

CHEMICAL DEPENDENCY DISPOSITION ALTERNATIVE FOR JUVENILE OFFENDERS: IS AN OUTCOME EVALUATION FEASIBLE?

The Chemical Dependency Disposition Alternative (CDDA) was created by the 1997 Washington State Legislature as a sentencing option for juvenile offenders.¹ The goal was to reduce recidivism by providing treatment for chemically dependent or substance abusing youth. The Juvenile Rehabilitation Administration (JRA) was charged with managing treatment resources and allocating funds to programs that demonstrate the greatest success.²

The 1997 legislation also directed the Alcohol and Drug Abuse Institute (ADAI) at the University of Washington to conduct an outcome evaluation. The same legislation directed the Washington State Institute for Public Policy (Institute) to study all new sentencing options in the bill.³

In 2004, the ADAI published its final report regarding youth who received CDDA in eight counties between 1999 and 2001.⁴ In 2005, JRA contracted with the Institute to further evaluate CDDA using a larger sample and relying on existing statewide databases. The Institute has conducted similar retrospective design outcome evaluations for three JRA programs: the Basic Training Camp, Dialectical Behavior Therapy, and Mentoring.

This report examines whether the impact of CDDA on recidivism can be estimated with currently available data.

¹ RCW 13.40.165. This option applies to certain youth who would be sentenced to a JRA institution (committable youth) and youth sentenced to county supervision (locally sanctioned).

² RCW 70.96A.520

³ Chapter 338, Section 59, Laws of 1997.

⁴ M. Rutherford, M. Strong-Beers, L. Ingoglia, and J. Morris (2004). *Chemical dependency disposition alternative: Final Evaluation Report*. Seattle: Alcohol and Drug Abuse Institute. This study involved eight juvenile courts. There were 81 committable youth in the study—48 in a control group and 33 placed on CDDA (12 completed CDDA). The study also involved 322 locally sanctioned youth—189 in a control group and 133 placed on CDDA (67 completed CDDA).

SUMMARY

The Chemical Dependency Disposition Alternative (CDDA) was intended to reduce recidivism by providing treatment for chemically dependent or substance abusing youth.

This report assesses the feasibility of conducting a retrospective outcome evaluation. This design requires identification of juvenile offenders who are similar to CDDA youth but did not receive substance abuse treatment. The recidivism rates of the two groups can be compared, and differences in recidivism attributed to the effect of the CDDA treatment. We investigated two potential comparison groups: substance abusing youth adjudicated before CDDA started, and substance abusing youth receiving no substance abuse treatment after CDDA started.

Findings

- It is not possible to identify a suitable comparison group of youth adjudicated before the start of CDDA.
- Although it is possible to identify youth with substance abuse problems after CDDA started, no statewide data system identifies which youth did or did not receive treatment.
- The Institute surveyed juvenile court representatives to learn if treatment information could be obtained through alternative means. The court survey indicated that almost all youth with drug/alcohol problems received treatment, whether or not they were sentenced to CDDA.
- Therefore, a retrospective outcome evaluation is not feasible.

Another option is to prospectively compare CDDA's "treatment as usual" with youth given a specialized treatment, such as those recommended by the CDDA Advisory Committee in 2005, to learn if some forms of treatment are more effective with this population.

The key step in conducting a retrospective outcome evaluation is identifying youth similar to the CDDA group except for the receipt of treatment. The recidivism rate of the CDDA group can then be compared with the rate of the no-treatment group and differences in recidivism can be attributed to the effect of the treatment.⁵

A comparison group could potentially be drawn from two samples:

- 1) Youth adjudicated before the start of CDDA who could have participated had CDDA existed at that time, and
- 2) Youth adjudicated after CDDA was initiated but did not participate in CDDA or any other substance abuse treatment.

Unfortunately, a pre-CDDA comparison group cannot be identified because no reliable data exist from this time to identify which youth had a substance abuse problem. The statewide assessment that, among other features, identifies youth with substance abuse problems was under development during this time, thus the data were not systematically collected.

In addition, a post-CDDA comparison group cannot be identified; no statewide database identifies which youth received substance abuse treatment in the past. The statewide assessment identifies which youth have a substance abuse problem, but does not identify who subsequently received treatment.

⁵ Another method for evaluating outcomes, the instrumental variable approach, could not be used since an instrumental variable could not be identified.

The juvenile courts modified the assessment system in 2005 to record the types of treatment youth receive. Thus, the courts have the ability to track the treatments received by youth for future studies.

Because there is no historical treatment database, the Institute surveyed the juvenile courts to determine if each court could identify youth for the comparison group.

The survey indicated that almost all youth in the juvenile courts with drug/alcohol problems receive treatment. That is, treatment options are available for youth regardless of whether or not the youth is placed on CDDA (see the Institute's Chemical Dependency Disposition Alternative Survey Report⁶).

Therefore, it is not possible to conduct a retrospective outcome evaluation, because a group not receiving treatment, yet comparable to CDDA youth, does not exist.

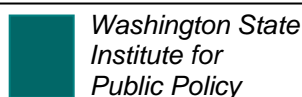
Since all juvenile offenders in the state receive treatment, we cannot compare CDDA youth with a "no treatment" group. The only valid outcome evaluation possible is a prospective comparison of CDDA "treatment as usual" with a similar group of youth who received a specialized treatment service such as those recommended by the CDDA Advisory Committee.⁷

⁶ E. K. Drake and R. Barnoski (2006). *Chemical Dependency Disposition Alternative for juvenile offenders: Statewide variation in implementation* (Document No. 06-06-1207). Olympia: Washington State Institute for Public Policy.

⁷ In response to the Alcohol and Drug Abuse Institute's 2004 report, JRA reconvened this committee to identify evidence-based treatment interventions. The committee includes representatives from JRA, DSHS's Division of Alcohol and Substance Abuse, and the juvenile courts. Recommendations are presented in JRA's Chemical Dependency Disposition Alternative January 2005 Report to the Legislature available at: <<http://www1.dshs.wa.gov/pdf/ea/govrel/Leg0305/CDDA0105.pdf>>.

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