



***Programs in
Correctional Settings:***

**Innovative
State
and
Local
Programs**

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Local Programs**

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Introduction

This monograph reports the results of the Bureau of Justice Assistance (BJA) State Evaluation Development Program working meeting, *Programs in Correctional Settings: Innovative State and Local Programs*, held November 2–4, 1995, in Longmont, Colorado. The monograph was developed and written for the Bureau of Justice Assistance by the Justice Research and Statistics Association in coordination with the Office of Justice Programs of the United States Department of Justice and the National Institute of Corrections Academy.

The working meeting brought together more than 60 State planners and local practitioners, as well as researchers, analysts, and law enforcement officers, who are involved in implementing or evaluating programs to improve the criminal justice system and their communities. This publication describes workshop presentations of programs in correctional settings that focus on improving the criminal justice system at the State and local levels. Although the programs are local in scope, they hold great promise for replication in other communities. The report seeks to aid that process by including important information about the programs' development and implementation.

The 21 programs discussed in this monograph are funded under the Byrne Formula or Discretionary Grant programs and were nominated as effective programs by BJA, the Byrne State Administrative Agencies, and local criminal justice program managers. Several have been evaluated extensively at the State and local levels by State and local criminal justice researchers and practitioners using BJA's evaluation criteria and guidance. The results were reported at the Annual Criminal Justice Research and Evaluation Conference and in other forums.

State and Local Programs in Correctional Settings

Alabama: Jail Assistance Project

Statement of the Problem

Alabama is a rural State with few metropolitan areas. Because most local jails do not have the resources to develop proactive corrections programs, historically they have relied on outside agencies for technical assistance. Although the quality of the assistance is satisfactory, there is a need to shorten the length of time involved in producing reports and delivering technical assistance.

Alabama jails have been in crisis since the mid-1970s, when, in *Pug v. Locke* (1976), a Federal court order forbade the State prison system from accepting new inmates until its population no longer exceeded the rated capacity. The result was an instant backlog of State inmates in Alabama's county jails. Overcrowding was exacerbated by the influx of drug offenders into jails, which caused small, local detention facilities to become permanent or semipermanent residences for felons with long-term sentences. The responses to this crisis varied. Some local jurisdictions implemented additional inmate programming, but others simply allowed the situation to continue. "Conditions lawsuits" were filed against many local jails, adding to the burdens on already overloaded systems.

Compounding the problem was *Wyatt v. Stickney* (1972), a court order that effectively deinstitutionalized the Alabama mental health system. Many hospitalized persons were released to community mental health systems ill equipped to deal with them. As a result, many of these persons were reinstitutionalized in local jails. Although the courts emphasized the least restrictive alternative for treatment of mentally ill citizens, those who found themselves bounced from the Alabama mental health system to the Alabama county jail system became victims of the "most restrictive alternative," with few or no resources to provide adequate care. This problem resulted in additional litigation against local jails, prompting the construction of several new county jails.

In February 1992, several Alabama counties filed a class-action lawsuit against Alabama's Commissioner of Corrections to force the removal of State-sentenced inmates from county jails, inmates for whom sheriffs receive only \$1.75 per day from the State for food. No per diem is provided for housing State inmates in county jails. The State court ordered the commissioner to remove all inmates from county jails within 30 days of receipt of official transcripts.

The commissioner eventually was found to be in contempt of the order, but, acting under pressure from the court, reported compliance with the order on October 13, 1992. Nevertheless, the number of State inmates in Alabama county jails continues to grow, and the problem will persist until a better solution is found.

Meanwhile, an untenable nontreatment environment has been created for mentally ill inmates who continue to be held in Alabama county jails. The current waiting period for a forensic commitment bed is as long as 6 months, and the Alabama Department of Mental Health petitioned the Federal district court in 1992 to eliminate the standards of care established in *Wyatt v. Stickney*. That court ruled against the Department of Mental Health, but the department has since filed an appeal to the 11th Circuit Court of Appeals. If the appeal is successful, the Department of Mental Health could continue to send individuals to the “most restrictive alternative.”

The Alabama jail situation is compounded by several problems that contribute to the overall inability of the jails to house long-term State inmates, mentally ill inmates, or any other class of inmates other than those typically confined to local detention facilities. Foremost among these problems is the condition of the State’s local jail facilities, which range in age from 10 to more than 100 years old. Some newer jails are ineffectively designed, and most of the State’s jail facilities are underfunded, understaffed, and undermanaged. Government entities responsible for funding the operation of local jails are often reluctant to invest in adequate staffing. Many still view the local jail as the fiscal stepchild of the county, even though Alabama law designates the operation of the county jail as the priority preferred claim against the county.

The sheriffs of Alabama, through the Alabama Sheriffs’ Association, responded to these problems with the Alabama Jail Assistance Project (AJAP). AJAP began operation on March 15, 1992, with funding from the Bureau of Justice Assistance (BJA) through the Law Enforcement Planning Division of the Alabama Department of Economic and Community Affairs, and with financial contributions from the sheriffs of Alabama. Although the project currently employs a limited staff, it has gained widespread acceptance through its provision of technical assistance in various forms to numerous county and municipal jails.

Goals and Objectives

AJAP makes multifaceted technical assistance available to Alabama county and municipal jails at no cost. The project’s overall goal is to assist Alabama jails, particularly those with few resources, to cope with increasing demands for professionalism in their operations and to resolve both immediate and long-term problems.

AJAP's objectives include:

- Provision of quick-response technical assistance.
- Provision of technical assistance geared to the specific needs of Alabama jails.
- Utilization of local resources to resolve local problems.
- Increased training for local jail officers.

Program Components

Inspection and Evaluation

AJAP has no authority to inspect and evaluate jail facilities, organizational structure, or programming. However, many such inspections and evaluations are conducted at the invitation of the sheriff or chief of police. Inspections and followup reports focus on strengths and weaknesses of the system and recommend improvements. In most cases, the sheriff or chief of police forwards recommendations that require funding, with a request for implementation, to either the county commission or city council.

Training

Providing training is an integral component of AJAP's mission, and it is conducted through the University of Alabama Law Enforcement Academy, which is charged by the Alabama Peace Officers Training Commission with providing minimum standards for training Alabama law enforcement officers.

Although there are no legally mandated minimum training standards for Alabama jail officers, the academy provides a basic 80-hour jail management training curriculum. Training sessions are conducted at the academy or hosted by a local sheriff or chief of police. The academy conducts approximately six training sessions annually, and participation has been excellent. Many departments now require their jail officers to complete the training, and a large insurance firm in the State pays training expenses for officers from jails enrolled in the policy.

AJAP staff members participate in all aspects of curriculum development and instruction. This participation helps to ensure that the training remains focused on the practitioner.

Policy and Procedure Development

Most rural jails in Alabama have a great need for comprehensive policy and procedure directives. To meet this need, AJAP staff developed sample policy and procedure guidelines specifically for the State's jails. Based on

case law, the Alabama County Jail Standards, the Code of Alabama, and sound corrections practices, the guidelines assist local jails in developing policies that, while reflecting each jail's unique operation, maintain consistency throughout the State.

Jail Design and Renovation

In addition to serving as an adviser to the chief law enforcement official charged with operating the jail, AJAP serves as a consultant to the government funding agency charged with approving and funding the design and construction of new or renovated facilities. AJAP works with funding agencies in planning the development of new institutions, often saving the agency the expense of employing a private consultant. In this role, AJAP staff ensure that jail designs are staff- and cost-efficient and that they conform to State standards.

Response to Litigation

AJAP staff members are available on request to assist Alabama jail officials and their attorneys with litigation over jail conditions, suicides, medical services, and other issues. The AJAP staff function as consultants to jail officers and their attorneys in developing and presenting a defense. For example, at the request of jail attorneys in the class-action lawsuit against the Alabama Commissioner of Corrections, and with the consent of the presiding judge, AJAP inspected seven Alabama prisons to determine whether space was being used adequately to house State inmates. The subsequent report indicated that space was available in the prisons and that more State inmates could be removed from county jails without interfering significantly with ongoing rehabilitation programs. The Alabama Department of Corrections is now using some of those recommendations to assist in removing State inmates from county jails.

Resource and Reference Service

AJAP serves as a resource and reference service for Alabama jail personnel. Sheriffs, chiefs of police, and jail administrators call AJAP staff with questions about the legality or appropriateness of an issue or planned action. AJAP provides a rapid telephone response, often followed by a letter or position paper addressing the issue. If needed, AJAP arranges onsite technical assistance.

New Issues

AJAP serves as a broker for information on new issues relevant to Alabama jails. Information on issues such as the Americans With Disabilities Act, the Bloodborne Pathogens Rule, the Religious Freedom Restoration Act, and recent court decisions is disseminated to Alabama jail officials to inform them of the legal requirements for compliance.

Results and Impact

Performance Measures

Although AJAP's success is based primarily on customer satisfaction, a number of quantitative measures have also been recognized. These measures include:

- ❑ The number and outcome of lawsuits brought against local jails.
- ❑ The number of requests for AJAP's policy manual.
- ❑ The number of officers trained.
- ❑ The number of service calls from local jails.

Implementation Problems and Successes

The widespread need for the assistance provided by AJAP, the support of all State and local agencies affected, and the overall satisfaction with the project's work have created a hospitable environment for the project's implementation and daily operation. AJAP has been hampered, however, by its small staff, which currently is one individual, who is on call 24 hours a day, 365 days a year, to respond to all of the State's technical assistance needs. Due to limited resources, the project occasionally cannot respond to requests as quickly as it would like to, nor can it devote large blocks of time to a single local need. However, by providing jail personnel with training and knowledge, AJAP cuts down on redundant calls and often refers calls to other jails that have solved similar problems.

Successes and Accomplishments

In the more than 5 years it has been in operation, AJAP has become a valuable asset to local corrections jail systems in Alabama and has laid a strong foundation for addressing the increasing demands overburdened jails will face in the future. AJAP has raised awareness of the complexities and needs of local jails throughout the criminal justice system. As a result, local jails are increasingly viewed as an integral part of the system. Whenever possible and appropriate, AJAP provides immediate technical assistance upon request. Formal applications and a waiting period for approval have been eliminated. Having AJAP as a resource has made local jail officials feel more comfortable about requesting technical assistance because they know that assistance will be geared to their needs and will be sensitive to local issues.

AJAP training has increased professionalism among local jail officers, and this professionalism has resulted in more statewide involvement in organizations such as the American Jail Association. The Alabama Jail Association has been developed as a professional organization for Alabama's jail practitioners. AJAP has played an important role in the development of an

informal network of jail officials throughout the State. Some jail officials, particularly those in rural areas who have been isolated in the past, have been able to network with other jail officials and develop informal partnerships to enhance professional growth.

From the project's inception in March 1992 through August 1997, AJAP provided training to nearly 2,000 local jail officers. The demand for training will continue because of the high turnover of local jail officers and the continuing climate of litigation. AJAP, in conjunction with the American Jail Association, will provide sheriffs with specialized training on jail legal issues in the near future. AJAP also has provided a sample policy and procedure manual to each Alabama sheriff and to numerous other jail officials. The manual is especially beneficial to rural jails with few resources for developing such documents. Additionally, AJAP has worked with architects to improve the design of new jails and with numerous attorneys involved in jail litigation.

AJAP's efforts have been recognized by members of the Federal judiciary, and AJAP's staff person has been appointed as a mediator and monitor in jail litigation.

Prospects for Replication

Prospects for replicating AJAP are good if the program has strong backing from two key elements: a supporting organization with a vested interest in the operation of local jails and a cooperative and innovative State grantor agency. In addition, the project should be operated by staff with a background in law enforcement and corrections and include adequate clerical support.

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Colorado: Integration of Polygraph Testing With Sex Offenders Program

Statement of the Problem

The National Institute of Corrections (NIC) estimates that the recidivism rate of sex offenders is 60 percent. In 1983, more than 400 paraphiliac sex offenders were studied under a Federal certificate of confidentiality. The study determined that, on average, each sex offender committed 44 crimes per year. In an effort to enhance public safety, corrections systems are looking for ways to reduce recidivism and safely reintegrate sex offenders into the community. Programs that combine offense-specific treatment, specialized supervision and monitoring, and polygraph examination show the greatest promise in reducing recidivism.

Although the Colorado Department of Corrections (CDOC) administers offense-specific treatment and specialized supervision for sex offenders, prior to this project it did not have the capability to administer polygraph tests to them. From October 1, 1996, to September 30, 1997, 242 incarcerated sex offenders in the State were released from prison to parole, 249 discharged their sentences, and 54 were released through other means. The majority of these offenders were released directly into the community without specialized supervision or polygraph examination.

Goals and Objectives

The goal of the Integration of Polygraph Testing With Sex Offenders Program is to reduce the recidivism of sex offenders by enhancing treatment and supervision through the use of polygraph examinations. The following are the program's objectives:

- ❑ Develop and establish a polygraph policy for CDOC inmates and parolees.
- ❑ Establish a baseline and 6-month monitoring polygraph testing program for inmates in the Sex Offender Treatment Program (SOTP) Phase II Therapeutic Community and for inmates and parolees under Risk Assessment Management (RAM) community supervision and Approved Treatment Provider (ATP) programs.
- ❑ Establish a research and evaluation plan to document program participation, effectiveness, and outcomes. Use this information to develop national research products.

- ❑ Provide technical assistance and in-service training annually to SOTP clinicians, community agents, and parole officers to ensure effective program management.
- ❑ Establish a statewide list of polygraph specialists who meet ATP's standard criteria to conduct the testing program.
- ❑ Increase by 10 percent the number of sex offenders receiving community or parole placement before their discharge into the community.
- ❑ Collaborate with the Colorado Board of Parole on the use of polygraphs as a treatment and supervision tool.
- ❑ Increase public safety by reducing by 10 percent the rate of reoffending by sex offenders in community or parole placement.
- ❑ Increase by 50 percent the number of sex offenders receiving polygraph examinations while on parole and in community corrections.
- ❑ Establish specific standards for polygraphers on the ATP list.
- ❑ Conduct a baseline and 6-month followup polygraph examination of approximately 90 sex offenders in Phase II of SOTP, 110 sex offenders on parole, and 20 sex offenders in community corrections.

Program Components

Institutional Use

The polygraph test is utilized during Phase II of SOTP. An initial baseline test is administered at 3 months, with periodic followup tests as clinically appropriate. The polygraph test is integrated into Phase II by explaining it in the Phase II Treatment Contract. The Phase II Treatment Contract is signed by the offender prior to enrolling in Phase II. The polygrapher is considered a member of the Phase II treatment team and has access to clinical records and impressions. This role is clarified in the treatment contract.

Prior to each polygraph test, the inmate is given an Informed Consent Form that explains that (1) DOC employees are required to report to the Department of Social Services any child abuse that has taken place within the past 10 years and any specific information indicating prior or current child sexual abuse; (2) information about new crimes or Code of Penal Discipline (COPD) violations committed between polygraph tests will be reported to the proper authorities; and (3) information obtained from the polygraph test will be forwarded to parole officers and community corrections agents in a report or personal change contract.

Offenders who exhibit deception on their test but do not admit the deception are subject to a retest, group sessions regarding the results of the examination, and identification of the areas of deception on reports and/or

personal change contracts that are forwarded to parole officers and community corrections agents.

Acknowledgment of reoffending COPD violations during the pretest and posttest interviews on a periodic exam will result in reports to the proper authorities, group discussion and termination from treatment, if appropriate, and revision of the inmate's relapse plan and personal change contract. Offenders who refuse to take a polygraph exam are terminated from treatment.

Community Corrections Use

The polygraph test is used by community corrections as a treatment/supervision tool. All sex offenders receive periodic polygraph tests. Sex offenders who have not previously taken baseline tests are required to do so while in community corrections. Offenders who deny their crime or are not participating in treatment are viewed as high risk and tested more frequently.

The polygraph test is a condition of a community corrections placement. All inmates sign a Release of Information Form to release CDOC case material to the polygraph examiner. Each inmate is required to sign an Informed Consent Form. Offenders who are deceptive on polygraph tests are subject to increased supervision, treatment, and repeat testing. They are not regressed solely on the basis of a finding of deception on a polygraph exam. Upon determination of deception, and when there is no admission of reoffense or violation, the following steps may be taken: retesting, increasing collateral contacts, increasing surveillance and informing law enforcement as appropriate, electronic monitoring, detention (including home detention), and remediation.

When an inmate admits during the pretest or posttest interview to a reoffense or violation, a report is made to the proper authorities. The inmate is then charged with a COPD violation, transferred to a more secure facility, and electronically monitored. Refusal to take a polygraph test may result in the filing of Code of Penal Discipline charges.

Parole Use

The polygraph test is used by parole officials as a treatment and supervision tool. All sex offenders receive periodic polygraph tests. Sex offenders who have not previously taken baseline tests are required to do so while on parole. Offenders who deny their crime or are not participating in treatment are viewed as high risk and tested more frequently.

Because the polygraph test is a condition of parole for sex offenders, all parolees must sign a Release of Information Form to release CDOC case material to the polygraph examiner. Parolees must also sign an Informed Consent Form. Offenders who are deceptive on polygraph tests are subject to intensified parole supervision and treatment and repeat testing. Parole will not be revoked solely on the basis of a finding of deception on a

polygraph exam. Upon a determination of deception, and when there is no admission of reoffense or violation, the following steps may be taken: re-testing, referral to the Intensive Supervision Program (ISP), increasing collateral contacts, increasing surveillance and informing law enforcement and electronic monitoring.

When parolees admit during the pre- or posttest interview that they committed an offense or violation while on parole, the proper authorities are notified, and an arrest is made when appropriate. If there is no revocation, ISP and electronic monitoring are considered. A parole complaint is filed when an offender refuses to take a polygraph test.

Results and Impact

Performance Measures

The program has had an impact on the Colorado criminal justice system in the following areas:

- ❑ Identifying offenders' risk areas, which contributes to improving personal change contracts (relapse prevention plans); imposing more stringent parole conditions; authorizing parole plans and limiting contact with the victim pool; implementing community supervision plans; selecting an approved treatment provider; and notifying law enforcement.
- ❑ Tracking the number of offenders receiving treatment.
- ❑ Increasing parole of sex offenders contingent upon their receiving treatment, enabling the Parole Board to have more knowledge of the offender's history and a more effective monitoring tool for parole.
- ❑ Increasing public safety by detecting technical parole violators earlier and removing them from the community before they reoffend.
- ❑ Incorporating knowledge about sex offenders into law enforcement training and victim treatment programs.
- ❑ Sharing information on the treatment and supervision of sex offenders with the board of the Sex Offender Treatment Program, which sets treatment and monitoring standards for the Colorado criminal justice system.

Implementation Problems and Successes

The Colorado Board of Parole is unlikely to parole sex offenders. This project offers a safer method to monitor sex offenders in institutions, in community corrections, and on parole. An important question is how to handle the disclosure of past crimes during polygraph testing. CDOC is

consulting with sex crime prosecutors to obtain recommendations for reporting past crimes.

Successes and Accomplishments

The program, which began in October 1995, has achieved several objectives. Criteria for polygraph examiners have been established, and five qualified polygraph examiners have been contracted to provide services. Parole officers, SOTP staff, and polygraph examiners have received training on both the program and cultural diversity, and the State attorney general's office is reviewing the program policy for final approval. The Colorado Parole Board has met with the program's staff to exchange ideas and address concerns, and staff members have shared information with police departments on individual behavior patterns. Data forms have been developed, and sexual history questionnaires are in use. In addition, staff have met with a research consultant to develop and plan data collection. Polygraphing of all sex offenders receiving treatment is now mandatory in Colorado.

Prospects for Replication

This project could be replicated by other corrections departments in conjunction with sex offender treatment programs, community corrections halfway house systems, and parole divisions. Any polygraph testing program should consider using experienced and knowledgeable polygraph providers, having all procedures and personnel in place before initiating the program, employing a rotating schedule of polygraph examiners, and structuring examinations in ways that prevent offenders from becoming too aware of the procedure.

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Colorado: Juvenile Offender Substance Abuse Treatment Project

Statement of the Problem

There is a significant and serious gap in the system of care for substance-abusing youth in Colorado's juvenile detention facilities. Despite a large body of evidence documenting the high incidence of substance abuse among juvenile offenders and the relationship between substance abuse and criminal activity, no treatment is offered to youth in secure or nonsecure detention alternatives. For 4 years, surveys on substance abuse conducted at Zebulon Pike, the El Paso County youth detention facility, have identified substantial numbers of youth in need of substance abuse treatment and intervention, yet these results have never resulted in the provision of treatment services. The following data from Zebulon Pike illustrate the extent of the problem:

- ❑ Of 1,173 surveys on substance abuse administered to youth in detention in 1996 by the Detention Services for Juveniles (DSJ) program, 275 scored high, indicating substantial dysfunction and immediate need for treatment, whereas 286 scored in the middle range, indicating immediate need for intervention.
- ❑ A survey of Zebulon Pike residents (150 questionnaires) yielded the following information: 41 percent indicated that they use marijuana often, 39 percent indicated that they use alcohol often, and 9 percent indicated that they use hard narcotics often. (Not all respondents answered every question.)
- ❑ Of youth designated serious habitual offenders, more than 46 percent are known to have substance abuse issues.
- ❑ At least 536 juvenile arrests in 1992 involved drugs, alcohol, or both.

The Juvenile Offender Substance Abuse Treatment (JOSAT) Project was developed to address the problem behind these numbers. JOSAT targets youth brought to detention whose score on a substance use survey (given as part of each youth's intake assessment by detention staff) indicates a need for further assessment and educational and/or treatment alternatives. It is critical for the rehabilitation of these youth that their substance abuse treatment needs be addressed. Most adolescents have not "bottomed out" like their adult counterparts, many of whom have lost their jobs, families, finances, and health. With appropriate treatment and support, adolescents can recover. If they can be reached, they have the ability to heal.

Goals and Objectives

JOSAT was created to help the large number of juvenile offenders who abuse alcohol and other drugs as part of their criminal activities. Its goals are to:

- Provide thorough case management and aftercare for juvenile offenders with substance abuse problems.
- Decrease substance abuse by achieving at least a 60-percent decrease in substance abuse among treated youth after 3 months.
- Reduce recidivism by achieving a 70-percent decrease in recidivism among youth after 3 months.
- Decrease the population of youth in secure detention by annually treating in the community 25 youth who previously would have been detained.

To establish these priorities, the following objectives were set:

- Assess the treatment needs of all juvenile offenders.
- Recommend community-based treatment, rather than detention, whenever possible.
- Meet the treatment needs of assessed juvenile offenders through individual and group counseling as part of a program model that adheres to accepted standards of practice.
- Establish linkages with case management services provided by the DSJ program.
- Develop an appropriate followup plan to take effect upon release from detention or discharge from DSJ.
- Develop a committee to plan for continued funding before the project's original grant expires.

Program Components

All youth brought to Zebulon Pike are assessed by DSJ. Part of the assessment includes a substance use survey. Youth scoring high or at the high end of the middle range are referred to JOSAT. Scores are turned over to two Colorado-certified drug and alcohol counselors who conduct further assessments and complete written treatment recommendations for referred youth. (Both counselors are employees of the El Paso County Health Department, which provides weekly clinical supervision and a training budget.) From this point, linkages between JOSAT Project staff and youth are established through the case manager and meet the specific requirements of the Federal Regulations of Confidentiality of Alcohol and Drug Abuse Patient Records.

There are two treatment options for youth recommended for treatment. In conjunction with the DSJ case managers, the possibility of pretrial release into the DSJ program is considered. If the youth meets criteria for community-based services, with a specified level of supervision, a JOSAT Project treatment component is recommended to the court. If the court agrees, participation in the project becomes a condition for release. For these youth, group treatment sessions are offered three times a week at Workout, Ltd., the component of DSJ that supervises released youth. Weekly individual sessions are scheduled as required. In addition, drug testing by urinalysis may be used with youth receiving such treatment.

Youth remaining in secure detention at Zebulon Pike participate in weekly educational groups scheduled within the center's educational curriculum and taught by JOSAT counselors. Individual counseling is also available through a recommendation after intake assessment and with the youth's consent. Followup treatment is available for appropriate youth upon release from detention. However, unless mandated by court order as a condition or parole or release, followup treatment is voluntary.

In all cases, the needs of the families are considered. If further services are necessary for and desired by families, project staff, Workout, Ltd., and/or DSJ case managers work together to make the most appropriate referrals and assist them with suggestions.

Results and Impact

Performance Measures

The JOSAT Project measures its impact using statistical data, self-reports, and community and agency feedback and input. Statistics are kept on the number of youth originally assessed as appropriate for the project and the number of youth leaving detention with treatment as a condition of release.

The overall decrease in secure detention population due to the project is computed. Self-report inventories at 3-month intervals measure decreases in drug and alcohol use and recidivism. When youth agree to a release of information waiver, such data are collected from or verified by officials such as probation officers and case managers. An oversight committee consisting of collaborating agencies, probation officers, and local law enforcement personnel reviews the information and offers feedback on how the program could be improved.

Implementation Problems and Successes

Implementation of the project was delayed for approximately 4 months due to the participating agencies' difficulty in developing and maintaining a collaborative relationship. However, once these agencies fully understood the project and its implementation plan, the process proceeded smoothly. The project's ability to use programs already in place was partly

responsible. Drug and alcohol screening had been conducted by DSJ staff for 4 years before the JOSAT Project's inception, and court officials' full support of the project led to their immediate approval of treatment recommendations as part of release conditions.

A continuing problem for the project has been finding an effective approach to followup treatment for youth who are appropriate for treatment but not released to a supervised facility. Unless followup treatment is ordered by the court, JOSAT counselors have no power over youth. As a result, they often have no outside incentive or encouragement to take advantage of treatment opportunities. JOSAT counselors are working with probation and parole agents to encourage them to emphasize continued substance abuse treatment when working with youth in need of assistance.

Successes and Accomplishments

For the first time, a concrete connection has been found between the project's survey results and further assessment and treatment in both detention and the community. This advance is significant in that it allows the system to respond to the needs of youth and their families. During the project's first 2 years, 404 juvenile offenders were treated. In addition to having access to services, all detained youth were provided with substance abuse education. In total, more than 1,600 youth have benefited from the program.

Other accomplishments include:

- A decrease in the population of Zebulon Pike Detention Center.
- Thorough case management and aftercare for substance-abusing juvenile offenders.
- A decrease in substance abuse by treated youth.
- A decline in recidivism among treated youth.
- The creation of a funding committee.

Prospects for Replication

Replication of JOSAT is possible if commitment and resources for collaboration exist in the community. Elements contributing to smooth implementation are:

- Broad-based support by the justice system.
- Collaboration with nonsecure detention facilities, the State's social services agency, probation departments, and group homes to accommodate the aftercare needs of youth released from detention.

- ❑ Full-time detention staff working to administer and score drug and alcohol screening assessments and distribute them to project counselors. (Counselors can also perform assessments, but only of youth admitted during the hours they are at the facility.)
- ❑ Facilities for treatment and educational sessions at secure and non-secure detention centers.
- ❑ A project evaluator and oversight committee to track and evaluate project strengths and weaknesses.
- ❑ The contribution of local cash matching funds by participating agencies.
- ❑ Policies and procedures for regular staff training and supervision.
- ❑ A plan for future funding to ensure the project's continuation.

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Colorado: Department of Corrections Youth Offender System

Statement of the Problem

In summer 1993, the Governor of Colorado initiated a 14-point plan for a Colorado Partnership Against Violence. Given the significant problem of youth violence, specifically violence involving weapons, in Colorado and throughout the Nation, a major facet of the plan called for the creation of an innovative program to address youth violence. In response, the Colorado Department of Corrections (CDOC) developed and presented the Youth Offender System (YOS) program to the Governor and to the Colorado General Assembly. The program was passed into law on September 13, 1993, and received its first commitments in March 1994.

YOS targets youthful offenders (14 to 18 years of age at time of offense) who have been convicted as adults of a violent, weapons-related offense (class 3 through class 6 felony) or who are designated as chronic youthful offenders. As appropriate, the court suspends the adult sentence on condition that the offender complete a 2- to 6-year determinate YOS commitment. Throughout the sentence, the court retains jurisdiction and can sentence the offender to adult CDOC or order probation if he or she does not benefit from YOS. Additionally, CDOC retains authority to recommend to the court that an unmanageable or intractable youth be transferred by revocation to adult CDOC. Revocation results in the institution of the suspended adult sentence, which is typically significantly longer than the YOS sentence.

Goals and Objectives

The mission of YOS is to provide youthful offenders with a controlled and regimented environment that affirms the dignity of one's self and others, promotes values of work and self-discipline, and develops useful skills and abilities through an enriched, needs-based, phased program. The program also seeks to provide strict but supportive aftercare to prepare offenders for positive community reintegration.

YOS has developed the following objectives:

- Provide effective intervention for youth offenders who are not career criminals now but would likely become career criminals or more serious offenders without intervention.

- ❑ Provide staff models and mentors who promote the development of socially accepted behavior and attitudes.
- ❑ Create a daily regimen that occupies youth offenders in physical training, strict discipline, education, work, and meaningful social interaction while providing appropriate security and discipline.
- ❑ Develop an environment of positive peer support and influence that promotes behavioral change.
- ❑ Provide diagnosis, treatment, and program services (including counseling; substance abuse education and relapse prevention; academic, cognitive, prevocational, and vocational education; and placement assistance) that enable the offender to pursue a course of lawful and productive conduct upon release from legal restraint.
- ❑ Teach self-discipline by providing clear consequences for behavior.
- ❑ Reinforce offenders' use of cognitive behavioral strategies that change criminal thinking and teach problem-solving skills that serve as alternatives to criminal activity.
- ❑ Enhance education, self-care, and parenting skills to improve life-role functioning.
- ❑ Support offenders' development of employment skills.
- ❑ Reduce offenders' gang involvement and replace gang principles with values accepted by the community.
- ❑ Reduce criminal recidivism.
- ❑ Reduce substance abuse among offenders.
- ❑ Enable offenders to develop and internalize positive behavioral norms.
- ❑ Increase offenders' participation in services to establish and maintain program gains.
- ❑ Give offenders a "second last chance" to learn and develop positive self-concepts and the value of service to others.

Program Components

YOS is multifaceted, providing core programming to all offenders and additional individual options to meet offenders' special needs. An intake, diagnostic, and orientation (IDO) phase is followed by three program phases.

Intake, Diagnostic, and Orientation Phase

Typically 1 month in duration, this phase sets the stage for participation in YOS. The intake process establishes the foundation for assessing individual offender characteristics and developing an individual program plan. The subsequent comprehensive diagnostic process, led by a multidisciplinary YOS team, results in an integrated and individualized program plan designed to maximize positive change.

Throughout the IDO phase, all youth, when not involved in orientation or diagnostic activities, are subject to a highly structured regimen based on the traditional military boot camp model. Emphasizing group discipline and group incentives, this regimen establishes the attitudes and behaviors needed to participate effectively in the positive peer culture and programming that characterize Phase I.

Phase I. This phase provides intensive residential programming in a secure facility for 8 months to 4 years and 8 months, depending on the determinate sentence. Phase I uses a functional unit approach within the context of positive peer culture. Each unit (up to 16 residents) serves as a small community in which incentives, negative consequences, and peer pressure are used to discourage antisocial thinking and behavior and replace them with prosocial behavior. Each resident participates in a core program, which emphasizes academic education, cognitive restructuring, and prevocational and vocational education. Each youth also participates in supplementary programs tailored to his or her program plan. Phase I is staffed by multidisciplinary teams, with each team member sharing in the responsibilities of security, discipline, education, treatment, and behavior modification. Staff are chosen for their ability to mentor, coach, train, and counsel effectively within these domains.

Phase II. A 3-month transition program that supports the progress made in Phase I, this phase establishes the basis for reintegration into the community in Phase III. This phase offers a diversity of program components, including education, life skills, and prevocational training, and engages resident in development of a Phase III plan that encompasses living arrangements, education, employment, community service, and other individual needs.

Phase III. A 3- to 9-month community reintegration program, this phase gradually decreases supervision intensity while increasing positive program participation, progress toward defined objectives, and prosocial community involvement.

Results and Impact

Performance Measures

Infrastructures being established to measure outcomes of all phases of YOS will serve a vital function in examining the program's effectiveness. Data will be collected on screening, assessment, diagnosis, program services, reentry to the community, community followup, and 5-year followup. Outcomes, which will be obtained from offender interviews and clinical assessments, will include relapse into criminal behavior, gang membership, and drug and alcohol dependence; the provision of restitution to victims; and psychological, social, and physical impairment. Primary goals of the YOS evaluation component are to:

- ❑ Determine the program's effectiveness in reducing criminal behavior, arrests, and commitments to CDOC.
- ❑ Examine the cost effectiveness of the program relative to the costs of institutional commitment and community supervision.
- ❑ Assess offender progress over the course of YOS in skills development, emotional functioning, and motivation.
- ❑ Evaluate the community adjustment of YOS offenders in employment, involvement in treatment, and use of community services.
- ❑ Identify offender characteristics that predict positive outcomes during and following YOS to determine whether program assessments and interventions are provided as intended and according to curriculum program manuals and other program provider guidelines.
- ❑ Examine changes in YOS over time.

Seeking to develop thorough and well-founded research and evaluation approaches, YOS has established liaisons with agencies and organizations, including local universities and other criminal justice agencies, that have recognized experts in the field. In addition, the YOS evaluation program plan includes a range of established procedures and instruments.

Implementation Problems and Successes

There have been numerous challenges for the many agencies and individuals who are stakeholders in YOS. While implementation problems have, in large part, been similar to those experienced by other programs with non-traditional systems, they have been magnified in scope and intensity because the unique features of YOS extend beyond its immediate legislative, judicial, and correctional environments. YOS has broken new ground nationally. Intensive education and communication have been used successfully to facilitate stakeholders' understanding of the program's mission, goals, objectives, and methodologies; to ensure consistency with the program plan and legislative intent; and to secure and enhance staff skills.

In addition, intensive efforts have been required to maintain qualified and experienced staff that meet the programmatic requirements of YOS. Position classifications suited to other employment settings, including the adult CDOC, are not suited to YOS. Although efforts are under way to develop more appropriate classifications, time delays in bringing a full staff on board have made it difficult to implement the entire YOS program. Through patience and persistence, however, YOS has filled nearly all of its staffing needs with dedicated individuals who are qualified to deliver the program's diverse program components.

The development of information collection, storage, analysis, and retrieval infrastructures to support accountability, program evaluation, and other vital monitoring functions has challenged limited staff resources. Traditional systems have been found to have limited utility within YOS, making it necessary to modify existing systems or develop new ones. A number of basic systems are currently in place and will provide a sound foundation for future enhancements.

YOS requires the delivery of highly diversified program components, and securing established curriculums of a level, scope, depth, and length suited to the YOS population and environment initially posed problems. However, due to substantial investigatory efforts, virtually all major and most supplementary program components have been implemented.

Finally, integration of the YOS program phases has presented challenges. A comprehensive program spanning initial incarceration in a highly secure and structured environment through community placement and supervision is central to the program's success. Strong, positive liaisons spanning program phases have been established and continue to facilitate effective redirection.

Successes and Accomplishments

YOS is innovative in concept and in development. The program integrates components and approaches that research and experience have demonstrated to be among the most promising in redirecting the lives of young and violent offenders. By continually improving its effectiveness by developing quality assurance, process, and outcome evaluation components, the program ensures that it is not only effective but dynamic. To date, the program has accomplished the following:

- ❑ In 1994, legislation modified the YOS sentencing structure, establishing the program as a sentencing alternative for chronic youthful offenders who meet specified criteria.
- ❑ YOS has attracted nationwide attention as a model program.
- ❑ Funding has been secured and contracts finalized to provide Phase I housing and programming for all Phase I females and for males exceeding the 96-bed capacity of the current YOS facility. The project's new facility opened in 1997.

- ❑ As of May 1997, the total YOS youth population stood at 272. Of those youth, 228 were in Phase I, 15 were in Phase II, and 29 were in Phase III.
- ❑ Drug and alcohol education and relapse prevention, cognitive restructuring, and postsecondary education programs have been developed, with emphasis on vocational education and job-readiness preparation.

Prospects for Replication

By legislative mandate and program commitment, YOS is actively establishing the foundations for rigorous quality assurance, program evaluation, and research with the intent of identifying the extent to which YOS supports the effective redirection of youthful offenders toward healthy, productive behavior. The results of these efforts will be used to guide decisions about program replication and to facilitate replication by providing clearer definitions of the YOS program and its components.

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Delaware: Mentor Program, Inc.

Statement of the Problem

Nationally, a high proportion of women return to prison within their first year of release. Female offenders state that they lack role models and have more obstacles to overcome than men. Participants interviewed expressed very low self-esteem and found no support system upon release. Less than 50 percent have their general equivalency diploma or high school diploma, and most lack marketable skills.

Women stated that they had so much anger and pain that it was hard for them to function from day to day. It was this pain and anger that drove them to dependency on alcohol or other drugs, and to maintain their use of alcohol or drugs they resorted to stealing and prostitution. Other women were so involved in abusive relationships with men that if their partners did not beat them, the women thought they did not love them. These women believed they deserved this type of relationship because they had experienced physical, mental, or sexual abuse as children.

Goals and Objectives

The goals of the Delaware Mentor Program (DMP), Inc., are to reduce, through a self-awareness program, the number of women who return to prison within their first year of release, develop a support system for their transition into the community, and help female offenders compete in and contribute to society.

The objectives of the program are to secure funding and office space, recruit a board of directors, secure 501(c)(3) status, develop a self-awareness program, hire an executive director and a Phase I coordinator, recruit professional presenters from the community, recruit women to be mentors, develop a postgraduate phase, and raise awareness through the news media, public appearances, and special events.

Program Components

A 19-member board of directors conducts the business affairs of the program and oversees finances. The board meets monthly to review accomplishments and develop goals for the future. All program participants are volunteers. During preenrollment interviews, participants discuss why they want to change and their willingness to do so. Guidelines for completion of the course are discussed, and participants are given control over

their future choices. They understand that they are accountable for their actions from this time forward. All mentors are selected from the community. They may be graduates of the program with the stipulation that they have resided successfully in the community for a year. The program has three components.

Phase I. A self-awareness program designed to allow female offenders to discover who they are and understand how their anger and pain dictates their behavior, Phase I consists of 48 to 53 2-hour workshops over 13 weeks. The workshops are offered in five categories: self-actualization, relapse prevention, relationships, preparation for employment, and educational opportunities. After Phase I is completed, many participants move to work release or remain incarcerated while participating in the post-graduate phase.

Postgraduate Phase. Designed to help graduates of Phase I determine individual recovery paths, this phase offers participants the opportunity to understand and change patterns of behavior. The group meets weekly for 2 hours and represents DMP in special events. Sessions are open to residents who have graduated from Phase I until their release from prison. Because they are considered role models for the entire prison population, participants' behavior and willingness to work on personal issues are a top priority.

Education and Recruitment. Whenever possible, the executive director and graduates of DMP who are in the community speak to organizations and participate in special events. The program is supported by the University of Delaware, Delaware Technical and Community College, and local corporations and organizations. Members of these organizations serve as presenters, mentors, or board members, and all volunteer valuable time and services.

DMP expects graduates to change the way in which they interact in society. The women get involved in support organizations such as Alcoholics Anonymous and women's counseling groups, and they seek to increase their educational levels by obtaining a general equivalency diploma or high school diploma or attending college. Instead of applying for minimum wage employment, graduates seek positions that offer career advancement.

Results and Impact

Performance Measures

Women in the program are tracked through the criminal justice system, and data are updated once a year. Within the coming year, data will be released relating to graduates' housing, education, and employment. Other performance measures include the number of successful graduates helped by the program, recidivism rates, and degree to which participants have separated themselves from negative home environments after release.

Implementation Problems and Successes

DMP's success has been supported through the efforts of the warden and staff of Delors J. Baylor Women's Correctional Institution (DJBWCI). An important factor has been the program staff's willingness to work as a team with the corrections and judicial systems to help women offenders become contributing members of society.

Successes and Accomplishments

The program's accomplishments include:

- Becoming a 501(c)(3) organization with a full board of directors that meets monthly.
- Obtaining four offices and a reception area at DJBWCI.
- Obtaining funding for an executive director and a Phase I coordinator.
- Completing 15 Phase I classes.
- Analyzing and presenting recidivism results.
- Securing a Federal grant and State contracts.
- Receiving positive reviews by media, including television and newspapers.
- Receiving enthusiastic support from the DJBWCI warden, who has observed a noticeable change in demeanor among program participants.
- Increasing the ability of the program's graduates to make choices to improve themselves after release from prison by working on core issues, to consider halfway houses instead of returning to destructive past relationships, and to set goals to ensure a secure future.
- Creating and implementing a transition phase for women offenders after release from prison.
- Receiving the Governor's Outstanding Volunteer Award in 1996.

As of June 1996, 170 women had graduated from the Delaware Mentor Program and left the institution for the community. In addition, 15 participants who did not complete the program left the program before that date. First-year recidivism rates for graduates and all participants were 21.8 percent and 22.2 percent, respectively, compared with the 1989 baseline rate of 39.5 percent. Marsha Miller, a statistical consultant and past chair of the program's board of directors, follows all clients through the criminal justice system and provides updated statistics yearly.

Prospects for Replication

DMP can be replicated in any female institution. Teamwork among the corrections staff, the judicial system, and the community is essential to provide the support incarcerated women need to heal their anger and pain and become productive citizens.

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Idaho: Ada County Jail Substance Abuse Program

Statement of the Problem

Crime in Idaho is connected to drug use and abuse. The most recent statistics indicate that 46 percent of arrests in Ada County are directly connected to drug or alcohol use. Of all arrests involving drugs, 90 percent are for methamphetamine (speed). In the Pacific Northwest, use of methamphetamine is on the rise. Within the past 2 years, use of the drug has risen 400 percent in the region.

Generally, inmates with a drug or alcohol problem are treated in State prisons, not in local or county jails. State prisons incarcerate inmates for longer periods than do local jails, and they are typically better funded. Most prison inmates have a record of several arrests and periods of incarceration prior to serving State prison time, and most have served at least one stint as a county jail inmate before becoming a State prison inmate. To stop the drug/crime cycle before drug-abusing offenders reach this point in the criminal justice system, training and education must be offered to them earlier in the process.

Goals and Objectives

If drug abuse among young first- or second-time offenders can be reduced, the incidence of crime will decrease. Waiting until offenders are incarcerated in the State prison system makes achieving this outcome extremely difficult. The mission of the Ada County Jail Substance Abuse Program is to reduce the use of drugs and alcohol by offenders who are sentenced to incarceration at the local level. Incarceration is an excellent time to provide education and group treatment to offenders. The program provides short-term treatment and, upon release, refers the offender to a community agency for followup treatment.

Program Components

The 4-week coed program employs 1 full-time instructor to teach approximately 16 inmates, who are in class 30 hours each week. Male and female inmates are housed separately. Participants are encouraged to study together and discuss their assignments with inmates from previous sessions.

The program's administrative assistant screens applicants and assigns inmates to upcoming sessions. A psychologist, who serves as the program's administrative head, coordinates program activities and designs the sta-

tistical evaluation. The program's first-year budget was funded entirely through a Federal grant. For the second year, one-third of the budget was funded by inmates. Over the next 2 years, inmates assumed 100 percent of program costs.

Inmates participate in the program either voluntarily or by court order. Inmates must be compliant, be sentenced to time in the county jail, be able to live in a dormitory setting, and have ties to the local community so that upon release they can be tracked and placed in aftercare. Inmates must have no pending charges and no convictions for violent felonies. Offenders are removed from the program if they proposition or are rude to one another.

Upon admission to the program, inmates sign contracts in which they agree to comply with all jail rules and staff instructions, attend the program voluntarily, attend at least 1 year of followup outpatient alcohol and drug treatment after release from jail, stay in contact with the program's staff for 1 year following release from jail, involve their families in follow-up treatment and provide them with followup information, and live in the community after release.

After a contract is signed, the inmate's substance abuse is evaluated and a treatment plan is created. Services offered by the program include individual and group counseling, 12-step programs, and classes on relaxation and meditation, legal matters, education, health and nutrition, addiction, financial issues, social and family dynamics, spirituality, communication skills, sexuality and gender issues, relapse prevention, and vocational rehabilitation. Female inmates are treated in separate counseling sessions.

In aftercare, which is paid for by inmates, the program links offenders with an aftercare program in the community. Jail staff help inmates make reservations in the aftercare program and perform followup interviews with inmates and their families after inmates have been released.

Ada County has also created a program in which offenders go to work, live at home, and attend mandatory classes at the jail. Urine analyses are conducted during their visit, and offenders may be held overnight in the jail if their urine analysis reveals substance abuse.

Results and Impact

Performance Measures

The program was designed with the minimum expectation that graduates will stop using illegal drugs or alcohol or will use them less frequently. It is also expected that graduates will be arrested less frequently. Following release from custody, inmates are contacted by the administrative assistant every 3 months to ensure that they are attending classes and counseling

sessions according to their treatment plan. To measure the program's impact, jail staff periodically check the local criminal database to determine if program graduates have been arrested and, if so, whether the arrest is related to drug use.

Implementation Problems and Successes

The program's most significant problem during implementation was lack of classroom space due to overcrowding in the jail. The situation was remedied, however, when a break in the influx of inmates to the jail created extra space.

Successes and Accomplishments

Early in 1997, staff determined that they needed access to statewide criminal records to compare the program's recidivism data with that of other jail substance abuse programs. (For the study, recidivism was defined as an arrest, within a 12-month period after release, that led to a conviction.) Nationally, recidivism for offenders charged with drug-related crimes is 50 to 80 percent.

Prospects for Replication

The program's prospects for replication are excellent. Its essential elements are simple: an instructor, an administrative person, inmates, classroom space, educational materials, and security staff.

In addition, these factors are critical:

- Inmate payments to help cover program costs.
- Linkage to aftercare following inmate's release from jail.
- Program instructors with backgrounds that enable them to connect with inmates.
- Selection of inmates appropriate for the program. Special consideration should be given to inmates from the local community, enabling staff to track them following release from custody.
- Involvement of the inmate's family.
- Emotional and financial cooperation of inmates.
- Training for jail security staff.
- Support from local judges. The placement of an inmate on probation following release from custody is highly correlated with the inmate's participation in programs after release.

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Illinois: Department of Corrections Sex Offender Treatment Program

Statement of the Problem

Sexual victimization is becoming prevalent throughout the Nation. Studies have revealed that at least one in five children experience at least one incident of sexual victimization. Rape is fast becoming one of society's most plaguing problems. Unfortunately, the frequency of sex crimes is widely believed to be seriously underestimated. Victims of child molestation, rape, incest, and other sexual crimes suffer immediate trauma and serious long-range effects. To respond to this crisis, the State of Illinois found it imperative to explore the application of recently developed therapies to reduce criminal behavior that causes such suffering.

The goals of incarceration include both punishing the offender and protecting society. For sex offenders, punishment alone too often is unproductive and increases their pathology, leaving these individuals with fantasies more deviant than those prior to incarceration. Treatment specialists have discovered that such fantasies directly influence sex offenders' actions upon release, as demonstrated by their high rate of recidivism. Research indicates that sex offenders who are denied treatment have between a 50- and 85-percent chance of reoffending, but the odds can be radically reduced through intensive, broad-ranged therapy. Estimates provided by current research indicate that graduates of sex offender treatment programs have only a 15-percent chance of reoffending. A Vermont study on the cost effectiveness of sex offender treatment concluded that treatment saves taxpayers money. For each offender, treatment programs cost one-fifth of prosecuting and sentencing another sex crime. The Illinois program will pay for itself if it prevents one in five offenders from reoffending. However, the cost of victimization alone would seem to justify treatment.

In response to sexual victimization, the need to treat sex offenders, and the available research, the Illinois Department of Corrections (IDOC) implemented a comprehensive sex offender treatment program devised by a committee of representatives of all operational divisions in the agency, including clinicians experienced in sex offender treatment. In January 1992, with funding from the Illinois Criminal Justice Information Authority, IDOC established its first residential treatment unit for sex offenders and began creating a pilot sex offender treatment program for parolees.

Goals and Objectives

The primary mission of the IDOC Sex Offender Treatment Program is to reduce, through treatment, the number of sexual offenses committed each year and thereby the number of victims of sexual offenses. For the purposes of the program, sex offenders are those inmates committed under the sexually dangerous persons law and those who have been criminally convicted of a sexual offense but deemed mentally ill. The program addresses the needs of sex offenders through the following objectives:

- Offer programs on sexual orientation for a large population of sex offenders.
- Identify inmates who need intensive, specialized attention.
- Provide intensive residential treatment that includes the elements determined by researchers and experts to be critical to the treatment of sex offenders.
- Provide a monitoring system for offender compliance with treatment upon release.

Program Components

Nonintensive Sex Offender Programming

Although technically not a component of the Sex Offender Treatment Program, nonintensive programming is critical to its success. Of the 26 adult correctional facilities (maximum, medium, and minimum) that are currently part of the program, 24 offer sex offender orientation treatment or educational/therapeutic groups, and all of the facilities offer a combination of 59 supportive treatment groups. The objectives of these programs are to:

- Educate offenders on contemporary sex offender treatment.
- Break down offenders' fears concerning treatment.
- Facilitate positive attitudes toward treatment.
- Dispel myths surrounding treatment.
- Motivate offenders to seek intensive treatment.
- Increase offender awareness of the impact on victims.

Initial Assessment

This component was developed to provide the program with a uniform and systematic method of identifying and encouraging qualified inmates to invest in their rehabilitation and recovery through intensive sex

offender treatment. To be accepted into the program, offenders are required to submit an application and to be interviewed by a mental health professional. A sex offender data collection survey is completed on the applicant's offenses, victim history, background, and mental health history. From this information, an offender's condition and motivation level can be determined. Offenders must also complete a self-report on their behaviors.

If, based on the self-report and the mental health professional assessment, an offender is chosen for the program, he or she must sign a contractual agreement that spells out the program's requirements.

Intensive Residential Treatment

Having agreed to the contract, offenders are sent to one of three intensive residential treatment units currently available in IDOC. In this therapeutic environment, therapists assist offenders through a phase-based system that focuses on retraining arousal patterns, sex education, relapse prevention, and victim empathy. Throughout the phases a variety of recognized treatment techniques are applied. For example, inmates develop disgust for their deviant behavior through correct sensitization, satiation therapy, and noxious odor aversion. After deviant sexual arousal patterns have been reduced, misconceptions and irresponsible attitudes related to sexual activity are dealt with in a group setting. Group psychotherapy techniques are used because they are less costly and more effectively recognize and deal with participants' denials and evasions of responsibility. Because most offenders lack social skills, the group is designed to be a laboratory for learning responsible community living skills. Groups focus on victimization issues, relaxation techniques, learning to assert rights without being aggressive, getting a more realistic view of the world, sex education, and covert conditioning of disgust for deviant sexual acts. Additional treatment is provided through psychoeducational modules on a variety of themes, modern psychophysiological assessment procedures, and individual support sessions as needed.

An offender's progress from one phase to another is not necessarily based on his or her ability to recite the information presented, but rather on the offender's conceptualization, assimilation, and application of the information in accordance with the program's primary motto, "No More Victims." Graduation criteria include developing a high level of victim empathy, identifying and recognizing one's deviancy, identifying relapse conditions and preventing relapse, understanding the concept of honesty with oneself and others, and developing a plan for moving successfully through life.

Parole Monitoring

The final element of the program combines a strong parole component with monitoring of ongoing outpatient treatment. Thus far, it has been successfully implemented in one region of the State. All sex offenders, whether or not they complete intensive residential treatment, are given the opportunity

to continue their treatment during parole. A case manager meets with an interested offender 6 months before release to determine treatment needs. After the offender is released, the case manager provides referrals and monitors (with the assistance of the parole agent) the offender's compliance with treatment objectives.

Results and Impact

Performance Measures

Evaluations of the program's performance are based on the following measures:

- The number of inmates enrolled in the program.
- The number of inmates who complete the program.
- The recidivism rate of those who complete the program.

In 1993 and 1994, two extensive annual evaluations of the program were conducted. The results of external audit development are as follows:

- 1995—Conducted a survey/program audit of Adult Division outpatient care counseling and support group services within the 26 adult facilities.
- 1996—The survey/program audit was expanded to the Community Services and Juvenile Divisions.
- 1995 to Present—Documentation was added to the survey/program plan that monitors monthly the racial makeup of the intensive program participants.

Implementation Problems and Successes

Training. Mental health professionals, facility counselors, and Pre-Start (parolee) agents at designated facilities received training from well-known clinicians throughout the Nation, and with the opening of each inpatient program, the importance of training became apparent. In the training, mental health professionals expressed legitimate concerns about interacting with and treating sex offenders in a therapeutic environment, and some expressed feelings of disgust and personal bias against the target population. Many sought assistance on performing in a professional manner, given these conditions. A psychoeducational manual was developed and distributed to all mental health professionals and support staff. This manual helped mental health administrators and counselors better prepare their facilities for treating sex offenders.

Clinician Relationships. Administrators of the intensive residential programs found that relationships between offenders and sex orientation treatment providers were much stronger than expected. They, therefore, engaged in intense recruitment, stressing to both offenders and clinicians that nonresidential treatment could only go so far and that the residential program was in the best interest of the offender. By educating the parties about the exact nature of the program and encouraging participation, administrators were able to resolve this initial problem.

Waiting Lists. Overcrowding in the facilities and the high percentage of sex offenders seeking treatment made waiting lists for the program inevitable. However, program administrators discovered that by making offenders more accountable for their actions, double celling was possible, thereby reducing waiting lists. Those still remaining on the waiting list were provided continuing sex orientation programming.

Racial Imbalance. Early on, a significant racial imbalance in program participation (approximately 75 percent white and 25 percent African-American) was noted. A number of factors creating this imbalance were cited, including African-Americans' traditionally negative attitudes toward government-sponsored treatment programs. In response, referral processes were implemented, and sex orientation programs worked to address some of the issues causing the imbalance.

Voluntary Programming. At present, all of this initiative's group and intensive sex offender treatment programs are voluntary. However, policymakers and clinicians from outside the facility are calling for the program to be made mandatory. Currently, the only incentive to join the program is each offender's desire to receive treatment. Most program participants are honestly asking for help and are highly motivated to change. Administrators indicate that requiring the program for all sex offenders would destroy its therapeutic and productive atmosphere, creating an environment in which an undercurrent of rebellion and disruption, as well as significant breaches of confidence, would exist. To dissuade this call for mandatory participation, administrators are learning that these problems will make successful implementation of a sex offender program difficult.

Community Reaction. Community reaction, frequently an issue of concern when correctional programs strive to "treat" offenders, has not been a problem for this program. The program has avoided negative community reaction by maintaining a low but accountable profile. Interviews are given to provide information to a curious, skeptical, and concerned public.

Successes and Accomplishments

Since its implementation in 1992, the Sex Offender Treatment Program has accomplished the following:

- Approximately 2,200 sex offenders have participated.
- Enrollment in intensive residential treatment has increased from 150 to 250 inmates.
- The program has increasingly utilized risk assessment scales to measure participants' success.
- Six regional training/certification symposiums will be held in February 1998. Invited participants include community-based providers of treatment to sex offenders under the custody/control of IDOC; IDOC mental health professionals who treat sex offenders at IDOC adult and juvenile facilities and IDOC community-based sex offender treatment programs; and IDOC staff responsible for the direct supervision of sex offenders.

Prospects for Replication

Since the pilot program began in 1992, the Sex Offender Treatment Program has been duplicated at two other Illinois facilities, and IDOC is exploring ways to expand the program. Factors to be considered regarding the program's replication include:

- Training that reduces judgmental or biased treatment of sex offenders.
- Education throughout the criminal justice system about the nature of the program.
- Voluntary participation.

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Iowa: Centralized Substance Abuse Assessment Project—Iowa Medical and Classification Center

Statement of the Problem

Many offenders entering the prison system have drug or alcohol problems. Although all of Iowa's correctional facilities provide some level of substance abuse treatment, no actual substance abuse assessments were made in the past. Because of this, recommendations for treatment were not always made in a consistent manner. Certain programs had long waiting lists, whereas others were not used to capacity. Inmates with very different treatment needs were often referred to the same program.

In 1993–94, a research and demonstration project undertaken by the Iowa Department of Corrections (DOC); the Iowa Department of Public Health, Division of Substance Abuse and Health Promotion (IDSA) and Division of Criminal and Juvenile Justice Planning (CJJP); and the Mid-Eastern Council on Chemical Abuse (MECCA) led to the establishment of a centralized substance abuse assessment unit at the Iowa Medical and Classification Center (IMCC). Iowa employs a centralized assessment model in determining placement and treatment needs of inmates entering the prison system. Upon arrival at IMCC, inmates undergo medical, educational, and psychological testing as well as a reception interview. The information gathered is used to determine the inmates' appropriate risk level and appropriate treatment modalities.

Goals and Objectives

The three primary goals of the centralized assessment project are to assist in decreasing criminal recidivism and substance abuse; expedite inmates' movement through the institutional system, allowing the most advantageous use of treatment resources; and evaluate the effectiveness of referrals made by the assessment unit.

Objectives of the project include:

- Assessing all inmates entering IMCC with a 10-year or less sentence.
- Referring inmates to the appropriate level of substance abuse treatment.

- ❑ Updating each inmate's treatment summary record on the DOC automated information system to enable institutional classification teams and the parole board to make appropriate decisions.
- ❑ Providing training for institutional treatment staff on how to use the assessment instrument.
- ❑ Maintaining communication to ensure that the assessment unit is making appropriate clinical and placement decisions.
- ❑ Establishing a database to collect demographic information and outcome effectiveness information.
- ❑ Implementing the program's database.
- ❑ Producing data reports summarizing treatment needs, referrals, and types of treatment recommended.
- ❑ Assisting DOC in determining future types of treatment programming.

Both institutional and community treatment providers review data reports to determine the need for treatment revision or development.

Program Components

MECCA developed its assessment tool using the criteria contained in the IDSA's standardized assessment form, but revised it to reflect the characteristics of both the prison population and the treatment available in the institutions. To understand treatment needs and resources, MECCA and IMCC staff visited all treatment programs in Iowa correctional facilities. These visits helped to open lines of communication between assessment staff and treatment staff. Close supervision of the assessment process has ensured consistent treatment recommendations.

The key elements of the project are reception, evaluation, classification, and placement. During the reception period, inmates are interviewed by the IMCC assessment staff, who compile substance abuse evaluations according to standards set forth by IDSA. These evaluations form the basis for recommending the most appropriate treatment for inmates during their time in the institution and upon release. Treatment recommendations are considered by the classification manager in light of the risk posed by the inmate and all information from the inmate's psychological and educational profiles. The inmate is then placed in the most appropriate institution for the risk and needs indicated. In the first year of the project, the substance abuse assessment frequently resulted in placement decisions for inmates that differed from those of past years.

Each institution has a classification team. Upon arrival, and then periodically throughout incarceration in the institution, each inmate's case is reviewed by the classification team to determine appropriate physical and

programming placements. Specific recommendations for substance abuse treatment have been integrated into each team's decisionmaking process.

Iowa's State parole board is an autonomous entity. No other department or office has jurisdiction over or influence on the parole of inmates. The parole board receives all inmate information through its computer system. The treatment summary section of this system contains the recommendations from the assessment unit. The parole board can then expedite the review of inmates who are placed in treatment. The parole board has been very supportive of the project and has helped DOC determine the predicted parole review dates of inmates in the target population, helping classification staff prioritize the placement of inmates into limited treatment resources.

Inmates who are released from prison to community-based correctional (CBC) programs such as work release or parole are often expected to be involved in some level of substance abuse treatment. The centralized substance abuse assessment is forwarded to the CBC program for use by community-based substance abuse treatment providers.

For the past 5 years, DOC has submitted data indicators to the Governor's Alliance on Substance Abuse (GASA) regarding the nature of substance abuse needs in the inmate population. Without specific substance abuse assessment, these indicators are at best approximations. Aside from reporting indicators, data on offender treatment needs can suggest how treatment resources should be allocated and how to match offenders to treatment approaches that are likely to be effective. The creation of a database of treatment records, maintained within Federal confidentiality guidelines, is essential to the success of the program. At present, most data collection and reporting is accomplished through manual compilation supplemented by an existing, limited database system; however, the program is in the process of becoming automated.

Results and Impact

Performance Measures

The program measures its performance using these indicators:

- Equal utilization of all treatment programs and facilities.
- The length of the waiting lists for admission into treatment programs.
- The number of individuals assessed.
- The level of interagency cooperation between MECCA and DOC staff.
- Demographic information.
- Type of treatment recommendations.

- ❑ Results reported in the project's annual report.
- ❑ Identification of drug abuse trends.
- ❑ Collection of data that identify use patterns, relapse issues, and treatment needs.

Implementation Problems and Successes

As with any new project, the assessment unit had to overcome obstacles during the project's implementation. Startup of the project was delayed by contract negotiations, hindering the ability of the assessment unit to meet its first-year goal of 1,500 assessments. The problem was resolved when GASA approved an increase in the assessment staff for the last 3 months of the fiscal year.

When the first evaluations began arriving at the institutions for review by the classification teams and treatment staff, there were cases in which the institutional staff disagreed with the recommendations of the assessment team. This issue was resolved by establishing better communication between institutional and assessment staff. Institutions are expected to follow the MECCA recommendation unless they have a significant reason to suggest an alternative. If another suggestion is made, MECCA staff are consulted. If clinical agreement cannot be reached, the IMCC treatment director and the DOC substance abuse coordinator are consulted to make the final decision. To prevent disagreements, MECCA staff have been familiarized with prison treatment programs so that they are better versed in the services available. Since the implementation of these two actions, few assessment recommendations have been disputed.

Another coordination problem, which has always been difficult to solve for the institutions, is the need to predict how much of the inmate's sentence will be served before the parole board will review his or her case. This information is required to ensure that inmates are treated as close as possible to the time of release, increasing treatment efficacy and establishing community aftercare resources. The problem has been resolved somewhat through planning meetings with the coordinator, treatment director, and parole board. The board has given DOC a list of sentence types and likely sentence lengths. The greatest variable to this planning is inmate behavior, but a starting point now exists for determining when it is appropriate to place an inmate in a treatment program.

Successes and Accomplishments

Much of the project's success can be credited to the positive and supportive working relationship between MECCA and DOC. In general, inmates have cooperated with the evaluation project. Recommendations have been based on consistent criteria and have been well received and followed by DOC staff. The initial project size has doubled, providing the opportunity

for an increasing number of inmates to participate in substance abuse assessment. Waiting lists in treatment programs have decreased, and formerly underutilized programs are now operating at capacity. Discussions are under way on how to fill gaps in treatment provision, including relapse prevention services and residential treatment at minimum security institutions. The project has provided a clear picture of the drastic increase in methamphetamine use in the State and identified unique problems accompanying the increase. Although there is a desire to increase data collection capabilities, the current system has provided valuable and relevant information, and this information has been used at a variety of programming and policymaking levels. To enhance data collection, this project has been awarded an additional GASA grant for the purchase of personal computers and software.

More than 1,300 substance abuse assessments were provided by MECCA during the project's first year. In FY 1996, 2,800 assessments were conducted. In FY 1997, the number increased to 3,500.

Prospects for Replication

The primary factor in the Centralized Substance Abuse Assessment Project's success was the cooperation of multiple systems and disciplines. If this level of cooperation can be duplicated, projects of this type in other jurisdictions should be able to achieve similar results. In Iowa, substance abuse assessment was integrated into DOC's existing structure of centralized classification, making the assessment process compatible with the environment in which it is used. Finally, the willingness of all participants to learn from one another, to be flexible, and to be innovative has ensured a comprehensive and consistent approach to treatment provision.

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Iowa: Statewide Substance Abuse Program Coordination in Corrections

Statement of the Problem

Substance abuse in the Iowa correctional system is a widespread and complex problem at every level of the system. The State's community-based corrections (CBC) and institutionalized corrections populations are saturated with substance abusers—70 to 80 percent of CBC clients use drugs, as do 80 to 85 percent of prison inmates. These populations are growing quickly and are too large for effective correctional management, let alone management of complicating factors such as substance abuse. Iowa correctional institutions currently oversee nearly 6,000 inmates in space designed for 3,600. Iowa's prison population has grown 12 percent annually for the past 3 years, and resources for providing substance abuse treatment are extremely limited.

An adversarial relationship exists between the State's CBC and community-based substance abuse treatment providers, even though community treatment programs receive 65 percent of their referrals from CBC. Community-based treatment providers have not responded to requests for proposals to establish substance abuse treatment programs in prison settings.

At the time this report was written, the State of Iowa had contracted with an outside organization to establish managed care for all substance abuse services in the public sector. Conventional managed care strategies often exclude certain clients in prison populations from admission or readmission to needed services. The criteria for exclusion often fall disproportionately on the CBC population.

Most significantly, dealing effectively with substance abuse among offenders requires dealing with the complexities of the criminal mind—its duality (substance abuse and criminal/antisocial personality characteristics), resistance to treatment, and chronic, long-term dependence on numerous substances. In Iowa, virtually all substance abuse programs for offenders were designed for noncriminal clientele. Few treatment resources existed for substance-abusing offenders.

These problems limit:

- The availability of treatment.
- Staff tolerance of criminal-addict behavior, resulting in the early discharge of many clients who have finally accessed treatment.

- ❑ Communication and coordination between CBC, institutions, and community treatment providers.
- ❑ The efforts of the criminal justice system and community substance abuse programs to rehabilitate mutual clients.

Goals and Objectives

The main goal of the Iowa Department of Corrections Substance Abuse Program Coordinator is to work with wardens, CBC district directors, the Department of Public Health's Division of Substance Abuse and its managed care contractor, community-based substance abuse agencies, the Treatment Alternatives to Street Crimes (TASC) program, and the Iowa Consortium for Substance Abuse Research and Evaluation. More specifically, the program is designed to:

- ❑ Evaluate and define the extent and nature of the substance abuse problem among offenders.
- ❑ Establish a discriminating assessment process that matches chemically involved offenders to the most effective treatment.
- ❑ Develop treatment approaches that are more likely to have an impact on resistant, extrinsically motivated clients.
- ❑ Work with the managed care contractor to advocate that criminal justice clients be admitted to and retained in treatment and to promote that the contractor use treatment modalities and levels of care that are effective for this population.
- ❑ Identify new and existing modalities of treatment that will offer several tiers of treatment at varying levels of intensity within the criminal justice system.
- ❑ Ensure that qualified individuals operate substance abuse programs.
- ❑ Identify and pursue additional funding while maintaining present resources.
- ❑ Coordinate the communication network among institutions/CBC, the Iowa Division of Substance Abuse, and public/private community treatment agencies.

Program Components

The program is designed to coordinate available interventions as well as develop new interventions to meet the needs of offenders with substance abuse problems. The program seeks to reduce the likelihood that offenders will continue criminal behavior after their release from the criminal justice system.

The program is administered by a coordinator within the Administration Division of the Department of Corrections. His duties include working closely with all Iowa State correctional institutions, the eight CBC districts, all TASC programs, the Governor's Substance Abuse Prevention and Education Council, the Drug and Violent Crime Commission, the statewide and eight local corrections/substance abuse task forces, the Division of Substance Abuse in the Iowa Department of Public Health, the Iowa Board of Substance Abuse Certification, the Center for Substance Abuse Treatment and the Criminal Justice Branch in the U.S. Department of Health and Human Services, community-based substance abuse treatment agencies, and the Iowa Consortium for Substance Abuse Research and Evaluation.

Results and Impact

Performance Measures

The program's expected results include:

- Networking the eight TASC programs statewide.
- Establishing a licensed substance abuse treatment program in each of the State's eight correctional institutions.
- Improving communication and coordination between CBC and community substance abuse staff and reducing service duplication.
- Implementing new approaches to substance abuse treatment in correctional programs.
- Improving the qualifications of counselors currently working in correctional treatment programs to serve as substance abuse counselors.
- Reducing waiting lists for substance abuse treatment.
- Realizing cost benefits for all parties involved.
- Responding to requests for proposals for funding to facilitate these goals.

The overall expectation was that the treatment system for criminal justice clients would improve; gaps in programming would close; adversarial staff of other programs would work together; and these programs would better accomplish their missions.

Implementation Problems and Successes

The biggest obstacle to program implementation dealt with conflicts between community corrections and community substance abuse staff over fundamental treatment issues: the effectiveness of substance abuse treatment for offenders; whether offenders' paramount problem was mental

illness, behavioral maladaptation, criminality, immorality, or a primary disease; where and by whom the offender would be most effectively treated; and how resources should be distributed. As a result, the groups' common purpose was overlooked and treatment in the State's prisons suffered. The conflicts led to the formation of a task force through which the program coordinator, with the Director of the State Division of Substance Abuse, established a plan of action to resolve disputes between community corrections and substance abuse staff.

Adding to the difficulties, shortly after implementation, State budget cuts and layoffs reduced the size and number of treatment programs in State prisons, lowered staff morale, and reduced the operating budgets of programs not specifically targeted by the cuts. During the coordinator's first 9 months on the job, funding and staffing levels in prison treatment programs dropped dramatically. However, none of the treatment programs closed, and all of the State's original programs eventually expanded beyond their initial capacity. At the time of program implementation, 4 of the licensed programs were funded at 75 percent of capacity through grants. However, through the lobbying efforts of the coordinator and the programs' good reputation, all were funded by State appropriations when their grants expired.

The State personnel system, which handles all State employees, further complicated implementation. Although substance abuse professionals are commonly considered to be clinical staff with specific education and training needs, the personnel department felt that these requirements were unnecessary, resulting in a severely deficient applicant pool from which the program was required to interview and hire. Official protests did not improve the situation, but merely delayed filling positions by 6 months. Institutions anxious to fill vacancies often rushed to hire unqualified individuals. Furthermore, the collective bargaining agreement in effect for employees at the institutions prohibited the coordinator from changing minimum qualifications listed for substance abuse professionals. In response, the coordinator enlisted the support of the Governor's Alliance on Substance Abuse and the Director of the State Division of Substance Abuse to encourage the Iowa Department of Personnel to establish a new "advanced" substance abuse professional position that would apply only to corrections institutions and require applicants to be certified by the Iowa Board of Substance Abuse.

The current challenge to the program is managed care. Iowa is in the process of moving to private managed care for all publicly funded substance abuse treatment. Concerns over the use of a managed care system revolve around three issues: Will resistant and unmotivated clients be able to access treatment? Will people with a history of multiple treatment experiences be able to access treatment? Will there ultimately be a cost shift from publicly funded community-based treatment to jail- and prison-based treatment?

Successes and Accomplishments

The program has achieved numerous advances in substance abuse treatment for offenders in Iowa. Although these advances were facilitated by the coordinator, they are largely due to the efforts and cooperation of the key agencies involved.

Savings. The time offenders spent on waiting lists for substance abuse treatment dropped from 6 months to 1 week, and the centralized coordination of the program resulted in significant financial savings for the system. Both aspects made the system more user friendly for offenders.

The 5-Year Plan. The coordinator created a publication, *The Role of Substance Abuse Treatment in Corrections*, that discusses the duality of criminality and the disease of addiction, and how they work together in the chemically addicted criminal. The document proposes that the initial course of action for the correctional system must be to establish a seamless continuum of intervention for offenders.

The Joint Business Plan. The Department of Corrections and the Division of Substance Abuse developed a business plan to resolve numerous shared issues and needs. The majority of the goals listed in the business plan were accomplished.

Centralized Assessment. The first step in achieving a continuum of intervention in the Iowa prison system was establishing a centralized assessment process at the reception center. With this new process, the classification manager has information on the substance abuse treatment needs of inmates before they are classified and assigned to an institution. Inmates can be matched to the most appropriate treatment based on their history, risk level, and so on. Future funding requests for centralized assessment has been built into the State's budget request process.

Institutional Treatment. Four prison-based treatment programs existed when the coordinator program was implemented. There are now seven licensed treatment programs—one at each of the State's general population institutions. These programs include a variety of approaches to treatment as well as varying levels of intensity. Six of the programs were initiated through grant funding. Through the lobbying efforts of the coordinator, all seven programs are now funded by State appropriations.

Treatment Alternatives to Street Crimes Program. When the coordinator program began, the TASC program had been piloted in three of the State's eight judicial districts. TASC has since expanded into a \$1.2 million state-wide program using grants the coordinator helped to secure and became the largest substance abuse pilot project ever approved for funding by the Iowa legislature.

Coordination is a key element of the TASC program. Each judicial district is autonomous, with its own director and board of directors. The coordinator established a TASC accreditation process through which resource utilization, productivity, and program outcome are evaluated every 2 years. Because the Department of Corrections controls the funding for TASC, the individual programs must comply with accreditation standards to continue operating. The coordinator holds quarterly meetings with TASC supervisors and annual or biannual meetings with all TASC staff. The program has been well received by the State's justice and substance abuse treatment systems.

Violator Program. Two institutions in Iowa house male and female violators of probation/parole and work-release program rules. The coordinator was asked to design and implement a culturally sensitive program, known as the Violator Program, to serve these institutions. The program, which provides offenders a 60-day residential stay followed by a 5- to 8-month community-based program, combines substance abuse relapse treatment with cognitive skills programming. At the 30-bed institution for women, the program includes the core subjects described above as well as a number of services specific to women. The 75-bed men's facility also offers services that are gender specific. The Violator Aftercare Program is the community-based portion of the effort, providing close community monitoring and weekly group sessions. The sessions are offered for 20 weeks, but can be extended on an individual basis. A 4-year, grant-funded evaluation by the Iowa Consortium for Substance Abuse Research and Evaluation has recently been completed. Results are not yet available.

Counselor Training Program. When the coordinator program began, a number of counselors working in Iowa's correctional substance abuse treatment programs were not sufficiently qualified for their positions. Personnel issues and the policy of promoting correctional officers to correctional counselors had produced these staffing inadequacies. To address the training needs of staff members, the coordinator implemented a program to prepare staff for Correctional Substance Abuse Counselor Certification (IBSAC). The program offers 120 of the 130 hours required for certification, forcing staff members to obtain some training from outside sources. Many of the 30 counselors who participated in the program received counselor certification.

Prospects for Replication

The prospects for replicating this program are excellent. Every State has key agencies similar to those in this project, and prior interagency cooperation is not a prerequisite. No precedent for such cooperation existed in Iowa before this program was implemented. The program's approach is a relatively inexpensive way to leverage additional resources for correctional substance abuse and to maximize resources already in place. Support from corrections personnel, administrators, and an advisory

group to help establish priorities for substance abuse intervention development will enhance the program's success. The coordinator should have extensive experience in the substance abuse intervention field, negotiating skills and the ability to be both diplomatic and assertive, strong writing skills and experience applying for grants, and good training skills.

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Kansas: Chemical Dependency Correctional Counseling Program

Statement of the Problem

The four northeastern Kansas counties—Brown, Doniphan, Jackson, and Nemaha—are typical of rural counties. Their population totals 41,233 people. The region’s predominant industry is agriculture. Personal and family incomes are lower than national and State averages, as are new housing starts and land values.

A number of risk factors in these counties have an impact on crime and substance abuse. The Chemical Dependency Correctional Counseling Program was developed to address these risk factors and to serve as a protective factor for communities in this region.

The risk factors identified by the program are based on studies that compared empirical field data for this area of Kansas with data for the entire State. The field data present a picture of an area in great need of protective factors. The risk factors are:

- A higher than average number of families receiving Aid to Families With Dependent Children payments.
- A higher than average juvenile arrest rate.
- A higher than average number of persons receiving general assistance welfare payments.
- A dramatic rise in local crime rates over the past 10 years.
- A higher than average rate of disorderly conduct cases.
- A higher than average rate of driving under the influence, vandalism, and drug arrests.
- A higher than average rate of unemployment.
- A higher than average rate of renter-occupied housing units.
- A higher than average rate of population mobility.
- A higher than average rate of persons reporting a family history of alcohol or other drug abuse.

- ❑ A higher than average rate of children reporting that someone in their household uses illegal drugs.
- ❑ A higher than average rate of school absenteeism and dropouts (in one of the four counties).

Before this program was implemented, chemical dependency counseling services were provided to inmates of local jails on a crisis basis. Law enforcement and mental health professionals, however, wanted more intensive services for inmates. The sheriff of Brown County and the chief executive officer of the KANZA Mental Health and Guidance Center, Inc., worked together to secure a grant that funded the Chemical Dependency Correctional Counseling Program. Sheriffs from the other three counties collaborated on developing the program.

Goals and Objectives

The main goal of the program is to provide chemical dependency recovery counseling to inmates residing in Brown, Doniphan, Jackson, and Nemaha County jail facilities. A secondary goal is to provide consultation and training to law enforcement, dispatch, and jail personnel concerning the inmates' behavioral health. Although there are no quantified data for the number of consultations and in-services provided to these personnel during the program's first year, the certified chemical dependency counselor formally and informally carried out these duties every week.

Program Components

The program's two components create a strong link between mental health services and law enforcement and corrections agencies in the area. One component is the KANZA Mental Health and Guidance Center, Inc., a licensed, nonprofit mental health and chemical dependency center serving the four counties. The other is the chemical dependency counseling program, which employs one full-time chemical dependency counselor who travels to the four county jails weekly, providing counseling to inmates and consultations to law enforcement staff. Approximately 10 to 15 percent of the counselor's time is spent with jail staff. The counselor is at each institution on specific days. If a crisis occurs at any of the institutions, he or she has the flexibility to rearrange his or her schedule to respond. In addition, a therapist from the KANZA Mental Health and Guidance Center is on call 7 days a week, 24 hours a day.

Inmates are referred to the program by the head jailer, law enforcement officers, the sheriff, the client's attorney, family members, or self-referral. On average, inmates stay in the program for 14 sessions. Inmates are treated by KANZA Mental Health and Guidance Center staff and are afforded the same services as mental health clients in the community. All services are

paid for by the county. After inmates are released from jail, however, they are responsible for the fees. When appropriate, the counselor treats family members or refers them to the KANZA Mental Health and Guidance Center for service.

When an inmate is discharged from the program, the chemical dependency counselor completes a Treatment Success Measure survey describing the client's achievements in the program. The survey's criteria are different for each of the four types of clients served by the program: chemically addicted, psychologically dependent, codependent, and adult and minor children of alcoholics and drug abusers.

To successfully complete treatment, a chemically addicted client must meet three of the following four criteria:

- Reports abstinence from chemicals during treatment period.
- Reports attendance at Alcoholics Anonymous or similar meetings during treatment period.
- Is able to discuss the disease of addiction and its concepts.
- Reports satisfactory achievement of other counseling goals.

A psychologically dependent client must meet four of the following six criteria:

- Can discuss his or her chemical use and the degree to which that use is interfering in various aspects of his or her life.
- Can identify self-defeating behaviors and express ways to reduce them.
- Reports abstinence from chemicals during the treatment period.
- Can discuss the disease of chemical abuse and its concepts.
- Reports attendance at Alcoholics Anonymous or similar meetings as needed during treatment.
- Reports satisfactory achievement of other counseling goals.

A codependent client must meet four of the following six criteria:

- Can discuss the disease of addiction or abuse and its concepts.
- Can discuss the ways in which another person's chemical abuse or addiction has affected his or her life.
- Can identify self-defeating behaviors and express ways to reduce them.
- Reports making plans for self-improvement.

- Reports using self-help groups as needed or as available during treatment.
- Reports satisfactory achievement of other counseling goals.

An adult or minor child of an alcoholic or drug abuser must meet three of the following nine criteria:

- Reports decreased fear or anger.
- Reports increased self-esteem.
- Understands the effect of chemicals on family or self.
- Displays increased self-expression.
- Can evaluate his or her addiction or dependency.
- Displays an increased level of trust.
- Understands his or her feelings.
- Knows how to meet his or her own needs.
- Can identify his or her addiction or dependency.

Successful completion was defined as the inmate's level of cooperation and willingness to engage the counselor during sessions. It does not imply continued sobriety.

Results and Impact

Performance Measures

The goal for the program's first-year completion rate was 60 percent, and this goal was exceeded. Completion rates in the program's second and third years were 97 and 89.5 percent, respectively. Benefits to inmates, law enforcement personnel, and the mental health center are expected to continue. To measure the program's performance, a survey instrument was developed that studied the program's impact in a variety of areas, including recidivism rates of treated inmates versus those of untreated inmates.

Implementation Problems and Successes

A source of revenue from the program's counseling activities was overlooked during the first year of operation. The four local county jails house contract prisoners from counties outside the mental health center's catchment area, and an opportunity to bill these counties for counseling services was missed. The billings are estimated to be worth only \$5,000 annually, but this sum would meet a large portion of the mental health center's required matching funds.

Successes and Accomplishments

The mental health center directly attributes the following results to the program:

- ❑ The mental health center receives fewer crisis calls from jails.
- ❑ Jail personnel perceive a partnership with the counselor and feel more comfortable with prisoners who have behavioral health problems.
- ❑ Inmates are less agitated by pent-up personal problems, and they perceive a link to the outside.
- ❑ Jail personnel distinguish between real and manufactured inmate mental health crises.
- ❑ The mental health center's value to the counties has increased.
- ❑ Contacts between law enforcement and mental health center personnel concerning matters such as civil commitments and suicide calls have become more positive.

During its first year, the program served 54 individuals. Of these clients, 52 were male and 2 were female; 36 were white, 12 were Native American, and 6 were African-American. Clients ranged in age from 19 to 74 years; the average age was 32 years. Inmates' rate of successful completion while incarcerated was 38.4 percent. This figure increases if the completion rate includes inmates who continue treatment after release to the community.

From July 1994 to June 1995, 65 individuals participated in the program, with a high percentage continuing treatment after incarceration. From July 1995 to June 1996, 79 participated, and from July 1996 to June 1997, 61 did so. Prior to this project, the region lacked a formal means to arrange postincarceration treatment.

Prospects for Replication

Replication of the program is relatively simple. Financing, however, will be a challenge for each local area. The program is financed through Federal, State, and local funds, a combination that should be sought by other jurisdictions attempting replication. As with most new programs, obtaining matching funds is the key, and billing other counties for inmates from areas outside the program's catchment area will help meet this match.

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Kentucky: Integrated Programming for Female Offenders

Statement of the Problem

Dismas Charities in Owensboro, Kentucky, is a 100-bed private community center and prison for female offenders. Results of informal studies of the client population at Dismas Charities are startling. Residents of the prison come from violent, abusive homes that lack structure, appropriate guidance, and a nurturing environment. The majority of women at the facility have been abused by their parents and their boyfriends or spouses. It is clear that many women learned poor parenting skills from their parents. They lack understanding of the proper use of discipline, the nature of parent-child relationships, the management of problem behaviors among children, and other parenting issues. Without intervention, residents will likely pass on these parenting deficiencies. Many continue to deal with issues of abuse, and several report engaging in abusive behavior with their own children.

Most residents at the facility were convicted of offenses related to alcohol and other drug abuse. Returning these women to their homes without addressing their drug and alcohol dependencies makes it difficult for them to change the destructive aspects of their lives. If dependency issues continue to plague them, they will not be able to find or keep jobs or manage their families effectively.

Goals and Objectives

The program's goals are to assess programming needs for female offenders, successfully reintegrate female offenders into society, reduce their recidivism rates, reduce the rate of incarceration among the offenders' children, and empower female offenders to become economically independent, productive citizens and parents. To accomplish these goals, the program uses an integrated approach to treatment that addresses all aspects of their lives.

Program objectives include:

- Educating residents about parenting issues in incarceration.
- Developing job skills to establish independence.
- Providing onsite supervised visitation of children during incarceration.

- ❑ Providing onsite counseling for problems that prevent residents from reentering society, holding a job, and managing their families.
- ❑ Offering materials that teach inmates how to be better parents.

Program Components

Family-Oriented Programming

The program's 8-week parenting course strives to reunite families. Education in developing parenting skills includes both group education and individual counseling sessions. Parenting skills are key elements in the program: The women make a commitment to being good parents who want to do more for their children. The program teaches participants to take a strong positive role in their family. If individuals are strong parents and provide a structured environment, both parent and child benefit. Enhancing parenting skills leads to lower recidivism rates and lower probability that children of participants will enter the criminal justice system. Counseling staff at the Dismas program's Family Resource Center work with residents to develop a support network for them in the areas of substance abuse, education, and work experience. The counselors develop a relationship with the schools their clients' children attend, for example, and a Girl Scouts Behind Bars Program has been started that allows mothers and daughters to meet together at the center. Mothers receive leadership training, and daughters are active in a troop in their community. Another family program, Camp Dismas, brings children to the center each month to give them and their mothers an opportunity to build stronger relationships.

Alcohol and Substance Abuse Treatment

A full-time counselor uses group and individual counseling sessions to address all areas of substance abuse and codependency. Narcotics Anonymous groups meet each week to discuss narcotics addiction and its consequences. Substance abuse is strictly monitored, and staff administer approximately 850 tests for alcohol and other drugs each month. In addition, Alcoholics Anonymous (AA) meetings are held at the center weekly, and residents are sponsored by AA members from their home areas. These sponsors support residents on furlough and after they have been released from the program.

Counseling

The facility has three counselors on staff to provide counseling services to residents. These services include family counseling for all or part of the residents' families, and counselors focus on preparing residents to return to their families. Group and individual sessions are conducted for residents who have been sexually abused, and victims of domestic violence

are offered biweekly group and individual counseling. All residents entering the program are required to take a 6-week course on controlling anger.

Education

General Equivalency Diploma (GED) classes are offered by the Owensboro City School System in coordination with the Longfellow Adult Learning Center. Opportunities for a higher education are available through the Owensboro Community College and private colleges in the community. A literacy program is offered onsite by VISTA volunteers and the Longfellow Adult Learning Center to residents who need additional skills to obtain their GED.

Vocational Education and Experience

The program uses skills testing and evaluations to determine residents' vocational needs. A mandatory work program assigns residents to work in the community. Government-funded agencies and nonprofit organizations provide assistance in areas the program is unable to fund. Residents work approximately 9,000 hours per month.

Religion

Nondenominational religious services conducted by church leaders in the community are available to residents. The services are conducted twice a year.

Arts and Crafts

To give residents an opportunity to enjoy a creative hobby, volunteers from the community offer arts and crafts activities at the center.

Volunteer Advisory Board

The center's Volunteer Advisory Board comprises 15 community leaders who volunteer to help staff develop additional programming and meet the needs of the center.

Medical

Nursing services are available to meet residents' immediate medical needs and to educate them about women's health issues.

Halfway Back

When appropriate, the program seeks community-based sanctions for offenders because they provide intensive accountability and treatment in lieu of prison. Referrals are made to Halfway Back by parole officers for a period of 30 to 120 days.

Tracking

Residents are evaluated when they begin and complete the program and then tracked for 5 years to determine the program's effectiveness.

Results and Impact

Performance Measures

A long-term study of the Dismas program will assess its impact on the lives of participants. The study includes a survey of participants about the program and tracks recidivism rates after residents are released. More specifically, the survey will investigate whether:

- The program changes residents' knowledge, attitudes, and behaviors about parenting.
- Residents believe that they possess the skills to be effective parents.
- Residents believe that they are emotionally equipped to be effective parents.
- Residents leave the program with greater self-confidence.
- Residents know that they are having a significant impact on their children's lives and that their children need them.
- Residents learn strategies to enhance their children's growth.
- Residents understand the importance of education.

Implementation Problems and Successes

Building credibility for the Dismas program was difficult. As time passed, however, the program became increasingly recognized and accepted. The program faces financial constraints, but aggressively pursues funding activities to ensure an adequate level of staffing and programming efforts. Finally, the program's family-oriented activities have been hindered by commuting difficulties of some families. In response, the program began providing transportation services, and the center's executive director persuaded the city to offer bus service near its facilities.

Successes and Accomplishments

Although the long-term study of program effectiveness is not yet complete (the third year of the examination of the program concluded June 30, 1997), both anecdotal evidence and objective measures suggest that the program is accomplishing its goals. More than 300 women have completed the pre-test portion of the study, and 185 participants have finished the posttest portion. The program is corresponding with 144 women who have left Dismas. Thus far, the data indicate that the program is having a significant positive impact on the following:

- Inmates' belief that they have the skills to be effective parents.
- Inmates' belief that they are emotionally equipped to be effective parents.
- Inmates' confidence in their ability to be effective parents despite having been incarcerated.
- Inmates' knowledge that they are important to the well-being of their children and that their children need them.
- Inmates' belief that they know specific strategies to enhance their children's growth.
- Inmates' belief that education is important for their children.

Prospects for Replication

Replicating this program requires strong community relations, a location in a city or business district, patience, positive attitudes, and a committed staff.

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Massachusetts: Stress Reduction and Awareness Training in Corrections and the Criminal Justice System

Statement of the Problem

The origins of criminal behavior are related to an inadequate ability to deal effectively with severe stress, deprivation, and low self-esteem. Lack of development in this area, including lack of moral development, abnormal states of mind, and strong negative feelings such as fear, frustration, anger, hatred, and greed can quickly lead to overt aggressive and violent behavior. This causal chain is severely compounded by use of alcohol and other drugs, which impair or completely eliminate normal levels of awareness and impulse control. Social forces such as peer pressure and codes of behavior exhibited by certain groups such as gangs magnify this problem.

Maladaptive human development leading to criminal behavior can be corrected in some individuals, however, through intensive stress reduction training and strong social and environmental reinforcement. The core of mindfulness-based stress reduction is intensive training in moment-to-moment awareness (mindfulness). The regular practice of meditation and mindful stretching can help individuals discover unrealized inner capabilities to feel good without the use of drugs or other chemical substances.

Goals and Objectives

The overall goal of this initiative, which is operated jointly by the Massachusetts Department of Corrections (DOC), a treatment vendor, and the University of Massachusetts Medical Center (UMMC), is to develop a comprehensive plan for implementing and maintaining mindfulness-based stress reduction training programs in the Massachusetts corrections, criminal justice, and law enforcement systems. The initiative's specific objectives are to design and implement:

- A training program with a professional staff capable of conducting stress reduction programs in correctional environments.
- A stress reduction program for offenders and Massachusetts DOC professional staff.

- A stress reduction program for law enforcement officers in training.
- Research and evaluation components.

Long-term objectives for these programs include giving inmates greater opportunities for learning, growth, and self-development; reducing recidivism rates of released inmates; and limiting addictive and impulsive behaviors. Long-term objectives for DOC staff and law enforcement personnel include improving communication skills, job satisfaction, home life, and quality of life, as well as eliminating addictive and impulsive behaviors.

Program Components

Project Team Planning, Development, and Implementation

The model for the State's stress reduction programs was developed by staff members from the State DOC, the treatment vendor, and UMMC. The team created a plan to implement the program in the State's corrections, criminal justice, and law enforcement systems.

Teacher Training Program

The teacher development training program supports experienced and new teachers. The program offers teacher supervision, onsite supervision, and site visits to assess program effectiveness.

Offender Stress Reduction Programs

Stress reduction classes for offenders are held twice a week for 6 to 8 weeks. The classes are offered at five medium security, one minimum security, and one prerelease security DOC sites.

Offender Orientations

Program orientations are held every 6 to 8 weeks. During these sessions, preprogram and postprogram evaluations are administered to inmates.

Staff Stress Reduction Programs

Stress reduction classes for criminal justice staff, conducted by DOC and vendor staff, are held at DOC training facilities once a week for 8 weeks. Preprogram and postprogram evaluations are administered to program participants before the first class and after the eighth class.

Project Teaching Staff Meetings

At each DOC facility, weekly meetings are held to discuss the situation at each site, offer support to instructors, facilitate efficient gathering of data,

and troubleshoot problems. These meetings are attended by instructors and project management staff.

Treatment Team Meetings

Meetings are held as needed to discuss the status of the program, inmates, and support team members. The team comprises DOC corrections officers and treatment and classification staff, vendor representatives, and UMMC staff.

Results and Impact

Performance Measures

Performance measures for the program include:

- Subjective and objective tests such as the Profile of Moods (POMS), Minnesota Multiphasic Personality Inventory (MMPI), Orientation to Life, and Rosenberg Self-Esteem Inventory to measure individual progress.
- Compliance and attendance levels.
- Behavior changes such as hostility and violence reduction, impulse control, awareness of mood states, positive attitudes and behaviors, stress management, and a sense of coherence.

Performance measures for inmates include long-term behavior changes such as reduced recidivism and drug-seeking behaviors and increased positive attitudes and behaviors, as well as increased use of opportunities for learning, growth, and self-development.

Individual performance measures for DOC, vendor, and criminal justice staff are improvements in communication skills, job satisfaction, home life, and quality of life and reductions in addictive and impulsive behaviors.

Implementation Problems and Successes

Several vendors managing the treatment units originally viewed the program as recreational and did not take its objectives seriously. For example, they were unwilling to schedule time for participants to attend classes or to practice stress reduction techniques. This lack of support and cooperation had a negative impact on the program's implementation and operation.

In July 1994, the Massachusetts DOC selected Spectrum Addictions Incorporated to run all of the program units. The philosophy of treatment within the DOC treatment units changed, and the focus of treatment shifted from substance abuse to criminogenic behavior. Within this new model, the holistic health component (including stress reduction) became a mandatory component of the treatment paradigm.

Another obstacle was the inability of program participants to practice stress reduction activities outside the classroom. An important component of the program requires each participant to practice the activities outside of class 45 to 60 minutes per day. Audiotapes are provided to aid in this process, but inmates were not permitted access to audiotape players. To overcome this obstacle, the program was modified. The number of classes increased from one to two per week, and arrangements were made for the group to practice three times per week using the audiotapes set up in a classroom.

Successes and Accomplishments

The Stress Reduction Clinic at the University of Massachusetts introduced a mindfulness-based stress reduction training program into the Massachusetts corrections and criminal justice systems between 1992 and 1996. Nearly 2,000 inmates participated in at least 1 of the 120 program cycles at 6 Massachusetts DOC sites, including 1 women's facility, 1 minimum security facility for men, and 4 medium security facilities for men. A similar program was provided to approximately 200 DOC staff members.

Of those inmates who began the program, 69 percent met the criteria for program completion (i.e., attended more than 80 percent of the cycle's sessions), 40 percent attended 100 percent of the sessions, and 82 percent attended more than 50 percent of the sessions. Data from the more than 1,000 participants who completed preprogram and postprogram questionnaires measuring hostility, self-esteem, sense of coherence, and mood disturbance are being analyzed.

Prospects for Replication

The prospects for replicating this program are excellent if the following criteria are met: a teaching staff with a solid grounding in mindfulness meditation, orientation and ongoing training of the teaching staff within the correctional environment, and strong support for mindfulness-based intervention from DOC management and the treatment team.

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New York: Taconic Correctional Facility Nursery Program

Statement of the Problem

Since 1901, the State of New York has operated a nursery program in the New York State Reformatory for Women. The program is located at the Bedford Hills Correctional Facility, a maximum security facility for women. In 1930, Governor Franklin D. Roosevelt signed legislation allowing women in prisons and reformatories to keep their infants, up to 12 months of age, with them while they served their sentences. In some instances, the legislation allowed infants to stay with their mothers until 18 months of age. Over the years, it became evident that the 24-bed nursery at Bedford Hills Correctional Facility could not handle the increasing numbers of pregnant women committed to the New York Department of Corrections. The female inmate population began to increase after 1985 due to the large number of women with substance abuse problems being sentenced to felony terms. As a result, the number of pregnant inmates in the system also increased. The waiting list for nursery beds continued to grow, and the Department faced a pressing need to create an additional nursery program. By 1990, 22 pregnant women at Bedford Hills awaited entry into the nursery program, and an additional 14 pregnant women awaited transfer to Bedford Hills from local jails.

Many of the pregnant women in the New York correctional system, especially those committed for drug offenses, did not require a maximum security facility. Instead, a nursery program in a medium security facility was needed to address the needs of female inmates with substance abuse histories who give birth while incarcerated. Taconic Correctional Facility was chosen for the new nursery program in 1990.

Goals and Objectives

The goals of the program are to develop a nursery program at a medium security facility, create additional nursery space to serve incarcerated women with drug-dependency problems, and provide substance abuse treatment services in conjunction with education in parenting skills.

The program was implemented with the following objectives:

- Establish and operate a nursery program at the Taconic Correctional Facility.
- Provide drug counseling services for incarcerated mothers identified as substance abusers.

- ❑ Evaluate, monitor, and treat babies born to mothers with histories of substance abuse.
- ❑ Teach parenting skills to and improve family relationships of incarcerated mothers.
- ❑ Increase the likelihood that released participants will lead drug-free lives, thereby reducing recidivism.

Program Components

Staffing

The nursery at the Taconic facility received funding to provide staff to work exclusively in the nursery program. The staff included a nursery manager, pediatric nurses, a Comprehensive Alcohol and Substance Abuse Treatment (CASAT) counselor, additional correctional officers, and a psychologist.

Screening

The following screening procedure was implemented for all prospective nursery program participants. Inmates with drug-dependency problems submit an application to the nursery counselor. The counselor summarizes the case and makes a recommendation, which is reviewed by three deputy superintendents. Approval is based on the inmate's ability to benefit from the nursery experience. Denials can be appealed to the superintendent of the Taconic facility. Inmates who have babies in the local county correctional nursery program may also apply if they are sentenced to the State prison system.

Policymaking and Decisionmaking Committee

Each month, the Nursery Interdisciplinary Committee meets to address operational problems, make policy changes, and discuss any cases of participant maladjustment. The committee comprises the deputy superintendents of security, program services, and administrative services and the nursery manager, counselor, psychologist, and nurse administrator.

Comprehensive Alcohol and Substance Abuse Treatment

Taconic Correctional Facility is the only female correctional facility in New York that operates the CASAT program. Authorized by the State legislature, this drug treatment program provides a continuum of treatment beginning in the correctional facility and continuing after an offender's release into the community. Nursery participants are required to participate in CASAT.

Parenting Curriculum

The parenting program consists of mother's groups, child development classes, maternal/child health workshops, community meetings, and special seminars with outside speakers.

Public Health Nurse

Although not formally part of the nursery staff, a public health nurse is provided by the Westchester County Department of Health to conduct bi-weekly prenatal and postpartum health classes for pregnant women and nursery mothers.

Psychologist Services

The psychologist assigned to the nursery meets with nursery mothers individually. Other services include psychological assessments and individual and group psychotherapy.

Medical Care

Medical staff provide the following services: primary health care to all babies; monitoring of growth and development using the Baley Scales of Infant Development; referrals to specialty clinics; selection and procurement of educational materials; education and counseling for mothers; development of clinical protocols; pediatrician visits; and infant CPR training for inmates and staff.

Infant Center

Once admitted to the nursery program, mothers keep a busy schedule. Because mothers are required to participate in parenting and CASAT programs daily, baby care must be provided in their absence. To meet this need, an Infant Center was established. The day care center is housed in the facility school building and is staffed by trained, carefully screened, inmate babysitters. The inmates are supervised by the nursery manager, who is also an early childhood teacher.

The center requires that inmate mothers simulate the discipline of single mothers in the community. Mothers must schedule their babies' feeding and nap times around their program schedule. They must have the babies fed, dressed, and ready to go to the center when programs are scheduled, and they must return quickly to the center to pick up their children at the end of the program day. An escort officer is provided to accompany the babies to the center, and this escort accompanies infants whenever they leave the unit for activities such as attending church with their mothers or medical appointments. For security purposes, babies are not permitted to associate with the facility's general population without an escort.

Results and Impact

Performance Measures

New York's correctional nursery program measures success through the following criteria: the number of participants who successfully fulfill their role as a parent upon returning to the community; the number of participants who do not return to the correctional system; the results of individual progress reviews; the number of participants who successfully complete the program; and the number of children living with mothers after they are released. Other expected results from the program are:

- ❑ Through CASAT, participants will gain enough coping skills to live drug-free lives. Familial interactions, community adjustments, and the overall quality of participants' lives will improve.
- ❑ The parenting curriculum and the infant's presence will lead to a strong attachment and bonding between mother and child. Developing a strong bond will give the mother a strong incentive to change her behavior, and she will more likely make full use of the program's opportunities during her incarceration. The parenting program will teach the mother about her child's physical, social, and cognitive development, leading to better parenting.
- ❑ The infant will receive appropriate medical attention and have access to a positive, socially stimulating environment. Through this supportive environment, the infant will develop a strong sense of trust, which will serve as a positive factor in the child's development.

Implementation Problems and Successes

Perception by nonparticipating inmates that nursery participants were a favored, pampered group generated a great deal of resentment toward the program in the facility's general population. Moreover, the nursery program was implemented at a time when the State was experiencing severe budget cuts, including staff layoffs, and staff attitudes were not positive toward what was viewed as another example of catering to inmates' needs while neglecting the staff. After a few months of operation, the implementation problems were resolved as both staff and the general inmate population came to view the nursery program as a positive addition to the facility.

Successes and Accomplishments

From 1990 to 1994, 168 women and 163 infants participated in the program. During those years, 113 women were either paroled or went to community reintegration programs with minimal or no separation from their children, and only 16 women were removed from the program for disciplinary reasons. Overall, the program reports that infants were healthy and well cared for, no infant was removed for medical reasons, no miscarriages occurred, and pregnant women enjoyed healthy confinements.

A followup study of the program's first 27 participants conducted by the New York State Division of Parole revealed that the majority of the women were still caring for their children: 81 percent of the children were living with their mothers, 15 percent were living with grandmothers, and only 1 child was in foster care. Anecdotal evidence from volunteers, community contacts, and calls and letters from released mothers indicates that most participants have continued to follow the program's concepts in their communities.

From 1995 to 1997, 124 mothers and babies participated in the program. Of these, 77 mothers were released to parole supervision or entered a work-release program, 27 babies were sent to other caretakers and their mothers were removed from the program because they failed to follow the program's rules, and 20 mothers and babies are currently in the nursery program.

An important part of the nursery program's successful implementation were the efforts of a task force that worked to ensure that the nursery was operational and equipped with appropriate supplies when the program began. The task force comprised staff who were parents. The program also benefited from the creation of the nursery team and the Nursery Interdisciplinary Committee, comprising oversight groups that review policy, resolve problems, and monitor participant progress. By allowing inmate participants and staff to establish strong relationships, these groups have proved to be an invaluable tool in managing the nursery.

The Taconic Correctional Facility Nursery Program is widely considered a model program. The program has been highlighted in a number of news articles and television presentations throughout the United States, as well as in Japan. Representatives of numerous State correctional systems have visited the Taconic facility to observe the program, and Attorney General Janet Reno visited the nursery in October 1993.

Prospects for Replication

This program can be replicated in some form in all prison systems. The program has great potential to positively affect incarcerated women and their children and incarcerated women who are pregnant.

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Ohio: Oriana House, Inc., Residential Treatment Services Program

Statement of the Problem

Addressing the problems of prison and jail crowding is a priority in Ohio. In Summit County, the usually steady number of offenders sentenced to the Ohio Department of Rehabilitation and Correction (ODRC) has increased dramatically in recent years due to drug-related arrests. This surge in offenders led to overcrowding in local jails and increased probation caseloads.

The State's correctional system lacks effective drug and alcohol treatments. According to an ODRC study, treatment for substance abuse is the greatest need of the majority of probationers. In Summit County, 66 percent of probation violations are related to substance abuse, and more than 90 percent of residents in a local halfway house were assessed as requiring some type of substance abuse service. Probation officers became increasingly frustrated attempting to secure timely substance abuse treatment for offenders.

Summit County responded to these problems through the Residential Treatment Services (RTS) program, a continuum of sanctions to address the needs of both the community and the substance-abusing probation violator. The program is provided through Oriana House, Inc., a private, non-profit community corrections agency whose mission is to deliver effective treatment services to offenders without jeopardizing public safety. Oriana House operates residential centers, substance abuse treatment programs, nonresidential programs, and numerous support services.

Goals and Objectives

The primary goal of the RTS program is to reduce the number of probationers committed to State prison for substance abuse-related probation violations. The program strives to meet this goal by pursuing the following objectives:

- Immediate placement of at-risk probationers into a residential setting to reduce the opportunities to abuse drugs and alcohol.
- Enrollment in onsite State-certified substance abuse treatment and aftercare.
- Continuation of supervision and services with mandated participation in a day reporting program following release from the residential center.

- ❑ Provision of ancillary services to meet employment and educational needs.
- ❑ Implementation of supervision techniques appropriate to the offender's level of community involvement.

Program Components

The RTS program takes approximately 1 year to complete and involves a progression through three program components: halfway house placement, intensive outpatient treatment and aftercare, and participation in a day reporting program. RTS has 475 residential beds and plans to make another 100 available. Participants are referred to the program if they encounter problems while on probation. The program targets minority offenders, especially African-American offenders. RTS accepts nonviolent, adult felony, misdemeanor, and traffic offenders who need long-term rehabilitation and who have shown motivation toward self-improvement to courts, probation departments, ODRC, and the Federal Bureau of Prisons. Separate facilities are maintained for male and female offenders. Program placement is in lieu of incarceration or part of efforts to reintegrate offenders into the community.

Halfway House

The program's halfway house provides residential services for 160 RTS participants. In-house programming includes educational classes and General Educational Development (GED) testing, employment readiness and placement assistance, 12-step programs, life skills training, drug testing, financial management education, and recreational activities. Residents are released from the facility only for verified employment, education, and other authorized activities or for earned pass time. Once employed, residents pay a per diem to offset the cost of the program. Residents enter into performance contracts with case management staff to set behavior goals geared toward their successful return to independent community living. Residency typically lasts at least 90 days.

Intensive Outpatient Treatment and Aftercare

RTS clients participate in intensive outpatient treatment and aftercare for substance abuse during their halfway house residency. Treatment, available in morning, afternoon, and evening sessions, is delivered in 16, 5- to 6-hour sessions, which are held 4 days a week for 4 weeks. Elements of outpatient treatment and aftercare include:

- ❑ Initial and comprehensive assessments to determine the client's strengths and weaknesses and to acquire the information essential to individualizing treatment interventions.

- ❑ Individual counseling sessions to build client/counselor rapport, identify problem issues, devise negotiated strategies for problem redemption, and assess individual treatment progress.
- ❑ Group counseling sessions that serve as the primary treatment modality. The sessions match clients with others who have similar problems and encourage self-disclosure, peer confrontation, and feedback.
- ❑ Presentations that provide clients with information on chemical dependency.
- ❑ Self-help groups to involve clients with others who can reinforce the concepts essential to long-term recovery.

All clients are referred to ongoing aftercare groups following successful discharge from treatment. Discharge summaries with aftercare plans are generated and distributed to the probation officer and caseworkers to assist in a consistent continuum of treatment.

Day Reporting

The program's day reporting component serves as a bridge from the institution to the community, following halfway house placement. All case management activities are transferred to the day reporting staff. Clients report to their caseworkers daily, maintain established curfew hours, and are visited by staff at their job sites. Electronic monitoring is often used as a sanction for clients whose positive behavior warrants early release from the halfway house. Gradual decreases in reporting requirements are made as appropriate. Drug testing is continued, as is monitoring for compliance to drug treatment plans. All programs available to clients at the halfway house remain available to day reporting participants. Offenders must show progress toward rehabilitative goals to be successfully released from the program. Upon release, participants remain on probation in a less restrictive mode.

Participants are terminated from RTS if they commit a new crime, have behavioral problems, use drugs, or assault the staff. Violators may be referred to a secure community-based correctional facility or to prison.

Results and Impact

Performance Measures

Implementation of the RTS program should result in a decrease in the number of probation revocations and prison commitments among the target population. Performance measures include: the number of probationers who successfully complete the program, the number of treatment sessions attended, the number of drug and alcohol tests conducted, the number of recurrent substance abuse-related revocations and convictions, and the number of prison commitments for substance abuse-related violations.

Implementation Problems and Successes

Implementation problems were minimal because the program's three components had previously operated as independent programs. The most serious initial concern was inadequate communications among the components to ensure that RTS participants moved smoothly through the three phases. Another obstacle was overcoming staff resistance to the additional paperwork, meetings, and documentation.

Physical space requirements presented challenges with the formation of additional treatment groups. The problem was resolved by developing open-ended treatment sessions at different times during the day and renting additional office space.

Finally, RTS staff have struggled to overcome the reluctance of some probationers to enter residential programs. These offenders view treatment more as punishment than as therapy, and the program is working to educate them about the program's therapeutic mission and potential benefits. Moreover, role conflict between treatment and supervision is a recurrent issue between program and probation staff. To improve the treatment of clients, the program conducts cross-training sessions and encourages regular contact between treatment and supervision staff personnel.

Successes and Accomplishments

In its first 30 months of operation, RTS exceeded its goal of serving 50 probationers annually, with a substance abuse treatment completion rate of 89 percent. To date, 136 probationers have been served.

Probationers at risk of violating probation have been able to enter substance abuse treatment within 1 week of referral, a significant improvement from past practices when probationers spent months on waiting lists before securing a slot. Monitoring systems have been established to track program graduates as they continue on probation. Data collection has been ongoing, and analysis will begin after a full year of operation. In addition, the program has secured funding to continue operating.

Prospects for Replication

Oriana House had a unique advantage in implementing RTS, because all program components were already fully operational. The coordination of services from a single agency is much easier to replicate than is the brokering of services from several agencies or the creation of a new residential center that includes both drug treatment and day reporting services.

An important aspect of replicating the program is obtaining the cooperation of the criminal justice system. This cooperation can be secured by providing a cost-effective service for a group of people the system does not want to work with, such as offenders on work release or those with mental

health problems. Program staff must provide copious information to all stakeholders including judges, sheriffs, and city commissioners. Each stakeholder should be contacted at least once every 6 months.

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Oklahoma: Department of Corrections Enid Community Learning and Family Center

Statement of the Problem

The U.S. Department of Education estimates that approximately one out of every five American adults, or 20 percent, cannot read at the sixth-grade level. These individuals are functionally illiterate and cannot read street signs or warning labels on medicine bottles, fill out job applications, or perform other daily tasks. Another 34 percent of American adults are marginally illiterate, meaning they cannot read above the eighth-grade level. Forty-three percent of the combined illiterate population is between the ages of 20 and 29, an important child-rearing period in most people's lives.

Oklahoma is heavily affected by illiteracy, ranking fourth in the Nation in proportion of functionally illiterate residents. Using 1990 census data, an estimated 461,000 Oklahomans were identified as functionally illiterate and another 785,000, as marginally illiterate. Oklahoma ranks third in the Nation in per capita incarceration rates. Sixty-two percent of all Oklahoma inmates did not complete high school and 70 percent read below the 12th-grade level.

The correlation between crime and illiteracy is well documented in correctional literature. In 1993, recognizing the need to combat illiteracy, the Oklahoma Department of Corrections District V Probation and Parole Office, proposed establishing a community-based education program to serve as an alternative to incarceration. At the same time, the Enid Metropolitan Area Human Services Commission conducted a community needs assessment that indicated that a large number of young families were in need of coordinated and comprehensive social services. Coincidentally, a substantial number of District V's probationers/parolees were identified as belonging to that population. A unison of missions occurred, and the Department of Corrections Enid Community Learning and Family Center was established.

Goals and Objectives

The Enid Community Learning and Family Center plays both a preventive and rehabilitative role in the fight to break the cycle of criminal behavior perpetuated by poor education and lack of services and resources.

In working toward this goal, the Learning and Family Center has identified the following objectives:

- ❑ Provide, prior to adjudication, substance abuse and educational assessments to all persons charged with a crime and forward the assessments to the court to divert appropriate offenders to treatment programs as a condition of probation or parole.
- ❑ Refer families and neighborhoods to Family Center activities that address their needs.
- ❑ Establish the Learning Center, a community-based literacy program for offenders, their families, and other citizens in the area.

In meeting these objectives, the Enid Community Learning Center abides by the beliefs that the learner's needs must be met and that the learner should have a sense of control over his or her learning.

Program Components

Once clients have entered the program, they can access either the Learning Center or the Family Center; the centers share a coordinator and administrative support. Learning Center instructors and Family Center advocates work cooperatively to help clients access services most appropriate to their individual needs and goals.

The Learning Center focuses on providing educational services to the offender population and to the community at large, literacy, adult basic education (ABE), and General Education Development (GED) classes are offered to all individuals free of charge. The center's methods of instruction differ according to skill levels: one-on-one instruction for students functioning at the literacy level, small group and lecture instruction for students functioning at the ABE or GED level, and a customized computer-assisted education program for students at all levels. These modalities enable students to become independent learners in the areas of reading, math, language, writing, sciences, and social studies.

Workplace Skills Enhancement Program

The Learning Center helps meet the needs of workers and employers in Enid by providing a continuing education program, with emphasis on work-related skills. The Workplace Skills Enhancement Program allows those already in the workforce to upgrade skills for more effective job performance. Classes and individual instruction link work-related lessons with job-specific materials and situations, providing both theoretical and vocational training. Other classes allow employees to improve basic skills in reading, writing, and mathematics and prepare for GED examinations.

Summer Enrichment Program

This program is a voluntary, 2-month service for selected young people in the community. The program offers youth workplace training, part-time employment, and half-day educational instruction. The Learning Center provides educational instruction in reading and math. Instructors teach the classes using nontraditional teaching methods in a creative environment.

Youth Opportunity Task Force Program

This initiative provides intervention services to first-time juvenile offenders. A recent community survey found that the average first-time offender was more than two grade levels behind his or her peers in academic competency. Working in cooperation with Family Center advocates and other community agencies, the Learning Center provides this group with educational instruction. The objectives of the program include decreasing the crime rate of juveniles by 25 percent, decreasing gang activity by 20 percent, and increasing community involvement with youth through participation in community service projects.

Results and Impact

Performance Measures

Given the orientation of the center toward the provision of resources and referrals, performance measures cover both the number of participants and qualitative indicators of success, including:

- Number of offenders diverted to the program.
- Number of citizens in the area using the program's resources.
- Number of referrals made by the Family Center.
- Number of placements in service and followup programs.
- Average increase in Learning Center participants' achievement levels.
- Number of participants receiving GEDs or completing educational programming.
- The Learning Center's effect on illiteracy and the local crime rate.
- Level of community support.

Implementation Problems and Successes

Initial implementation problems were a result of the fragmented nature of resources and services that existed prior to the establishment of the center. Developing a collaborative effort among agencies as extensive as the Metro

Commission, the Department of Corrections, and the Department of Education meant overcoming a number of “turf” issues. In particular, the ABE and GED coordinator for the area was resistant to the Learning Center because he believed it threatened the need for his services. Time was required to explain that the program sought not to exclude any individual or program but rather to bring individuals together and expand programs to provide more convenient and effective services. Teams were not developed overnight; it was through the perseverance of center advocates that working relationships were developed based on trust, flexibility, and a common vision.

A problem still being addressed concerns preadjudication assessments for probation clients. Currently, preadjudication assessments are not mandatory and occasionally overlooked. However, the center is working with the county sheriff to create a consistent process whereby if bond is made, the client immediately visits the center for assessment; or, if bond is not made, an assessment is conducted at the county jail.

Finally, the center could have a deeper impact if probation and parole agents referred more clients to the center. The lack of referrals has been the result of poor understanding of what services are offered at the center. It is hoped that ongoing communication between the center and probation and parole agents will rectify this situation.

Successes and Accomplishments

In the 2 years the Learning and Family Center has been in operation, adults and children have benefited from readily accessible services in a community setting. Often, offenders and citizens are not skilled at obtaining the services they need, a problem compounded by service bureaucracy. The center’s one-stop shopping concept allows easy access to critical, needed services. In addition, collaboration has made services more economical, curbed redundancy, and improved the quality of life in the community. Success is also evident in the diversity of citizens turning to the center for assistance and in their individual and group accomplishments. Through the center, appropriate offenders have been diverted from prison to community programs, and, at the same time, the corrections system has had a model that demonstrates that community programs can be successful.

Two local employers, Singer Steel and the city of Enid, took advantage of the Workplace Skills Enhancement Program, which offers classes designed to meet individual and company requirements. Interaction between the employers and the Learning Center ensured that the skills and training needs of both employers and employees were met. Singer Steel completed its skills enhancement program in FY 1993–94, and the city of Enid began a program in FY 1994–95. In addition, the program recently hired a job placement agent to perform career assessments and to help direct individual’s to services.

The Summer Enrichment Program proved to be very successful. Upon entering the program, each student was given an ABE test. The test was administered again at the end of the program and each student gained a minimum of 2 months in at least one subject, some increasing their skill level by as much as several years.

In addition to the adult clients referred through the Enid Community Corrections Center and through the District V Probation and Parole Office, the Learning and Family Center serves an increasing number of clients referred from the Oklahoma Department of Human Services, Autry Vo-Tech, and area churches. The Learning Center recently began serving more people from the local community than from the Department of Corrections. Since it opened, the Learning Center has held two graduations and awarded more than 100 GEDs.

More than 600 individuals and families have been affected by the services offered. A privately funded outgrowth of the Family Center's Parents as Teachers Program has brought selected parents of 3-year-olds into the center for learning enhancement. While the parents learn skills as varied as reading improvement and basic computer skills, their children attend St. Paul's Preschool. It is the Learning Center's hope that family literacy will be strengthened by the Learning and Family Center partnership.

Collaboration with the center on community projects has also improved the public's perception of the Department of Corrections and its mission.

Prospects for Replication

Positive media attention, community enthusiasm, and the support of a State representative living in the area have resulted in a legislative proposal requiring the State's Secretary of Health and Human Services, Secretary of Safety and Security, and Secretary of Education to submit a plan to the Governor for the development of family service centers throughout the State. The centers would serve local residents and offenders being supervised in the community by coordinating services of the Oklahoma Department of Human Services, Department of Health, and Department of Corrections. The legislation has passed in the Oklahoma House of Representatives. In addition, the Department of Corrections plans to establish additional learning centers throughout the State. When grant funds were exhausted on June 30, 1997, the Department of Corrections assumed funding the Enid Community Learning Center, thereby ensuring continuation of the project.

Other States interested in replicating the Enid Community Learning and Family Center should consider the following issues:

- Community services and programs must already exist to make referrals to the Family Center.

- ❑ Advocates must have the time and perseverance to overcome the hurdles of developing relationships with agency personnel who may feel threatened by a centralization of services.
- ❑ All agencies and their personnel working with the center must understand its mission and services for the center to have optimum effect.

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Oregon: Turning Point Alcohol and Drug Program

Statement of the Problem

National studies have revealed the effects of alcohol and drug abuse on crime and prison overcrowding. For example, the Bureau of Justice Statistics *1991 Survey of State Prison Inmates* found that 31 percent of inmates report committing their offense under the influence of drugs, 62 percent report regular use of illicit drugs, 32 percent report committing their offense under the influence of alcohol, and inmates sentenced for drug offenses account for 44 percent of the recent increase in prison population.

Alcohol and drug problem screening data from Oregon prison inmates present a similar picture. For example, 85 percent of incoming inmates report some history of illegal drug use; 53 percent report regular, sustained use of an illicit drug; 36 percent report regular, sustained use of alcohol; 39 percent report use of illicit drugs at least once weekly prior to incarceration; 38 percent report severe mental problems including hospitalization, depression, and hallucinations caused by alcohol or drugs in the past year; and 63 percent report serious social problems caused by alcohol or drugs in the past year.

Many State prison inmates have severe alcohol and drug problems that contribute significantly to their criminal history. Prison alcohol and drug treatment programs have been effective at addressing these problems. For example, the Stay 'N Out Program in New York followed more than 2,000 offenders over a 10-year period and found large reductions in arrests and parole revocations for treated offenders when compared with untreated offenders. In Oregon, the Cornerstone Program found large reductions in arrests, convictions, and returns to prison that are directly attributable to time spent in treatment.

Goals and Objectives

The goal of the Turning Point Alcohol and Drug Program is to provide residential therapeutic community treatment to reduce recidivism of inmates who have severe alcohol or drug problems and an established pattern of criminal behavior. Specific program objectives are:

- Maintaining program utilization at a minimum of 90 percent of capacity and providing residential alcohol and drug treatment to at least 200 inmates yearly.

- ❑ Providing residential alcohol and drug treatment services at levels required for licensing by the State Office of Alcohol and Drug Abuse Programs.
- ❑ Helping 90 percent of inmates abstain from alcohol and illicit drug use during treatment (as measured by urinalysis).
- ❑ Achieving a completion rate of 60 percent for at least two-thirds of the treatment objectives before discharge.
- ❑ Referring 80 percent of inmates completing the program to a community treatment program and enrolling them in that program.
- ❑ Assisting program graduates with employment skills so that at least 50 percent demonstrate improvements in employability at discharge.
- ❑ Reducing arrest rates of program graduates by at least 25 percent, conviction rates by at least 25 percent, and incarceration by at least 25 percent.

Program Components

Opened in November 1990, Turning Point is housed within the Columbia River Correctional Institution. The program is operated by ASAP Treatment Services, Inc., of Portland. The facility is divided into 2 50-bed units—1 for women and 1 for men. Establishing a therapeutic community within the confines of an institution requires developing close working relationships among treatment staff and correctional staff. A therapeutic community is a 24-hour living environment in which people with similar problems learn to work and live together, thereby learning the skills they need to work and live outside the institution. The inmates, called residents, help staff manage the unit, create guidelines for living, and solve problems in the unit. Residents are treated as decisionmaking adults. Peer and support groups operate 24 hours a day, creating a powerful learning environment.

Activities include education, therapy, family counseling, parenting skill training (with sessions involving residents' children), therapeutic community meetings, work crew, and work release. Successful transition to the community is enhanced by vocational planning; development of a support system involving family, friends, and self-help groups such as Alcoholics Anonymous and Narcotics Anonymous; and connection with an outpatient aftercare drug treatment program. Residents move through five program phases, beginning with a 30-day assessment and evaluation phase and ending in the work release phase and parole. Ideally, residents are in Turning Point for 6 to 12 months prior to parole. Program components are as follows:

- ❑ Stress Management—learning self-management and self-care skills.
- ❑ Community Meeting—learning basic problem-solving skills, making commitments to change behaviors, and practicing leadership roles.
- ❑ Core group—participating in process-oriented group therapy that emphasizes recognizing and challenging errors in thinking.
- ❑ Lectures—attending educational presentations on alcohol and drug addiction and recovery, health issues, interpersonal skills, and living skills.
- ❑ Life skills workshops—participating in sessions designed to teach and practice complex life skills such as assertiveness, anger management, goal setting, managing criminality, and changing thinking errors.
- ❑ Leisure development—learning to enjoy leisure time without alcohol and drugs.
- ❑ Family program—enhancing relationships with family and significant others through family counseling and parenting skills training.
- ❑ Employment preparation—screening for vocational interest and personal objectives, writing resumes, preparing for job interviews, and planning for short- and long-range career goals.
- ❑ Release planning—developing a recovery plan, aftercare plan, short- and long-range goals, and money management skills.
- ❑ Relapse prevention—understanding the relapse process, developing an individual relapse prevention plan, and learning strategies for avoiding and responding to offers of alcohol and drugs, and handling a relapse.

Results and Impact

Performance Measures

The performance indicators for the program are program use, professional standards, abstinence during treatment, treatment completion, community referral, employability, and recidivism.

Implementation Problems and Successes

The men's unit experienced a turnover in the unit manager position during the first year of operation, requiring an extended period to fully develop staff teamwork and program structure. Both units continue to adapt to changes in the State Department of Corrections (DOC) such as work release policies and prison overcrowding. The women's unit has often found it necessary to provide shorter term treatment than planned because of the short sentences given to many female inmates.

Successes and Accomplishments

The program's accomplishments were summarized in the State Licensing Review Report dated April 17, 1995:

- The program is exceptionally well managed at all levels of leadership.
- Open records are uniform in structure; information is easy to locate.
- Staff interviews suggest that morale is high.
- Diversity of staff is a strength.
- Management is highly supportive of professional growth and development.
- The program works well with the Department of Corrections and communicates effectively with DOC staff at all levels.
- The women's unit is exceptionally astute at identifying issues specific to the population and responding to the needs of women participating in treatment.
- The program provides a good mix of clinical and cognitive programming.
- The program's quality assurance process appears effective in identifying strengths and weaknesses regarding documentation, course of treatment, and outcomes.

In addition to alcohol and drug treatment, services provided by staff at Turning Point range from family counseling and parenting skills training to mental health case management. Over the past year, female clients have presented an increasing number of mental health issues. The program has responded by hiring a mental health staff, coordinating and communicating with health services, and initiating comprehensive staff training. The program focuses primarily on transitional planning and has hired staff to coordinate transitional services for inmates prior to release from custody.

Results for FY 1996-97 were:

- Program utilization—97 percent (423 individuals treated annually).
- Professional standards—State licensing obtained.
- Abstinence during treatment—99 percent.
- Treatment completion—45 percent.
- Community referral—81 percent.
- Employability—52-percent improvement.
- Recidivism—48-percent decrease in arrests, 61-percent decrease in convictions, and 28-percent decrease in incarcerations.

Prospects for Replication

Turning Point is one of several prison-based residential therapeutic programs implemented across the country in recent years. Intensive alcohol and drug treatment programs in prison address a critical need and have been shown to be effective. Unique aspects of this program are the support it receives from the institution and other corrections programs, the dual emphasis on drug treatment and intervening in criminal thinking, the provision of parenting skills training, the use of relapse prevention planning, and the program's emphasis on transition to postprison supervision and treatment.

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Pennsylvania: OPTIONS Women's Therapeutic Center

Statement of the Problem

The Philadelphia Prison System (PPS) is a large, urban correctional system with a tradition of offering full-service alcohol and other drug treatment programs, including therapeutic communities, to its residents. In the past, the main recipients of these services have been male inmates. The opportunity to participate in the therapeutic community, also referred to as intensive treatment, was not available to female inmates.

There were compelling reasons for establishing programming specifically for women in PPS. The number of women entering the system who abused alcohol and other drugs was increasing, and the number of chemically dependent incarcerated male offenders was believed to be as high as 80 percent. Alarming, in the Philadelphia area, the number of female offenders needing substance abuse treatment was even higher. Additionally, there was a desire on the part of the agency staff to make women's substance abuse programming equal to that for men. This desire coincided with a court order to PPS to provide alcohol and other drug treatment services to any sentenced inmate who wanted treatment, with equitable programs for men and women.

Goals and Objectives

The Women's Therapeutic Center is a 70-bed program that operates within the framework of a systemwide chemical dependency treatment effort known as Opportunities for Prevention and Treatment Interventions for Offenders Needing Support (OPTIONS). The broader objective of the program is to interrupt the cycle of addiction, criminal activity, and incarceration. Related objectives support the maintenance of a program atmosphere that facilitates the development of the client's potential. At the same time, the program encourages participants to assume and share leadership and responsibility in nonauthoritarian and nonabusive ways within a nontraditional therapeutic community setting.

Programming goals are designed to educate and support abstinence and recovery, as well as teach and reinforce coping skills that make community reintegration successful.

Program Components

The primary goal of the OPTIONS Women's Therapeutic Center is to provide gender-appropriate treatment to incarcerated women who are chemically dependent. Clients are referred to the program by court stipulations; by self-referrals, which are based on staff and program participants' descriptions of the program during new inmate orientation or advertising about the program within the institution; or by referrals by social workers or other staff.

The assessment process determines whether the offender has an alcohol or other drug problem and if she is interested in treatment. Assessment is accomplished primarily through interviews by program staff using a modified version of the Addictions Severity Index. The interviewer seeks to determine the severity of any psychiatric problems and the woman's ability to handle the contact-intensive nature of the therapeutic community. The psychiatric unit provides consultations when necessary. Self-evaluation of treatment needs also contributes to the assessment process.

The program uses the therapeutic community as its primary treatment format. However, it uses a communal, noncompetitive approach rather than the traditional, hierarchical structure typically employed by therapeutic communities. Group therapy is the principal mode of treatment, with individual counseling and 12-step meetings offered as support services. Family therapy is available through Target Cities funding from the Center for Substance Abuse Treatment (CSAT) for clients who are legally eligible for a special early release program.

Treatment is offered in 8-week cycles. Each cycle is designed around recovery and related issues. Staff discovered that certain issues, such as abuse, self-image, parenting, and codependency, remain constant. However, a client's readiness and level of recovery are continually assessed when designing and presenting material.

Participants enter the program at the cycle in progress at that time. The number of cycles a client completes during her time in treatment is not dependent on the curriculum being offered but on the number of 8-week periods she remains in treatment. To graduate from an 8-week cycle, a client must adhere to the rules and regulations of the program and participate regularly in program activities. Materials used in each cycle are designed with the special needs of the current population in mind. Core cycle activities often include developing trust among members, facilitating adjustment to community living, and providing an opportunity to learn and practice new communication skills.

Admission to the program is continual, and clients enter at different points in a cycle. Because the county prison population experiences rapid turnover, staff must place new clients in ongoing treatment activities. To do this, all new admissions are oriented to the program and to the group

therapy process through participation in a newcomers' group. In this group, staff have the opportunity to assess the client's needs and adjustment problems and to confer with other group leaders about suitable placement.

Committees give participants the opportunity to exercise leadership, practice cooperation, and realize their creative potential within a specific program area. Program committees deal with parenting enrichment, the recovery journey, the whole woman, 12-step fellowship, special resources, and special projects that involve all the women in activities such as the production of a play, a graduation presentation, or a program newsletter.

Each cycle culminates in a graduation ceremony, which rewards, reinforces, and fortifies staff as well as clients when the difficult work of a cycle is completed. These ceremonies have become a cherished tradition of the program and are well attended by custody and administrative staff, community members, and OPTIONS treatment staff. Family members, dignitaries, service providers, and former successful program graduates are encouraged to attend the yearly anniversary graduation, which celebrates the anniversary of the program as well as the graduation of current cycle participants.

Two successful initiatives assist in securing the best possible outcome for clients upon release. The first involves the assignment of an OPTIONS outreach coordinator to develop community resources for clients. These resources often deliver educational seminars to program members as well as provide services upon their return to the community. As of July 1997, approximately 278 speakers had presented 564 seminars to inmates in the OPTIONS program.

The second initiative involves access to community treatment slots, many specifically designed for the female offender, through a combined criminal justice effort for early parole known as the Forensic Intensive Recovery (FIR) Project. The FIR Project depends on the cooperation of agencies that traditionally have not worked together. For instance, biweekly meetings are attended by representatives from the mayor's office, the court, the district attorney, the public defender, mental health providers, alcohol and other drug counselors, probation and parole officers, prison officials, and other criminal justice and city agencies. PPS was able to secure, through the auspices of Target Cities from CSAT, a criminal justice grant to offer family therapy to clients who are awaiting release to the FIR Project. These clients receive a minimum of 20 hours of family therapy while participating in OPTIONS.

At the Community College of Philadelphia/OPTIONS Campus, a special four-course mental health/social service curriculum is offered to eligible inmates and funded by penalty money the district court was compelled to pay due to overcrowding in the PPS. Classes, which are attended by women from

the therapeutic community, include topics such as child abuse, substance abuse, interpersonal communication skills, and domestic violence.

Results and Impact

Performance Measures

The implementation of the Women's Treatment Center was expected to increase the number of women receiving treatment in jail, as well as upon release. Additionally, it was assumed that disciplinary infractions would decrease within the treatment unit as compared with the period before the program's inception. Other performance measures include the number of cycles completed, the number of cycle graduates, and the number of seminars provided by community resources. Random urinalysis is an important measure of program integrity. Clients are given a questionnaire to assess their satisfaction with program and staff services.

Implementation Problems and Successes

A major achievement was the program's successful implementation amid rampant sabotage and undercutting. The transfer of certain key custody staff within the female unit became necessary to implement services and to root out negative attitudes and behavior toward female inmates. Initially, the staff did not believe that a therapeutic community would work for female offenders. An all-female staff was chosen for the program and trained to understand the potential of a therapeutic community for women.

Staff struggled with the question of providing treatment for pregnant inmates who needed to be housed together for security and medical purposes. It was decided that the women's therapeutic unit would house this population. On occasion, the unit must deal with clients who do not comply with program rules and regulations yet cannot be removed from treatment. These inmates are dealt with on a case-by-case basis and given time out of program activities for failure to comply with program guidelines.

Successes and Accomplishments

From October 1992 to the end of July 1997, 1,696 women were processed through the program. More than 65 percent of these women graduated from at least one cycle. Additionally, four anniversary graduations were held. Urinalysis tests have been administered to inmates approximately six times a year, with 25 to 30 clients tested each time. Of those inmates tested from October 1995 to July 1997, nine tested positive. During the same period, 16 inmates received disciplinary reports. All of the women who leave the therapeutic community are referred to community agencies, and 55 percent have attended treatment. Moreover, several women who have graduated from the therapeutic community unit and are in strong recovery come back to the unit to chair Narcotics Anonymous meetings and offer recovery seminars to active clients.

The Women's Therapeutic Center was a popular choice for student placement, and four graduate and three undergraduate students spent time at the center during the years reported on in this publication. One student was a correctional officer working on an undergraduate degree in social work.

Prospects for Replication

This program is relatively simple to duplicate. Information is abundant on correctional alcohol and other drug programming. Information on women's treatment issues, although not abundant, is available. The crucial element is the selection of both correctional and treatment staff. More specifically, the attitude and energy of staff will make the most notable difference in the outcome of treatment efforts. Therapeutic community work is emotionally and mentally arduous. Considering the stressful environment of a prison setting, staff commitment, integrity, and compassion are paramount to the healing process. It is important that prison administrators support treatment efforts and treatment staff, and cross-discipline training and communication must be provided and sustained.

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Rhode Island: Discovery Substance Abuse Treatment Program

Statement of the Problem

Approximately 37 percent of the female population incarcerated by the State of Rhode Island has been sentenced for drug-related offenses, and more than 87 percent of these women have serious substance abuse problems. The issue of substance abuse must be addressed comprehensively to prepare female offenders for release from incarceration.

Prior to 1993, substance abuse treatment for women incarcerated in Rhode Island was sporadic or nonexistent. The need for an intensive residential program based on gender-specific issues with a strong aftercare component was critical. Sixty-seven percent of Rhode Island's female prison population is serving less than 1 year. They tend to be repeat offenders who are highly resistant to treatment. For these offenders, incarceration is a window of opportunity to participate in intensive treatment.

According to a study of recidivism rates and Rhode Island statistics released by the Bureau of Justice Assistance (BJA) in March 1989, failure rates are highest in the first year after release. Recognizing the complicated needs of women, as well as the opportunity for introduction to substance abuse treatment and education during the period of incarceration, the Rhode Island Department of Corrections (DOC), in collaboration with the Office of Substance Abuse, used Federal funds made available through the Governor's Justice Commission to introduce onsite, comprehensive substance abuse treatment to a group of women incarcerated in the DOC minimum security unit.

Discovery, a 24-bed residential unit, is the result of a contract awarded to Talbot Treatment Centers, a community-based drug treatment agency. The program began admitting clients in February 1994, and employs four bilingual, bicultural, gender-appropriate counselors.

Because Rhode Island has no jails, all incarcerated women are housed in the DOC Women's Facilities. Inmates with sentences of 2 years or less (or who have 2 years or less remaining to serve) and classified as minimum security are eligible. There is no age restriction; the population is between 19 and 40 years of age. Approximately 80 percent of the women in the program are mothers of dependent children, and most are single and involved with the State's Department for Children, Youth and Families (DCYF). The majority of the women are prior offenders of nonviolent crimes. Fifty percent belong to racial or ethnic minority groups, and a significant number

have histories of both physical and emotional abuse. Nearly all are multiple-drug users, usually a combination of cocaine, alcohol, and heroin.

In developing the program, factors contributing to substance abuse were recognized and addressed. These factors include histories of sexual and domestic violence, illiteracy or lack of a high school education, undiagnosed or untreated learning disabilities, the need for parenting education, undeveloped work ethic, lack of job skills or meaningful employment, health and mental health problems, lack of education about preventing sexually transmitted disease and tuberculosis, and lack of access to safe, affordable, and substance-free housing. Underlying all these factors is an overwhelming lack of self-esteem.

The potential impact of a woman's success in the program is evident well beyond the prison and the criminal justice system. Learning to live drug- and crime-free brings social and financial benefits to the entire community. When a woman succeeds, children are removed from State custody; health care, unemployment, and welfare costs are decreased; and homelessness is reduced. Although it is unrealistic to expect that long-term success will be widespread and sustainable for every client, a sound intensive treatment program, with realistic aftercare plans in place and community support available, has a greatly enhanced chance for success.

Goals and Objectives

The overall goal of the program is to educate and counsel women about the disease of addiction.

The program's objectives are as follows. First, introduce the offender to a gender-specific and culturally relevant residential therapeutic community to alter substance abuse, criminality, and self-destructive behavior. Second, provide her with a structured continuum of care as an alternative to incarceration that prevents relapse and reoffending. Third, successfully facilitate her reintegration into the community.

Program Components

The paucity of research on the treatment needs of women with substance abuse problems has been a serious impediment to the development of empirically validated treatment programs for female offenders. Currently, enough evidence supports the hypothesis that substance abuse treatment can be effective, efficient, and economical. Studies suggest that when gender-sensitive treatment is offered to women, treatment outcomes improve. Outcome studies funded by BJA indicate that the therapeutic community approach to drug treatment appears to be the most popular form of intensive drug treatment under development within correctional institutions.

The program is structured into four phases of treatment: orientation, recovery, relapse, and transition. Discovery is a well-coordinated, multidimensional treatment program modeled after the current Talbot Treatment Centers' Women's Program. Discovery has a static capacity of 24 and a dynamic capacity of 100. The program is presented by a well-trained treatment team that is knowledgeable about gender and cultural issues. Comprehensive and individualized at the same time, Discovery treatment interventions address alcohol and other drug dependency, criminality, institutionalization, relapse, and gender-related treatment issues such as guilt, shame, physical and sexual abuse, parenting, and codependency. The program addresses these issues through individual, group, and family counseling, life skills training, leisure time and nutrition activities, and vocational and career counseling. To maximize the program's impact, Discovery staff collaborate with support services for women and children in the prison. The average length of stay is 3 months, but women may stay in the program at the facility until their release from prison.

Discovery's treatment emphasizes planning for release, which involves individual and family aftercare planning, including coordination with DCYF. The program facilitates referrals to the Talbot Treatment Centers' network and other community-based treatment and social service programs in the State. Talbot Treatment Centers have signed integrated service and affiliation agreements with more than 60 health organizations, schools, and treatment, housing, and service agencies.

Discovery provides ongoing assessment and case management to determine readiness for movement to the transition phase or to a community-based setting. Determination of readiness for movement is based on satisfactory completion of mutually agreed-upon treatment goals. The inmate should be able to demonstrate an ability to deal more effectively with the stresses of everyday living. It is hoped that the need to use alcohol or other drugs to alleviate stress in anxiety-producing situations will have been reduced by teaching the inmate more positive coping skills. Indications of this are 12-step involvement, improved social skills, improved parenting skills, knowledge about substances and their effects, development of leisure-time activities, and improved self-concept.

The integration of physical activities into group and individual sessions is important as women move through the treatment stages. Their weekly schedule includes groups focusing on emotions, cognitive restructuring, relationships, women's health, art therapy, stabilization and withdrawal, relapse prevention, self-esteem, substance abuse education, and social skills. In addition, community meetings and relaxation measures, as well as recreational activities such as softball, volleyball, weight training, and dance, are led by the program team. Outside consultants provide domestic violence education, advice to trauma groups, and aerobic classes. Other support services provided to the women by DOC are mentoring, parenting, general educational development (GED) preparation, life skills training, discharge planning, job preparedness, and self-help groups.

Women who participate in the program retain job responsibilities on the wing as well as regular visitation rights with lawyers, psychologists, DCYF social workers, and family members. The women attend a 6-week series on early childhood development, as well as a scheduled parenting component on weekends. Program staff conduct case reviews with child care and custody workers from DCYF, meet with attorneys if necessary, and work with the women's families. Many of these women would not be admitted for treatment in community-based modalities. Many are already diagnosed and on supervised medications and would not meet the admission criteria of an agency-managed program. Most of the women have complicated medical histories, and some have been diagnosed HIV-positive and are receiving treatment while incarcerated.

Talbot Treatment Centers, Inc., the parent organization of Discovery, provides a full continuum of care consisting of six separate programs. The organization operates three outpatient programs in different parts of the State, as well as detox; residential, day treatment for women; and long-term care programs. Discovery clients participate in that network and can be admitted to the next level of care through prison staff after they are released.

The furlough program allows women to leave the facility for treatment at Talbot one night each week. Through the program, women form links with the outpatient counseling staff so that they are on familiar turf once released. Offenders are more likely to continue treatment after release if they are familiar with the staff and surroundings. Women in medium security receive services without the intense environment or schedule of the residential component. Their group participation is approximately 6 hours a week, compared with 20 to 25 for the residential program. Many of the women in medium security are transferred to the community-based residential program upon release.

Work release, another component of the program, allows women who have reached the transitional phase and are classified work release, to join the workforce while in treatment. Women in this component may work nights and weekends and some daytime hours, but must remain in the program for a minimum of 3 days a week.

Women are removed from the program if disciplinary action is taken; if they do not conform to their treatment plan and refuse to sign a behavioral contract; if they are asked to leave because of rule infractions; or if they request dismissal from the program.

Results and Impact

Performance Measures

The success of the Discovery program can be measured quantitatively and qualitatively. The program's evaluation has been designed to demonstrate compliance with licensing regulations and to collect and study internal

program data. Internal data include documentation of all patient/client information, such as medical actions, intake assessment, treatment plans, counselor progress notes, and referrals. Other documents collected include reports on daily census, monthly admission and discharge, and quarterly and year-end site and programmatic reports. These reports contain information on client demographics, program volume and other program variables, service gaps and needs, and program outcomes.

Implementation Problems and Successes

The program encountered some implementation problems. There was resistance to treatment from the correctional staff and the institution personnel. Traditionally, little or no meaningful treatment existed within the institution, and officers resented the presence of counselors as authority figures and perceived them as challengers to their own authority. Counselors resented the structure inherently necessary in institutional management. A relatively low initial census allowed for training and acclimatization of each group. Over the course of the first year, a mutual respect and tolerance evolved.

Regarding the program's schedule, startup plans called for a 7-day, 7 a.m. to 8 p.m. schedule. Staffing was thin and supervision sparse. Within the first year, the schedule was revised to a 5-day, 7:30 a.m. to 5 p.m. regimen. The change created a tighter routine during the week, with Alcoholics Anonymous and Narcotics Anonymous groups during the evenings and assignments and leisure time on weekends.

When the Discovery program's original grant funding ended, it was included in the DOC budget. The program was awarded a 4-year grant, renewable for 5 years, on July 1, 1997.

Successes and Accomplishments

More than 150 women have successfully completed treatment. Each participant's length of stay is individualized to adapt to the length of her sentence. Women may go on work release and remain on the wing, becoming senior peers if appropriate. The program has been revised from a three- to a four-phase model. Women in medium security now receive group and individual treatment. Scheduling has been condensed to 5 days a week, allowing for a tighter, more closely controlled program. Women in work release are allowed to work nights, weekends, and some day hours, but are required to participate in the program for a minimum of 3 days a week. Recreation programs have been expanded; they now include softball and volleyball teams, a project in which inmates who are victims of domestic violence decorate t-shirts displayed locally, and a project in which women work on a panel for the national AIDS quilt. New projects in the program involve nutrition and food preparation and a Rhode Island Arts Council Grant to fund the design and painting of a mural for the program.

No positive toxicology screens have been submitted to date, nor have there been any incidents of violent or other negative behavior on the Discovery wing since the program began. The program has created a model treatment environment with a positive atmosphere and is increasingly requested by inmates. The recidivism rate for women completing the treatment program appears to have dropped to approximately 20 percent, compared with 45 percent for the facility's general population.

Prospects for Replication

The prospects for replication of this program are excellent provided the following factors are in place:

- A prison environment receptive to treatment.
- A willingness by the corrections administration to provide training and cultivate tolerance as treatment agencies begin assimilating into the prison setting.
- Support from existing prison treatment staff.
- Cooperation from prison classification staff who select and encourage women to participate.
- Teamwork among institutional program staff and Discovery counselors.
- A blueprint for helping women remain in treatment for as long as possible both inside the institution and after release.

Institution staff are working on a regional training program for the New England States to facilitate information sharing among managers of female offenders.

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South Dakota: Corrections Substance Abuse Program

Statement of the Problem

Prior to 1988, substance abuse programs in South Dakota State correctional facilities were nearly nonexistent. There were three chemical dependency counselors in the entire system, which includes two prisons, two trustee units, and three juvenile facilities. The only substance abuse services provided in the institutions were referrals to self-help groups, reference and reading materials, and minimal crisis intervention services. Only two correctional facility chemical dependency programs had State accreditation, and maintaining that accreditation was problematic because of inadequate staffing and programming.

In 1988, through the use of chemical dependency assessments and adult and juvenile offense histories, the South Dakota Department of Corrections (DOC) determined that a minimum of 70 percent of adults and 60 percent of juveniles housed in South Dakota correctional institutions had alcohol and/or drug problems that were not being treated. Adequate community-based treatment services for individuals prior to or following incarceration were not available. The assessment data demonstrated that a majority of these individuals, if they were to be treated in community-based programs, would need inpatient treatment services because of the severity of their alcohol and/or drug use and the lack of a stable community support system. To address this need, DOC applied to the South Dakota Attorney General's Task Force on Drugs for funding for chemical dependency programming in correctional facilities under the State and Local Law Enforcement Assistance Programs Anti-Drug Abuse Act of 1988. The Corrections Substance Abuse Program was also established in 1988.

Since its implementation, the program has expanded, and it now provides a continuum of chemical dependency services for offenders throughout the State's correctional facilities. The program's staff includes 22 State employees and 3 part-time chemical dependency counselors. Of the 22 State employees, 19 are counselors who provide chemical dependency treatment and related services, 2 provide clerical support, and 1 is the program's administrator. All of the program's personnel were employees of the South Dakota DOC from 1988 until August 1995, when they became employees of the Department of Human Services, Division of Alcohol and Drug Abuse. A memorandum of understanding was developed between the two departments to address supervision, funding, and program issues.

Goals and Objectives

The goal of the South Dakota Corrections Substance Abuse Program is to provide a continuum of chemical dependency services to adults and juveniles sentenced, paroled, or adjudicated to DOC. These services offer offenders an opportunity to develop the skills they need to abstain from chemical use and to successfully reenter the community upon release from custody or supervision.

To achieve this goal, the following objectives were defined:

- Establish chemical dependency program units in six DOC facilities.
- Complete thorough chemical dependency assessments of all adult and juvenile offenders who enter DOC facilities.
- Establish a continuum of program components and base admission to them on the results of chemical dependency assessments and program availability.
- Develop program format and content according to the characteristics of the chemically dependent offender.
- Develop programs that meet the needs of females and Native Americans.
- Gather, summarize, and analyze data for program evaluation annually.
- Refer all adults and juveniles involved in chemical dependency services in DOC facilities to community-based chemical dependency services upon discharge.

Program Components

Assessments

Assessment of an offender's substance abuse treatment needs consists of the completion of a variety of screening and assessment instruments, a structured interview, an analysis of the effects of chemical use upon critical life areas, and an examination of chemical use and criminal histories. Diagnoses are based on Diagnostic and Statistical Manual of Mental Disorders: DSM-IV, fourth edition (Washington, DC: American Psychiatric Association, 1994), criteria for substance-related disorders.

Intensive Outpatient Chemical Dependency Treatment

Adults and juveniles who have chemical dependency diagnoses are eligible for outpatient treatment. The program ranges from a 60-hour, 5-week program to a 100-hour, 6-week program, depending on which correctional facility the participant resides in. Programming components include ed-

ucational presentations, group and individual therapy, and individual assignments based on the needs and goals established in the treatment plan. Outpatient treatment is followed by treatment in the institution component focusing on relapse prevention strategies.

Modified Therapeutic Community

This program offered at the Springfield State Prison, a medium-security unit, provides chemical dependency treatment to inmates grouped together in a therapeutic community. The criteria for entering and remaining in the program are chemical use, criminal history, and individual motivation and progress in the program.

Specialized Programming for Juveniles

In addition to the intensive outpatient treatment program described above, the following program components are available in the State's three juvenile correctional facilities: prevention education groups, pretreatment groups, and groups for juveniles who have been affected by the chemical use of parents or guardians.

Specialized Programming for Women and Girls

Female juvenile offenders are placed either at the Lamont Youth Development Center, a correctional facility for girls, or at the State Training School, a coed facility with a separate cottage for girls. At the Springfield State Prison, a coed medium-security facility, women are housed in a separate unit and attend group therapy sessions covering subjects that include eating disorders, parenting issues, prenatal substance use, abuse issues, and codependency, as well as topics that are not gender specific.

Specialized Programming for Native Americans

Although a separate institutional treatment program for Native Americans is not available, chemical dependency counselors in all South Dakota State correctional facilities receive training on the "Red Road" approach, and topics related to Native American cultural and spiritual beliefs are presented during the treatment program. Voluntary programs such as People in Prison Entering Sobriety, sweat lodges, and powwows are also available.

Program Content for the Offender Population

To make programming more relevant to the needs of chemically dependent offenders, treatment offered through the program focuses on errors in thinking and cognitive restructuring using the Criminal Thought Process. This model addresses the unique psychosocial characteristics of offenders and is used in conjunction with materials from 12-step programs. The model's philosophical and practical emphasis is that chemical use and criminal activity are choices that can be confronted and disrupted throughout the treatment process and beyond.

Case Management Services for Juveniles

Before entering a juvenile corrections facility, adjudicated juveniles receive case management services in their communities. Services include chemical dependency screenings, assessments, and community-based chemical dependency services.

Discharge and Referral Services Upon Institutional Release

All adults and juveniles who complete institutional chemical dependency treatment are referred to community-based chemical dependency agencies for aftercare services upon discharge. Community-based services include aftercare, individual and family therapy, transitional residential programming, and case management. The purpose of case management is to establish treatment plans and sanctions for noncompliance through face-to-face meetings with treatment service providers, parole agents, and parolees.

Results and Impact

Performance Measures

The final component of the program is evaluation and followup. Three areas of evaluation are conducted for both adult and juvenile programs: a participant evaluation of the treatment program, an evaluation of the participant's progress during treatment by the primary counselor, and a survey completed by Court Services for juvenile offenders and by parole agents for adult offenders. The surveys, which are completed 3 months following release for juveniles and 1 year following release for adults, contain the following information:

- Where the offender is living.
- Whether the offender is working and/or attending school.
- Whether the offender is using chemicals.
- Whether the offender has been tested for drugs and the results.
- Whether the offender has reoffended.
- How the offender is progressing in all aspects of the program.

The results of the three evaluation components are compiled and analyzed annually by an independent researcher.

Implementation Problems and Successes

Program Support. Since its inception, the program has been strongly supported by the Secretary of the Department of Corrections. She has fought for the creation of new chemical dependency counselor positions within DOC and ordered that substance abuse treatment programs be implemented within the State's adult and juvenile corrections institutions. Support was weak among some administrators and security staff. Staff from the educational and vocational programs were concerned that chemical dependency programs would reduce their time and programming efforts with inmates. However, as the program became operational, tension gradually evolved into adjustment and accommodation in all institutions.

The efforts of program staff and the program's results were primarily responsible for diminishing opposition to chemical dependency treatment services. First, chemical dependency staff made an effort to cooperate with other institutional support areas such as security, food services, and medical units. They operated under the caveat that institutional security was priority and programming must conform to security needs. Second, security and other program staff noticed that offenders were easier to work with and more motivated to participate in programs after they completed chemical dependency treatment.

Institutionwide support for the program has expanded its range. Inmates who need chemical dependency services are now required to complete the recommended programming before moving through the prison system. Chemical dependency counselors now sit on inmate classification boards and disciplinary hearing teams and provide information to the parole board. In the State's institutions for juvenile offenders, where there is greater overall therapeutic emphasis, chemical dependency units are integrated into facilitywide programs and chemical dependency counselors are an integral part of the offender's treatment team.

Criminal Thought Process Programming. Many of South Dakota's chemical dependency counselors came to the corrections system from community-based programs where they had infrequent contact with offenders. These counselors attempted to implement the same program content and philosophy they had applied in community settings and were frustrated with the results. To address this problem, all State correctional chemical dependency counselors and employees are required to attend training on the Criminal Thought Process, a practical approach to working with offenders that is based on criminal personality research and the principals of 12-step programs.

Since 1992, the Criminal Thought Process approach has been integrated into all correctional chemical dependency program components in South Dakota, and training on how to use its techniques is required for all new corrections employees. Many counselors have become Corrective Thinking Specialists and are training others in the model. Parole agents throughout

the State and many counselors from community-based agencies have also been trained in the model. In addition, Criminal Thinking self-help groups have been initiated in the prison system by inmates, and several inmates plan to implement groups in their communities after release.

Agency Collaboration. When adults and juveniles who have been treated for chemical dependency are released from custody, they are referred to community-based agencies for aftercare services. Juveniles are supervised by Court Services officers, and adults are supervised by parole agents. However, correctional officials discovered a breakdown in aftercare was sometimes occurring when juveniles returned to their communities. They often did not contact the community-based agency assigned to provide their aftercare, and their court services officers either were not aware of the referral or need for aftercare or did not follow through when learning of the individual's failure to participate. Many adults on parole did not receive community-based aftercare services because funding for the services was not available and because parole agents were reluctant to insist that parolees attend aftercare services that they could not afford.

In response to these problems, the following steps were taken. For juveniles, an interagency agreement was developed with DOC, the Department of Human Services, and the Unified Judicial System. The agreement delineated the responsibilities of each agency for making sure that juveniles released from institutions under court supervision would attend community-based aftercare. To treat the adult situation, a pool of money was made available for community-based chemical dependency services through the Division of Alcohol and Drug Abuse. In addition, directors of State-accredited service providers signed agreements delineating their responsibilities and agreed to develop services specific to offenders. Despite these steps, however, instances still exist in which juveniles and adults do not receive needed aftercare services. Parole agents need more education on the nature of chemical dependency and the benefits of aftercare, and the community-based agencies require more information on the special characteristics and needs of offenders.

Successes and Accomplishments

Since its inception, the South Dakota Corrections Substance Abuse Program has reported these accomplishments:

- ❑ Approximately 900 adults and 250 juveniles are assessed each year, and 550 adults and 150 juveniles receive treatment.
- ❑ A continuum of chemical dependency services has been developed and implemented for chemically dependent adults and juveniles in all South Dakota Department of Corrections facilities.
- ❑ A system for providing community-based aftercare services has been developed and implemented for adults and juveniles discharged from correctional facilities.

- ❑ Chemical dependency programs in the State's correctional institutions have evolved to address characteristics and needs specific to the offender population.
- ❑ The program evaluation and outcome data indicate that institutional chemical dependency treatment is successful. Court Services officers report that 59 percent of juveniles did not use drugs or alcohol while on supervision following institutional discharge. Parole agents report that 58 percent of parolees had not used drugs or alcohol 1 year after release.
- ❑ A therapeutic community for female adolescents in minimum-security facilities with chemical dependency diagnoses was implemented in November 1996.

Prospects for Replication

Replication of various aspects of this program could be accomplished with relative ease. However, much of what makes the program successful involves the formal and informal relationships that have been established within the State's correctional facilities and within and between State and private nonprofit agencies. These relationships evolve slowly, and maintaining them requires attention and coordination. However, interagency agreements that clarify the roles of each agency at the outset are good starting points.

Copies of program descriptions, interagency agreements, Memorandums of Understanding, summaries of assessment data, and the program's FY 1995 executive summary are available from the South Dakota Department of Human Services.

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Wisconsin: Rock County Education and Criminal Addictions Program

Statement of the Problem

Rock County, Wisconsin, is composed on an interesting urban and rural population mix. Beloit has a large African-American population and has experienced a decline in the heavy industry that provided employment for many years. Janesville, where the Rock County Sheriff's Department (RCSD) jail is located, is the home of a General Motors assembly plant and has a predominantly white population. The remainder of the county is rural, and nearly 10 percent of the county's population lives below the poverty level.

Rock County has experienced rapid growth in criminal activity and increases in jail sentences. Rock County's crime rate ranks fifth in the State of Wisconsin. In 1994, 7,643 serious and 364 violent crimes were reported for a population of 139,510. Recent gang activity in the county is attributed to the area's proximity to Rockford and Chicago, Illinois, and to its convenience as a drug drop-path between Chicago and Madison, Wisconsin. Drug- and alcohol-related crimes now account for 80 percent of the county's total crimes. The number of criminal offenders housed at the Rock County Jail increased 400 percent between 1988 and 1991, and the average daily jail population from June 1996 through July 1997 was 463.

Recidivism at the county level was estimated to be between 65 and 70 percent when the Rock County Education and Criminal Addictions Program (RECAP) was instituted in November 1992, with the assistance of a U.S. Department of Education correctional education grant. RECAP was designed to reduce recidivism in Rock County by providing education and rehabilitation to incarcerated offenders through the expertise and professional commitment of three local agencies: RCSD, Blackhawk Technical College (BTC), and Rock Valley Correctional Programs (RVCP), Inc. RECAP partners believe that the county is the least costly and most effective site to reduce recidivism and that comprehensive programming is required to meet inmates' many needs. Single-approach programs are not effective in redirecting inmate lifestyles. Although only a 4-month program, RECAP attempts to demonstrate the impressive effects that vocational and literacy instruction, on-the-job training, community service, and alcohol and drug rehabilitation can have on the lives of serious criminal offenders.

Goals and Objectives

RECAP's foremost goal is to provide a comprehensive educational and rehabilitation program to county inmates that significantly reduces recidivism. The objectives for reaching this goal are divided into program/operational objectives and educational/participant objectives.

The program/operational objectives are to:

- Obtain and maintain the combined expertise of the law enforcement, education, and treatment communities.
- Ensure that RECAP represents and is responsive to the needs of participants and the community by establishing a broad-based advisory committee that meets regularly to discuss RECAP issues.
- Ensure that resources to meet the needs of the program are located and secured.
- Conduct an evaluation of the program that measures program effectiveness and improvement and assists other jurisdictions with replication.

The educational/participant objectives are to:

- Provide educational and rehabilitation opportunities to approximately 120 individuals a year.
- Give RECAP participants opportunities for instruction and rehabilitation that will prepare them for a changed life upon release.
- Conduct vocational instruction based on competency attainment in a variety of training areas including food service preparation, food safety and sanitation, custodial training, landscaping or lawn care, construction, painting, chain saw operating, and wildlife assisting.
- Arrange community service and on-the-job training to participants to provide atonement, vocational training, and service.

Program Components

RECAP profiles for the past 3 years show an average participant age of 27. Thirteen percent of participants were female and 51 percent minority. Eighty-nine percent entered with a demonstrated drug or alcohol problem. More than 70 percent had not graduated from high school, and many required remedial instruction.

Male and female inmates housed in the Rock County Jail as a condition of probation, sentenced by the courts, and Huber-qualified (those with work-release privileges) are eligible to participate. The program is limited to 38 men and 8 women. Preference for admission is given to inmates who are

sentenced to 120 days or more, are unemployed, have special educational needs, and have documented alcohol and drug abuse needs. Juveniles are not accepted into the program unless they are sentenced as adults. The program runs in 4-month cycles with an intensive 40-hour week schedule.

RECAP partners share responsibility and financial obligations for delivering the program's services. The components and partners assuming major responsibility are shown in the box below.

Program Component	Responsible Partner
Work Experience and Community Service	RCSD
Criminal Thinking Group	RVCP
Employability Skills	BTC
Literacy and General Equivalency Diploma (GED) Instruction	BTC
Vocational Education	BTC
Construction Instruction	RCSD
Aftercare Services	BTC

An advisory committee with broad community support that includes representatives of treatment, employment, educational, and organized labor organizations meets monthly, providing advocacy, advice, and expertise.

To meet a need for training in upper level vocational skills, RCSD sought and received assistance and financial resources from the Wisconsin Office of Justice Assistance (OJA). To meet an evolving need for an alternative high school, BTC sought assistance from the Adult Education Act to develop the Scans High School Equivalency program. An aftercare component was proposed and funded by the State Department of Education/Correctional Education to address the unmet needs following incarceration.

Vocational instruction is competency based. Certificates of skills in the areas of food service, construction assistant, custodial assistant, and other fields are given at graduation ceremonies. Alcohol and other drug abuse (AODA) group participation is an extensive part of the program. On-the-job training, community service, literacy, and employability instruction are also components of the program.

Vocational offerings began with custodial, food service, landscaping, and other on-the-job training. More than half of the participants do not have any significant work experience. RECAP training compensates for work

experiences that seventh to ninth graders in other circumstances often obtain as a part of their development. Employment opportunities in these areas are plentiful in Rock County. There was an unmet need, however, for higher level vocational skills that demand higher wages in the job market. As a result, construction assistant opportunities were provided through the encouragement and financial help from OJA. Community service and on-the-job training opportunities were expanded as well with OJA assistance. These additions to the program not only help inmates develop broader vocational skills, but expand public knowledge of RECAP through their visibility in the community.

To successfully complete the program, participants must meet the following criteria:

- Attend and participate in all scheduled class and group sessions.
- Raise two or more grade levels in reading, math, or writing.
- Complete or work toward a high school equivalency diploma, if needed.
- Watch academic skills videos as assigned.
- Complete a criminal inventory.
- Complete an autobiography.
- Complete a lifeline.
- Complete a victim script.
- Create an aftercare and relapse prevention plan.
- Attend support groups.
- Complete at least one on-the-job training.
- Display appropriate work attitudes in all community service experiences.
- Complete the employability skills course.
- Achieve a final evaluation of 32 points or better.
- Receive a recommendation from a RECAP staff member.
- Fulfill probation and parole and/or court recommendations.

The Inmate Review Committee meets weekly to assess student progress. The committee performs the following functions: intake review, progress review, termination or graduation review, exit review, determination of entry and exit dates, and establishment of a recall system that permits an

inmate's case to be reviewed for progress after release. The committee comprises the treatment manager, the education manager, the jail/work release supervisor, and the jail liaison from the Department of Corrections. An inmate can be dropped from the program by the committee for possessing contraband, presenting discipline problems, absconding from the program, threatening staff, testing positive in urinalysis screens, showing a lack of courtesy, and refusing to attend the program.

Results and Impact

Performance Measures

Staff collect participant and program information on a data system and use this information for program improvement. Data collected include literacy scores before and after the program, work histories, drug and alcohol histories, basic job skill levels, autobiographies, notes from vocational counseling, reports by participants, and written weekly evaluations by the participants' employers. The third-party evaluator uses these data and followup information to provide objective program analysis. Yearly reports are distributed for public information and internal use. A study of the program using a control group and participant followup was conducted during all 3 years of RECAP activities by the University of Wisconsin, Center on Education and Work. Among the study's conclusions were the following:

- ❑ Compared with RECAP graduates, RECAP clients who completed less than 3 months of the program were twice as likely to have an unsuccessful probation outcome.
- ❑ Compared with the study's control group, RECAP clients were 2 times more likely not to commit a new crime.
- ❑ Members of the study's control group were five times more likely to be unemployed than RECAP graduates after release to the community.
- ❑ Excluding probation holds, members of the control group on average had twice as many contacts with the Rock County Jail as did RECAP graduates.
- ❑ Overall, after 4 months of training, RECAP graduates increased grade levels on standardized tests in the following subjects: reading (one grade level), mathematics (two grade levels), and writing (one grade levels).

Implementation Problems and Successes

All programs, and particularly new, innovative programs, have problems to overcome on the path to becoming long-term programs. RECAP is no exception. Problems that require creative solutions include:

Obtaining Adequate and Ongoing Funding. Comprehensive programming requires a variety of resources and a large investment of time to meet the needs of inmates adequately. Companies use free inmate labor for 2 weeks. Employers give a portion of the wages the inmates would have earned to the program in the form of a donation if they are satisfied with the inmates' work.

Obtaining Individual and Program Statistics. Obtaining and maintaining program data, which are important elements for evaluation and program improvement, require intensive staff involvement and access to adequate computer programs.

Scheduling Program Activities. Scheduling requests for inmates for community service and other projects requires extensive staff time and coordination.

Maintaining Core Program Numbers. Designated program space determines the size of groups that can be served. Referrals from the courts are not always received in a consistent fashion, and inmates are sometimes removed for infractions. Every time the number of participants drops below the maximum number that can be served, the program cost is raised.

Making Time for Communication. Considerable time is required to allow staff to communicate and build a stronger program. The Inmate Review Committee meets weekly to assess student progress, and the partner agencies are required to communicate daily with each other.

Successes and Accomplishments. RECAP provided services to 327 inmates in its first 3 years, and 49 percent of program participants graduated. In addition, 89 percent of individuals receiving assistance had a recognized AODA need; 56 participants earned a high school equivalency diploma (71 individuals partially completed an equivalency diploma and many others received literacy or remedial instruction); and 194 individuals met the requirements to complete the course in 3 years. As of July 1997, the program had provided programming to 521 individuals.

Inmates also achieved the following accomplishments in the program's on-the-job training courses: 92 received food service preparation certificates, 53 received food safety and sanitation national certification, 123 received custodial training certificates, 64 received landscaping or lawn care certificates, 41 received construction certificates (third year only), 32 received painting or chain saw certificates (third year only), and 15 received wildlife assistant certification (first and second years only). In addition, from 1995 to 1997, RECAP participants earned 276 competency certificates in construction, custodial services, lawn care, food sanitation, painting, and historical preservation and renovation.

The RECAP/Alpha OJA construction grant completed its first year of operation, and 41 inmates completed the vocational program. Using community donations of building supplies worth more than \$18,000, inmates

constructed a large storage garage. The Scans High School Equivalency has been approved by the Wisconsin Department of Public Instruction and is assisting students. The county board funded RECAP for the interim period and included RECAP in its 1996 budget. County support in 1996 was \$75,000; in 1997 it increased to \$100,000.

Each RECAP participant earned an average of 105 hours of community service, and program participants earned a total of 694 days of good time at a savings to the county of \$38,170. The RECAP/Alpha OJA grant has enhanced opportunities that can be provided to inmates in this area. More than 11,000 hours of on-the-job training and community service were provided at 21 sites from March to September 1995. The number of sites remained at 21 in 1997.

Reducing recidivism in Rock County is the core measure of RECAP's effectiveness. Second-year statistics showed a recidivism rate for participants of 17 percent as compared with the 70 to 80 percent recidivism rate estimated for offenders in the county before the program began. The fifth-year recidivism rate was 26 percent. According to a third-party evaluator, RECAP graduates are twice as likely not to return to jail or prison as those not participating in RECAP.

Recidivism, academic growth, and vocational attainment are measurable, but do not provide a complete picture of program success. Other measures of success include:

- Maintaining a qualified staff dedicated to change and motivation.
- Moving from grant to county funding.
- Continuing positive participant testimony and action.
- Receiving public acceptance by the media, community, and employers.
- Obtaining the dynamic assistance of a broad-based advisory committee.
- Changing correctional officer attitudes toward education and rehabilitation.
- Having probation and parole agents play an active and supportive role because RECAP has provided assistance to their clients.

Prospects for Replication

RECAP can be replicated nationwide with the expertise and commitment of local law enforcement agencies, community colleges, and the treatment community. RECAP completed its fifth year of operation in September 1997. Partners are available to assist others with information and staff development useful in replicating the model. Since the inception of RECAP, the partners have advocated for its development in other counties.

Along with staff training possibilities, many program materials are available for distribution. All materials have been field tested and have undergone numerous revisions. Dissemination materials include course outlines, AODA pretest and posttests, work contracts, student vocational certificates, SCANS high school equivalency curriculum, the RECAP participant handbook, and the RECAP manual.

Results from the University of Wisconsin evaluation of RECAP will include a 3-year history of problems, successes, and recommendations. In addition, RECAP will participate in a U.S. Department of Education-funded research study on correctional education. The study's findings will be available upon completion of the project.

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Wyoming: Department of Corrections Honor Farm Wild Horse Training Program

Statement of the Problem

To reduce the excess of wild horses in Wyoming, the State's Bureau of Land Management (BLM) office developed a horse adoption program open to the public. However, because people were uneasy about adopting wild horses, the horses required to be trained. In September 1987, the Wyoming Department of Corrections (DOC) and BLM signed a cooperative agreement to establish the Wyoming Honor Farm, a minimum-security facility that gives inmates who have committed crimes ranging from simple property offenses to first-degree murder an opportunity to train horses and engage in personal development in a healthy, secure environment. The farm is located in central Wyoming and houses 150 inmates and 34 staff members. The first shipment of horses arrived at the facility in February 1988.

The facility houses both long- and short-term inmates. Wyoming's current inmate classification system allows inmates to progress through the system to minimum-security institutions and to community placement over time. When this classification system began, long-term inmates who had been placed at the Wyoming Honor Farm facility were allowed to stay through a grandfather clause. Their presence gives stability to the facility's inmate population.

Goals and Objectives

The goals of the program are to provide a source of revenue, provide a unique opportunity for the staff to utilize the philosophy of the institution while managing offenders, provide legitimate work opportunities for the inmate population, and encourage and assist offenders in becoming law-abiding citizens in a respectful, principle-centered, dignified manner while exercising reasonable, safe, secure, and humane control.

In pursuit of these goals, the program has established the following objectives: research the institution's physical plant needs for training and handling wild horses; select personnel to supervise the program; develop the training program; develop a mechanism for dispersing adopted horses; build trust, discourage lying, encourage individuality, and improve communication skills among inmates; teach anger management to inmates; and connect the program's philosophy to the State's institutional counseling program.

Program Components

The program was founded on four principles: respect, responsibility, cooperation, and communication. As the training facilities began to form, one of the program's most important objectives was selecting a training method and a program manager. A decision was made to use a nonrestraint method of training modeled after Ray Hunt's innovative training philosophy. The tenets of his training philosophy are:

- Make the right thing easy and the wrong thing difficult.
- Be particular so the horse learns to be particular.
- Try soft firmness instead of hard tightness.
- Do not attempt to direct the horse's attention if you do not have it.
- Notice the smallest change or the slightest attempt and reward the horse.
- Know the difference between firm and hard.
- Let your idea become the horse's idea.

This training method was selected because it coincided with the way in which the inmate population is managed at the Honor Farm institution. Some examples of this institutional philosophy are:

- Believe in inmates' capacity to change their behavior.
- Give inmates legitimate opportunities to enhance their self-esteem.
- Treat inmates with respect and dignity.
- Treat inmates respectfully without compromising professional distance.
- Do not impose rules, regulations, or regimentation that cannot be reasonably tied to the need to maintain order and security.
- Send clear messages about behavior that is not tolerated.
- Punish swiftly and harshly behavior that threatens order and security.

Offenders typically classified to the institution have no experience training horses. Their lack of preconceived ideas about the process is a benefit. Usually, the horse teaches or trains the inmate. Horses experience problems during training similar to characteristics commonly displayed by offenders, and the training program attempts to address these problems.

Anger. Displaying anger is an important part of many criminals' lives. By responding angrily to anything they perceive as opposing what they want, criminals attempt to control people and situations. The training program takes advantage of this situation by showing inmates that success can be achieved by remaining calm, listening to instructions from staff, and dealing with situations rationally. The horse demands that inmates behave calmly and rationally. The staff strive to make the right thing easy and the wrong thing difficult.

Uniqueness. Criminals emphasize their complete difference from other people; they perceive themselves to be special. The training methods used by the program are the same for every horse and for every inmate, and when an inmate steps into the round corral with a wild horse for the first time, he feels the way that every other inmate has felt in that situation.

Lying. For many criminals, lying is a way of life. It is incorporated into their basic makeup and feeds other criminal patterns. Habitual lying is more common than premeditated lying because the criminal automatically defines reality through lies. In the training program, the "show me" philosophy discourages any untruths. If the inmate states, "I can ride the horse and pick up all of his feet, the staff response is "show me."

Trust. Criminals often do not trust others, but they demand that others trust them. Sometimes trust of others is sincere, but it is inconsistent. During training situations, trust is a serious issue. Survival of both the inmate and the horse depends on trust throughout the relationship.

Counseling. All inmates are required to participate in counseling groups. Issues regarding anger, uniqueness, lying, and trust are reinforced by the counseling department in group situations. The program's philosophy is blended into practical application that benefits both the horse and the inmate.

Inmate Incentive. Inmates in Wyoming DOC institutions are required to have a full-time job assignment. Participation in the Wild Horse Training Program satisfies this requirement. Inmates are paid from the Inmate Incentive Pay Fund, with rates ranging from \$25 to \$95 per month. With this money, they are expected to provide their own clothing and personal items, excluding medical expenses.

Inspection and Dispersal of Horses. The inspection process ensures that all horses ready for dispersal meet contract requirements. The BLM project inspector checks each animal before it is adopted. The Honor Farm makes the horses available to the general public and agencies. Three public adoption sessions are scheduled annually. Federal and State agency adoptions are scheduled as needed.

Results and Impact

Performance Measures

The program measures success by the following:

- Number of horses successfully trained, inspected, and dispersed.
- Number of horses receiving specialized training for adoption to emotionally and physically disabled children, U.S. Forest Service agencies, and the Boy Scouts of America.
- Positive media coverage.
- Number of inmates successfully participating in the program.
- The progress inmates make in counseling programs using skills they have learned in the program.

Implementation Problems and Successes

Implementation problems were minor. Developing a contract and satisfying the Federal and State attorneys involved in the project was time consuming. A larger concern was providing adequate security for a wild horse adoption program open to the public and housed on the grounds of a correctional facility. To make security manageable, the Honor Farm developed a strict adoption system that allows the public to adopt horses three times a year.

BLM originally asked that all horses assigned to the program be saddle trained. This meant that a person adopting a horse would be able to take it home, saddle it, and perform normal animal husbandry tasks. Saddle training, however, is a very labor-intensive and time-consuming assignment, especially for the inexperienced trainer. The desired length of stay for horses in the program is 60 days, but to meet BLM training requirements, they occasionally had to be trained for a longer period of time. To expedite the process, horses are now only halter trained.

Successes and Accomplishments

Success in the implementation stage of the program was due to the efforts of staff members who gave unconditionally of their time and knowledge. Daily team meetings were held from the time the program was first considered until the first horses arrived from BLM. All problems were addressed within 24 hours.

Accomplishments to date are numerous. During the 10 years the program has operated, approximately 381 inmates have worked with wild horses in some capacity. The program has trained more than 1,600 wild horses. Horses have been adopted by the U.S. Forest Service in Arizona, New

Mexico, Utah, and Wyoming; the Boy Scouts of America; and the United States Marine Color Guard. The program trains horses to work with emotionally and physically challenged children at the State Training School in Lander, Wyoming, and the Kentucky Horse Park received 12 matched bay horses to work with underprivileged and delinquent children. The experiment in Kentucky has been so successful that the horse park requested 12 more horses. In addition, interest in the training program from other correctional systems has been high. The Louisiana Department of Corrections has adopted 30 horses to be trained by inmates in their system, and these horses will be used to supervise maximum security inmates at the Angola Unit. During the past year, six horses were trained for the U.S. Forest Service, Bloomfield, New Mexico, and five horses were trained for the Girl Scouts of America. Additionally, five horses are being trained for the U.S. Forest Service, Pinedale, Wyoming.

Media coverage of the program includes segments on TBS, CNN, and the Today Show, and documentary filmmakers from France, Germany, and Japan have completed segments on the program highlighting the program's benefits for both the inmate and the horse. The program has also been strongly supported by the private sector, which has made valuable donations of construction and training materials.

Prospects for Replication

Replication of this program would be difficult. The contract currently in effect will expire in October 1997, and no major changes are anticipated. BLM has promoted the Adopt a Horse Program so effectively that the public is willing to attempt to train the horses on its own. The original concept behind the program and the involvement of correctional facilities was that the training would make the horses more adoptable. Although this is still true today, demand for horses has increased to the point where there is no need for additional training to meet BLM management objectives.

The Honor Farm Institution developed a Registered Quarter Horse Program to take the place of the BLM Wild Horse Training Program if funding was exhausted and the contract allowed to expire. However, the program is being phased out because of weak local demand for registered horses. If local demands increase, the program will be reevaluated. If a contract can be secured to develop a training program in another jurisdiction, it is important to involve all departments of the correctional institution, ranging from construction and security to counselors in case management programming.

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Bureau of Justice Assistance Information

General Information

Callers may contact the U.S. Department of Justice Response Center for general information or specific needs, such as assistance in submitting grants applications and information on training. To contact the Response Center, call 1-800-421-6770 or write to 1100 Vermont Avenue NW., Washington, DC 20005.

Indepth Information

For more indepth information about BJA, its programs, and its funding opportunities, requesters can call the BJA Clearinghouse. The BJA Clearinghouse, a component of the National Criminal Justice Reference Service (NCJRS), shares BJA program information with State and local agencies and community groups across the country. Information specialists are available to provide reference and referral services, publication distribution, participation and support for conferences, and other networking and outreach activities. The Clearinghouse can be reached by:

- Mail**
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Rockville, MD 20849-6000
- Visit**
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Rockville, MD 20850

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