

The Reentry and Sanctions Center: An Opportunity for Enhanced Crime Control in Washington, DC

The Court Services and Offender Supervision Agency (CSOSA) opened a Reentry and Sanctions Center (RSC) in February 2006, providing the city with an important and effective tool in crime control. The center provides clinical substance abuse assessment and treatment readiness services for men and women on pretrial release, probation, parole, or supervised release.

The Reentry and Sanctions Center is housed in Karrick Hall, a former doctors' dormitory on the grounds of DC General Hospital. The 102-bed center is designed to address the relationship between substance abuse and crime. Defendants and offenders who have repeatedly abused drugs will reside in a controlled setting and complete a 30-day program to develop long-term treatment plans before moving on to a continuum of treatment interventions, which will often include inpatient, transitional, and outpatient services.

CSOSA is a federal agency founded in 1997 as part of the DC Revitalization Act's restructuring of several DC criminal justice functions. The agency supervises approximately 15,500 individuals on probation, parole or supervised release. The Pretrial Services Agency, an independent entity within CSOSA, supervises an additional 8,000 persons.

CSOSA's commitment to the residents of the District of Columbia is to improve public safety by employing cost effective, evidence-based practices to supervise criminal offenders. By increasing the number of people who complete substance abuse assessment, preparation, and a continuum of treatment interventions, CSOSA can make more effective use of current substance abuse treatment funds.

The need for this type of facility in Washington, DC is significant. Nearly two-thirds of offenders returned to prison by the United States Parole Commission in 2005 faced revocation proceedings for continued drug abuse, not a new arrest. Sixty-five percent of probation revocations were drug-related. Despite having an \$11 million budget for substance abuse treatment during fiscal year 2005, CSOSA was able to provide only 25 percent of offenders with serious, chronic substance abuse histories with a clinically appropriate course of treatment, which often consists of residential, transitional, and outpatient interventions.

The Reentry and Sanctions Center greatly enhances CSOSA's ability to effectively supervise substance-abusing offenders. The first focus of the center's programming is accurate clinical assessment, the goal of which is to develop an individualized treatment plan that maps out a long-term continuum of treatment. Offenders and defendants agree to the treatment plan by signing a behavioral contract, which spells out increasingly severe consequences for failure to complete the program or adhere to the rules of supervision.

The program's second major focus is treatment readiness, which consists of interventions designed to prepare individuals for the treatment continuum that will follow release from the RSC. Included in this process are a series of cognitive behavioral interventions designed to enhance offenders' motivation to change. The old adage that you cannot treat addiction until an addict asks for help contains an element of truth. It is more accurate to say that with the proper preparation, you can make a person in need of treatment more willing to accept help when it is offered.

The cost-benefit ratio of treating serious offenders with long-term substance abuse histories is attractive. Researchers evaluating the cost effectiveness of treatment programs in California found that for every \$1 spend on treatment society saves between \$4 and \$10 in reduced crime and public health costs. An oft-cited Rand Corporation study maintains that for every \$1 spent on treatment society saves \$7.

Recent analyses of treatment show that the best results come with the most serious offenders. Returns diminish with offenders who present lower risk and less severe patterns of dependence. In a 1999 study, researchers at Texas Christian University found that seventy-four percent of high-risk parolees who completed both in-prison and community-based treatment did not return to prison within three years. In comparison, forty-eight percent of high-risk parolees who did not receive in-prison treatment or aftercare in the community returned to prison within three years.

The return on the money invested in treatment is greater for high-risk than for low-risk parolees. The same Texas study found that it took \$165 to reduce reincarceration rates by 1 percent for high-risk offenders. For low-risk offenders, it took approximately \$500 to reduce the reincarceration rate by 1 percent.

In the District of Columbia, we have experienced positive results from using the former Assessment and Orientation Center, which is the program upon which the new Reentry and Sanctions Center is based. An independent review conducted by University of Maryland researchers in 2001 found that in the twelve months following participation in the center, compared to the twelve months before it, the arrest rate of participants fell by 35 percent.

The Reentry and Sanctions Center provides a cost effective, evidence-based model of substance abuse treatment preparation for the most serious offenders who are being supervised in the community. The goal is that a significant number of those offenders will present a reduced threat to public safety. The Reentry and Sanctions Center has the potential to be one of the most cost effective tools CSOSA has to contribute to crime control in this city.

References

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