 13.1% for males alone) is estimated to be in need of services related to an alcohol or drug diagnosis. Income level makes a measurable difference, however: the estimated need rises to 10.7% for those living in households below 200% of poverty, and for males below the poverty level it increases to 14.5%.<sup>3</sup>

Tulare County's felony drug arrest rates are one of the highest among California counties of similar size. Its three-year average felony drug crime rate of 1,792.5 in 2006-2008 ranked 2<sup>nd</sup> worst in the state—45% higher than the California rate of 982.8.<sup>4</sup> Nearly half (47%)—or 1,034—of Tulare County Sheriff's Department 2,199 felony arrest dispositions in 2014 were related to drug offenses; 80.8% of these were classified as dangerous drugs. Drug-related misdemeanor arrests constituted 60.5% of the Department's misdemeanor arrests.<sup>5</sup> The RSAT program, supported by the criminal justice community, was designed to deliver a continuum of services during incarceration—substance abuse treatment and recovery services; social, cognitive and behavioral counseling; life skills training; health-related education; and relapse prevention—and to facilitate successful re-entry into community living.

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<sup>1</sup> Healthy People 2020 Topics. <http://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Substance-Abuse>

<sup>2</sup> 2016 Community Health Needs Assessment. Adventist Health. <https://www.adventisthealth.org/Documents/Community%20Benefits/CHNA>

<sup>3</sup> California Mental Health and Substance Use Needs Assessment: California Behavioral Health Prevalence Estimates by County. Technical Assistance Collaborative and Human Services Research Institute. January 2012.

<sup>4</sup> Indicators of Alcohol and Other Drug Risk and Consequences for California Counties: Tulare County 2010. Center for Applied Research Solutions. [http://www.ca-cpi.org/docs/County\\_Data\\_Files/Tulare\\_10.pdf](http://www.ca-cpi.org/docs/County_Data_Files/Tulare_10.pdf)

<sup>5</sup> <https://oag.ca.gov/crime/cjsc/stats/arrest-dispositions>.

## Background

Much of the growth in justice populations over the past 20 years is attributable to drug law violators.<sup>6</sup> Drug use among the offender population includes individuals who committed a crime to support a substance use disorder, inmates charged with a drug-related crime and others who simply use drugs illegally or abuse alcohol regularly.

Research shows more than half of inmates are dependent on at least one substance and 10% are dependent on at least two.<sup>7</sup> Approximately half of all state inmates reported in a Bureau of Justice survey that they had used drugs in the month before their arrest, and over three-quarters indicated that they had used drugs during their lifetime.<sup>8</sup> The comorbidity of alcohol, other drug, and mental disorders—most notably with antisocial personality, schizophrenia, and bipolar disorders—is particularly high in the inmate population,<sup>9</sup> as health problems such as infectious diseases and chronic health issues (e.g., asthma, HIV/AIDS, hepatitis C, traumatic brain injury, and tuberculosis) are also more common.<sup>10</sup>

Substance abuse treatment, particularly when integrated with health interventions, cognitive behavioral therapy, social skills training, case management, and the use of medications to treat both mental and substance use disorders, has become a critical part of correctional programs as Tulare's RSAT program demonstrates. Drug treatment studies for inmate populations have found that when programs are well designed, carefully implemented, and utilize effective practices they reduce relapse; reduce inmate misconduct; increase the level of the offender's stake in societal norms; improve relationships; and improve health and mental health symptoms and conditions.<sup>11,12</sup>

Recidivism is a key criterion in evaluating correctional substance abuse treatment programs though the challenge of measuring it is well recognized. Studies indicate the return-to-prison rate is much lower for inmates who participate in inmate substance abuse treatment programs than for those who do not. Evaluation of the Federal Bureau of Prisons' residential drug abuse treatment program showed male participants were 74% less likely to engage in misconduct over a 14-month period, 16% less likely to recidivate and 15% less likely to relapse than similarly situated inmates who did not participate in the RDAP for up to 3 years after release. This study is noteworthy because of its rigorous research design, use of multiple treatment sites, and large sample size (2,315).<sup>13,14</sup> Outcome evaluation of the California Department of Corrections and Rehabilitation three-year return-to prison rate for all offenders released from State prison during FY 2009-10 (the most recent period the data are available), 54.3%, showed a 6.7 percentage point decrease from the FY 2008-09 rate (61%),<sup>15</sup> documenting the importance of RSAT programs

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<sup>6</sup> Peters RH, Wexler HK, Lurigio AJ. Co-occurring substance use and mental disorders in the criminal justice system: a new frontier of clinical practice and research. *Psych Rehab J* 2015;38(1):1–6. <https://www.apa.org/pubs/journals/features/prj-0000135.pdf>

<sup>7</sup> Lo CC, Stephens RC. Drugs and prisoners: treatment needs on entering prison. *Am J Drug Alcohol Abuse*, 2000 May;26(2):229-45.

<sup>8</sup> Peters RH, et al. Prevalence of DSM-IV substance abuse and dependence disorders among prison inmates. *Am J Drug Alcohol Abuse*. 1998;24(4):573-87.

<sup>9</sup> Regier DA, et al. Comorbidity of mental disorders with alcohol and other drug abuse. *JAMA*. 1990;264:2511-2518.

<sup>10</sup> Peters RH, Wexler HK, Lurigio AJ. (2015).

<sup>11</sup> [https://www.bop.gov/inmates/custody\\_and\\_care/docs/annual\\_report\\_fy\\_2012.pdf](https://www.bop.gov/inmates/custody_and_care/docs/annual_report_fy_2012.pdf)

<sup>12</sup> Inciardi JA, Martin SS, Butzin CA. Five-year outcomes of therapeutic community treatment of drug-involved offenders after release from prison *Crime & Delinquency*. January 2004;50: 88-107.

<sup>13</sup> Neal P. Langan NP, BMM Pelissier. The Effect of Drug Treatment on Inmate Misconduct in Federal Prisons. Federal Bureau of Prisons, Washington, DC, 2001. [https://www.bop.gov/resources/research\\_projects/published\\_reports/cond\\_envir/oreprdap\\_miscond.pdf](https://www.bop.gov/resources/research_projects/published_reports/cond_envir/oreprdap_miscond.pdf)

<sup>14</sup> The Federal Bureau of Prisons, Annual Report On Substance Abuse Treatment Programs, Fiscal Year 2012 Report to the Judiciary Committee United States Congress. [https://www.bop.gov/inmates/custody\\_and\\_care/docs/annual\\_report\\_fy\\_2012.pdf](https://www.bop.gov/inmates/custody_and_care/docs/annual_report_fy_2012.pdf)

<sup>15</sup> 2014 Outcome Evaluation Report. California Department of Corrections and Rehabilitation Office of Research, 2015.

[http://www.cdcr.ca.gov/adult\\_research/Research\\_Documents/2014\\_Outcome\\_Evaluation\\_Report\\_7-6-2015.pdf](http://www.cdcr.ca.gov/adult_research/Research_Documents/2014_Outcome_Evaluation_Report_7-6-2015.pdf)

## **RSAT Program Overview**

Tulare County Sheriff's Office RSAT program is located within a medium level custody facility for sentenced male offenders. The maximum capacity is 64 beds, and enrollment in the program has been building; an average of 58 participants was enrolled in RSAT at any one time during this evaluation period, with 88 enrolled in the aftercare program. There are four full-time counselor positions who work in the unit, with a staff-to-inmate ratio of 1:15, on average.

The program utilizes evidence-based practices in using Residential Drug Abuse Program (RDAP), Errors in Criminal Thinking, Thinking for Change, and Transition Curriculum as the primary treatment curricula. Alternative Services, Inc. provides treatment services for the program under a contract with the Sheriff's Department. Although a 6-12 month treatment span is optimal, the RSAT treatment program considers the program for a minimum of 4 months as a good marker. Staff is careful when inmates are placed in the program to ensure their release is scheduled during this timeframe. It should be noted that RSAT participants are not sent back to the general jail population unless they have been violated out of the program for behavioral reasons. Staff has observed that as a matter of survival, inmates "quickly unlearn what they've been taught and go back to a survival mode of existence."

Inmates are assessed for enrollment in RSAT using the COMPAS (Correctional Offender Management Profiling for Alternative Sanctions) risk assessment classification<sup>16</sup> to determine appropriate placement into the program. The program has established a minimum of 70% assessed as moderate-to-high risk of offending.

About three-quarters of the inmates have formal Probation commits that allows the capability for follow-up upon release. RSAT staff attempt to track aftercare for 1 full year following program graduation—to the extent that participants are reachable.

Other programs are also offered to inmates that complement and strengthen the RSAT skills. For example, some of the men participate in the Sheriff's Department Gang Awareness Parenting Project. This grant-funded program works with both inmates and their family members (outmates) to increase knowledge of the effects of violence on their children and reduce stress related to parenting and family life.

## **Acknowledgements**

The external evaluation team consisted of Barbara M. Aved, PhD, MBA, principal investigator, and Michael Funakoshi who provided research and data entry assistance. Larry S. Meyers, PhD, an Associate with BAA, provided topic area expertise. The internal team from the Tulare County Sheriff's Department included Cheryl Cereghino and Nicole Salinas, Inmate Programs Manager and Inmate Program Specialist, respectively. We are very appreciative of staff's experience and cooperation and Ms. Cereghino's leadership in supporting the evaluation.

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<sup>16</sup> [http://www.cdcr.ca.gov/rehabilitation/docs/FS\\_COMPAS\\_Final\\_4-15-09.pdf](http://www.cdcr.ca.gov/rehabilitation/docs/FS_COMPAS_Final_4-15-09.pdf)

# METHODS



*“The most useful thing about this program was I learned how to think before I act.”  
- RSAT Participant*

The project Evaluation Plan was reviewed at the beginning of Year 2 to determine where changes might need to be made to capture additional or different data; only minor revisions were necessary. The Evaluation Plan frames six main study questions that the evaluation can reasonably be expected to answer at the end of the grant period. It also identifies outcome measures, success indicators, evaluation instruments and the data collection and analysis plan for each question.

Data Source	Description of Tool	Data Collection Method
Outcome Assessment and Reporting System (OAARS)	1-4 scale pre/post assessment tool measures changes in 10 domains	Counselors observe and score at time of entry (pre) and again at discharge (post)
Six Pillars Personal Inventory	36-item pre/post rating of 6 core values, English/ Spanish	Inmate self-rating at time of entry (pre) and time of discharge (post).
Positive Characteristics Inventory	20-item scaled pre/post assessment of behaviors associated with positive characteristics	Counselors observe and record assessment scores at 1 month after entry (pre) and at the time of discharge (post)
TCU-CTS Criminal Thinking Scale	36-item pre/post self-rating instrument developed to assess cognitive functioning expected to be related to criminal conduct; ratings of statements in 6 areas	Inmate self-administered at the time of program entry (pre) and again at time of discharge (post)
Graduation Criteria and Rating	A rubric or scoring guide with 8 domains to assess inmate performance against a set of criteria developed to determine graduation readiness	Two counselors rate the inmate to reduce potential for bias; the final score represents an average (44 points possible)
RSAT Exit Survey	1-time opinion rating, English/ Spanish	Inmate self-administered at time of discharge
Inmate Re-entry Follow-Up Form	Rating form for tracking and documenting progress on individual participant goals	Staff contacts inmates within first week of release and monthly thereafter. Data points for evaluation are at 3 months, 6 months and 12 post discharge

Staff sent us participant scores from some of the tools which we further analyzed and prepared for inclusion in this report. For the remainder of the tools, we received raw data forms, cleaned, coded and entered the data into excel spreadsheets using appropriate data security measures, analyzed the data and applied statistical testing, and prepared the evaluation report.

# FINDINGS



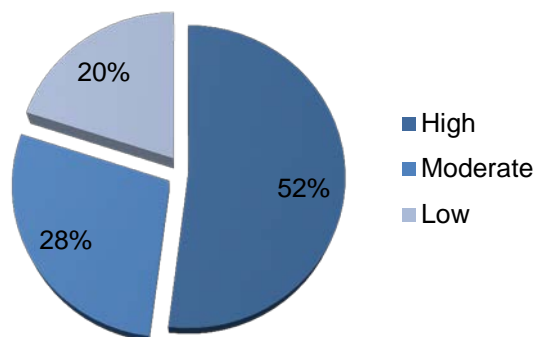
*"It's my belief in it [the RSAT program] that it's compelled me to consider looking into service as a counselor." - RSAT Participant*

## The Evaluation Sample

Full evaluation data were captured on most of the new RSAT participants. However, not all tools were able to be completed for all inmates. This was primarily due to earlier release on a sentence, and less often because inmates or counselors/staff turned in incomplete forms.

In FY 2016-17 (as of June 15), 156 inmates enrolled in the RSAT program, 97% of whom were assessed with COMPAS; another 88 individuals were enrolled in the aftercare portion of the program. Based on the COMPAS risk assessment criteria, 80% of RSAT's inmates were determined to be moderate to high risk of re-arrest for a drug or alcohol related offense (Figure 1), meeting the COMPAS criteria for a large majority of participants to be classified at this level. The 20% of participants assessed as "low" were enrolled in the RSAT program as well because they were court referred or insisted they wanted to participate in the program.

**Figure 1. FY 2016-17 RSAT Participants, by COMPAS Risk Assessment Status (N=152)**



Demographic characteristics and substance abuse treatment experience were available for about 70% of the study sample from the 144 inmates assessed on the OAARS tool. The average participant was 35.6 years old (age range of 18 to 65); 88.9% of the men had not gone beyond high school (39.6% not completing it); just over half (52.8%) had never been married and 21.5% were married or living with a partner; and 52.8% were working full- or part-time at the time of arrest (27.1% were unemployed). Although 45.8% of the participants had not had a prior treatment admission, 28.2% had had two or more (Table 1 on the next page). Of the 77 men with prior treatment experience, 42 or 54.5% reported finding it a challenge to stay sober/clean for more than a year following their last treatment.

**Table 1. Selected Characteristics of RSAT Participants (n=144), 2016-17**

<b>Item</b>	<b>Number</b>	<b>Percent</b>
<b>DEMOGRAPHIC CHARACTERISTIC</b>		
<b>Age</b>		
18-24 years	26	18.1%
25-39 years	68	47.2%
40-49 years	33	22.9%
50-59 years	14	9.7%
60+ years	3	2.1%
<b>Ethnic Group</b>		
Hispanic/Latino – white	12	8.3%
Hispanic/Latino – non-white	73	50.7%
African American	2	1.4%
Native American/Alaska Native	4	2.7%
Native Hawaiian/Pacific Islander	0	0%
Asian	1	.07%
Caucasian/White	50	34.7%
Multiracial/Biracial/Other	2	1.4%
<b>Highest Education Level</b>		
No HS diploma or GED	57	39.6%
HS diploma or GED	71	49.3%
Vocational/technical	3	2.1%
Associate degree	10	6.9%
Bachelor's degree	3	2.1%
Master's degree or higher	0	0%
<b>Marital Status at Program Entry</b>		
Never married	76	52.8%
Divorced	25	17.4%
Separated	9	6.3%
Widowed	3	2.1%
Living as married	11	7.6%
Married	20	13.9%
<b>Employment Status at Program Entry</b>		
Working F-T for pay	58	40.3%
Working P-T for pay	18	12.5%
Unemployed	39	27.1%
Not working for pay by choice	22	15.3%
Disabled	7	4.9%
Retired	0	0%
<b>TREATMENT EXPERIENCE</b>		
<b>Number of Prior Treatment Admissions</b>		
None	65	45.8%
One	37	26.1%
Two or more	40	28.2%
<b>Longest Period of Abstinence Following Last Treatment</b>		
Under 90 days	24	16.9%
3-12 months	18	12.7%
Over 1 year	35	24.6%
No prior treatment	65	45.8%

Source: OAARS data.



## Self-Perceptions about Character Change



<b>Evaluation Question</b>	Did inmates perceive their character changed after participating in the program?
<b>Outcome Measure</b>	Increased awareness of the values associated with good character

The Character Counts program, which is integrated throughout the RSAT curriculum, includes both inmate and counselor pre/post assessments. Changes in inmates' perceptions of their personal core characteristics from self-rating with the Six Pillars Personal Inventory are shown in Table 2. Except for the characteristic Responsibility, the pre to post-assessment percentage changes as well as the overall means were statistically significant for the 3 groups—the total sample, inmates who graduated, and inmates who participated for any period of time. As a group, the participants generally demonstrated a higher perception of possessing the core characteristic associated with good character than the graduates. For example, the participants rated themselves higher as possessing the characteristics of Caring and Citizenship (29.4% vs. 17.8%, and 29.8% vs. 20.5%, respectively) (Table 2).

**Table 2. Self-Perceived Changes in Personal Core Characteristics**

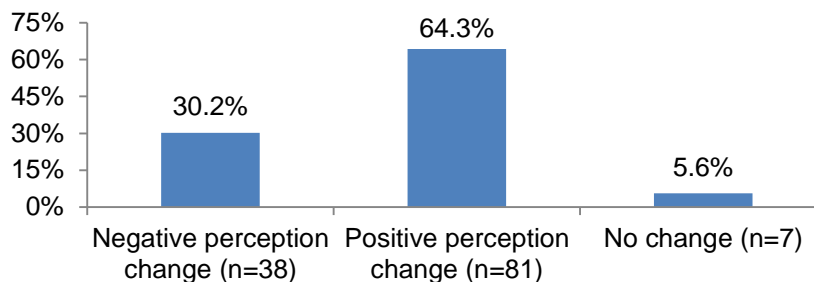
Domain	Total Sample (n=126)			Graduates (n=97)			Participants (n=29)		
	Pre	Post	% Change	Pre	Post	% Change	Pre	Post	% Change
Trustworthiness	14.5	15.9	9.7% *	14.7	16.1	9.5% *	13.9	15.3	10.1%
Respect	19.7	20.8	5.6% *	20.1	21.0	4.8% *	18.2	20.1	10.4%
Responsibility	22.1	23.0	4.1%	22.7	23.6	4.0%	20.4	20.7	1.5%
Fairness	19.7	21.5	9.1% *	19.8	21.7	9.6% *	19.3	20.7	7.3%
Caring	27.2	32.7	20.2% *	27.5	32.4	17.8% *	26.2	33.9	29.4% *
Citizenship	22.0	27.1	23.2% *	21.9	26.4	20.5% *	22.5	29.2	29.8% *
Overall Mean	20.9	23.5	12.4% *	21.1	23.5	11.4% *	20.1	23.3	15.9% *

Source: Six Pillars Personal Inventory data.

\*p<.05

While most of the inmates believed their characters had changed for the better, some inmates initially rated themselves higher in many of the areas at pre- than at post-assessment, perceiving they came into the program already demonstrating a great deal of those characteristics (which left a relatively small percentage to increase). The 30.2% with negative perception change, i.e., a lower overall rating at discharge (Figure 2), suggests these inmates may later have had more awareness of what true character is and a more realistic perception of the extent to which they possessed them than when they entered the program.

**Figure 2. Type of Change in Self-Ratings of Pre- and Post-Character Assessment (n=126)**



## Changes in Personal and Social Behaviors



<b>Evaluation Question</b>	To what degree did participants exhibit a positive change in personal and social behaviors?
<b>Outcome Measure</b>	Increased level of personal “moral compass;” increased social skills and integration

The Positive Characteristics Inventory rating by counselors is another tool in the Character Counts program that measures the changes that take place in inmates’ personal qualities. The program strategy specifically focuses on the root of change—mindset and behavior modification—and asks inmates to look at the choices they’ve made and their consequences.

On average, inmates were scored more positively at post-assessment than at pre-assessment on all 20 personal qualities. Although the overall mean ratings were not statistically significant, the changes for the first 14 characteristics listed in Table 3 did reach significance for all 3 groups. Of interest, the participants-only group were rated slightly higher at post-assessment than the graduates group.

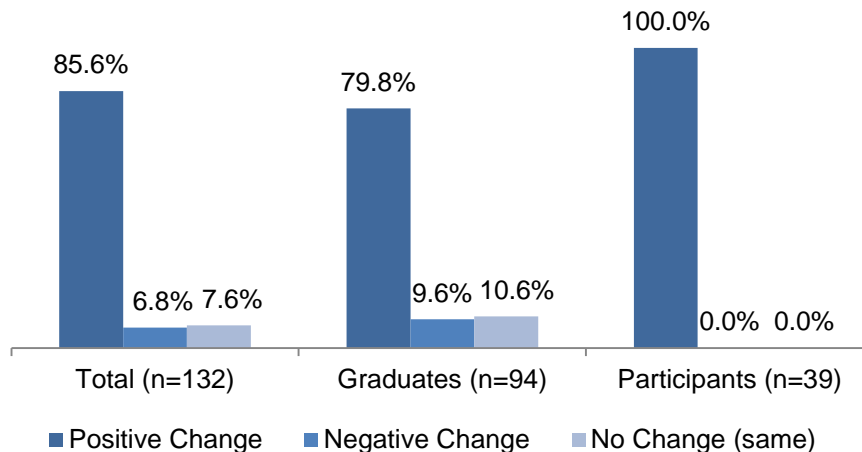
**Table 3. Positive Characteristics Inventory**

Characteristic	Total Sample (n=133)			Graduates( n=94)			Participants (n=39)		
	Pre	Post	% Change	Pre	Post	% Change	Pre	Post	% Change
Loyal	1.8	2.1	16.7%*	1.7	2.1	23.5%*	1.9	2.2	15.8%*
Honest	1.8	2.2	22.2%*	1.8	2.1	16.6%*	1.8	2.3	27.8%*
Reliable	1.7	2.1	23.5%*	1.7	2.1	23.5%*	1.7	2.1	23.5%*
Uses Good Manners	1.7	2.3	35.3%*	1.8	2.3	27.8%*	1.7	2.4	41.2%*
Respectful of Others	2.0	2.3	15.0%*	1.9	2.3	21.1%*	2.0	2.5	25.0%*
Controls Anger	1.9	2.2	15.8%*	1.8	2.2	22.2%*	1.8	2.5	38.9%*
Does Not Bully	2.1	2.5	19.0%*	2.1	2.4	14.3%*	2.1	2.8	33.3%*
Self-Disciplined	1.6	2.0	25.0%*	1.6	2.0	25.0%*	1.7	2.1	23.5%*
Accountable	1.7	2.1	23.5%*	1.7	2.1	23.5%*	1.8	2.1	16.7%*
Strives To Do Best	1.7	2.1	23.5%*	1.6	2.1	31.3%*	1.6	2.2	37.5%*
Open-Minded	1.8	2.3	27.8%*	1.8	2.2	22.2%*	1.8	2.4	33.3%*
Plays By The Rules	1.9	2.1	10.5%*	1.9	2.1	10.5%*	1.9	2.3	21.1%*
Listens To Others	1.8	2.1	16.6%*	1.8	2.1	16.6%*	1.9	2.2	15.8%*
Shows Gratitude	1.8	2.2	22.2%*	1.7	2.1	23.5%*	1.8	2.3	27.6%
Recognizes Own/ Others Feelings	1.7	2.2	29.4%	1.6	2.1	31.3%	1.8	2.3	27.6%
Kindness To Others	1.9	2.3	21.1%	1.9	2.2	15.8%	2.0	2.5	25.0%
Helps Others	1.6	2.1	31.3%	1.6	2.1	31.3%	1.7	2.2	29.4%
Respects Authority	2.0	2.5	25.0%	2.0	2.4	20.0%	2.1	2.7	25.6%
Obeys The Rules	1.9	2.3	21.1%	1.9	2.2	15.8%	1.9	2.5	31.6%
Participated In The Community	1.7	2.2	29.4%	1.7	2.1	23.5%	1.7	2.3	35.3%
Overall Mean	1.8	2.2	22.2%	1.8	2.2	22.2%	1.8	2.3	27.6%

Note. Mean scores reflect the following rating choices: 1 = Low, 2 = Medium, 3 = High levels of which inmates display the quality. Pre-assessment is 1 month after program entry.  
\*p < .05.

While across the board the ratings of the 20 characteristics were more positive at post than at pre-assessment, at the *individual inmate level* a higher proportion of the participants-only group had positive changes in scores. One hundred percent of the participants group had a positive rating change compared to 79.8% of the graduates group who did so (Figure 3). The average increase in points (of 60 points possible) of the participants was 12.3 while for the graduates the average increase was 8.8 points. Nine (9.6%) of the 94 graduates had a negative pre/post score change, and 10 (10.6%) had no change between the two assessments.

**Figure 3. Changes in Ratings from Pre- to Post-Assessment, by Type of RSAT Group, Positive Characteristics Inventory**



## Improvement in Key Characteristics Associated With Substance Abuse Treatment



<b>Evaluation Question</b>	To what extent did participants demonstrate improvement concerning key characteristics associated with substance abuse treatment?
<b>Outcome Measure</b>	Attitude and behavior change regarding substance abuse and recovery issues

The RSAT program requires inmates to identify, confront, and alter the attitudes, values, and thinking patterns that lead to criminal and drug-using behavior. Changes on the OAARS (Outcome Assessment and Reporting System) post assessment showed an overall average increase of -25.6% in knowledge/change in substance abuse and recovery issues for the total sample and -30.8% for those who graduated; these are statistically significant improvements. The overall change for those *not* able to graduate was not statistically significant (Table 4). The change in domain or scale in which there was no significant improvement for any of the 3 groups was “Social interpersonal support.” Note that the negative direction of the percentage changes means the issues were observed to be less of a problem at the time of discharge than initially.

**Table 4. Outcome Assessment and Reporting System (OAARS)**

Domain/Scale	Total Sample (n=134)			Graduates (n=100)			Participants (n=34)		
	Pre	Post	% Change	Pre	Post	% Change	Pre	Post	% Change
Emotional volatility (Measure 1)	1.2	0.8	-33.3% *	1.2	0.7	-41.6% *	1.0	1.2	20.0% *
Ability to focus on treatment (Measure 2)	1.4	0.8	-42.9% *	1.4	0.7	-50.0% *	1.4	1.0	-28.6% *
Affective and anxiety problems/disorders (Measures 3-4)	2.1	1.3	-38.1% *	2.1	1.2	-42.9% *	2.2	1.8	-18.2% *
Awareness and understanding of the condition (Measures 5-8)	4.8	2.8	-41.7% *	4.8	2.5	-47.9% *	4.6	4.1	-10.9% *
Openness and personal commitment to change (Measures 9-12)	5.1	3.6	-29.4% *	5.2	3.2	-38.5% *	5.2	5.0	-3.8%
Willingness to involve others in treatment (Measures 13-15)	3.8	2.8	-26.3% *	3.9	2.6	-33.3% *	3.9	3.6	-7.7% *
Indication of ability to follow through on treatment plan (Measure 16)	1.5	1.4	-6.7% *	1.6	1.4	-12.5% *	1.5	1.5	0.0%
Level of engagement in treatment (Measures 17-19)	3.7	2.8	-24.3% *	3.7	2.5	-32.4% *	3.9	3.8	-2.6%
Social interpersonal support (Measures 20-23)	5.7	5.5	-3.5%	5.9	5.4	-8.5%	6.0	6.2	3.3%
The recovery environment (Measures 24-29)	9.6	7.2	-25.0% *	9.5	6.7	-29.5% *	10.1	9.4	-6.9% *
Overall Mean	3.9	2.9	-25.6% *	3.9	2.7	-30.8% *	4.0	3.8	-5.0%

Note: Means are based on a scale of 1 – 5. Low scores indicate fewer problems on each measure and negative percentage change indicates inmate improvement.

\*p<.05

## **In-Custody Drug Testing**

Despite the impressive knowledge gain and positive changes related to substance use and recovery issues, in-custody drug testing is still necessary. Staff randomly tests weekly 10% of the RSAT enrollment (per the BSCC grant requirements) and any new participant to establish a baseline. When there are positives, staff does a follow-up in 1 month; they report it is rare see positive results on the same inmate 2 months in a row.<sup>17</sup>

Of the 491 participants tested in-house between July 1, 2016 and June 30, 2017, 20 (4.1%) were positive, about half again higher than last year at 2.8%.<sup>18</sup>

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<sup>17</sup> Marijuana, which can stay in the system for up to 3 months, is generally what accounts for positives in new enrollments.

<sup>18</sup> There are unavoidably duplicates because sometimes an inmate's name randomly comes up more than once.



## Changes in Thinking and Attitudes about Criminal Behavior

<b>Evaluation Question</b>	To what extent did inmates change their thinking and attitudes about criminal behavior?
<b>Outcome Measure</b>	Reduction in criminal thinking; reduction in the risk of recidivism

The TCU-CTS Criminal Thinking Scale—based on the *Positive Thinking for a Change* curriculum (which has no tool)—evaluated the overall effectiveness of the Cognitive Behavioral Treatment of the RSAT program. The curriculum was offered two times a week for 5 hours.

During FY 2016-17, there were 119 inmates with both pre- and post-self-assessment ratings. The average interval between the two rating periods was 5.9 months (with a range of 3 to 11 months). As Table 5 shows, overall thinking skills were affected through this intervention for inmates who graduated (the mean percent change of -5.6% was statistically significant), but not those who were not in the program long enough to graduate and only received a participation certificate. The changes in the thinking attitudes associated with the characteristics of Power Orientation (when someone chooses power and external control over self-discipline and internal control) and Cold-Heartedness (emotions related to empathy for others) for the graduates did not show significant improvement, however. Interestingly, the only characteristic that did show statistically significant improvement for the participants group was Cold-Heartedness.

**Table 5. Criminal Thinking Scale**

Characteristic	Total Sample (n=119)			Graduates (n=96)			Participants (n=23)		
	Pre	Post	% Change	Pre	Post	% Change	Pre	Post	% Change
Entitlement	17.3	16.8	2.9%	17.2	16.7	-2.9%	17.8	17.1	-3.9%
Justification	19.7	18.0	-8.6% *	19.5	17.7	-9.2% *	20.5	19.3	-5.9%
Power Orientation	23.3	23.3	0.0%	23.3	23.1	0.9%	23.5	24.3	3.4%
Cold-Heartedness	23.2	22.3	-3.8%	23.0	22.5	-2.2%	24.1	21.7	-10.0% *
Criminal Rationalization	25.6	23.2	-9.4% *	25.8	23.2	-10.1% *	24.6	23.0	-6.5%
Personal Irresponsibility	20.2	18.8	-6.9% *	20.2	18.6	-7.9% *	20.3	19.7	-3.0%
Overall Mean	21.5	20.4	-5.1% *	21.5	20.3	-5.6% *	21.8	20.8	-4.6%

Note: Scores (which were re-grouped by scales and in some cases reversed) are based on an original scale of 1 – 5. Low scores indicate fewer problems on each measure and negative percentage change indicates inmate improvement.

\*p<.05

## Graduation Readiness



<b>Evaluation Question</b>	What proportion of RSAT participants successfully completed the program?
<b>Outcome Measure</b>	Achievement of goals set at time of discharge. Reduced rate of recidivism.

A graduation readiness scale and scoring rubric was used to ensure the program was not just graduating inmates because of time served, but because they demonstrated expected proficiencies. The graduation achievement affects inmates when they go back to court for a modification (i.e., early release on their sentence). If the program does not graduate them, the courts could determine the inmates have to stay in the program longer or until their final outdate arrives. When an inmate does not achieve a passing score, he is given a participation certificate instead of a graduation certificate. Staff has observed that either type of certificate is important to most of the inmates. Some inmates have validated this explicitly in the exit survey when expressing that the certificate “is the most useful thing about the RSAT program” when re-entering the community.

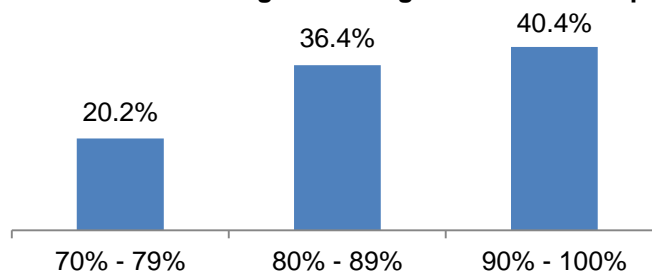
The criteria included scored components in eight skill categories such as accountability, anger management, and parenting, each with its own point value. To reduce potential bias, two counselors rate the inmate and the final score is averaged. Appropriate case management, counselor, and other program staff make this determination. A minimum of score of 34 out of 49 points (70%) is necessary to receive a graduation certificate. The counselors are expected to apprise inmates throughout their program of any danger in not graduating so that not reaching 70% should not be a surprise.

All of the RSAT participants enrolled for more than 4 months were able to achieve a passing score of at least 70% and receive a graduation certificate. Thirty-three of the 35 inmates (94.3%) who had not been in the program long enough to graduate but could receive a participation certificate received one (Figure 4). The difference in average passing percentages between the 2 groups was not significant. As the bar graph in Figure 5 below shows, about 40% of the graduates’ scores were in the 90%-100% score range and one-third (36.4%) were in the 80%-90% range.

**Figure 4. RSAT Graduation Success**

	Total Number Assessed	Percent Received Graduation Certificate	Average score (of 49)	Average score percent
<b>Graduates</b>	94	100%	42.3	85%
<b>Participants Only</b>	35	94.3%	40.2	82%

**Figure 5. Percent of Graduates Meeting/Exceeding Graduation Completion Criteria (n=94)**





## Participant Satisfaction Level and Feedback

<b>Evaluation Question</b>	How satisfied were participants with the RSAT program?
<b>Outcome Measure</b>	Improved participant satisfaction. Program improvement toward greater impact.

An Exit Survey was used to evaluate inmates’ perceptions about the RSAT program. The user-perspective is important feedback to be able to assess the need for and make any program changes. Overall, the participants—whether they graduated or had just received a participation certificate for the time they spent in the program—agreed or strongly agreed with the 9 positive program statements evaluated as shown in Table 6. The mean agreement score was the same for both groups, 3.5 of 4.0.

**Table 6. RSAT Exit Survey Results (n=67)**

Statements	Average Score	
	Graduates	Participants
I feel as though I can be successful on the outside	3.4	3.5
I have a plan in place I feel good about for my reentry into the community	3.6	3.8
Custody staff was supportive and understood the program	3.5	3.6
I feel the program has given me the tools needed for recovery	3.5	3.6
The counselors were knowledgeable and helpful	3.6	3.6
I would recommend this program to others	3.4	3.5
I liked the daily structure of the classes	3.3	3.3
If I had a problem, counselors listened and offered guidance	3.5	3.6
The program was better than I expected	3.5	3.4
<b>Overall Average</b>	<b>3.5</b>	<b>3.5</b>

Note: Based on a scale of 1 – 4 where 1=Strongly disagree; 2=Disagree; 3=Agree; 4=Strongly agree.

### **Most and Least Favorite Classes**

The remainder of the survey form offers inmates an opportunity for feedback via open-ended questions. Table 7 shows what the inmates described as their most and least favorite classes. Interestingly, while *Thinking for a Change* had been highly cited as the *least* favorite class among inmates last year, improvements in the curriculum resulted in it being identified most frequently as the favorite class (37% wrote it in). Inmates offered reasons such as: “showed me my drug use was affecting my thinking;” “forced me to do a self-evaluation and really change the way I go about life;” and “helped me understand my negative thinking.” Re-entry (“It was more personalized and specific.” “It helped me prepare”) and Parenting (“I reflected upon my errors in my life with and without my kids”) were ranked second and third in favorite, respectively, by about 13% of the inmates. Having a counselor who spoke Spanish (David) and being given books and classes in Spanish was explicitly cited as very important by 9 of the men. Residential Drug and Alcohol Program (RDAP), which refers to



the series of journaling workbooks offered twice a week, was disliked the most, by 23% of the men. They found it “boring” (the most common reason), “repetitive,” “not applicable,” and the books “outdated.” Comments about parenting as a favorite class centered on “gaining an understanding of child development;” when it was named as least favorite it was either because the inmate didn’t have children or that the classes reminded them of how much they were missing their children. When anger management was mentioned as least favorite the reason given was that the class “didn’t apply to me,” suggesting that the information was not viewed as applicable even when someone has to deal with others who have anger issues.

**Table 7. Most and Least Favorite Classes, by Frequency of Mention**

Most Favorite	F (n=115)	Least Favorite	F (n=111)
Thinking for a Change	43	RDAP	26
Re-Entry	16	Nothing was least favorite	23
Parenting	13	Parenting	23
Caseloads	11	Thinking for Change	12
Classes with David (classes in Spanish)	9	Anger management	10
All of the classes	7	Job skills	5
Anger management	7	Pharmacology	4
Job/life skills	4	Other	4
RDAP	3	Re-Entry	3
Pharmacology	2	Caseloads	1
More than 1 class identified	6		

Other comments about least favorite classes that may be important for RSAT staff to know include:

- “It was too short.” “Not much curriculum.” (Job skills)
- “It felt like we only got glorified and told war stories.” (Caseloads)
- “It made me uncomfortable.” “Because I have been an absent father due to my addiction.” “Have no kids so couldn’t relate.” (Parenting)
- “Information about drugs is only good if you are ready to change.” (Pharmacology)
- “There was a language barrier.” “It was just common sense so not very valuable.” (Thinking for Change)

### **Best Part of the Program**

Inmates listed a wide variety of program features they liked best including learning new skills they believed would be useful upon discharge and the opportunities for “getting to talk about my past.” The most common comments addressed the relationships they formed (“getting to grow with the RSAT inmates,” “the patience of the counselors,” “feeling cared about”); and achieving greater self-awareness (“finding the real reason behind my addiction,” “facing reality,” “teaching me how to humble myself,” “learning responsibility again”). Eight of the inmates identified the house and individual rewards as the best part of the program.

### **Areas to Change**

“Nothing needs to change” was the most common response (by 22% of the men) when the inmates were asked what they would change about the program if they could (Table 8). Similar to last year, other common feedback included complaints about the datedness of the materials (“throw the old books away and bring new books in”) and wanting more information about or to provide actual job training. Six of the inmates expressed English language or literacy barriers and 4 of the inmates

thought the discipline was too lax and more structure was needed (“to be more assertive with rules”) (note: not sure where in the program this referred to).

**Table 8. Areas Wishing to Change**

“If I could change one thing about this program it would be....”	F (n=81)
Nothing	18
Update films/videos; have newer books	8
More information about job skills/more job training	7
Have more of the classes/materials in Spanish	6
Have smaller groups	6
Increase program structure/discipline	4
More 1-on-1 time with counselors; add family counseling	5
Make all classes shorter	3
More on parenting	2
Add classes on addiction to money; re-entry/life skills	2
No custody involvement	2
Other (more yard time; less yard time; clothing; bring back fun Fridays; Sat. programs)	11
Unable to decipher comment	7

**Most Surprised By**

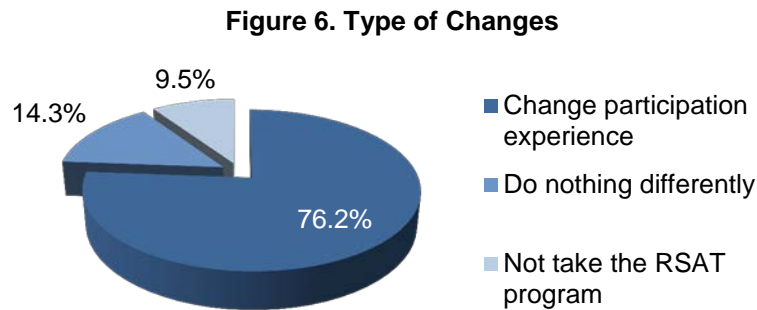
The inmates overwhelmingly cited the caring and helpfulness of the counselors (who may not have been differentiated from staff in their remarks) to be the most surprising or unexpected part of being a RSAT participant, accounting for 30% of the comments on this question. About 20% of the men found the insight they learned about themselves and the way their thinking had changed to be unexpected (“my willingness to really change”). In the same way, many remarked at being surprised at the supportiveness and comradery from fellow inmates (Table 9). One inmate wrote that he had had low expectations that he would graduate and was surprised that he was able to.

**Table 9. Most Unexpected Results**

“I was most surprised by....”	F (n=95)
Caring/helpfulness of the counselors	28
Personal insight/change in thinking	19
Supportiveness and comradery from fellow inmates	15
House rewards/pizza party	14
The change in my behavior	3
How easy the program was	2
How fast it went by	2
How smooth the program ran	2
Other (the talk about drugs; being offered the forklift class; movies on Friday; nothing)	7
Negatives (inmates not mentally screened; lazy counselor; people don’t want to change)	3

## Reflections

Seventy-six percent of the men if they had to “do it again” described wishing they had done at least one thing differently when in the program.<sup>19</sup> Fourteen percent of the inmates said they wouldn’t change a thing about their participation, and 9.5% said they were unhappy they had signed up for the program and wouldn’t do it again given the choice.



The inmates’ personal regrets, in frequency of mention, were described as:

- “pay more attention”
- “put more effort into it”/“do a better job of it”
- “share more”/ “be more open”
- “Focus on certain things”
- “Participate in everything” (“get a pillar,” “do a caseload”
- “Be more grateful”
- “Take every day more seriously”
- “Follow the rules more”
- “Be more positive/enjoy the program more”

## Most Useful for Re-Entry

The knowledge gained about drug addiction, understanding how to deal with anger, learning to be grateful, parenting tips, thinking differently, accepting responsibility, and acknowledging mistakes, generally in that order, were the most common responses for what the RSAT participants thought would be most useful for re-entry into the community. Several volunteered affirmative statements about their intentions to apply what they learned to their lives; for example:

- “I will be a better person”
- “I will take care of my kids”
- “I will stay off drugs/alcohol”
- “I will try to not come back [here]”

<sup>19</sup> Note: we changed the question this year to clarify “If I had to do it again I would...” meant “If I had to do it again *while I was here* I would...”, and got many more responses that fit the actual question rather than references to pre-incarceration such as “I would not take drugs again.”



## Life Changes After Reentry Into The Community

<b>Evaluation Question</b>	What life changes have occurred following inmates' reentry into the community?
<b>Outcome Measure</b>	Achievement of goals set at time of discharge; reduced rate of recidivism

Some individuals leaving jail are not prepared for release and, upon release, face many obstacles to becoming healthy, productive members of their communities. Community re-entry presents particularly significant challenges for individuals who have co-occurring substance abuse and mental health issues. Key barriers to successful re-entry include the difficulty of securing stable housing, discontinuity of medications and other treatment services, and high rates of substance use relapse and recidivism.<sup>20,21</sup> Lack of health care, for example, can cause some former inmates to return to crime and eventually incarceration, which is why the RSAT program asks about health insurance in its aftercare telephone calls.

Inmates who graduate from the RSAT program are moved to the aftercare program and attempts are made to follow them for 12 months post-discharge. Staff tries to contact each inmate within the first week of release and monthly thereafter. Due to very low responses to the contacts, staff implemented a rewards program this year and made inmates aware they would be eligible for a monthly drawing of a \$50 WalMart gift card if they were able to be reached in aftercare during the month of contact. Inmates were also told if *they* called in each month, their name would be entered into the monthly drawing 2 times. Staff reports these incentives resulted in being about to more successfully connect with the aftercare clients.

Because a variable and limited amount of follow-up data were available on 87 individuals for FY 2016-17, we concentrated on data for selected months in months 1 through 9. Table 10 on the next page displays this information and represents the *unmatched* sample, i.e., any inmate with any data in those months. Although it is a relatively small sample size, we felt there were enough inmates with data in both months 1 and 3 to examine this *matched* sample, and these results are shown in Table 11 on page 21. The fall-off thereafter was too great to report meaningful results for a matched sample. For example, only 6 of the 18 cases were still available at month 6; and 5 cases at month 9.

On average, housing during aftercare was reported by the men to be stable, family support and recreational opportunities as adequate. The greatest majority had health insurance, though the proportion covered in month 9 (5 cases) was only 40%. The men described themselves and their well-being as somewhat or very satisfied overall. They reported no re-arrests and, for the most part, no current drug use or alcohol abuse though an average of 7% reported relapsing and about 10% on average reported they were struggling with alcohol. For the most part, the men were not pursuing education or a training program—which is interesting given if this could give offer the many who were unemployed more options for future employment—and it was too soon for those “in progress” for this goal to have earned a degree or certificate.

The areas of potential concern appear to be employment, child custody and goal setting—similar to last year. On average, about half of the men were unemployed or working part-time for pay. Child custody, for whom it was applicable, was problematic as about one-third of the men overall said it was “not restored or unsatisfactory.” Goals—which ranged from “trying to stay in recovery” to obtaining a driver’s license to restoring family relationships—had not yet begun to be acted on by about one-third of the men in each of the study months; most goals were reported as “in progress,” however.

<sup>20</sup> Van Olphen J et al. Community reentry: perceptions of people with substance use problems returning home from New York City jails. *J Urban Health*. 2006 May;83(3):372–381.

<sup>21</sup> Baillargeon, J, Hoge SK, Penn JV. Addressing the challenge of community reentry among released inmates with serious mental illness. *American Journal of Community Psychology*, 2010;46: 361–375.

**Table 10. Inmate Follow-up Results at Selected 3-Month Intervals (Unmatched Sample)**

Measure	Month 1 (n=47)		Month 3 (n=31)		Month 6 (n=23)		Month 9 (n=10)	
	#	%	#	%	#	%	#	%
<b>Housing</b>								
Stable	40	90.9	29	96.7	21	91.3	10	100.0
Unstable	4	9.1	1	93.3	2	8.7	0	0.0
<b>Employment</b>								
F-T	12	27.9	12	42.9	11	6.1	6	60.0
P-T	5	11.6	6	21.4	1	0.0	0	00.0
Unemployed	26	60.5	10	35.7	6	28.6	4	40.0
<b>Family Support</b>								
Adequate	39	90.7	28	90.3	22	95.7	10	100.0
Inadequate	4	9.3	3	9.7	1	4.3	0	0.0
<b>Peer Support</b>								
Adequate	30	71.4	23	76.7	11	73.3	10	100.0
Inadequate	12	28.6	7	23.3	4	26.7	0	0.0
<b>Recovery</b>								
No current use/alcohol abuse	38	80.9	27	87.1	19	86.4	7	70.0
Drug test positive	0	0	0	0.0	0	0.0	0	0.0
Struggling with alcohol	3	6.4	1	3.2	0	0.0	2	20.0
Relapse	1	2.1	2	6.4	3	13.6	0	0.0
Regular AA/NA attend	5	10.6	1	3.2	0	0.0	1	10.0
<b>Recreation</b>								
Suitable/sufficient	34	87.2	24	82.8	20	90.9	9	100.0
Unsuitable/insufficient	5	12.8	5	17.2	2	9.1	0	0.0
<b>Legal</b>								
No re-arrest	37	88.1	28	93.3	20	87.0	10	100.0
Re-arrested	0	0	0	0.0	0	0.0	0	0.0
Meet all court orders	4	9.5	2	6.9	3	13.0	0	0.0
Register as sex offender	0	0	0	0.0	0	0.0	0	0.0
Register as narc offender	0	0	0	0.0	0	0.0	0	0.0
Completed probation	0	0	0	0.0	0	0.0	0	0.0
Completed restitutions	0	0	0	0.0	0	0.0	0	0.0
Not applicable	1	2.4	0	0.0	0	0.0	0	0.0
<b>Health Insurance</b>								
Covered	19	90.5	14	93.3	10	90.9	2	40.0
No coverage	2	9.5	1	6.9	1	9.1	3	50.0
<b>Education/Training</b>								
In progress	8	19.4	2	6.9	2	9.5	0	0.0
Received certificate	0	0.0	0	0.0	0	0.0	0	0.0
Received degree	0	0.0	0	0.0	0	0.0	0	0.0
Not applicable	34	80.6	27	93.1	19	90.5	9	100.0
<b>Child Custody</b>								
Restored/satisfactory	19	44.2	14	43.8	11	50.0	3	30.0
Not restored/ unsatisfactory	8	18.6	3	9.4	6	27.3	1	10.0
Not applicable	16	37.2	15	46.9	5	22.7	6	60.0
<b>Self-Satisfaction/Well-Being</b>								
Very Unsatisfied	0	0.0	1	3.2	1	4.8	0	0.0
Somewhat unsatisfied	1	2.4	4	12.9	1	4.8	0	0.0
Somewhat satisfied	16	38.1	12	38.7	5	23.8	2	22.2
Very Satisfied	25	59.5	14	45.2	14	66.7	7	77.8
<b>Goal 1<sup>1</sup></b>								
Has not begun	9	20.0	8	25.8	6	27.3	2	33.3
In progress	31	68.9	21	67.7	12	54.5	3	50.0
Completed	5	11.1	2	6.5	4	18.2	1	16.7

<sup>1</sup>Not all inmates have the same goals. If there were multiple goals stated, only the first goal was considered.

The matched sample of 18 aftercare clients (Table 11) mirrors the unmatched group relative to progress and areas of concern, except for peer support, which appears to be weak for close to one-third of the men.

**Table 11. Inmate Follow-up Results at Month 3 (Matched Sample) (n=18)**

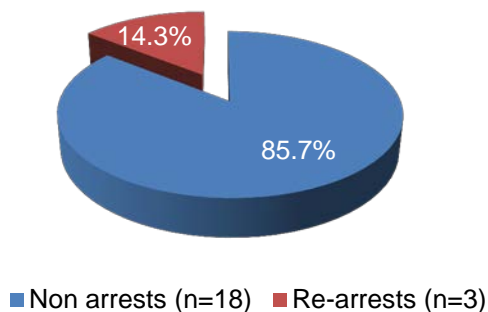
Measure	Month 1		Month 3	
	#	%	#	%
<b>Housing</b>				
Stable	17	94.4	18	100.0
Unstable	1	5.6	0	0.0
<b>Employment</b>				
F-T	7	38.9	7	41.2
P-T	0	0.0	3	17.6
Unemployed	11	61.1	7	41.2
<b>Family Support</b>				
Adequate	18	100.0	16	88.9
Inadequate	0	0.0	2	11.1
<b>Peer Support</b>				
Adequate	12	70.6	13	76.5
Inadequate	5	29.4	4	23.5
<b>Recovery</b>				
No current use/alcohol abuse	17	94.4	17	94.4
Drug test positive	0	0.0	0	0.0
Struggling with alcohol	0	0.0	0	0.0
Relapse	0	0.0	0	0.0
Regular AA/NA attend	1	5.6	1	5.6
<b>Recreation</b>				
Suitable/sufficient	15	93.8	16	88.9
Unsuitable/insufficient	1	6.2	1	11.1
<b>Legal</b>				
No re-arrest	14	87.5	15	88.2
Re-arrested	0	0.0	0	0.0
Meet all court orders	2	12.5	2	11.8
Register as sex offender	0	0.0	0	0.0
Register as narc offender	0	0.0	0	0.0
Completed probation	0	0.0	0	0.0
Completed restitutions	0	0.0	0	0.0
Not applicable	0	0.0	0	0.0
<b>Health Insurance</b>				
Covered	6	85.7	7	87.5
No coverage	1	14.3	1	12.5
<b>Education/Training</b>				
In progress	3	16.7	1	5.9
Received certificate	0	0.0	0	0.0
Received degree	0	0.0	0	0.0
Not applicable	15	83.3	16	94.1
<b>Child Custody</b>				
Restored/satisfactory	7	38.9	9	50.0
Not restored/ unsatisfactory	4	22.2	2	11.1
Not applicable	7	38.9	7	38.9
<b>Self-Satisfaction/Well-Being</b>				
Very Unsatisfied	0	0.0	0	0.0
Somewhat unsatisfied	1	6.7	2	11.1
Somewhat satisfied	3	20.0	7	38.9
Very Satisfied	11	73.3	9	50.0
<b>Goal 1</b>				
Has not begun	2	11.1	4	22.2
In progress	14	77.8	13	72.2
Completed	2	11.1	1	5.6

## Post-Discharge Arrests

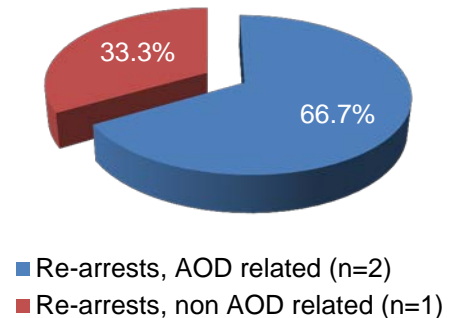
The Probation Department provided post-discharge arrest and drug testing data as part of the re-entry success indicators and to see how closely the information correlated with the men's self-report during telephone follow-up reviews with RSAT staff.

This program year, 21 inmates met the 1-year anniversary criterion of 12 months post discharge, i.e., the inmate had been re-entered into the community for 1 full year or more after being discharged from jail. Most (85.7%) of the men were not re-arrested<sup>22</sup> (Figure 7), but of the 3 who were, 2 or 14.3% of the re-arrests involved drug charges (Figure 8).

**Figure 7. One-Year Post-Discharge Arrest History (n=21)**

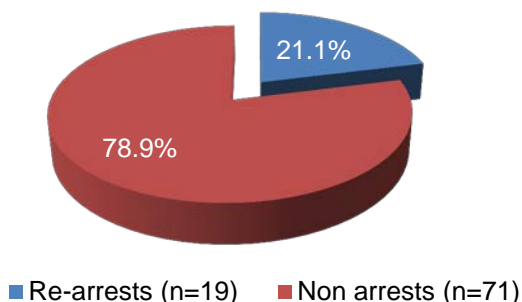


**Figure 8. One-Year Post-Discharge Arrests Related and Unrelated to Alcohol/Drugs (n=3)**

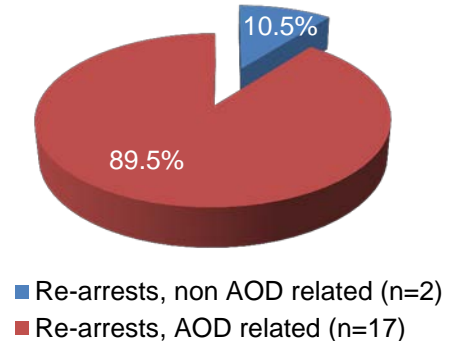


We also looked at the post-discharge re-arrest data of inmates who were in the current RSAT aftercare program, i.e., men during the current program year who were between 1 day and 12 months from having been discharged from jail. Of the 90 RSAT graduates that entered into aftercare, 19 (21%) were re-arrested (Figure 9). Of those 19 re-arrests, the majority (89.5%) were related to alcohol/drugs (Figure 10). The AOD arrest charges were described primarily as possession of a controlled substance, possession of drug paraphernalia (e.g., for smoking/injecting), and to a lesser degree driving while having a 0.08% or higher blood alcohol and driving while under the influence.

**Figure 9. RSAT Aftercare Arrest History (n=90)**



**Figure 10. RSAT Aftercare Arrests Related and Unrelated to Alcohol/Drugs (n=19)**

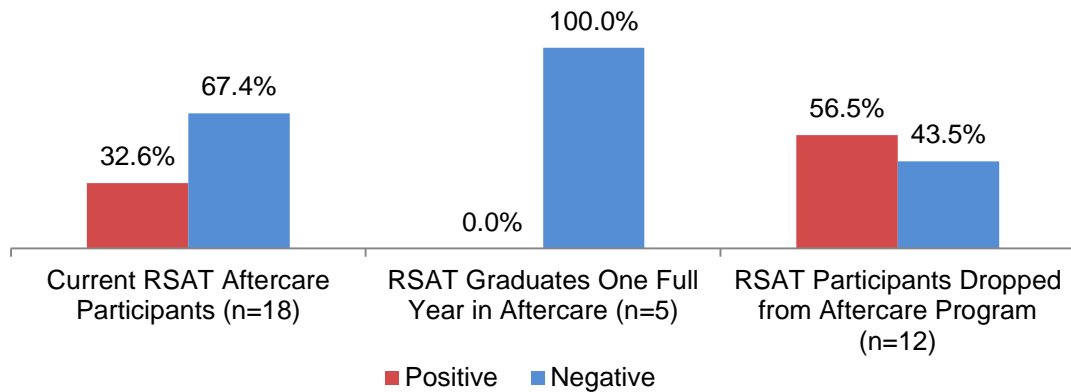


<sup>22</sup> Note that an arrest does not necessarily mean a conviction.

## Post-Discharge Drug Tests

Probation also provided urine drug testing results on the post-discharge RSAT participants. Summary data shown in Figure 9 provide evidence of the program's effectiveness: the majority (67.4%) of the 18 current aftercare participants received negative test results, and 100% of the 5 former inmates' tests were negative one full year after completing the aftercare program. By contrast, only 43.5% of RSAT participants dropped from the program<sup>23</sup> had negative tests. Details about these tests are described on the next page.

**Figure 9. Post-Discharge Urine Drug Tests of 3 Types of RSAT Participants, Summary Data**



Probation provided a total of 75 drug tests on 35 individuals in the different RSAT groups (Table 12 on the next page). Among the 6 current RSAT aftercare participants who were given 3 or more drug tests, only 2 of them had negative tests each time they were tested; 9 of the 16 tests on the other 4 individuals with multiple tests were positive. Although the sample size is very small, it is worth noting that 100% of the 18 tests among the 5 individuals who spent one full year in aftercare were negative.

<sup>23</sup> Participants are in the RSAT aftercare program for one year unless they are dropped due to re-arrest and/or unable to be contacted.



**Table 12. Number and Percent of Post-Discharge Urine Test Results of 3 Types of RSAT Participants**

Current RSAT Aftercare Participants (n=18)			RSAT Graduates One Full Year in the Aftercare Program (n=5)			RSAT Participants Dropped from the Aftercare Program <sup>1</sup> (n=12)		
# of Tests/ Inmate	Positive	Negative	# of Tests/ Inmate	Positive	Negative	# of Tests/ Inmate	Positive	Negative
4	1	3	1	0	1	1	0	1
4	0	4	3	0	3	1	1	0
2	0	2	1	0	1	2	0	2
4	3	1	1	0	1	2	2	0
7	0	7	3	0	3	1	1	0
2	0	2	9	0	9	3	2	1
1	0	1				2	2	0
3	1	2				2	1	1
1	0	1				1	0	1
5	4	1				1	1	0
1	0	1				1	0	1
1	0	1				3	3	0
1	1	0				2	0	2
1	0	1				1	0	1
2	2	0						
1	1	0						
1	0	1						
2	1	1						
43	14 (32.6%)	29 (67.4%)	9	0 (0.0%)	9 (100%)	23	13 (56.5%)	10 (43.5%)

<sup>1</sup> Inmates who graduate from the Regular RSAT program are moved to the Aftercare Program. They are in this program for one year unless they are dropped due to re-arrest and/or unable to contact.  
Source: Tulare Probation Department, June 28, 2016.

### **Parenting Experience**

Since some of the men participated in a comprehensive Gang Awareness/Parenting Program (GAPP) during their incarceration that we also evaluate for the Sheriff Department,\* we this year added questions to the post-release follow-up form relevant to that program.

Half of the 10 RSAT/GAPP men successfully contacted by phone had been home for 4 or more months when they were reached; 10% for 3 months; 30% for 2 months; and 10% for 1 month.

The men were asked to think back to what they knew about being a father before they participated in GAPP and recount what they thought were the hardest things about parenting. Inadequate patience (especially concerning children’s misbehavior), unawareness of children’s developmental stages, poor communication skills, and the stress of financial and employment worries topped the list. Receiving information about and learning to handle those challenges were later identified as the most useful parts of the GAPP program after returning home (Table 13). There were no differences by whether the GAPP graduate was also a graduate of the RSAT program.

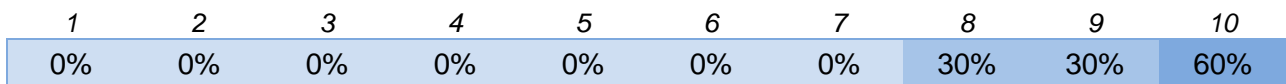
\* One of the grant projects funded by First 5 Tulare County.

**Table 13. Parent Perspectives about Parenting Challenges and Changes after Program Participation (n=10)**

Hardest Thing About Parenting (Pre-program)	Most Useful Part of GAPP Program (Post-program at Home)
<ul style="list-style-type: none"> <li>▪ Trying to get my child to listen to me</li> <li>▪ Having the patience to deal with child’s behaviors</li> <li>▪ Communication with child</li> <li>▪ Giving in to my child’s behaviors</li> <li>▪ Not understanding “ages and stages” of child development</li> <li>▪ Relationship with my wife; not being able to communicate about things</li> <li>▪ Not knowing difference between positive discipline and punishment</li> <li>▪ The relationship I had with family members and co-workers who didn’t understand my parenting methods</li> <li>▪ Money worries, even though I had strong family support</li> <li>▪ Work and financial issues that prevented time spent with my children</li> </ul>	<ul style="list-style-type: none"> <li>▪ Now I know what to expect [of age appropriate behavior] because I knew nothing about this before—and the right way to address challenging behaviors according to child’s age</li> <li>▪ I have more patience now</li> <li>▪ Knowing it’s OK to discipline your child because it sets boundaries and teaches them right from wrong</li> <li>▪ Knowing to <i>respond</i>, not to react; checking for violence to protect my child against it</li> <li>▪ Everything was useful</li> <li>▪ Being aware of my feelings and how I used to react; trying to <i>respond</i> now although sometimes I’m not in the mood</li> <li>▪ Learning about anger to be able to control my feelings</li> <li>▪ Communication strategies</li> </ul>

As a result of participating in the parenting program, the respondents rated their current level of confidence as very high in being able to handle the parenting challenges they had identified (Figure 10).

**Figure 10. Graduates’ Level of Parenting Confidence after GAPP Participation (n=10)**



Note: Scale of 1 to 10 with 1 as “not much” and 10 as “a great deal.”

We also asked about TV watching practices because of the association between children’s TV watching and early literacy. The sample size and family arrangement differences are too small to draw conclusions, however all of the men reported current positive TV practices. As Table 14 indicates, the fathers who lived with their children tended primarily to limit the *type* of TV shows their children watched (but not limit TV time); those who shared custody placed various restrictions on the TV, with slightly more reporting they limited both TV *time* and *type* of shows.

**Table 14. TV Watching Practices Regarding Children (n=10)<sup>1</sup>**

	Living with his children (n=6)	Not living with his children but sharing custody (n=4)
Do nothing differently	0%	0%
Limit time TV is on	0%	25%
Limit the type of TV shows	83.3%	25%
Limit time TV is on + limit type of shows	16.7%	50%
Allow more time for TV	0%	0%

<sup>1</sup> Based on the number (percent) of times the response choice was marked; respondents could mark more than one choice

# AREAS FOR CONSIDERATION



*“What surprised me most was I found myself willing to really change.”  
- RSAT Participant*

The following recommendations are in no particular order of importance and are offered as considerations to strengthen the program.

1. Although the number of RSAT aftercare clients who were able to be successfully contacted this year increased—a very favorable finding—the incomplete data recorded in the follow-up form limited our ability to understand and track graduates’ and participants’ progress during their post-discharge year in the community. Because of its importance we’ve already addressed this issue with staff and made suggestions for how motivational interviewing can still allow the counselors to “check every box every time” rather than leaving blanks when a particular status (e.g., peer support, health insurance coverage, employment) hasn’t changed.
2. The fact that nearly 90% (compared to 75% last year) of the RSAT graduates in aftercare were re-arrested on drug/alcohol charges—whether using or selling—continues to be troubling and challenges the longer-term impact success of the program. We don’t know if these were the inmates who were more likely to not have adequate and healthy family and peer support and who failed to find full-time employment during aftercare. However, it would be worth staff examining more deeply the factors that are barriers to success to see how local resources and services could be strengthened and better coordinated to reduce those problems. While the program does have a discharge transition plan and helps with linking RSAT graduates to resources such as housing and behavioral health counseling, it may be that engaging other Tulare County organizations, both private and public, to become more involved is needed. The areas of greatest concern during aftercare appear to be related to employment, child custody and support from a “healthy” peer group.
3. We also wondered why when earning a degree, or high school diploma or receiving training that prepares people to work in a trade are strong alternatives to involvement in drug/alcohol use/selling, only the smallest minority of aftercare clients were reported to be “in progress” for any kind of education and training. Is this a program area that could be strengthened?
4. The assessment results suggest that similar parts of the curriculum we highlighted last year that could benefit from modification or more emphasis are still issues of concern. These include:
  - a. Anger management. Make clearer in anger management-related curricula that whether or not the inmate himself thinks he needs help with this problem—or is in denial about needing it—the information *will* apply to future situations where they may be called upon to diffuse anger, e.g., in a work setting, driving, socializing. Tell them how having this understanding and these helping skills will be valuable when they rejoin their families and communities, and share that most everyone can benefit by learning how to deal with anger.
  - b. Parenting. Similar to last year, a number of the inmates without children rated the parenting portions of the program as unimportant. Perhaps the parenting information was not modified

as we recommended last year to show that at some point most people become parents—either of their own biological children or through marriage/domestic partnerships—and that having these skills and an understanding of child development *is* applicable and of value. Please emphasize to the men that “parenting” skills such as negotiation, respect, caring, etc., are equally applicable to other human relationships and are therefore practical to have.

5. Although according to staff the monthly drawing for a \$50 WalMart gift card as an enticement for aftercare clients to speak with a counselor each month has helped improve the number of men able/willing to be reached, the number of successful contacts still needs to be increased. We recommend *not* changing the incentive to offering two \$25 cards instead; we believe the lower value of the cards will not offset doubling a client’s chances of winning one of them. Instead, if possible we recommend *increasing* the value of the card to \$100 or offering an additional \$50 card each month. Though we recognize the challenge, it should also be made very clear to the men when describing the incentive that this inducement is only available when the telephone conversations (interviews) allow the counselor to *adequately* cover all of the follow-up items during the call.
6. It is thought provoking that the RSAT participants-only (non-graduates) group did better than the graduates group on some of the measures. While it is tempting to conclude that less time in the program (i.e., fewer than 4 months but at least 3 months) is as effective as the 4-month minimum required to graduate—assuming there were no meaningful differences between the 2 groups besides time spent in RSAT—we think one year’s data is insufficient to draw this conclusion. We will again collect and analyze the data separately for each group during Year 3 to see whether this pattern re-occurs.
7. We noticed that the options under “Recovery” in the Post-Release Follow-up form are not mutually exclusive. (Note that we added a) through e) to the portion of the form below just for illustrative purposes.) Somebody could be struggling with alcohol, had a relapse (or two) and attending AA regularly—choices c, d and e—but only 1 option was reported; similarly, someone could have no current substance use/abuse and attend AA/NA regularly—choices a and e. If we want to capture the best self-reported data for “Recovery” we either need to modify the form for you, or interviewers need to check all boxes that apply. Please let us know your preference.

Recovery	<input type="checkbox"/> a) No current drug use/no alcohol abuse <input type="checkbox"/> b) Drug test positive <input type="checkbox"/> c) Struggling with alcohol <input type="checkbox"/> d) Relapse <input type="checkbox"/> e) Attending AA/NA regularly
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8. Too many of the inmates’ Exit Survey comments again expressed regrets about what wished they had done differently during the program (e.g., “share more, be more open” were the most common comments). So, we just wanted to remind about the importance of sharing this information regarding personal regrets to tell future RSAT participants what people regretted most so they don’t have the same regrets. Remind them of their predecessors’ regrets as often as necessary.
9. Last year we suggested there would be value in having us conduct telephone interviews with a sample of the aftercare participants to assess further the impact of the program on post-release outcomes. We suggested there was an advantage to having an external interviewer without ties to the program or any incentives who can ask questions differently or more deeply or may hear different answers to the same questions or hear the answers differently. We were not asked to integrate this into our evaluation design, but mention it here just to close the loop on the prior recommendations.