






2009 SUCCESS GRANT GOALS STATUS

TROSA

(as of 12/31/09)

2009 Goals:	<div style="border: 1px solid #ccc; padding: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 Graduate Participants Graduate 110 participants</p>  </div> <div style="width: 45%;"> <p>2 Maintain Recidivism Rates 85% or more of graduates remain sober after 1 year of graduation</p>  </div> </div> <div style="text-align: center; margin: 10px 0;">  </div> <hr style="border-top: 1px dashed #ccc;"/> <div style="padding-top: 10px;"> <p>3 Campaign To Measure Effectiveness Undertake a study to show the impact of a 2 year program vs a shorter length program both comparative to other programs and TROSA's internal milestones for success that impact recidivism</p>  <div style="float: right; text-align: right;">  </div> </div> </div>							
Current Progress:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Number of Graduates:</td> <td style="text-align: right; padding: 5px;">101</td> </tr> <tr> <td style="padding: 5px;">Recidivism Rate (%age):</td> <td style="text-align: right; padding: 5px;">92%</td> </tr> </table>	Number of Graduates:	101	Recidivism Rate (%age):	92%	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Progress on Development of Research Study:</td> <td style="padding: 5px;">See attached summary of the research study</td> </tr> </table>	Progress on Development of Research Study:	See attached summary of the research study
Number of Graduates:	101							
Recidivism Rate (%age):	92%							
Progress on Development of Research Study:	See attached summary of the research study							
Commentary & Additional Information:	<p>One hundred one people graduated in CY 2009. It is difficult to predict the exact number of graduates because people enter the program on a daily basis (open enrollment) and can graduate from the program 2 years or more later. It can take more than 2 years to graduate from the program because TROSA's program is strict and there are consequences for breaking program rules. Consequences include having to spend extra time in the program or even starting the program again from the beginning. This structure holds residents accountable for their actions and gives them a chance to start over and prove that they can do the right thing. We do not want to set people up to fail so we will not graduate someone from the program if they are not ready. This might mean that the person may choose to leave before reaching the graduation milestone or they will stay until they finally are ready. There are 3 people who will graduate in 2010 instead of 2009.</p> <p>Predicting graduates is also a simple matter of timing. TROSA can't control the number of people who enrolled in our program in 2007 and what time of year they enter. If TROSA looks at graduates during a different recent 12 month period it would tell a very different story in terms of meeting this goal. For example in TROSA's most recent fiscal year, they had 115 people graduate.</p> <p>TROSA still contends that graduation is not the best indicator of success for their program and will work to identify a better metric for evaluation in the future.</p>							

Analysis of TROSA's Two Year Treatment Program: Results and Rationale

INTRODUCTION

This summary paper responds to a DurhamCares' recommendation that TROSA research and quantifies the program's impact on individuals that leave the program prior to completion, as well as TROSA's service to the community as a whole. More specifically, this paper reviews the results of studies commissioned by TROSA that examined, among other topics, the program's effect on criminal recidivism in North Carolina. This paper also provides rationale for TROSA's long-term care model by providing information from scholarly research supporting rehabilitation programs that address substance abuse as a chronic, rather than an acute, illness.

REDUCED RATE OF RECIDIVISM AMONG TROSA PARTICIPANTS

Participant attrition is one of the major challenges facing all long-term therapeutic communities. For various reasons, some participants discontinue treatment early. Tracking criminal recidivism rates, the rates at which people reoffend and return to prison within a specified period of time, is one measure that treatment programs employ to evaluate the impact their program is having on all participants, even those who leave early. One reason TROSA uses this measurement is that drug use is a strong predictor of repeated criminal activity. As such, TROSA has tracked this outcome for our graduates and released the information as part of our overall outcomes report. The results - only 8% of TROSA's graduates criminally reoffended within a one year period. ¹

However, measuring a program's impact based solely on the behavior of those who complete the entire program neglects the effects that a program may have on participants that leave early. Notably, a recent study conducted by Duke University on TROSA's behalf focused on that very issue. TROSA does not have the capacity to follow up with every person who leaves the program before completing two years in order to assess relapse rates. We were able however to determine any of their criminal activities by accessing the NC Department of Corrections' public database. Results from the TROSA/Duke study indicate that TROSA's therapeutic community and intensive, wrap-around method of treatment has positive effects on **all** of the program's participants, graduates and early terminators alike and that this effect is in fact cumulative over the time spent in the program. By analyzing 2005 demographic data from TROSA, the study authors discerned that "each month spent at TROSA significantly reduces the likelihood that an individual criminally reoffends." In fact, "*study participants were 1.11% less likely to criminally reoffend for every month they spent in TROSA's program.*" These statistics suggest a *26.64% decreased likelihood* that participants who complete TROSA's intensive 2-year program will criminally reoffend. The authors report that

¹ Duke University, 2009, pg. 16

TROSA's program is efficacious regardless of participants' gender, age, ethnicity, homeless status prior to entry, years of addiction, North Carolina residency, and past felony status.²

A recent report from the California Department of Corrections and Rehabilitation (CDCR) affirms the finding that recidivism can be decreased with treatment. According to its 2008 Annual Report, CDCR found that "the return-to-prison rates are significantly reduced for offenders completing in-prison and community-based substance abuse treatment programs."³

LONG VS. SHORT TERM TREATMENT

The National Institute of Drug Abuse's *Principles of Drug Abuse Treatment for Criminal Justice Populations* states that "drug addiction is a chronic, relapsing brain disease that affects behavior, and that recovery from drug addiction requires continued care." NIDA's principles also state that "the duration of treatment should be sufficiently long to produce stable behavioral changes."⁴ The concept that drug addiction is a chronic illness that is best addressed with continual care and treatment is further noted in a 2000 paper published by JAMA – *Drug Dependence, A Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation*. The authors suggest that drug dependence produces changes in brain chemistry and function that are substantial and long-lasting. As such, substance abusers require long-term care that often includes medication management and continued monitoring, not unlike treatment regimens recommended for other chronic illnesses such as diabetes, hypertension, and asthma. Despite this distinct characteristic, substance abuse is generally treated as an acute illness, and therefore, the majority of rehabilitation treatment programs only provide short-term care.⁵

The study goes on to cite that "40% to 60% of patients treated for alcohol or other drug dependencies return to active substance use within a year following treatment discharge." Among the explanations offered by the authors for such high relapse rates is that currently, treatments address addiction as an acute, curable condition. However, the chronic nature of drug dependence suggests that more appropriate options for treatment, as well as outcome expectations, should be taken from those offered for other chronic illnesses.⁶ TROSA's long-term treatment program was designed and continues to be implemented with the understanding that substance abuse is a chronic condition.

THE THERAPEUTIC COMMUNITY AS TREATMENT

TROSA's treatment program is a modified therapeutic community (TC). Therapeutic communities have a long history (more than 30 years) of proven results within marginalized communities. According to the National Institute on Drug Abuse's Research Report on Therapeutic Communities, the traditional length of treatment within a therapeutic community ranges from 18 to 24 months and that better outcomes from TC treatment are strongly related

² Duke University, 2009, pg. 16

³ California Department of Corrections, 2009, pg. 6

⁴ California Department of Corrections, 2009, pg. 2

⁵ McLellan, et al., 2000, pg. 2

⁶ McLellan, et al., 2000, pg. 3

to longer treatment duration. Although treatment duration has decreased for some programs over the years this change has been instigated by funding challenges, not by a belief that shorter treatments are more effective.⁷ TROSA employs an entrepreneurial model so that earned income supports most of the program costs, so we have not had to shorten the program to respond to financial concerns.

The NIDA report also highlights the critical stages of treatment within a TC: 1. Induction and early treatment, 2. Primary treatment, 3. Re-entry.⁸ TROSA's program has adapted this phased approach to recovery over the span of the 2 year program. The report highlights some efforts to adapt therapeutic communities to accommodate shorter lengths of stay. The outcome most adversely affected by shorter lengths of stay was employment: people who participated in the longer program had better employment outcomes.⁹ TROSA's graduates show extraordinary employment outcomes with close to 100% finding employment upon graduation and 95% maintaining their employment a year later.

CONCLUSION

TROSA commissioned Duke to conduct the aforementioned study in an effort to provide DurhamCares, our partner in service to the community, with quantitative and qualitative information about the program. We hope that this brief summary paper is sufficient in providing information about TROSA's program impact on all of its participants, as well as the benefits long-term treatments such as TROSA bring to the larger community.

Our clinical advisors, representing some of the area's and country's leading experts in substance abuse treatment, does not recommend shortening TROSA's program length. This does not mean TROSA is resistant to change. TROSA has made multiple additions and modifications to its program based on current best practices as cited in the medical literature. Shortening the program length is currently not one of those recommendations.

REFERENCES

California Department of Corrections and Rehabilitation, "Treatment Cuts Recidivism Nearly in Half", available at: <http://www.jointogether.org/news/research/summaries/2009/report-treatment-cuts.html>, last accessed November 25, 2009.

Duke University, "Recommended Strategies for Securing Funding from the North Carolina General Assembly", May, 2009.

McLellan, A. Thomas, Lewis, David C., O'Brien, Charles P., Kleber, Herbert D., "Drug Dependence, A Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation", Article, Journal of American Medicine Association, Vol. 284, No. 13 (1693), 2000.

National Institute on Drug Abuse, "Research Report Series, Therapeutic Community", US Department of Health and Human Services, 2002

⁷ NIDA, 2002, pg. 3

⁸ NIDA, 2002, pg. 5-6

⁹ NIDA, 2002, pg. 10