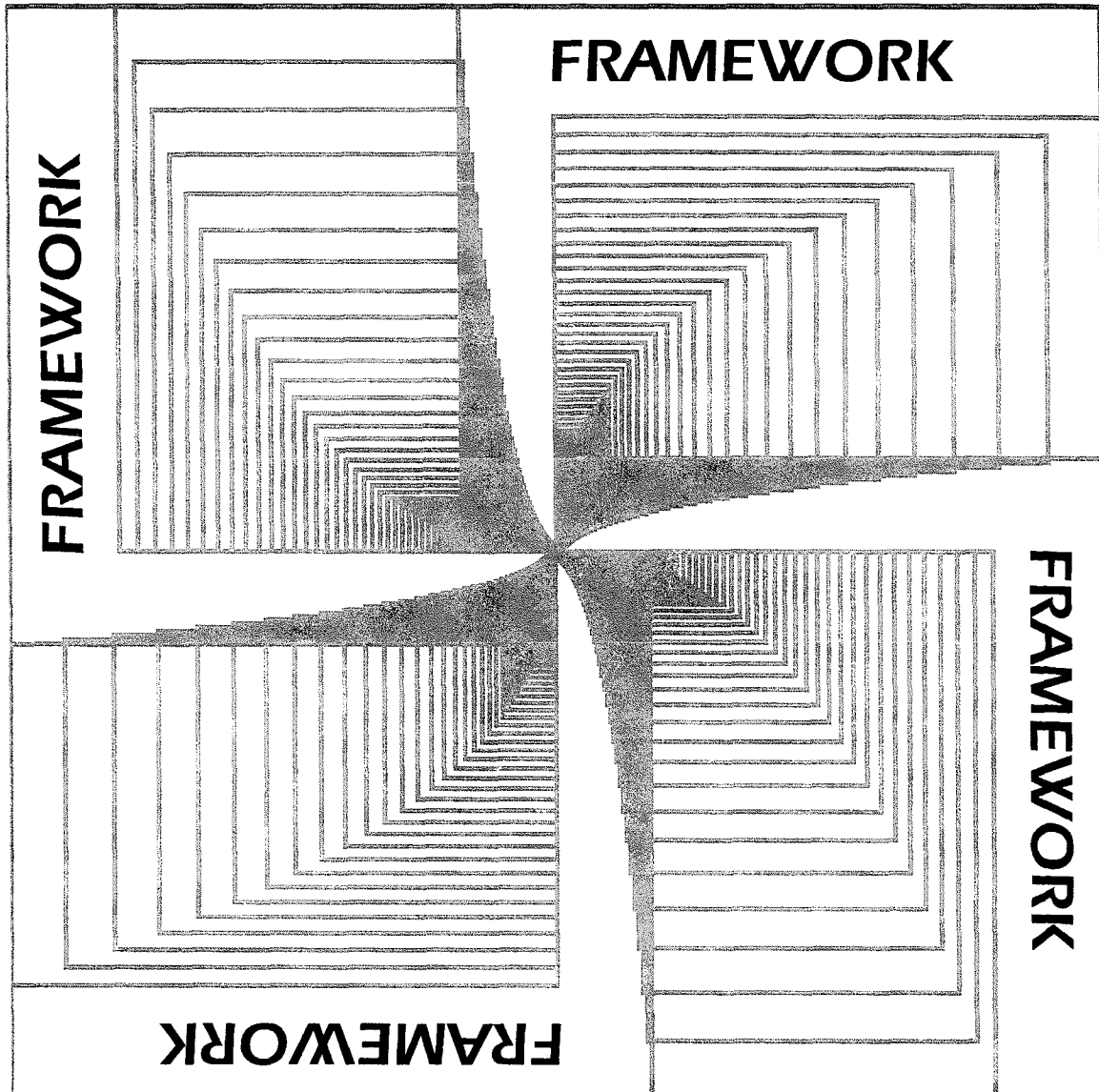


Intervening with Substance-Abusing Offenders: A Framework for Action

The Report of the National Task Force on Correctional
Substance Abuse Strategies



June 1991

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Foreword

The National Institute of Corrections is pleased to make available this publication, *Intervening with Substance-Abusing Of Offenders: A Framework for Action*, to correctional practitioners and policymakers. This publication and its executive summary are the result of the work of the National Task Force on Correctional Substance Abuse Strategies. The task force was composed of correctional practitioners representing jails, prisons, and community corrections, as well as researchers and substance abuse treatment specialists and representatives from six federal agencies: Bureau of Justice Assistance, Department of Health and Human Services, Federal Bureau of Prisons, National Institute of Corrections, Office of Justice Programs, and the Office of National Drug Control Policy.

This report recommends approaches to planning, implementing, and managing correctional substance abuse programs and describes some programs having components that illustrate effective approaches. Several major themes highlight the recommendations in the report, including:

- There are effective treatment programs for offenders which counter the “nothing works” beliefs held in previous years;
- Rather than competing, security and treatment should co-exist and complement each other;
- There is a need for careful assessment and proper placement of offenders in the most potentially helpful programs;
- Systematic approaches and linkages should be established to provide a continuum of information and services; and
- A variety of accountability and evaluation procedures and criteria should be used to measure the success of program-not just recidivism.

It is the hope of the National Institute of Corrections and the Bureau of Justice Assistance, co-sponsors of this project, that correctional practitioners will find these publications valuable in guiding them in the development of effective substance abuse programs that recognize the unique environment of corrections.

M. Wayne Huggins

Director

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Acknowledgments

The publication *Intervening with Substance-Abusing Offenders: A Framework for Action* and its executive summary are the results of the fine work and contributions of the National Task Force on Correctional Substance Abuse Strategies. The task force members worked tirelessly in meeting the short timelines placed upon them and gave freely of their time and expertise. I deeply appreciate their efforts, the quality of their work, and their commitment to help their peers in corrections develop effective substance abuse programs for offenders. They recognized the need to address substance-abusing offenders from a systems perspective that incorporates treatment needs and linkages from the community, across correctional agencies, and return of the offender to the community. They were visionary in their recommendations.

In addition to the task force members, I want to thank the resource persons who readily gave of their time and participated in task force meetings and the consultants who assisted in writing the initial portions of the report. A special thanks goes to the editor Karen Fisher, who struggled through with the Academy staff in bringing this project to closure.

All of this effort would have fallen short of its mark without the tremendous support of the staff at the National Academy of Corrections, National Institute of Corrections. Special appreciation goes to Dr. Roger Smith and Sally Cullerton, who worked the longest and the hardest on this project and whom we sorely missed during the final stages of the task force work. A hearty thanks goes to Charlotte Gaudreau, who provided endless secretarial support. Special appreciation is extended to Dr. Susan Davis and Dr. Ida Halasz, who assisted in the final stages, and to Rita Rippetoe, my executive assistant, who kept everything moving ahead.

Lastly, I would like to acknowledge John Gregrich, Bureau of Justice Assistance, for his continued support; M. Wayne Huggins, Director of the National Institute of Corrections; and Richard Weatherbee, Assistant to the Attorney General, for their commitment to this project and to its importance to corrections.

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Introduction



The ethos of personal accountability and adherence to rules that pervades the criminal justice system is frequently a part of effective drug treatment... That's why drug treatment and' criminal justice must be understood as allies in our fight against drug use.
William Bennett (1990, White Paper on Drug Treatment)

The drug problem is on the minds of the American people. In response to this national concern, there is a flurry of activity to measure and assess the extent of the problem and the impact of federal, state, and local programs in dealing with it. The President's National Drug Control Strategy has drawn upon this national concern to forge a multifront attack on drug abuse. It would appear that attitudes nationally have changed to the extent that there is a significantly reduced tolerance of drug use by the general population and, more important, by youth (Gallagher, 1990).

“There is a significantly reduced tolerance of drug use by the general population and, more important, by youth.”

Drugs and the criminal justice population

Our progress as a society is heartening, but it is not reflected in certain significant populations-most notably the offender population. Within this group, serious drug use continues and fuels other criminal behaviors. The Drug Use Forecasting (DUF) system currently in place in 22 cities documents the high levels of drug use among felony arrestees (National Institute of Justice, 1990). There are strong indications that substance abuse accelerates the level of criminal activity among individuals already involved in crime. Drug addicts are involved in approximately three to five times the number of crime events as arrestees who do not use drugs, and they have a significantly greater number of arrests than non-drug-involved arrestees (Anglin & Speckart, 1984).

“Drug addicts are involved in approximate& three to five times the number of crime events as arrestees who do not use drugs, and they have a significantly greater number of arrests than non-drug-involved arrestees.”

Following conviction, the overwhelming majority of substance-abusing offenders are supervised on probation in the community; those perceived to be more serious offenders and who pose a direct threat to public safety are incarcerated. Although jail or prison terms temporarily incapacitate these offenders during the time

2 Introduction

that they are incarcerated, the simple fact is that prison and jail terms end. Once released from supervision or incarceration, drug-abusing offenders have demonstrated a marked tendency to resume their criminal careers and to participate in what has come to be known as “the revolving door of justice”- crime, arrest, conviction, incarceration or community supervision, release, and return to crime...and the cycle continues. This rapidly growing and seemingly intractable population is the focus of this report.

Unprecedented numbers of offenders

Correctional agencies at all levels are struggling with unprecedented growth in numbers of offenders. The Bureau of Justice Statistics (Jankowski, 1990) reports that state and federal correctional populations increased 9.2 percent between 1988 and 1989 and 34.6 percent between 1985 and 1989 (see Table 1). More than four million adults were under correctional supervision in the United States in 1989; one in every 25 men and one in every 173 women were being supervised.

Table 1. Federal and state offenders under correctional supervision (1989)

Supervised in the community	Number in 1965	Number in 1988	Number in 1989	% change since 1985	% change since 1988	% of total under correctional supervision (1989)
Probation*	1,968,712	2,356,483	2,520,479	28.0	7.0	62.2
Parole*	300,203	407,977	456,797	52.2	12.0	11.3
Total	2,268,915	2,764,460	2,977,277	80.2	19.0	73.5
Incarcerated						
Jail**	254,986	341,893	393,303	54.2	15.0	9.7
Prison'	487,593	606,810	683,367	40.2	12.6	16.9
Total	742,579	948,703	1,076,670	94.4	27.6	26.6
Total under correctional supervision	3,011,494	3,713,163	4,053,946	34.6	9.2	100
*Population counts are for December 31, 1989						
**Population counts are for June 30,1989						

Source: Jankowski, L. (1990). Probation and parole 1999. *Bureau of Justice Statistics Bulletin* (NCJ-125933). Washington, DC: Bureau of Justice Statistics.

These increases reflect federal, state, and local efforts to reduce substance abuse. More vigorous law enforcement efforts targeting both the user and the trafficker, coupled with longer sentences and mandatory sentencing statutes, have substantially increased probation, jail, and prison populations. Growing populations have, in turn, stimulated interest in more innovative and effective

approaches to assessing, treating, managing, and controlling this diverse offender group.

It is clear that for some offenders incarceration is necessary; for others, regular probation supervision may be an appropriate sanction. For many more substance-abusing offenders, however, the choice between incarceration or probation is not sufficient. A range of programmatic options, referred to as intermediate sanctions/punishments, has been developed in more than 40 states to meet the diverse supervision, control, and treatment needs of offenders who might otherwise be sent to prison (Petersilia & Turner, 1989). They include such programs as community residential care (with or without treatment programming), home detention, electronic monitoring, community service, weekend incarceration, split sentences, shock incarceration, intensive supervision (both probation and parole), boot camps, and monetary penalties.

The number of jurisdictions expressing interest in intermediate sanctions/punishments indicates the urgent need that many jurisdictions feel to respond effectively to their increasing populations. Many legislators and correctional officials have concluded that they cannot simply “build their way out” of the problem of increasing numbers. The costs associated with building more traditional cell space, coupled with a desire to develop more effective and specific programs, will continue to motivate many jurisdictions to develop intermediate sanctions/punishments.

Further growth anticipated

As correctional agencies are responding to their dramatically increased workloads, the future holds even more challenge. The prison population forecast of the National Council on crime and Delinquency contains a gloomy prediction that the nation’s prison population will grow by 68 percent by 1994, overwhelming the correctional system’s ability to manage effectively (Austin & McVey, 1989). By 1994, state prison populations could increase from the current level of more than 673,000 inmates to 1,133,000, an increase of 460,000 inmates. Similar growth is anticipated in jail populations and in probation and parole caseloads. In 1989, the number of individuals on probation or parole reached a record level-2,520,479 on probation and 456,797 on parole (see Table 1).

This growth is further exacerbated by dramatic increases in probation and parole revocations resulting from stricter community supervision standards. These standards include more offender contacts under intensive supervision programs and the widespread use of urinalysis to monitor drug offenders. Thus,

“(The number of jurisdictions expressing interest in intermediate sanctions/punishments indicates the urgent need that many jurisdictions feel to respond effectively to their increasing populations.”

more offenders are caught in substance abuse, which violates the conditions of their probation or parole. One out of every three prison admissions currently is a parole violator. For example, in California, parole violations represented half of all admissions in 1987, 80 percent of which were technical violations (Austin & McVey, 1989).

Substance abuse interventions in corrections

The clients with whom correctional agencies generally must deal are adults, with years of substance abuse and criminality behind them. These offenders engage in criminal behavior and begin using drugs and alcohol at early ages. They often lack basic education, vocational skills, successful work experience, stable families, or social support systems. Many are from dysfunctional families or social environments that support criminal values, attitudes, and behavior. Most have firmly entrenched values that are deviant and antisocial. Many lack even the most basic social and interpersonal skills. With such offenders, the task is more often habilitation than rehabilitation.

Although it is true that minorities from lower socioeconomic groups are disproportionately represented in corrections, one should not assume that they are the overwhelming majority of substance abusers. Many substance abusers are found in every socioeconomic groups.

Interventions with substance-abusing offenders require a focus much broader than substance abuse treatment alone. Close supervision of activities and constant monitoring for substance abuse are required with this group, whether in a community or institutional program. From a therapeutic perspective, cognition, social skills, values, and pragmatic skill development are central features of any comprehensive treatment response.

Fortunately, many correctional programs nationwide, in a variety of community and institutional settings, have had an impact on this population. This report describes some of these programs, components of which illustrate effective approaches. These programs have many common characteristics, including:

- Clearly defined missions and goals, admission criteria that target appropriate participants, and an assessment strategy for those seeking treatment;
- The visible support and understanding of key administrators within the agency, as well as of those line staff with whom the program must interact;

- Consistency in intervention strategies facilitated through formal and informal linkages with other agencies as an offender moves through the system;
- Staff who are well trained and who have an opportunity for ongoing professional education; and
- Continuous evaluation and development on the basis of both outcome studies and process data.

National Task Force on Correctional Substance Abuse Strategies

The National Task Force on Correctional Substance Abuse Strategies was convened by the National Institute of Corrections in September 1989 to assess current substance abuse strategies at all levels of the correctional system and to recommend a framework for improving these efforts. The task force was made up of:

- Representatives of federal agencies with responsibility for policy planning, funding, training, or conducting programs pertaining to substance abuse;
- State and local correctional practitioners; and
- Researchers, clinicians, and others selected for their expertise and experience with substance abuse issues.

Members, listed at the beginning of this report, represented agencies at each level in the corrections process.

The task force reviewed strategies by which correctional agencies could more effectively manage, supervise, control, and treat substance-abusing offenders. Although the reported strategies evidence both strengths and weaknesses, they represent the best available approaches thus far developed for correctional populations. Throughout this report, the task force describes strategies and programs that are oriented toward rehabilitation of the offender. However, substance abuse treatment programs in corrections are not simply a traditional health care service transplanted into the correctional environment; these programs must contribute to public safety and to institutional security.

“These (treatment) programs must contribute to public safety and to institutional security.”

Balance of control and treatment

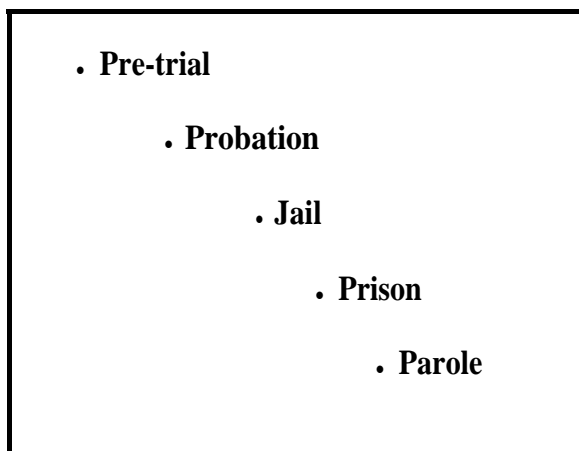
As the task force reviewed corrections-based programs nationwide, it became apparent that control and accountability are essential elements of any effective program, whether therapeutically or control oriented. Substance abuse treatment in correctional settings, whether in institutions or in the community,

abuse is a highly complex and multifaceted behavior. In many instances, it is associated with poverty, discrimination, poor education, gang activities, lack of employment opportunities, and other social problems. Although beyond the scope of this report, these are areas that ultimately must be addressed by society.

Systems perspective

The task force report emphasizes the importance of viewing substance abuse interventions from a systems perspective. To do so requires a broad-based, intra- and interagency approach to intervention planning, design, implementation, operation, and evaluation. The strategies for intervention can be applied at all major decision, or “impact” points in the correctional system—pretrial, probation, jail, prison, and parole—as shown in Figure 2.

Figure 2. Correctional system impact points



These strategies must take into account not only how an offender moves through a single system (e.g., a jail), but also transitional needs as the offender enters or exits a new system (e.g., the transition from jail to probation). In addition, various components within a single system must coordinate with and be aware of other components’ strategies toward the substance abuse intervention to ensure effectiveness. Each component is somewhat interdependent with others; therefore, close coordination is required to ensure that action initiated in one area does not adversely affect another area and instead can be supportive.

For example, a treatment program in an institution is a single part of the larger institutional program and may be only one strategy of an overall plan to reduce substance abuse. Other interventions may include staff training on recognizing substance abuse, a contraband control procedure, random urinalysis, and

other efforts. The program staff must develop understanding and support for the substance abuse interventions within an institution and both formal and informal linkages between and among other involved agencies, including parole and community-based aftercare agencies. Thus, there must be a coordinated approach to managing substance abusers at each stage of the correctional process. Further, corrections and human services must engage in a cooperative effort if they are to successfully intervene in the life of the substance abuser.

In many jurisdictions, the correctional population has grown to such an extent that the high-priority need to simply house inmates has taken resources that might have been used for substance abuse programming. In such circumstances, in which meeting offenders' basic needs must come first, it is unlikely that the substance abuse treatment strategies presented in this report could be fully implemented. Although the task force acknowledges the limitations that the current population explosion places on probation and parole agencies, jails, and prisons, it is important that jurisdictions initiate some degree of planning and program development directed toward reducing the overall rates of substance abuse. As this report stresses repeatedly, the responsibility for this effort is not exclusively that of correctional agencies. It requires the involvement of political bodies; health and human services agencies, including public and private drug treatment programs; and other community groups.

The task force's report is not meant to be prescriptive. Rather, it suggests some approaches for state and local jurisdictions to consider when developing strategies to address substance abuse within the correctional system. These strategies represent jurisdictions' own philosophical understandings and goals for substance-abusing offenders, as well as the unique nature of the problem in each jurisdiction and the resources available to correctional agencies.

'The task force's report is not meant to be prescriptive. Rather, it suggests some approaches for state and local jurisdictions to consider when developing strategies to address substance abuse within the correctional system.'

The task force intended for the report to be useful to administrators, planners, policy makers, community leaders, clinicians, and others charged with the responsibility for planning and managing substance abuse programs within corrections. Although this document focuses on adult offenders and correctional systems, it is recognized that many juvenile offenders experience the same problems; therefore, the recommendations and strategies contained in this report are equally applicable to the juvenile offender population. This report is not intended to be a highly clinical or research-oriented document. Where appropriate,

however, reference is made to sources where readers can find useful research and evaluation data.

The approach of the task force

To focus the efforts of the task force, members established the following objectives for their work:

1. To establish goals for correctional substance abuse programming applicable to all major impact points in the corrections process (pretrial/pre-sentence, probation, jail, prison, parole);
2. To identify substance abuse programs/interventions that successfully meet the identified goals;
3. To identify substance abuse programs that provide for continuity of service between and among impact points and between the corrections system and the community;
4. To identify deficiencies/gaps in correctional substance abuse programming within and between each impact point;
5. To develop approaches for improving the corrections system's response to substance abuse; and
6. To document and disseminate the findings of the task force.

The task force members were guided in their work by the following assumptions:

- Substance abuse programs and strategies must be carefully planned, with clear goals and objectives;
- Initiatives at one stage of the corrections system must work in concert with subsequent initiatives (common goals and methods, information-sharing, etc.);
- Limited resources should be targeted to those who require and can most benefit from specific treatment services;
- All programs should include evaluation strategies;
- Control and treatment strategies are most effective when paired;
- Special populations require substance abuse programming directed toward meeting their unique needs; and

- The needs and resources of each system or jurisdiction are different, and there is no single approach that is most effective or could best address the needs of all systems; therefore, systems need a menu of optional programs from which to make appropriate choices.

Goals for substance abuse programming

The report suggests six major goals for correctional agencies to consider as they plan, implement, manage, and revise correctional substance abuse programs. The task force recommends that agencies:

1. Assess offenders' needs for supervision, control, and service, especially with regard to substance abuse;
2. Provide a range of quality **programs** to meet offenders' control, supervision, and treatment needs;
3. Provide **linkages** to assure effective communications across the entire criminal justice system, including community-based agencies, for transmitting information and coordinating services;
4. Recruit and retain qualified **staff** to provide substance abuse programming;
5. Develop a safe, drug-free, productive **environment** that promotes offender change and provides safety for staff, offenders, and the public;
6. Apply **accountability** measures to substance abuse programs.

In the report, each of the goal statements is described in general terms, followed by the task force's specific recommendations for achieving each goal. Where appropriate, reference is made to programs that are effective examples of aspects of the strategies. The appendix to this report contains "strategy briefs"-descriptions of diverse programs that have creatively and effectively addressed some aspect of the problem of substance abuse in the corrections setting.

Summary

As correctional agencies nationwide struggle to more effectively manage the vast numbers of substance-abusing offenders flooding their systems, they can be reassured that there are effective, documented strategies for controlling the influx of illicit drugs into institutions, monitoring substance abuse behavior, and intervening therapeutically or educationally. For substance abuse treatment to be effective in the correctional setting, it must be combined with

control. Jurisdictions can and do develop sanctions for offenders that are tough and effective in protecting the public safety without building costly jail or prison cells.

Corrections should intervene in the lives of substance abusers at every stage of the corrections process in ways that ensure accountability and responsibility in the offenders and in the programs designed to provide the interventions. The diversity, creativity, and effectiveness represented by the programs described in the strategy briefs (as well as by hundreds of others) hold the potential for expanding the capacity of corrections to significantly affect this seemingly intractable population of offenders.

“Corrections should intervene in the lives of substance abusers at every stage of the corrections process in ways that ensure accountability and responsibility in the offenders and in the programs & signed to provide the interventions.”

Assessment



GOAL: Assess offenders' needs for supervision, control, and service, especially with regard to substance abuse.

RECOMMENDATIONS:

- ★ Identify, develop, and implement a **standardized, comprehensive method** for assessing alcohol and substance abuse appropriate to the specific offender population.
- ★ Assess offenders at the earliest possible stage and **throughout their involvement** with the correctional system.
- ★ Record assessment data in a **cumulative assessment management file**, collect them in automated networks, and use them for management, evaluation, and research.

Correctional management of offenders usually begins with a generalized form of assessment called classification. In its broadest sense, classification is the process through which an agency determines an offender's educational, vocational, and treatment needs, as well as custody and/or community supervision requirements (Inciardi, 1990). At least theoretically, classification is a system used by a correctional agency to match treatment and supervision programs to the requirements of the individual.

Classification strategies emerged when society began imprisoning people after conviction. Separating the guilty from the innocent was itself a process of classifying those convicted of criminal behavior. The reformatory movements of the late nineteenth century; the evolution of maximum-, medium-, and minimum-security prisons; and the development of probation as an alternative to incarceration are all examples of rudimentary classification schemes. As correctional systems continued to evolve, more sophisticated strategies of classification were

developed to address special needs of offenders and security/public safety management.

Assessment: Determining treatment needs and risk

Today, classification goes beyond merely separating offenders on the basis of age, sex, custodial/supervision level, or some other factor. In most jurisdictions, classification also includes assessment, the specific diagnostic process that determines both specific treatment needs and risk.

The contemporary field of assessment has focused on information gathering. Although many instruments have been developed to assess service and supervision needs, most have not been “normed,” or validated for use on the offender population. Thus, there is still considerable disagreement over which instruments are the most appropriate for various purposes and populations.

One reason it is so important to find ways to assess offenders’ needs for substance abuse treatment is the fact that many offenders are serious drug users. Studies continue to document not only that drug use and crime exist in the context of a complex range of social, cultural, and environmental variables (McBride & McCoy, 1981a,b), but also that drug use prolongs and intensifies criminal activity (Inciardi, 1986; Johnson et al., 1985; Nurco, Ball, Shaffer, & Hanlon, 1985). In addition, evidence indicates that the use of incentives and sanctions in the treatment of drug abusers seems to yield higher retention and lower relapse rates than voluntary treatment (Leukefeld & Tims, 1988) has led correctional systems nationwide to develop treatment programs. These treatment programs have evolved not only in the institutional setting but also in the community. For those deemed not to present a public safety risk to the community, judges and corrections officials have become increasingly supportive of treatment in the community as an alternative to incarceration. The assessment of risk is thus a crucial aspect of the assessment process.

Assessment of risk

The assessment of risk is especially critical for probation departments that must make recommendations to the judiciary regarding disposition. The degree of perceived risk is reflected in the intensity of supervision and monitoring recommended, as well as in the type of treatment that is both appropriate for the offender and consistent with public safety. As with assessment instruments that are designed to measure need and to match offenders with appropriate treatment, the numerous risk assessment instruments in use nationwide also present concerns relative to validity and reliability. Several of the most widely used instruments are described briefly in the Resources section at the end of this report.

As the number of individuals entering treatment increases, the research on offender treatment-matching expands (Gottheil, McLellan, & Druley, 1981). Although most observers agree that treatment tends to be effective in reducing drug-taking and drug-seeking behaviors, considerable work remains in determining what type of treatment works best for specific clients (Kleber, 1989). It is to this end that assessment research aspires.

☆ Identify, develop, and implement a standardized, comprehensive method for assessing alcohol and substance abuse appropriate to the specific offender population.

For the assessment process to yield an appropriate offender-treatment match, it must be comprehensive, considering as many variables as possible related to both the client and the available treatment resources. Information obtained about offenders must go beyond routine demographic characteristics and legal history to include data on drug use, prior treatment, and other social and health issues. The assessment of treatment resources must consider not only appropriate modalities, but also the availability of services and qualified staff and even such factors as staff philosophy and the characteristics of previous offenders who have demonstrated success.

Many assessment instruments have emerged in correctional systems in recent years. These instruments are used to guide decisions ranging from staff selection for certain kinds of duties to the determination of relative risk to society presented by offenders eligible for release from custody. These formal assessment instruments have become popular because they provide a degree of uniformity and fairness in the decision-making process. They also furnish a consistent way to deal with large caseloads, and they generate a base of information to use in developing management, intervention, and resource strategies.

Assessment instruments can also be misused, however. Examples of misuse include 1) allowing the assessment instrument to structure a mechanical approach to what is often a complex problem; 2) conducting supervision and service needs assessments with instruments that have not been validated, 3) using an assessment instrument that was designed for a different purpose or population than that to which it is being applied; and, perhaps most important, 4) allowing the instrument to make, rather than to guide, the decision. Clearly, staff who administer and score assessment instruments must understand their purposes, as well as

their limitations. All staff charged with this responsibility must be thoroughly trained.

Choosing an assessment instrument

Judicial, correctional, and treatment systems assess offenders for a variety of purposes. Each system typically uses a different approach to both assessment and intervention. In considering the available assessment instruments, it is important to evaluate the specific focus of the assessment at hand, how this focus will be measured, and the reliability and validity of both the questions asked and the responses anticipated.

As a framework for evaluating assessment systems, Carl B. Clements (1986) developed 20 principles of effective needs assessment (see Figure 3). These principles are divided into those that relate to the overall design or organizational framework of the needs assessment system and those that pertain to the techniques and quality of needs identification. The principles were developed for institutional settings, but they appear to be easily transferable to community corrections and to offender assessment in general. Clements' principles provide a sound approach to designing and evaluating assessment instruments. Agencies that use these principles will have a good start on a strong decisionmaking framework.

Figure 3. Principles of effective needs assessment systems

Principles relating to system design

1. The rationale and purpose of the needs assessment system should be explicitly stated in writing.
2. Each focus area (e.g., health, education) requiring assessment should be specified and defined in writing.
3. Priority of focus areas should be designated.
4. Within each focus area, criteria should be developed to define the level of need.
5. When possible, assessment systems should include deficits and program needs from both institutional and community environments.
6. A system of referral that provides for more detailed assessment, where warranted, should be established.
7. The person(s) or unit responsible for performing the assessments on each focus area should be specified.
8. Broad categories of intervention should be defined within each focus area. Intervention categories should be developed with service providers and line staff.

9. The ability of each institution or correctional unit to provide programs and services for various types and levels of assessed needs should be identified.
10. A system of assignment or referral of offenders to programs and services should be defined in writing. It should be discussed with each offender at initial classification.
11. The system for recording needs, level of need, program assignment, and related information should be designed to facilitate quick retrieval and effective management use.
12. Written policy should provide for the periodic evaluation of the system.

Principles relating to system quality

13. The methods and techniques of assessment should be specified.
14. The best available assessment tools and information sources should be used, including information from other components of the correctional system when possible.
15. Assessment approaches should consider offender behavior in context and should result in descriptions that relate behavior to situations.
16. The assessment system should use highly reliable information, instruments, and techniques.
17. The methods used should be specifically valid and relevant to the assessments and decisions being made.
18. The results of a needs assessment should be clearly communicated through a format that has direct implications for management or treatment.
19. Assessment approaches must allow for change across time and setting.
20. The cost of assessment methods must be reasonably balanced against their purpose and value.

Source: *Offender Needs Assessment* (pp. 8-11) by C.B. Clements, 1986, College Park, MD: American Correctional Association (ACA). Copyright 1982 by ACA. Adapted by permission.

At a minimum, to adequately assess the needs of substance-abusing offenders, an assessment instrument must address and document with reasonable confidence the following factors:

- The status and development of the offender's drug use career;
- The status and development of the offender's criminal career; and

- The degree to which the offender has a stake in conforming with societal norms (Toby, 1957; Elliot, Huizinga, & Ageton, 1985; Farrington & Tarling, 1985; Brennan, 1987).

Types of instruments

Choosing an appropriate assessment instrument can be a difficult task, for literally thousands have been developed in the last decade alone. These instruments can be grouped into three general types: proprietary assessment instruments, instruments developed by local correctional agencies, and instruments developed by federal agencies.

Proprietary assessment instruments are developed and copyrighted by individuals or organizations and are generally available for a fee. Although most of these have empirical validity and reliability, the permission and processing fees required on a per case basis place them beyond the resources of many public agencies.

Instruments developed by local correctional agencies are designed to fill specific program needs. However, the majority of these are either so poorly conceived, narrowly focused, or program-specific that their application in other settings is severely limited. Moreover, most have never been validated. This should not suggest that all locally developed assessment instruments are of no use, however. Many are well designed, and although most have yet to be empirically verified, they have been refined to the point that they have face validity for certain offender populations and staff; that is, a sufficient number of experienced people believe that the instruments test what they are supposed to test. Many of these instruments are in the public domain and are readily available on request. Reviewing these instruments according to Clements' principles would aid in determining their usefulness.

Instruments developed by federal agencies are in the public domain, have broad applicability, and are documented by literature attesting to their validity and reliability. Federal agencies that have sponsored development of such instruments include the National Institute on Drug Abuse and the Bureau of Justice Assistance.

The most important factor to consider in choosing an assessment instrument is Clements' first principle: The rationale and purpose of the needs assessment system should be explicitly stated in writing. The general purpose for the assessment can serve as both an action guide and an evaluation benchmark by clarifying the program's objectives. Too often, a needs assessment system has proven inadequate because of an initial failure to define its overall purposes.

A sampling of reliable assessment instruments

The Wisconsin Uniform Substance Abuse Screening

Battery. One approach to assessment combines identification, classification, and treatment assessment instruments with personality profiles and measurements of specific offender needs. Although the drug abuse instruments gather pertinent information on the severity of drug abuse, the personality instruments develop homogeneity of populations based on commonality of personality factors that determine the nature of the program to be delivered. A system now in place in the Wisconsin Department of Corrections offers an example of this approach.

In recognition of the heterogeneity among substance-abusing offenders, Wisconsin developed a uniform set of instruments to screen all admissions into its correctional institutions. The battery's purpose is to identify offenders with similar behavioral and need profiles so that their management and service requirements can be effectively addressed.

The Uniform Substance Abuse Screening Battery is composed of four instruments: the Alcohol Dependence Scale, the Offender Drug Use History, the Client Management Classification (CMC) interview, and the Megargee offender typology derived from the Minnesota Multiphasic Personality Inventory (MMPI). Validity and reliability have been established for each of these instruments.

One advantage of the Uniform Substance Abuse Screening Battery is that it elicits extensive information through which client characteristics and problems can be quickly determined. The alcohol instrument is computerized, and the drug instrument takes only ten minutes to score. For systems already using the MMPI, the Megargee system is computerized, and results can be obtained quickly. The CMC requires a 45 minute structured interview. This system of assessments has made significant strides in matching offenders to appropriate interventions, and it provides sound data that can move with the offender through the entire correctional system. The Wisconsin strategy not only provides comprehensive data regarding offender treatment needs, but it determines the need for specific programs.

Addiction Severity Index. Perhaps the most widely used assessment instrument is the Addiction Severity Index (ASI). Developed by Thomas McLellan, the ASI assumes that addiction must be evaluated within the context of treatment problems that may have contributed to or resulted from alcohol or drug use. Thus, the ASI is multidimensional; it collects both objective information (e.g., past and present symptoms) and a subjective

estimate of the client's level of discomfort in seven problem areas commonly found in alcohol and drug dependent individuals—alcohol use, medical condition, drug use, employment/support, illegal activity, family/social relations, and psychiatric problems.

The ASI was developed as a diagnostic screening instrument and was also used to assess change in each of the seven problem areas after treatment (McLellan et al., 1985). It has been used with various nonoffender client populations in need of treatment or already in treatment, and it has been validated across a variety of treatment modalities. The ASI is also used as a research instrument for comparing clients across treatments, identifying client subgroups for specific analysis, studying client-treatment matching, and identifying which clients have the best response to specific interventions.

What the ASI does **not** do, however, is recommend a particular intervention strategy. Nor has the ASI been validated on offender populations. Validation has been limited to clients entering voluntary treatment in noncorrectional settings. The ASI has not been widely used in correctional settings or in community programs serving these clients. The appropriateness of the ASI for incarcerated populations is currently being studied at the University of Delaware through funding by the National Institute on Drug Abuse. And, finally, the instrument may not be sensitive to addiction problems specific to women and non-opiate-using populations.

Client Management Classification. The Client Management Classification (CMC) interview is widely used by probation and parole systems throughout the country. Appropriate for adult probation, parole, and institution populations, it is useful for determining both the proper level of supervision and specific needs for services. The instrument assesses the offender's school/occupational attainment, family and interpersonal relationships, future plans, sociodemographics, correctional history, and general appearance and attitudes. The probation and parole version defines the offender's characteristics and establishes goals for intervention. It then addresses the offender-agent relationship, auxiliary services, and techniques for supervision. The institution version adds areas of security, housing/peers, school/vocational, social/clinical services, and readjustment.

Overall, CMC interrater reliability is 90 percent, and evaluations by CMC users have been quite positive. The instrument provides a comprehensive diagnosis of a variety of relevant risk factors. They are well integrated into a meaningful classification system that

provides detailed guidelines for supervision and services. However, the CMC provides only limited information on drug use unless the client has a history of drug-related offenses. No information is gathered on the history or frequency of substance use. The CMC is an offender classification system, not a substance-abusing offender classification system. However, it is a well-researched and documented system that, when combined with a drug use inventory, gives a comprehensive profile of an abuser's needs. A complete training manual is included with the instrument, but additional training in the use of the CMC is recommended.

Drug Offender Profiles. The Drug Offender Profiles: Evaluation/Referral Strategy (DOPERS) was developed by the Texas Adult Probation Commission (now the Community Justice Assistance Division) with funding from the Bureau of Justice Assistance. Its purpose is to examine the relationship between the offender's drug use and criminal behavior in order to match him or her to appropriate levels of treatment and supervision.

DOPERS identifies the offender's drug use, criminal behavior, consequences of drug use, treatment history, and the probation officer's perception of the offender. It focuses on determining how the offender came to be a part of the correctional system: Is the offender a user-driven criminal, now a part of the correctional system due to his or her problem with drugs; or, is the offender a criminal-driven user, now a part of the correctional system because of his or her criminality, with drug use simply another aspect of that criminality?

The advantages of the instrument are that it is brief, elicits extensive drug use information, is targeted for use with offenders, and makes a clear recommendation for an appropriate drug intervention strategy. However, scoring and weighting are somewhat complex. At present, it is scored by the Community Justice Assistance Division of the Texas Department of Criminal Justice.

Drug Offender Profile Index. In these days of human immune deficiency (HIV) and acquired immune deficiency syndrome (AIDS), every assessment initiative should include a consideration of HIV risk. Drug users represent the second highest risk group for HIV and AIDS, as a result not only of needle use and sharing, but also of prostitution, the trading of sex for drugs, and the spectrum of infections and other diseases in this population that tend to weaken the immune system. An assessment of HIV-risk behavior not only suggests which clients should be tested for HIV infection, but also the extent to which HIV prevention/intervention programs ought to be implemented. The Drug Offender profile Index is the only

assessment instrument among those described that was specifically designed to address HIV risk among offenders. Developed by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) under a grant from the Bureau of Justice Assistance, the Drug Offender Profile Index is appropriate for pretrial and post-institutional populations. Its purpose is to use objective, readily available data to recommend a specific type of drug treatment service—urine monitoring only, outpatient treatment, short-term residential treatment, or long-term residential treatment.

The instrument measures a variety of offender stakes in conformity: family support; education and school involvement; work, home, and correctional history; psychological and treatment history; drug use severity; and HIV risk behaviors. It can be administered in about 30 minutes by an experienced probation officer, counselor, or other clinician with basic interviewing skills. One day of training is required, and a training manual is available. A client's numerical score has a corresponding treatment recommendation.

The Drug Offender Profile Index is currently being developed; validity and reliability tests are in progress. However, it has face validity in that a panel of experts selected the domains measured and the specific questions asked. In addition, it has been accepted by judges and probation officers in several jurisdictions and is undergoing field-testing in three urban areas. The major strength of the instrument is that it is one of the few classification systems that identifies drug use patterns and that recommends a specific type of treatment service.

Somewhat more comprehensive than the Drug Offenders Profile Index in its ability to assess HIV risk is the **AIA Jail/Prison Supplement**. The full AIA (AIDS Initial Assessment) was developed by the National Institute on Drug Abuse (NIDA) as part of its national AIDS community outreach effort. Because the initial NIDA studies focused almost exclusively on intravenous drug users recruited in street communities, AIDS risk behaviors occurring in jails and other detention/correctional settings were excluded. Therefore, the purpose of the AIA Jail/Prison Supplement is to develop HIV-risk assessment data on jail and prison inmates and others who were incarcerated at any time since the beginning of the AIDS epidemic in 1978. The areas measured by this instrument include criminal history, legal history, intravenous drug use, needle use and needle sharing while incarcerated, and sexual activity while incarcerated. Both the AIA Jail/Prison Supplement and the HIV-risk segment of the Drug Offender Profile Index can be used in conjunction with other supervision and service risk assessment instruments.

These examples of assessment strategies represent the most commonly used or developing assessments that are in the public domain. Except for the CMC, which especially targets criminality and stakes in conformity, each offers a separate focus that measures the offender's drug use, criminality, and stake in conformity. Furthermore, like the Wisconsin model, which is a battery of instruments used in combination to obtain all the necessary information to make decisions, other instruments can also be used in combination. For example, the Addiction Severity Index can be used in conjunction with the Client Management Classification. Although this combination would both provide drug use information and suggest appropriate treatment intervention needs, it is a time-consuming process. Some agencies use this combination only with high-risk clients.

☆ Assess offenders at the earliest possible stage and throughout their involvement with the correctional system.

Because a reliable assessment provides insights into a drug-using offender's supervision and service needs, assessment data and recommendations should follow the offender as he or she moves through the correctional system. Thus, the pre-sentence investigator must provide assessment information to the field supervision officer, and the assessment done in an institution must be available to the parole agency. This is important not only to counter the potential for manipulation by the offender, but also to track the effectiveness of treatment initiatives.

It is also important for offenders to be reassessed at regular intervals. Although some individuals will continue to have the same needs over time, others may progress in treatment at a faster rate. Such progress, which is best measured by the treatment provider, is an indicator not only of the offender's behavioral changes but also of the validity of the original assessment instrument.

☆ Record assessment data in a cumulative assessment management file, collect them in automated networks, and use them for management, evaluation, and research.

Almost every system, agency, or program that supervises, treats, or otherwise deals with substance-abusing offenders as part of the local or national "war on drugs" is expected to generate empirical data to support claims of success. A standardized database that maintains information on offender assessments and outcomes is

the only way to provide policy makers with data that a particular program approach “works,” or that the program or the assessment procedure is effective.

Data collection must be systematic and must generate standardized reports on a regular basis. More specifically, there must be documented procedures for data collection-including specific training and quality control procedures-standardized data collection forms, regularly scheduled data analysis, and documented evidence that the data are being reported to appropriate administrators and staff. All of these steps are necessary for maintaining data integrity, reliability, and credibility.

Assessment databases

The assessment database maintained for each client should include, at a minimum:

- Offender demographics;
- Drug and alcohol use (both past and current);
- Criminal history;
- Each of the other areas measured by the particular assessment instrument used,
- The recommended intervention;
- The actual intervention used;
- Offender progress data;
- Offender termination data; and
- Offender reassessment data.

These data will give each system the basic information required for analysis. For example, such data will provide information to suggest which treatment programs work best with the particular substance-abusing offender population in question. It will also reveal interventions that are frequently recommended for which no resources exist.

Automated information systems are recommended for data analysis and management procedures. Such systems can be maintained on a personal computer, and many comprehensive software packages are available. The important aspects of data collection and analysis are that the analysis a) provides program managers and administrators with the information needed to improve present assessment practices; b) provides policy makers with empirical information on what does and does not work for the substance-abusing offender, c) addresses the success of matching offenders with treatments; and d) furnishes information to help generate better programs and services.

ADDITIONAL RECOMMENDATIONS

- ★ **Validation studies of assessment instruments used with substance-abusing offenders should be conducted.**
- ★ **Assessment of offenders' substance abuse needs, including treatment and management, must be based on comprehensive validated instruments. When existing instruments cannot be validated, new instruments should be developed.**
- ★ **HIV-risk assessment should be a routine part of all assessments conducted with all substance-abusing populations.**
- ★ **Each correctional system should establish written policies and procedures regarding HIV-risk assessments and referrals.**

Summary

Assessment is the process through which diagnostic evaluations determine specific needs for treatment and supervision. Assessment, particularly for the drug-abusing offender, is a relatively new and growing procedure that merges the results of classification, diagnostics, treatment, and offender/treatment research. A number of offender assessment tools have been developed, but many have not been validated on drug-abusing offender populations. Additional practical research and analysis are needed to assist the practitioner in selecting and using appropriate instruments. In addition, validation and norming studies need to be conducted on offenders for the existing instruments. An effective assessment procedure should match the offender with both the right type of treatment and the right type of correctional involvement. Care must be exercised, however, to use the proper assessment instrument for the intended purpose.

“An effective assessment procedure should match the offender with both the right type of treatment and the right type of correctional involvement.”



GOAL: Provide a range of quality programs to meet offenders' control, supervision, and treatment needs.

RECOMMENDATIONS:

- ★ Develop individualized, multidisciplinary **treatment plans** that address the full range of supervision, control, habilitation, and rehabilitation needs.
- ★ Match offenders with supervision, control, and treatment programs appropriate to their assessed needs and perceived risks (**treatment matching**).
- ★ Provide a **range of services**, from drug education to intensive residential programs, for substance-abusing offenders.
- ★ Provide **drug education** services for all offenders.
- ★ Enhance **pre-release treatment** programming.
- ★ Use an integrated staffing approach to deliver treatment.
- ★ Provide **incentives and sanctions** to increase offenders' motivation for treatment.
- ★ Increase the availability of **self-help groups** as an adjunct to treatment and as an integral part of after-care.
- ★ Provide targeted treatment programs for **special needs populations**.
- ★ Provide education and treatment for **relapse prevention**.

Substance abuse programs should be an integral part of all institutional and community corrections activities. Substance abuse programs, including treatment, can be provided in a manner that is supportive, and often essential, to the full range of correctional missions: control, supervision, punishment, deterrence, rehabilitation, and public safety.

Because of the pandemic nature of substance abuse problems among individuals in corrections institutions or under community supervision (Innes, 1988; National Institute of Justice (NIJ), 1990), rehabilitation often cannot be achieved without substance abuse treatment. Better work skills, education, improved mental health, or social functioning cannot rehabilitate offenders if they continue to abuse alcohol or drugs.

‘Punishment alone is of questionable effectiveness, but treatment without strict expectations and consequences is also likely to be ineffective. Punishment and treatment should not be seen as alternatives, but as complementary.’

Punishing substance-abusing offenders has not, by itself, been shown to be effective in changing behavior. Punishment appears to have little impact on long-term drug use (Vaillant, 1966). However, the tendency to distinguish between “punishment” and “treatment” misses the point. Punishment alone is of questionable effectiveness, but treatment without strict expectations and consequences is also likely to be ineffective. Punishment and treatment should not be seen as alternatives, but as complementary.

Among the benefits of substance abuse programming in correctional institutions is its potential to contribute to institutional management. Jail and prison crowding, which is in part the result of the increasing relationship between drugs and crime, has led to mounting stress behind institutional walls (General Accounting Office, 1988; Chaiken, 1989; Holden, Wakefield, & Sims, 1990). The pressures caused by crowding have created a need for more sophisticated institutional management techniques. Substance abuse treatment can help by productively structuring offenders’ time. In some cases, substance abuse programs can contribute to institution management by reducing offender disturbances, providing greater accountability for offender behavior, and making available professional resources to deal with crisis intervention (Chaiken, 1989; Arbiter, 1988; Wexler, Lipton, & Johnson, 1988).

Substance abuse treatment services have demonstrated their effectiveness in a number of national studies (Simpson, 1984; Hubbard, Rachal, Craddock, & Cavanaugh, 1984; DeLeon, 1984). The success of substance abuse treatment programs, specifically with institutionalized correctional populations, has also been documented. For example, Anglin and McGloughlin (1984) presented impressive long-term follow-up data on the California Civil Addict Program. In the Stay’n Out Program in New York,

Wexler and his colleagues examined the progress of more than 2,000 offenders over a 10-year period and found that the therapeutic community approach was successful even with clients who had extensive criminal records (Wexler, Falkin, & Lipton, 1988). The Cornerstone program in Oregon has published three-year outcome studies showing decreases in arrests, convictions, and reincarcerations as a function of time in treatment (Field, 1985; Field, 1989).

Gendreau and Ross (1987) conducted an extensive review of the research literature and reported that a number of programs conducted during the 1970s had been shown to effectively reduce recidivism, sometimes by as much as 80 percent. These results were accomplished by both community and institutional programs and in programs involving pre-delinquents, hard-core adolescent offenders, and adult offenders, including criminal heroin addicts. The programs' effects seemed to persist through follow-up periods of 2 years and, in one study, a period of 15 years.

Treatment in a correctional setting provides an important opportunity to engage offenders in a therapeutic environment with others who are experiencing similar difficulties. Drug-involved offenders are unlikely to seek treatment on a voluntary basis and have a poor record of participating in voluntary treatment (Wexler, Lipton, & Johnson, 1988). Probation or incarceration frequently provides their first lengthy period of abstinence from drugs since they began using them. Correctional treatment provides the opportunity to confront offenders with the clear and unavoidable consequences of past or future drug use, to reduce the denial that can undermine participation in program activities, and to help offenders develop life skills and coping skills in a structured and supportive environment.

Despite the imposing record of treatment success, treatment resources for drug-dependent offenders have not kept pace with the demand for services. Only 11 percent of jail inmates referred for substance abuse treatment in metropolitan jails report past involvement in alcohol treatment, and only 31 percent previously received drug treatment (Peters & Dolente, 1989). In a recent survey, only 6 percent of the state prison inmates sampled reported that they were currently enrolled in drug treatment (Innes, 1988). In a recent study conducted by the American Jail Association with more than 1,700 respondents from jails across the country, only 28 percent of jails reported any type of drug treatment services.

☆ Develop individualized, multidisciplinary treatment plans that address the full range of supervision, control, habilitation, and rehabilitation needs.

Correctional agency personnel must develop individual supervision plans for all offenders that take into account the special risks posed by those offenders with a history of taking drugs. Agencies must also develop individualized treatment plans for those eligible to participate in specialized treatment programs. A treatment plan, which is ordinarily completed within the first week of admission to a program, serves as the foundation to guide subsequent treatment activities. When possible, agencies should obtain offenders' informed consent to participate in treatment. Agencies should also conduct a comprehensive assessment of psychosocial problems and drug use.

Substance abuse both affects and is affected by other critical life areas such as health, mental health, education, employment, family, and social relationships. Therefore, individual treatment plans should involve a variety of services. For example, in the prison setting, staff with responsibility for education, vocational training, health, mental health, and security all have important roles in formulating a treatment plan. Whenever possible, offenders should also be involved in developing their treatment plans.

The treatment plan should identify the offender's critical problems related to substance abuse, including such issues as weak coping skills or difficulties in communicating with family members. Short-term and long-term goals should be defined, as well as specific interventions designed to accomplish these goals. The treatment plan should also identify staff assigned to work with the offender on each identified problem area, the dates on which treatment is provided, and the dates of anticipated review of the treatment plan. For example, a treatment plan might identify a target problem behavior, such as the offender's recurrent desire for cocaine. This problem might be addressed by the short-term goal of helping the offender learn skills for coping with his/her cravings and by a long-term goal of preventing relapse after the offender's release from the program. The recommended program intervention might include the offender's involvement in a relapse prevention skills program.

A treatment plan enables team members to monitor the offender's progress during each segment of the program. The indicators of progress may include the completion of core treatment areas, a review of critical incidents, and the offender's

termination or discharge from the program. The plan should provide measurable behavioral criteria to identify successful completion of each segment of treatment. For example, the offender might be asked to pass a test on the health-related consequences of substance abuse or to complete a designated number of group counseling sessions.

Criteria for completion may also include the offender's fulfilling minimal requirements for attendance and participation in treatment activities, achieving satisfactory monthly progress ratings from a treatment counselor, and/or exhibiting behavior changes seen by the treatment team as critical to recovery from drug dependence. The treatment plan should be reviewed by the team members on a regular basis so that they can evaluate progress and modify treatment goals and interventions if necessary.

There are many examples of multidisciplinary treatment approaches that incorporate aspects of supervision and control as well as treatment and rehabilitation. One example is the Beloit Substance Abuse Day Program in Wisconsin. An interdisciplinary treatment team composed of program staff, corrections staff, and professionals from support agencies provide thorough assessment, counseling, behavioral surveillance, and a variety of support services through services agreements.

☆ Match offenders with supervision, control, and treatment programs appropriate to their assessed needs and perceived risks (treatment-matching).

Offenders should be assigned to the level of substance abuse interventions consistent with their needs. It is counterproductive to place offenders in programs that are not designed to meet their needs in terms of both substance abuse severity and criminality. Research suggests that there is significant benefit when clients' characteristics are matched to differential methods and goals instead of randomly assigning clients to treatment. McLellan and Associates (1983) found, for example, that clients matched with appropriate treatment were significantly more motivated than those who were placed in any available program. They stayed in treatment longer, experienced fewer negative discharges, and had better results.

Overprogramming and underprogramming of substance-abusing offenders can also yield negative results. Excessive programming for a specific offender can cause the offender to drop out of treatment as well as waste limited treatment resources. Insufficient programming may allow the offender to complete treatment

without receiving sufficient intervention for real change. Under-programming may encourage disruptive or subversive behavior, to the detriment of other participants and the program as a whole (Vigdal, 1990).

Another important step in developing a substance abuse treatment program is to design a way to use assessment information to screen out offenders who are unsuitable for treatment. Once this is accomplished, offenders who are deemed suitable for treatment should then be assessed to determine which program intervention best meets their needs.

Several factors have been found to be important in matching offenders to drug treatment. Attributes that tend to lead to poorer treatment outcomes include antisocial characteristics (Woody, McLellan, Luborsky, & O'Brien, 1985), neuropsychological impairment (Sussman, Rychtarik, Mueser, Glynn, & Prue, 1986) and psychiatric illness (Rounsaville, Dolinsky, Babor, & Meyer, 1987).

Mentally ill substance abusers require specialized services that are best provided in isolation from other groups of offenders. Among substance abusers with moderate mental health symptoms, individuals with serious family or employment problems appear to respond more favorably to inpatient treatment programs than to those offered on an outpatient basis. For this same group, those individuals involved with the correctional system had poorer treatment outcomes when they were placed in a 60-day therapeutic community based on the principles of Alcoholics Anonymous (AA) than when they were exposed to other treatment interventions (McLellan, Luborsky, Woody, O'Brien, & Druley, 1983).

In institutions, classification staff do additional screening to determine offenders' eligibility for placement in a treatment setting, assess escape risk, and determine their appropriateness for placement in a direct supervision pod, dormitory setting, or community residential center. The additional screening to examine mental health symptoms or recent violent or aggressive behavior yields important information for making program decisions.

Several screening and classification strategies have been developed to identify offenders that may require more intensive program supervision and structure. The Client Management Classification (CMC) system, described in the chapter on assessment, was developed for probation and parole populations to identify individuals who required differing levels of supervision. The Minnesota Multiphasic Personality Inventory (MMPI) provides an index of antisocial characteristics, and yields several

subtypes of offenders (Megargee & Bohn, 1979) that are useful in predicting offender response to institutional programs. These instruments may be most useful in identifying offenders who require a highly structured treatment environment. Specialized offender classification systems derived from the CMC and MMPI may be most useful in selecting drug-dependent offenders who are in need of therapeutic communities or in recommending placement in residential treatment following release from incarceration.

Recent extensive work with treatment-matching has been done by the Wisconsin Department of Corrections (Vigdal, 1990) and the National Narcotics Intervention Training Program (American Parole and Probation Association, 1988).

The Wisconsin Uniform Substance Abuse Screening Battery (described in the assessment chapter) uses four instruments to examine an offender's substance abuse history, personality profile, and level of treatment need. These data then translate into a specific intensity of program placement, ranging from an educational program to a therapeutic community. This screening process allows treatment referrals to be made on the basis of the objective scores obtained through the assessment and classification instruments, which determine the appropriate level and type of programming.

☆ Provide a range of services, from drug education to intensive residential programs, for substance-abusing offenders.

A range of service options is necessary to accommodate individual differences. In general, the more firmly entrenched an offender is in terms of addiction and criminal lifestyle, the greater the intensity of services and supervision needed to begin the process of rehabilitation.

Frohling (1987) describes the needed range of services and how the services can be organized into an integrated system of treatment. Services include:

- **Assessment:** evaluation of needs and assignment to needed level of treatment.
- **Self-help groups:** peer support, peer models for a drug-free lifestyle, personal sharing, drug-free social activity.
- **Drug education and information:** classroom instruction on drugs, their effects and consequences.

- **Counseling:** individual and group counseling to explore problems, feeling, attitudes, behaviors, and their alternatives.
- **Comprehensive drug treatment:** counseling and education in a separate environment that utilizes peer support.
- **Intensive therapeutic community:** a blend of confrontation and support for an extended period of time utilizing peer support in a highly structured environment.

The state of Florida provides a range of program options in its correctional institutions that includes four tiers of programming. Tier 1 consists of 40 hours of education, discussion, and an introduction to self-help groups such as Alcoholics Anonymous. Tier 2 is an eight-week residential treatment program featuring group and individual counseling and individual skill-building. Tier 3 is a nine-to-twelve month therapeutic community. And Tier 4 is a lo-week community-based treatment program at a work release center, with participation in AA and Narcotics Anonymous (NA), counseling, and other activities designed to ease the offender's drug-free transition back to the community (Dugger, 1990).

Some aspects of programming cut across the recommended range of treatment approaches and can be used in conjunction with more than one of them. These include urinalysis, continuity of care, and intermediate sanctions/punishments.

The role of urinalysis

Frequent urinalysis provides a strong deterrent to relapse for drug-dependent offenders and an incentive for them to maintain abstinence after their release from jail, prison, or intensive supervision. Urinalysis can assist in identifying drug-involved offenders at the time of arrest, and it is useful in detecting subsequent drug use during treatment.

The Wisconsin Department of Corrections successfully utilized urinalysis and progressive disciplinary procedures to reduce institutional drug use from nearly 27 percent to between 2 and 4 percent in three years. Data collected in September 1990 indicate the continued deterrent effect of urinalysis; only 2 percent of the tests performed that month were positive (Wisconsin Department of Corrections, 1990). Corrections officials found the "demand reduction" approach considerably less disruptive and more effective than attempting to locate drugs or focus on contraband control measures (Vigdal & Stadler, 1989). Findings from the California Civil Addict program indicate that frequent drug testing

is an important factor in determining whether an individual successfully recovers from drug dependence.

Continuity of care

Another aspect of programming that cuts across the range of services is the need to provide continuity of care as offenders move through the system. A major weakness in many systems is that correctional institution programs operate without the benefit of comprehensive planning of follow-up treatment and continuing care. When the offender is released from prison or jail, the community-based network of treatment and community corrections practitioners must often develop new plans for treatment/supervision that do not necessarily build on the institutional experience. Community-based treatment providers often have no linkage with or information about the institutional treatment protocol and its effect on an offender. What is required is a coordinated approach that provides an effective continuum of care. This topic is discussed in more detail in the chapter on linkages.

“A major weakness in many systems is that correctional institution programs operate without the benefit of comprehensive planning of follow-up treatment and continuing care.”

Correctional treatment should be viewed from a systems perspective, which calls for continuity between what happens in the institution and the delivery of supervision and treatment services in the community. Treatment providers in community-based programs need to know about the offender’s institutional treatment experience so that it can become part of the community treatment plan. Likewise, probation, parole, and other community corrections staff must be aware of offenders’ ongoing substance abuse treatment so that they can support treatment and become partners in the process. Anything less than a proactive partnership among agencies intervening with offenders limits the effectiveness of the entire system.

When the offender is being supervised in the community, the issue of continuity among community programs becomes critical. TASC (Treatment Alternatives to Street Crime) programs across the country provide models that focus on user accountability as part of an overall demand reduction strategy. The Maricopa County (Arizona) TASC program, for example, targets first-time felony drug offenders for a diversion program that coordinates case management, identification, assessment, and treatment referral (Cook & Weinman, 1988).

Intermediate sanctions/punishments

Because of burgeoning jail, prison, and community corrections populations across the country, substance abuse treatment is increasingly the focus of innovative intermediate sanctions/punishments programs. A wide array of intermediate

sanctions/punishments developed in recent years can be incorporated as components of an overall correctional strategy to encourage offenders' motivation and accountability to enhance substance abuse treatment. Examples include:

- electronic monitoring/home detention;
- increased levels of supervision;
- increased levels of urinalysis;
- community service;
- short-term incarceration;
- fines and day fines;
- intensive supervision;
- day reporting center;
- extension of term;
- court residential treatment centers; and
- restitution centers.

Two experimental endeavors are alternatives to revocation (ATR) programs and shock incarceration, or "boot camps." The concept behind an alternative to revocation program (ATR) is not new. Probation and parole officers have always offered treatment to violating offenders on a case-by-case basis. In fact, some offenders attempt to manipulate their way out of revocation by offering to get counseling. An ATR program formalizes treatment for violators by establishing a more uniform system with clear expectations, rewards, and sanctions/punishments based on the offender's success in treatment. A program that targets ATR parolees and felony probationers is the Beloit (Wisconsin) Substance Abuse Day Program, which is described in a strategy brief in the appendix to this report.

For willing offenders, a specific contract is drawn up that spells out conditions of attendance, participation, expectations for completion, and the consequence of noncompliance. Where other referrals to treatment may have failed, the certainty of the results of noncompliance can keep offenders in treatment. The more clearly the contract can be written, the more easily the offender will understand the expectations, and, thus, the greater the likelihood of success.

Boot camps have attracted significant public attention in recent years. Participants are typically young and have not been previously sentenced to prison. These programs, to which offenders are usually sentenced for three to six months, are

characterized by strict discipline, drill and ceremony, physical training, and hard labor. The goal of most programs is rehabilitation; many include programs such as vocational education, life skills training, drug and alcohol treatment, and transitional programming (Parent, 1988). More than 20 states have implemented or are in the process of implementing these programs, but there is no single model or design for boot camps. The National Institute of Justice is currently conducting a multi-site study to determine which program components seem to work best with which types of offenders (MacKenzie & Ballow, 1989).

The National Institute of Corrections and the State Justice Institute began a cooperative project in 1989 to assist jurisdictions in developing a range of intermediate sanctions/punishments. Teams from twelve jurisdictions were selected to participate in the initial phase of this project. These teams represented jurisdictions with an urgent need to develop intermediate sanctions/punishments, a demonstrated commitment among key policy officials to work together cooperatively, and a willingness of the team members to take a leadership role in their jurisdictions in developing intermediate sanctions/punishments (Huggins, 1990).

☆ Provide drug education services for all offenders.

Estimates of the proportion of offenders, parolees, and probationers with some degree of substance abuse problems related to their criminal activity run as high as 80 percent (Frohling, 1989; NIT, 1990). Even those who are unlikely to receive other treatment services (e.g., the most resistant and those with mild substance abuse problems) should be exposed to alcohol and drug education. The 20 percent who do not have an identifiable substance abuse history should also be exposed to an alcohol and drug education service as a prevention measure. Essentially, all offenders are at high risk for substance abuse involvement that could intensify their criminal involvement. Because of the high potential for substance abuse with this population, as well as the low cost of an education service, the goal of providing this programming to all offenders is reasonable.

“Estimates of the proportion of offenders, parolees, and probationers with some degree of substance abuse problems related to their criminal activity run as high as 80 percent. ”

Education is also important because of the possibility of spreading AIDS through intravenous drug use; the threat of AIDS makes it imperative to provide AIDS education in tandem with substance abuse education as a basic public health measure (Holden, Wakefield, & Shapiro, 1989). In 1989 the Maryland legislature passed a bill that mandates the development of an AIDS training package for adjudicated drug offenders and prostitutes. The legislation also authorizes and encourages the courts to

require that certain offenders attend this training. Currently undergoing implementation on a pilot basis in Prince George's County, Maryland, this program will eventually expand statewide.

Plans are also under way to develop an institution-wide substance abuse treatment program in the Pima County Jail in Tucson, Arizona, in which all offenders would receive education and selected offenders would participate in more intensive programming.

☆ Enhance pre-release treatment programming.

Intensive prerelease programs have been among the most successful of correctional approaches to substance abuse (Wexler, Falkin, & Lipton, 1988; Field, 1989). Although some offenders benefit from programming early in their incarceration, the cost of intensive treatment from intake to discharge is usually prohibitive. Intensive programs near the time of release offer a number of advantages over intensive institution programs offered at the beginning of offenders' sentences after which they return to the general prison population.

Prison inmate cultures tend to glamorize drugs and crime and to value negativism and lack of cooperation with authority. Substance abuse treatment in therapeutic communities emphasizes optimism. However, the positive aspects of these programs, such as the prosocial view of the "straight" life and the spirit of cooperation generated between staff and offenders, tend to fade quickly through lack of support when offenders are reintroduced to general population units.

Release programs that address the transition between the institution setting and the community clearly facilitate continuity in substance abuse programming. While still in the institution, offenders can begin a change process that can be developed further when they are released to community supervision. Providing programming as the offender moves from the general population to intensive programming to parole provides momentum for change.

Pre-release planning should include a review of the offender's progress in treatment, including unmet treatment goals. It should also recommend additional goals for treatment following discharge from the program. It is essential to include a community treatment counselor as well as a parole officer in meetings with the offender and institutional program staff to develop and coordinate the post-release treatment plan. Well in advance of the offender's release, it is important to establish an initial appointment for follow-up treatment.

Follow-up treatment can often be stipulated by the court or parole board as a condition of parole. Although an offender's motivation and commitment to an abstinent lifestyle often subside following release from prison or jail, stipulated treatment with regular drug testing and parole supervision provide additional incentives. It is important to require the offender to attend community treatment programs until internal motivation can be strengthened through peer support, confrontation, and an examination of his/her maladaptive behaviors and beliefs.

An example of this strategy is demonstrated in the model jail program in Hillsborough County, Florida, where a TASC (Treatment Alternatives to Street Crimes) counselor is assigned to work with each offender prior to release. The TASC counselor provides an intake assessment for the designated community treatment agency, thereby streamlining the process of admission to community treatment. In many areas, TASC counselors also provide key linkages with the courts.

☆ Use an integrated staffing approach to deliver treatment.

Completely separating treatment and security functions within corrections is inefficient. Security staff should be an integral part of institutions' substance abuse programs. Security staff need to work jointly with treatment staff because the issues of security and treatment are intertwined. Treatment enhances security by facilitating a positive environment and by addressing such security issues as offender safety, public safety, and individual accountability.

In most institutions, correctional officers spend more time with offenders and see them in a wider variety of situations than do program staff, for example, in housing units, dining halls, and recreation. Because of this greater opportunity for interaction with offenders, it is imperative that correctional officers understand and support the purpose, strategies, and methods of the institution's treatment program

Treatment providers must also recognize that, within the institutional setting, programs require offender movement, which increases security concerns. Treatment staff should be sensitive to this dynamic and participate in planning and staff training to address these issues. Moreover, security personnel should be educated about substance abuse issues so that they can help use the structure of the institutional environment to enhance the goals of the treatment program, rather than inhibit them

“Security staff should be an integral part of institutions’ substance abuse programs. Security staff need to work jointly with treatment staff because the issues of security and treatment are intertwined”

Cross-training of security and treatment staff minimizes potential conflicts between these groups and should be an integral part of any institutional program implementation plan. The Amity Program in the Pima County (Tucson), Arizona, jail represents just such a cooperative effort (Arbiter, 1988). Amity, Inc., a substance abuse treatment provider, operates an intensive treatment program in one of the facility's pods. A key to the success of this program has been the collaborative working relationship of the Amity staff and jail staff, from top management to line officer and counselor. Critical to Amity's development was cross-training of treatment and security staffs.

Community treatment and supervision agencies must also participate in mutual training and support activities. The American Probation and Parole Association (APPA) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD) have embarked on a joint venture nationwide to develop and deliver training programs targeted to representatives of both criminal justice and treatment agencies.

☆ Provide incentives and sanctions to increase offenders' motivation for treatment.

Once an offender begins substance abuse treatment, his/her reasons for entering treatment seem to bear little relationship to a successful treatment outcome (Leukefeld & Tims, 1988). Although research conducted by Anglin and McGlothin, 1984, might suggest that requiring offenders to participate in treatment may expand the number of offenders who could benefit, it must be recognized that most of this research was conducted on individuals with heroin addictions, and the extent to which these findings apply to the current offender population remains a researchable question.

Offenders tend to respond to a reward/punishment approach to initiating and maintaining their commitment to treatment and other correctional programs. Although there are individual exceptions, as a group this population does best with tangible and immediate incentives for participation and tangible and immediate sanctions/punishments for noncompliance (Wexler, Lipton, & Johnson, 1988). For example, good-time credits, more desirable environments, more visitor time, and additional privileges are powerful incentives for incarcerated offenders. In return for these privileges, offenders in treatment are expected to maintain a high standard of behavior and to do the extra work-eg., attending classes, completing assignments-involved in treatment.

Sanctions can include withholding privileges and personal freedom. They are most effective when immediate, certain, and graduated. “Graduated sanctions” defines a system of punishment that begins with the least intrusive punishment available and accelerates to more intensive punishment as undesired behavior continues. In a graduated system, punishment is made proportional to the severity of the offense.

Mechanisms for effectively providing incentives and sanctions in the community include deferred prosecution, probation conditions requiring treatment, use of TASC programs, and parole conditions requiring treatment. An offender’s abstinence from drug abuse is verified through urinalysis; test results are used to support the need for treatment or more intensive levels of treatment as well as to verify abstinence and compliance with treatment plans.

Eventually, offenders need to internalize the structure of incentives and sanctions/punishments so that they begin to manage their addiction and criminality and to take responsibility for themselves. At the beginning of treatment, however, carefully managed incentives and sanctions/punishments help by showing the offender that he or she must:

- **Have a reason to change.** The offender must come to recognize there is a problem. Pressure from the correctional system can be used to create a crisis the offender cannot ignore.
- **Perceive a benefit from change.** The offender must identify the change with something of importance or a reward. An initial benefit can be the avoidance of unwanted consequences (e.g., jail, increased levels of intensive supervision).
- **Have the means and skills to effect change.** The offender must develop the appropriate internal and external resources for changing. To do so requires a helping relationship with the offender and skillful use of external resources (American Parole and Probation Association, 1988).

“Eventually, offenders need to internalize the structure of incentives and sanctions/punishments so that they begin to manage their addiction and criminality and to take responsibility for themselves.”

The Washington County (Portland, Oregon) Parole Transition Demonstration Project has developed an integrated system of incentives and sanctions, both for programming offenders prior to release, and for programming the same offenders as they begin parole. A similarly creative use of incentives and sanctions in the context of institutional and community continuity is also

beginning to be developed at other locations such as the Hillsborough County (Tampa, Florida) Jail Project. The Brazos County (Bryan, Texas) Community Supervision and Corrections Department includes urinalysis, inpatient services, counseling, specialized caseloads, and intensive supervision in its continuum of sanctions and services for substance abusers.

☆ Increase the availability of self-help groups as an adjunct to treatment and as an integral part of aftercare.

Groups like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) for offenders and Al-Anon for offenders' families can support the overall effort to intervene in substance abuse. The self-help community can communicate strength and hope to offenders, who are often pessimistic about their future. Because AA, NA, and Al-Anon are voluntary organizations, their contributions to the service delivery system are extremely cost-effective. Although these organizations do not define themselves as provider organizations, they can nevertheless offer substantial help to substance-abusing offenders.

Self-help programs should not replace structured treatment. However, self-help groups offer an important adjunct to treatment and a vital support mechanism for offenders in a variety of ways, including providing an alternative to a drug-involved system of relationships. In light of the level of dysfunction frequently found in an offender's family system, self-help groups can often serve as a much-needed "adopted family" in which prosocial values and behaviors are supported.

At times, judges and community corrections agencies value the benefits of self-help groups so much that local groups have difficulty handling the large numbers of offenders and, sometimes, their disruptive behavior. One strategy to increase the availability of self-help groups is for corrections agencies to provide agency space in which meetings targeted for offenders can be held. In addition, agencies using self-help groups must assume the responsibility of providing instruction and training to offenders regarding acceptable behaviors and devising strategies for effectively integrating offenders into nonoffender groups.

As an example of a state's initiative in using self-help organizations, the Colorado Department of Corrections developed a well-organized system of self-help groups in their state's correctional institutions. In 1987, the Alcoholism Council of Colorado provided a weekly average of 37 groups in 14 facilities

to 880 offenders using 90 volunteers (Alcoholism Council of Colorado, 1988).

☆ Provide targeted treatment programs for special needs populations.

Correctional populations are a microcosm of the society in which we live. They are made up of diverse groups of individuals, many of whom have a distinct culture, heritage, and background. Effective substance abuse treatment programs must consider these unique attributes. It is clear from the available evidence that a person's peer group, culture, family, educational background, and personal associates play significant roles in determining whether or not the individual will abuse drugs or alcohol. A better understanding of all the factors that lead particular individuals to abuse drugs and alcohol makes possible more effective programs. Knowledge of specific populations also enables correctional treatment professionals to design programs that target the needs most commonly observed in specific groups.

Some of the specific populations that need specialized substance abuse programming include women, pregnant women, HIV-positive offenders, sex offenders, the elderly, non-English speaking offenders, the mentally ill, and members of particular racial groups and ethnic minorities. The latter category consists of African-Americans, Hispanics, Native Americans, and Asian-Americans, as well as individuals who cite membership in and identify with other unique ethnic groups. This list is by no means exhaustive, nor reflective of the much broader cultural diversity that exists in society and the correctional system. The following sections will review briefly the special needs that have been identified for some of these special populations.

Women

Women who abuse drugs and alcohol received minimal attention until relatively recently (Fellios, 1989). Doshan and Bursh suggested in 1982 that research on the special problems and treatment strategies for women who abuse drugs was in an embryonic stage. Their conclusion was supported by research findings from the National Institute on Drug Abuse, which could identify only 25 female-oriented community-based substance abuse treatment programs serving a total of 547 women (Beschner & Thompson, 1981). Over the past decade, however, public concern has increased, largely because of the attention paid to the fetal alcohol syndrome (FAS) (Fellios, 1989), and more recently to children born to women addicted to crack cocaine.

Unfortunately, there has been only limited research on specific treatment modalities for women offenders. However, many of the research findings for female alcohol and drug abusers in the general population-particularly the physiological and medical consequences-are likely to be valid for the entire offender population, including the following:

- The greatest number of alcohol-related problems were reported by women aged 18-20 years and unemployed women looking for work (Wilsnack & Beckman, 1984);
- Women appear to be more prone to some of the complicating medical consequences of heavy drinking than men (Gomberg & Lisansky, 1984);
- All grades of liver damage may develop more rapidly in women (Saunders, Davis, & Williams, 1981); and
- Heavy drinkers have more gynecological problems (Wilsnack, Klassen, & Wilsnack, 1984), neurological changes reflected in computerized tomographic (CT) scans (Jacobson, 1986), and increased risk of breast cancer when compared to non-drinkers (Schatzkin et al., 1987).

‘Women in need of substance abuse treatment are more likely than men to have chronic medical problems.’

Clearly, women in need of substance abuse treatment are more likely than men to have chronic medical problems that require special attention, especially in the use of medication.

Women are also affected by different psychological and sociological factors than their male counterparts. Some research indicates that female alcoholics are more likely to be divorced and the single head of a household (Rathod & Thompson, 1971). These women are often unskilled, work full time at menial jobs for wages at or below the poverty level, and live in constant financial crisis. They may have the added burden of raising children virtually alone. Many women entering treatment are victims of physical or sexual abuse and evidence characteristics of co-dependency. Female substance abusers tend to have higher levels of personal distress, depression, and anxiety, as well as lower levels of self-esteem, than male substance abusers (Beschner & Thompson, 1984).

A few states have designed programs to meet the specific needs of women. The Passages Program of the Wisconsin Department of Corrections, for example, began as a demonstration program that sought to develop nontraditional, feminist-based programs for females, many of whom had failed in more traditional therapeutic

programs. Included in the treatment interventions are psycho-educational modules in such areas as assertiveness, drugs and pregnancy, domestic violence and abusive relationships, self-esteem, parenting, and other issues that may not be offered in more traditional programs.

A menu of program options should be available to assist women with the unique pressures they face. Among these options should be support groups that confront the high levels of denial and negativism exhibited by many substance-abusing women. Groups designed to enhance wellness, empowerment, self-esteem, and specific community living skills are often needed. It is important to reintegrate women offenders upon release into a supportive family, if possible, as well as to provide peer group support and a service network.

Pregnant offenders

Pregnant offenders with substance abuse problems represent a very special population in terms of treatment. These offenders should be a treatment priority for every part of the system, not only for the sake of the offender's personal well-being, but for that of the unborn child. In 1988, at least 375,000 babies were born addicted in the United States (Rua, 1990). Many children born to addicted women are afflicted with fetal alcohol syndrome (FAS), cocaine addiction, and human immunodeficiency virus (HIV) infection. Intravenous drug use is the primary cause of AIDS transmission in pediatric cases. Recent data from the Centers for Disease Control indicate that approximately three-fourths of perinatal AIDS cases are children whose mothers either used drugs intravenously or were the sexual partners of intravenous drug users (Rua, 1990).

Highly specialized programs should be made available to pregnant offenders, including appropriate medical and prenatal services in addition to the other services described for women. Additional support services should address mother-child bonding, child development, child care, health, and safety. Therapists should be skilled in dealing with the separation feelings these women will experience if they are incarcerated. Additional problems may involve guilt or depression resulting from psychological factors such as postpartum depression and biological factors such as drug withdrawal. Consideration should be given to enrolling children born to substance-abusing mothers in infant stimulation programs, with the goal of mitigating some of the damage they may have received during the prenatal period.

Persons with AIDS and HIV-positive populations

There are more than 100,000 cases of acquired immunodeficiency syndrome in the United States, and an additional 1.5 million individuals are projected to be carriers of the AIDS virus, according to the Centers for Disease Control. More than 50,000 deaths have been attributed to AIDS or AIDS-related complications, with that number projected to exceed 250,000 by 1992. Despite the fact that homosexual men have accounted for more than 60 percent of all AIDS cases in this country, the incidence of cases among intravenous drug users is growing exponentially. More than 30 percent of all AIDS cases are found among intravenous drug users, which is the most rapidly growing group of individuals afflicted with the disease.

The correctional system in this country contains many individuals who are HIV- positive and who later develop AIDS. Since 1981, AIDS has been the leading cause of death in New York state prisons (New York State Health Department, 1989). Most of the HIV-positive offenders in the Federal Bureau of Prisons are African-American (61.2 percent), despite the fact that black males comprise only about 29.5 percent of the total federal prison system population (Federal Bureau of Prisons, 1989). Approximately 61 percent of offenders testing positive for the AIDS virus in the Bureau of Prisons listed intravenous drug use as a risk factor.

“Perhaps no issue more fully underscores the need to find effective intervention and treatment strategies for drug abusers than AIDS.”

Perhaps no issue more fully underscores the need to find effective intervention and treatment strategies for drug abusers than AIDS. Treatment and educational programs should be developed to deal with the complications associated with seropositive and AIDS patients in the correctional setting. These should include specialized diagnostic, screening, and supportive individual and group services as well as appropriate medical interventions.

“Placement of sex offenders in treatment groups with other drug-dependent offenders should be carefully evaluated on an individual basis because the focus on deviant sexual behavior tends to divert attention from drug-related problems.”

Sex offenders

Substance-abusing sex offenders present a significant public safety risk and require specialized treatment. Thus, supervision and treatment staff must cooperate to provide the necessary level of structure and control. In this population a return to alcohol or drug use is a powerful signal of a need for increased intervention, supervision, and control. Substance abuse by sex offenders decreases inhibitions, which can have a serious impact on public safety.

A significant number of sex offenders also abuse alcohol or drugs and require treatment services beyond the scope of ordinary substance abuse programs. Placement of sex offenders in treatment groups with other drug-dependent offenders should be carefully

evaluated on an individual basis because the focus on deviant sexual behavior tends to divert attention from drug-related problems. Sex offenders should be identified at intake to determine appropriate treatment placement.

Elderly offenders

The elderly often manifest substance abuse problems for a variety of psychosocial and biological reasons. Lawson (1989) points out that the aging process alters the way in which drugs are absorbed and distributed, metabolized, and excreted. The elderly have less tolerance for drugs, more clinical and toxic side effects, and more physical illnesses and complaints. Sensory impairment and loss or impairment of some body functions associated with aging are also common to this population. Additionally, the bereavement associated with the loss of elderly family members, friends, and the spouse often presents special problems.

Treatment programs for the elderly should include developing realistic goals. The therapist should be prepared to deal with death and dying, grief, depression, loneliness, isolation, abandonment, existential or “meaning-of-life” issues, physical and mental deterioration, and feelings of helplessness and uselessness. Wellness and fitness activities should be offered, where possible, in addition to more traditional therapy groups. Positive attitudes expressed by dynamic, highly motivated therapists are likely to generate enthusiastic responses from this population.

The mentally ill

Seriously mentally ill offenders, those with ongoing psychiatric symptoms and problems in social functioning, cannot be evaluated and treated effectively without noting the possible role of substance abuse in their disorder. Mentally ill offenders’ use of any drug other than those prescribed and monitored by an attending physician can be substance abuse because drug use tends to exacerbate their psychiatric symptoms.

For many substance abusers, repeated drug use is seen as a way to medicate negative emotions, psychiatric symptoms, or life stress. Mentally ill substance abusers (dual-diagnosed) are at even greater risk of treating their psychiatric symptoms through drug use, and they require additional therapeutic services to reduce the likelihood of substance abuse relapse.

Mentally ill persons are often placed in jails because of restrictive civil commitment statutes, the reduction in state hospital populations, and the absence of community residential or halfway house facilities (Teplin, 1983). Jails evidence a greater proportion of individuals with

mental illness than do prisons or the general population and should design interventions to supervise and treat this population and develop transitions for them to their next placement.

Pepper and Ryglewicz (1984) present a clear outline of the problems of mentally ill substance abusers and a straightforward approach to treatment, which includes contracting with offenders for abstinence, continuing to offer a support system for resistant clients, and ensuring close coordination between substance abuse and psychiatric program staff. The Dual Disability Offender Management Program in Milwaukee, Wisconsin, provides an example of a program that specifically addresses this population by providing specialized treatment and case management.

Minorities

African-Americans, Hispanics, and Native Americans are over-represented in the correctional system. For a variety of reasons, members of these minority cultures are frequently at greater risk of developing substance abuse problems than are members of the general population. Treatment modalities that take into consideration the role of social and cultural backgrounds will be more effective with minority populations. Homogeneous groups may be helpful in the treatment process, as they may more readily promote identification, cohesiveness, and self-disclosure by group members.

It is important to have therapists who are fluent in the offenders' native languages. More than 50 percent of the Hispanic population in this country speaks Spanish exclusively or as the preferred language (Eden & Aguilar, 1989). Therapists who share the primary cultural characteristics of the target population can also facilitate the therapeutic process and serve as positive role models for group members.

☆ Provide education and treatment for relapse prevention.

“Relapse prevention helps offenders deal with high-risk situations, self-defeating behaviors and attitudes, and drug cravings that occur well after the completion of formal treatment.”

Relapse prevention techniques have been developed to help substance abusers develop coping skills to enhance the likelihood of their maintaining abstinence. Relapse prevention approaches have been applied successfully in the treatment of a variety of disorders. These approaches combine elements of lifestyle change and the development of cognitive and behavioral strategies designed to improve self-control. By anticipating the tendency for substance abusers to relapse following treatment, these techniques help offenders resist the temptation to test their control over their drug use. Relapse prevention helps offenders deal with high-risk

situations, self-defeating behaviors and attitudes, and drug cravings that occur well after the completion of formal treatment.

Relapse prevention training consists of the following steps:

1. Recognizing the early warning signs that relapse is beginning to occur;
2. Knowing how to intervene with oneself when the early warning signs occur;
3. Practicing the interventions for early warning signs; and
4. Building a support network to help offenders recognize the early warning signs and generate options.

Relapse prevention training helps to explain why the concept of “cure” is inappropriate with substance-abusing offenders. What treatment can do is to provide a means for coping. Substance-abusing offenders will always have some tendency to relapse back to drugs and crime. Relapse prevention training provides a relatively simple means by which each individual offender can combat that tendency (Marlott & Gordon, 1985).

Relapse prevention training should be an integral part of continuity of care. If, for example, a parole officer and a parolee both know what the parolee’s early warning signs are and what successful counteractions the parolee has been practicing, they have a common language through which to begin a working relationship. That common language is also simple and straightforward and places responsibility for avoiding relapse squarely on the offender. Taking responsibility for oneself is always a key treatment goal with substance-abusing offenders. The Hillsborough County Jail Program in Tampa, Florida, is one of several treatment programs using a relapse prevention curriculum (Peters & Dolente, 1990).

ADDITIONAL RECOMMENDATIONS

- ★ **Federal, state, and local governments should invest in funding demonstration projects for developing model programs and treatment systems for substance-abusing offenders.**
- ★ **An annual conference should be held to disseminate and share information and to promote new ideas among those involved in the delivery of correctional substance abuse programming.**

- ★ **Frequent urinalysis testing to document progress in recovery or relapse should be an integral part of every substance abuse program.**
- ★ **The use of incentives and sanctions, including correctional incentives and sanctions with offenders, should be an integral part of any correctional substance abuse program.**
- ★ **Technical assistance resources should be readily available to correctional jurisdictions for development, design, assessment, training, and other activities related to correctional substance abuse programming.**

Summary

Substance abuse programs, combined with incentives and sanctions, have been shown to be effective in correctional settings, and they should be an integral part of all institutional and community corrections activities. Because substance abuse affects all aspects of an offender's life, an individualized treatment plan should be developed based on an assessment of each offender's problems; and staff from all areas (health, mental health, education, security, and others) should be identified to work with the offender on each problem area. The range of services offered could include assessment, drug education, self-help groups, counseling, comprehensive drug treatment, and intensive therapeutic communities. Specialized treatment programs should be offered to meet the needs of special needs populations, including women, pregnant offenders, HIV-positive offenders, sex offenders, the elderly, non-English speaking offenders, the mentally ill, and minorities.

As a rule, offenders with substance abuse problems tend to succeed best with tangible and immediate incentives for participation and tangible and immediate sanctions/punishments for noncompliance. Intensive treatment programs near the time of offenders' release seem to be particularly effective because they can be reinforced by continuing substance abuse treatment programs in the community.



GOAL: Provide linkages to assure effective communication across the entire correctional system, including community-based agencies, for transmitting information and coordinating services.

RECOMMENDATIONS:

- ★ **Cumulative information** should follow the offender from the earliest impact point throughout the system.
- ★ Relevant **assessment and treatment information** should be shared with all substance abuse treatment programs providing service to the offender.
- ★ Offenders should have **continuing care plans** prior to transitioning between and from correctional agencies.

Although reference is often made to “the correctional system,” the system, in reality, consists of a loose-knit cluster of independent entities and agencies, each with separate justice responsibilities. These entities include police, courts, pretrial agencies, jails, prisons, probation and parole agencies, and community organizations working with offenders. Each of these entities serves a distinct function in the process of arresting, prosecuting, adjudicating, incarcerating, supervising, and providing services to offenders, often with little information about or coordination with other components of the total system. In fact, these entities, which are usually under separate budgets, have very different organizational missions and, in some cases, are part of constitutionally separate branches of government.

The pressures of day-to-day operations, particularly during times of high crime and the subsequent processing of large numbers of offenders, often inhibit coordination and communication among agencies and adversely affect attainment of the expected overall goals of an effective correctional system. The

singular focus of each entity on its individual function and responsibility may preclude efficient and effective management of offenders as they move from one agency to the next. Because of these inherent difficulties, it is especially important that linkages be established among agencies to facilitate the transmission of offender data for use in treatment and custody programming.

“If the broader correctional system is to fulfill its role of affecting crime and substance abuse, it is imperative that each of the correctional components work in concert with the others for the good of the broader system, the offender, and society.”

If the broader correctional system is to fulfill its role of affecting crime and substance abuse, it is imperative that each of the correctional components work in concert with the others for the good of the broader system, the offender, and society. Only a systems approach will meet public expectations and maximize the impact on the offenders for which the system is responsible. A systems approach is impossible without a conscious effort to link the components together under a common goal. These linkages must include a comprehensive communication strategy that is capable of both collecting and transmitting information regarding offenders' treatment and control needs.

Linkage for policy and operations

If correctional agencies are to function as a system, they cannot rely on agencies outside of the system to provide needed linkages. Active attempts to establish functional linkage must be made and continually maintained among agencies at both the policy and operational levels. At the policy level, agencies must develop memorandums of understanding or more formal interagency agreements regarding their respective roles and responsibilities and develop guidelines for sharing information and coordinating activities. These agreements should include a commitment to conduct joint informational meetings, ongoing formal forums among correctional and treatment providers, and joint training efforts (cross-training).

On the operational level, staff linkages among agencies are important, not only to implement policy agreement, but to develop channels for enhanced working relationships. Enhanced working relationships can often mean the difference between successful and unsuccessful outcomes for offenders. Joint staff meetings, mutual goal setting for offenders, and case staffings are excellent opportunities to develop linkages at the operational level.

In small agencies, in particular, cooperative arrangements with a variety of entities may be the only way to ensure that needed services can be obtained. For example, a small jail may identify an offender's substance abuse problem, but it may lack the necessary resources to do more than detoxification. If the offender is to receive any drug-related services in this circumstance, it would

have to be provided by an external organization with which the jail has established a working relationship.

Treatment Alternatives to Street Crime (TASC)

An example of successful coordination among agencies is TASC (Treatment Alternatives to Street Crime). TASC refers to community-based programs that serve as a bridge between the correctional system and the substance abuse treatment community. Developed in 1972 and reactivated with renewed vigor in the mid-1980s, TASC identifies and assesses nonviolent substance-abusing offenders; refers them to community-based treatment programs; monitors their progress; and reports their treatment results back to the correctional agencies from which they were referred. The program has had considerable success in demonstrating the effectiveness that can result from communication linkages among correctional entities dealing with the same offender (Bureau of Justice Assistance, 1988).

TASC staff become involved with the offender as early in the correctional process as local jurisdictions permit, whether pretrial, pre-sentence, post-adjudication, and, in some programs, prior to release from incarceration. TASC works closely with the courts and probation or parole agencies; failure to comply with legal mandates, TASC requirements, or treatment obligations results in the offender's return to the correctional system for further sanctions. Application of sanctions and constant monitoring of behavior assures that offenders will remain in treatment longer than other correctional or voluntary clients, a factor closely related to successful outcomes (Cook & Weinman, 1988).

☆ Cumulative information should follow the offender from the earliest impact point throughout the system.

Documentation of information regarding an offender should begin at the time an offender first makes contact with the correctional system and should be transmitted from agency to agency as the offender progresses through the system. Each agency should update and add to the information, creating a complete and current file, consistent with both federal and state confidentiality regulations. As the offender goes through pretrial services to court, to jail or probation, or to prison and parole; each receiving agency needs historical information about the offender. With effective linkages, cumulative data can accompany the offender, ensuring that the most complete information will be available. This linkage can save significant amounts of time that

would be spent gathering the information anew and also can allow for immediate programming and placement of the offender in appropriate services and custody.

Sharing accurate information is extremely valuable for assuring that offenders receive needed programs. For example, pretrial service agencies must have access to police information regarding offenders' drug use at arrest. Courts must know how well offenders adjusted while on pretrial release: Did they keep appointments, follow through on treatment obligations, and regularly pass drug screenings? If an offender is placed on probation, the probation officer should know what worked during the pretrial period. If the offender is incarcerated, jail or prison personnel should know which treatment interventions were successfully employed and if any problems occurred. When the offender is released on parole, the parole officer should know what the offender accomplished while incarcerated and what can be done to support treatment efforts and the parole plan. Each point of transition must be linked to all previous points if the system is to accomplish its goal; each impact point needs to receive all information that has been collected and to add important new information. This cumulative database provides the foundation from which appropriate decisions can be made in the future.

☆ Relevant assessment and treatment information should be shared with all substance abuse treatment programs providing service to the offender.

If the system is to avoid costly duplication of assessments and provide continuity of treatment that builds on meeting offenders' needs, relevant assessment and treatment information must be shared with all substance abuse treatment programs providing services to offenders. It is not unusual for an offender to be completely reassessed regarding drug use at several stages of the correctional system. Sharing assessment information among programs can eliminate this duplication.

Treatment is an ongoing process. Thus, sharing of treatment records and information, to the extent allowed under confidentiality statutes, is vital to the continued progress of the offender. Offenders frequently participate in several treatment programs while progressing through the correctional system. Without linkages each agency may begin anew in providing substance abuse treatment, when a timely review of treatment history may indicate a more appropriate therapeutic or supportive approach. For example, documentation from an institutional program might detail specific problem areas that warrant attention

in a community setting and inform parole authorities that a full substance abuse treatment program is not required

Agencies working with an offender at the same time (e.g., the probation department and a treatment program) must share information on a regular and ongoing basis if treatment and supervision are going to be coordinated. There is evidence, in the case of drug testing for example, that using the leverage and sanctions of one entity allows another part of the system to successfully treat offenders (Leukefeld & Tims, 1988). A coordinated supervision strategy and treatment approach affords the best chance for offenders to successfully avoid further offenses and reduce their use of drugs.

☆ Offenders should have continuing care plans prior to transitioning between and from correctional agencies.

The value of continuing care cannot be overstated. Changes brought about in treatment will quickly be lost if ongoing support and supervision are not provided. Regardless of which direction the offender is moving within the correctional system, the effectiveness of a program is significantly diminished if continuing care is not provided.

“The value of continuing care cannot be overstated..requiring the joint planning involving the offender.”

Formalizing continuing care requires joint planning involving the offender, the treatment provider, the community supervision officer, and, in many cases, other service providers in the community. Ideally, this planning should be completed before the offender leaves custody and the current treatment program. Establishing the continuing care arrangements while the offender is still involved in one treatment program and before entering a new program eases the transition period and eliminates a gap in service. This is extremely important, because it is during this time that the offender is most vulnerable to relapse.

The continuing care plan should address:

- the specific responsibilities of the offender and service providers;
- the expectations of the supervising official;
- ongoing treatment needs;
- use of support groups;
- relapse prevention; and
- each agency’s responsibility to implement and monitor the plan.

The Cornerstone Program

An example of a continuing care program is the Cornerstone Program in Oregon, which is described in more detail in a strategy brief in the appendix to this report. This program requires offenders who are nearing release to develop a contract for continuing care either with Cornerstone or with a community program linked with Cornerstone. The supervising parole officer is involved in developing the continuing care plan. The graduated release aspect of the program allows offenders, while still incarcerated, to begin establishing contacts with family members, attending self-help groups in the community, and participating in work release activities to ease their transition back into the community.

Washington County, Oregon, has further developed the transition concept in the Parole Transition Demonstration Project, funded by the Bureau of Justice Assistance. The project is designed for offenders who will be paroled to Washington County upon their release and has the following essential elements:

- **Service providers “reach in” to the institution.** Counselors from Washington County meet inmates months before their release and initiate group counseling for those who will be returning to Washington County.
- **Joint institution-community release planning.** Not only do institutional and county staff plan for the inmate’s release, the inmate is involved in the planning process and signs an agreement regarding participation, acknowledging graduated program incentives and sanctions/punishments.
- **Intensive supervision.** Frequent contact and monitoring by parole officers is an integral part of the program.
- **Continuity of treatment.** Group treatment continues in the community with the same counselor who conducted group counseling in the institution.
- **Careful management of incentives and sanctions/punishments.** Participants in the demonstration project receive special incentives in the community, including housing, employment, and other services. In turn, the participants are more closely monitored than other offenders, and they lose privileges and incentives as a result of rule violations.

ADDITIONAL RECOMMENDATIONS

- ★ **Formalized agreements should be developed that detail areas of responsibility, services provided, and mechanisms for information exchange among state and local agencies in the correctional system and the treatment community.**
- ★ **Combined case planning should be accomplished among correctional and treatment agencies when working with the same substance-abusing offender, when transferring the offender from one agency to another, or when transferring the offender from one part of the correctional system to another.**
- ★ **Ongoing professional forums among correctional representatives and community treatment providers, especially at the policy-making level, should be held to address common concerns and issues.**
- ★ **Cross-training (training across disciplines and agencies) covering a wide array of treatment techniques, case management issues, and criminal justice concerns should be conducted on an ongoing basis for professionals and paraprofessionals working with substance-abusing offenders.**
- ★ **A management information system, preferably automated, should be established and used within and across systems to monitor the delivery of appropriate substance abuse programming to offenders, collect data for program evaluation, and establish a rationale for additional interventions and staff.**

Summary

Day-to-day pressures make coordination among the various components of the correctional system difficult. However, interagency coordination at the policy and operational levels is essential if the system as a whole is going to affect an offender's criminal behavior and substance abuse. For the system to be most effective, information about offenders should be collected at the earliest possible point and should follow them throughout the system. In particular, information about offenders' substance abuse assessment and treatment should be shared with substance abuse programs at all points to avoid unnecessary duplication of effort and to implement the most effective treatment. Continuing care upon the offender's release from a correctional agency is essential for maintaining progress made in treatment.

Human Resources



GOAL: Recruit and retain qualified staff to provide substance abuse programming.

RECOMMENDATIONS:

- ★ Develop a **positive environment**, including adequate compensation, that attracts and retains quality staff and providers.
- ★ Create an atmosphere of **wellness** across corrections and within each agency in order to attract and retain staff.
- ★ Implement **employee assistance programs**.
- ★ Develop guidelines for selecting **qualified staff** and contract employees, including opportunities for hiring recovering substance abusers.
- ★ Ensure that **training** addresses the needs of all agency staff and contract providers.

Qualified staff at all levels are an essential resource in the effort to reduce the availability of and demand for drugs and to encourage offenders to maintain drug-free lifestyles. Drug treatment professionals are required to provide direct services to offenders, train staff, and plan and implement programs. They also play an important role in coordinating volunteer efforts and contract services, evaluating programs, and consulting with organizational leaders.

It has always been a challenge to recruit and retain qualified staff in all areas of corrections, and attracting and maintaining experienced professional providers in substance abuse programming is no exception. Rather than accept lesser qualified staff, correctional systems must develop incentives and marketing strategies to attract the professional staff they need.

Finding qualified staff is becoming even more difficult because the pool of qualified individuals is expected to shrink throughout the next decade and beyond. Offermann and Gowing (1990) reported that during the late 1970s, there were about 3 million individuals, 18 years and older, entering the work force each year; by contrast, in 1990 only about 1.3 million people will join the work force. The work force is growing at a slower rate than at any time since the 1930s (Rauch, 1989). These demographics will further affect the number of individuals entering the treatment profession and their ultimate availability to correctional agencies.

Unfortunately, many agencies and systems also have relatively high turnover rates. Some individuals leave to take higher paying positions in the private sector, and others depart because of the stressful nature of the work. These years of experience gained on the job are not easily replaced. This high turnover rate not only creates a lack of continuity of service delivery within departments and among agencies, it also places a continuous burden on those required to recruit, orient, and train new employees.

Workers' skills and work force demographics

Other staffing concerns include the changing demographics of the work force and the diminished educational attainment levels of the general population. At a time when the skills required to perform many jobs within the correctional system are increasing in complexity and sophistication, some reports suggest that many applicants will come ill-prepared to meet the demands of the workplace. There is continuing concern about entry-level workers' literacy and their basic mathematics and writing abilities. Many corporations already provide training and basic literacy programs for their employees, and it is likely that even more employers will have to sponsor significantly expanded training for new staff to bring their skills to an adequate level.

With regard to work force demographics, Johnston and Packer (1987) predict that females will continue to make up a large percentage of the work force and that approximately one-third of new workers in the next decade will be minorities. Recruitment and retention policies must take into account the special needs of these populations. Some issues to be considered include the child care needs of working mothers, bilingual/cultural issues, and recruitment and retraining of employees who have worked in occupations that have become obsolete. Blacks and Hispanics have had a 35 percent higher rate of employment in these occupations (Johnston & Packer, 1987), which will force them to re-enter the labor market in greater numbers.

Strategies that facilitate recruitment and retention are of paramount importance at this time. All impact points across the correctional system are being required to handle a greatly increased volume of offenders, in general, and substance-abusing offenders, in particular. Dramatic and progressive interventions will be required, including appropriate fiscal resource allocations, if the system is to meet the demands thrust upon it.

☆ Develop a positive environment, including adequate compensation, that attracts and retains quality staff and providers.

Organizations that are able to attract and retain quality staff provide a variety of incentives and opportunities. Critical among these are competitive salaries and benefits and opportunities for staff to participate in continuing education programs, including professional conferences and meetings. In addition, some correctional systems are establishing child care centers and career ladders to attract and retain staff. These systems have analyzed the needs of the work force and have provided opportunities and services that make them highly competitive in the labor market.

☆ Create an atmosphere of wellness across corrections and within each agency in order to attract and retain staff.

The workplace presents a tremendous opportunity to promote individual health and welfare through high-quality wellness programs. Wellness program activities and attitudes create an overall atmosphere that is incompatible with a number of negative habits and behaviors, including substance abuse. Wellness programs also provide opportunities to learn a variety of positive lifestyle skills that affect not only the individual and the family but the workplace as well.

Specifically, wellness programs promote the physical and mental well-being of employees. High-quality programs help participants:

- increase their mental alertness and vitality;
- expand their creativity;
- bolster their self-esteem;
- improve their mental attitude; and
- decrease stress.

Such programs result in reduced absenteeism, less frequent compensation claims, stronger physical condition, enhanced

productivity and morale, and greater immunity to debilitating or degenerative illnesses.

Wellness programs address a variety of employees' interests. These include nutrition and weight management, substance abuse prevention, physical fitness, mental health, stress management, smoking cessation, and interpersonal relationships. Special issues seminars on parenting, child development, and other topics of interest can be integrated into the program to meet specific needs of workers and their families. It is estimated that approximately 50,000 organizations offer some form of health promotion activity, and the number is continually increasing (Glasgow & Terborg, 1988).

One correctional system that currently has a National Employees Wellness Program in place is the Federal Bureau of Prisons. Many employees, family members, and retirees have an opportunity to participate in the program throughout the numerous facilities in the agency. Several facilities have general purpose training centers with wellness centers and specialty equipment for staff use. Wellness coordinators have been hired for the programs and have been well received by staff in the facilities. The centers also provide a place to conduct many organizational training and social activities throughout the year.

☆ Implement employee assistance programs.

Employee assistance programs (EAPs) are a service through which employees and their immediate families can receive short-term counseling and information and referral for a wide range of behavioral, emotional, and psychological problems. Among the types of difficulties frequently dealt with are stress, family and relationship difficulties, and substance abuse problems. EAPs operate according to strict guidelines of confidentiality. Programs are quite diverse and offer a wide variety of seminars and services. An effective EAP can improve organizational effectiveness by enhancing employees' well-being.

It is commonly recognized that employees experiencing difficulties frequently have higher rates of turnover, absenteeism, and injury. Such difficulties can also adversely affect employees' performance. Worksite EAPs offer the advantage of a readily available opportunity for early intervention and assistance for troubled individuals.

EAPs are also a way of attracting and maintaining high-quality staff. The programs provide balance and equity of service for correctional staff, many of whom may feel that more is done for

offenders than for staff. Aside from reasons of genuine organizational concern for staff welfare and improved morale and performance, many organizations that have EAPs firmly believe in their effectiveness from a “bottom-line” criterion (Trite & Beyer, 1984). This perspective recognizes the organization’s financial and human investment in its employees. Resolving employees’ problems so that they remain with the agency is less costly than recruiting and training new ones, and the approach is certainly more humane.

☆ Develop guidelines for selecting qualified staff and contract employees, including opportunities for hiring recovering substance abusers.

To ensure high-quality care, hiring agencies should develop standard qualifications for program directors and direct service providers. Ideally, program directors should have:

- training at the graduate professional level;
- professional knowledge of human behavior;
- a significant amount of experience in working with substance abusers;
- substantial knowledge of the correctional system and criminal offender populations; and
- appropriate professional credentials, as well as state and national certification, where appropriate.

Although a national certification process for drug and alcohol counselors does not currently exist, there is a growing interest in such action. However, drug and alcohol counselors can be certified in approximately 30 states under local requirements. As jurisdictions move toward a more formal credentialing process, the inclusion of standards that relate specifically to the correctional setting should be considered. Requiring that substance abuse counselors have appropriate credentials will ensure that staff meet minimum standards with regard to knowledge and experience and will increase the program’s credibility and effectiveness.

Direct service providers should demonstrate their professionalism and expertise by meeting all requirements of a recognized substance abuse certification process. Some organizations, such as the Federal Bureau of Prisons (BOP), have adopted specific standards for substance abuse treatment specialists, including a bachelor’s degree and appropriate experience in substance abuse treatment and counseling. In the BOP, the services provided by substance abuse treatment

specialists are overseen by the program director, generally a clinical psychologist.

Recovering substance abusers

Qualified recovering substance abusers, with appropriate training and experience, may also be an asset to the treatment program; they have been incorporated into many institutional and community programs nationwide. Individuals who have successfully learned to eliminate substance abuse from their lives may serve as role models and sources of inspiration and support for those undergoing treatment. Applicants who are in recovery should demonstrate a drug- and alcohol-free lifestyle for a period deemed appropriate by the hiring agency. Generally, individuals in the acute or initial phases of treatment or those under legal supervision are not considered appropriate candidates. Recovering status does not in itself qualify an individual to serve in a staff role; applicants must also have appropriate training and experience, as well as attitudes and values that are consistent with those of the program.

The Alabama Department of Corrections is one agency that has recruited recovering individuals to provide services to offenders involved in drug programs. Another example is the Pima County, Arizona, jail drug treatment program, which subcontracts treatment to Amity, Inc., whose counselors may be former addicts, ex-offenders, or both.

☆ Ensure that training addresses the needs of all agency staff and contract providers.

Training should be provided for all relevant corrections staff in the areas of substance abuse recognition and referral. All staff members must become aware of and responsive to the signs of substance abuse. Staff need to receive training in the special techniques of supervision and control that are required for substance-abusing offenders in both community-based and institutional programs.

Clinical staff and paraprofessionals who are directly involved in treatment must also remain current with regard to ongoing treatment approaches and methodologies. Highly specialized training, particularly as it pertains to treatment innovations with correctional populations, must be a routine part of a quality drug abuse treatment program.

Contract providers must also keep current on treatment approaches and must become thoroughly knowledgeable about the

system within which they are offering services. This knowledge is a prerequisite to successful service delivery, both for individuals who plan and implement programs and for those who evaluate programs' effectiveness.

Finally, training should be provided to key individuals whose decisions affect substance-abusing offenders, including judges, legislators, administrators, commissioners, legislators, and other authorities who deal with correctional substance abuse policies. These individuals need information and education regarding treatment programs throughout the correctional system, if effective decisions about the problem of substance abuse are to be made.

ADDITIONAL. RECOMMENDATIONS

- ★ **Model standards for staff qualifications in correctional substance abuse programs should be promulgated nationally for use at the state and local levels.**
- ★ **Agencies should assure that staff meet all established criteria for employment and receive quality orientation and training.**
- ★ **Cross-training (training across disciplines and agencies) should be an integral part of any professional or paraprofessional substance abuse training program.**

Summary

To carry out effective substance abuse programming, correctional agencies must recruit and retain qualified drug treatment staff. This task will become even more difficult in the future because the pool of qualified personnel is shrinking at the same time demand for their services is increasing. To attract and retain staff, agencies must develop a positive environment and offer incentives, including reasonable compensation. Wellness and employee assistance programs can contribute to the positive environment by enhancing employees' health and welfare.

Program directors and direct service providers should be knowledgeable about substance abuse, corrections, and offender behavior and should have appropriate credentials and certification. Qualified and trained recovering substance abusers can be

effective role models in staff positions. Appropriate education about substance abuse is important for all corrections staff, as well as for policymakers.



GOAL: Develop a safe, drug-free, productive environment that promotes offender change and provides safety for staff, offenders, and the public.

RECOMMENDATIONS:

- ★ Provide **clear expectations with** respect to substance abuse for offenders, staff, and service providers and impose **swift sanctions/punishments** for rule violations.

- ★ Implement **drug testing**.

- ★ Develop a comprehensive **contraband control** strategy.

Effective correctional treatment programs can exist only in a secure and orderly environment. Individuals must feel secure in seeking treatment, and treatment providers must feel confident of their own safety before they can provide services to others.

Clean, well-designed, and properly maintained facilities enhance the treatment process, as well as the other missions of the facility or agency. Administrators who establish high standards for the appearance and cleanliness of correctional facilities communicate a message of control, professionalism respect for the environment, and concern for those who live and work in it.

At the same time, citizens have a right to expect that correctional professionals at every impact point of the correctional system (e.g., jails, prisons, community corrections) make public safety their paramount concern. Safe, orderly, productive, drug-free environments foster public confidence in the correctional system and encourage offenders' respect for social norms. Staff, treatment provider agencies, and offenders are all important in creating such an environment.

The physical setting of substance abuse programs in institutions is an important consideration; residential programs or therapeutic communities in particular emphasize creating a unique

environment within the confines of a correctional institution. Planning new institutions affords an opportunity to design critical programming and housing space, including group rooms, counselors' offices, and housing for both men and women. However, in older facilities traditional cellblocks have been successfully converted into space for treatment programs.

Good substance abuse programs in the community must also create a safe, orderly environment. In community corrections agencies, the environment must consist of appropriate supervision levels, good programming, accountability, coordinated case management, and urinalysis for substance abuse.

☆ Provide clear expectations with respect to substance abuse for offenders, staff, and service providers and impose swift sanctions/punishments for rule violations.

It is extremely important to communicate expectations both verbally and in writing. Written policies should include rules and regulations addressing the use of illegal substances, and the potential consequences for such use should be clearly defined. Sanctions/punishments, in addition to incentives, are necessary to deter substance abuse and promote positive, wellness-oriented lifestyles among offenders. The use of illegal substances should be dealt with swiftly, firmly, and impartially. Under no circumstances should the use of illegal substances by offenders be tolerated in any correctional setting.

There are many reasons why staff of correctional agencies should not use illegal drugs or abuse legal substances. First, as role models for the offenders they supervise and influence, staff members have an obligation to serve as positive and prosocial examples. Moreover, if staff abused drugs, they would severely undermine public trust in their positions as members of the correctional community and in their agency's reputation. All citizens have a right to expect public officials to be drug-free. Finally, the sensitive nature of correctional work requires that all staff be in the best possible state of mental alertness, emotional control, and physical condition. Impaired judgment or responsiveness could have tragic consequences for staff who use illegal substances, as well as for the colleagues who depend on them and the offenders whom they supervise.

Clear sanctions, including dismissal and criminal prosecution, should be available and exercised with staff who use illegal substances. This is the policy of the Federal Bureau of Prisons, and

it has worked effectively since its inception. Staff members with a substance abuse problem, especially those in sensitive positions, who voluntarily seek treatment through an employee assistance or community program should initially be relieved of their duties. An alternative is to assign those employees to a position where they will not pose a threat to others or to the security of the organization. After a period of satisfactory treatment and monitoring, including urine surveillance, employees may be returned to their former positions.

A Implement drug testing.

In addition to providing substance abuse awareness training and focusing on positive, wellness-oriented lifestyles, correctional agencies should consider testing correctional staff, treatment providers, and offenders. Testing can serve several important functions. It can identify those individuals who are in need of treatment, as well as those who may have relapsed. Drug testing may also serve as a deterrent to those who think that “casual” drug use will be tolerated in the correctional community. Further, testing demonstrates a commitment to equity for all members of the correctional community in terms of scrutiny and policy regarding use of illegal substances.

Testing of offenders

A comprehensive drug testing program for offenders in both institutional and community settings is an essential part of any supervision and treatment plan. Offenders may be subject to drug testing under the following circumstances:

- Upon arrest, if drug use is suspected;
- As a condition of release pending trial or sentencing, if there is evidence of a history of substance abuse;
- As a condition of parole or probation, if a substance abuse history is present or if drug use is suspected;
- As part of a random testing program in probation and parole;
- While incarcerated,
 - as part of a random drug-testing program;
 - as a suspect, if there is a prior history of substance abuse;
 - for cause, if drug use is suspected;
 - when an accident or unsafe practice is observed or reported, if drug use is suspected,
 - upon return from community activities;
 - as a participant in a drug treatment program; and
 - as a participant in any community treatment center program for substance-abusing offenders.

Testing of staff

A comprehensive drug testing program for staff members is appropriate as a means of ensuring a drug-free workplace. Employee screening might encompass the following procedures:

- Testing/screening all applicants seeking employment in a correctional setting;
- Testing new employees during an initial probationary period;
- Testing employees when authorized by a senior administrator of the organization in the case of an accident or unsafe practice;
- Testing an employee when there is “reasonable suspicion” of illegal drug use;
- Annual testing of all senior level management staff;
- Testing all employees under a “random testing” program; and
- Testing as a follow-up to a counseling or rehabilitation program.

It should be noted that while pre-employment testing and testing of correctional staff for cause have been upheld in the courts, the issue of random testing has not been settled. Therefore, the feasibility of implementing all of these testing procedures may vary among jurisdictions.

All drug testing should be conducted under controlled and carefully monitored conditions and with concern for preserving the dignity of the individual. All testing should be conducted in accordance with accepted scientific and technical guidelines, which include strict chain-of-custody procedures, use of professionally trained collection personnel, professional laboratories, and the application of rigorous analytical standards and quality assurance requirements for urinalysis for drugs. The U.S. Department of Health and Human Services has established guidelines for staff testing, which serve as the standards for the foreseeable future. The American Probation and Parole Association is currently developing standards for drug testing of offenders.

It is important to train managers and supervisors to provide them with appropriate answers to questions regarding the use of illegal substances and the testing program before implementing the program.

☆ **Develop a comprehensive contraband control strategy.**

Contraband control is essential for achieving a drug-free environment. It is important to develop comprehensive policy statements that specifically define items considered contraband and outline the consequences for possessing them.

Correctional staff must enforce the rules and regulations of the facility, including contraband regulations, in order to maintain a drug-free setting. Contraband management is as much an **attitude** of control as an **action** of control. Frequent searches of offenders' living quarters in the residential setting, as well as personal searches when deemed necessary, are prudent measures of deterrence. Staff should conduct appropriate, random searches of all institutional areas, including work areas, leisure areas, outside perimeters, restrooms, and visiting areas. No area of the environment can be neglected if effective contraband control is to be achieved and maintained. Swift and certain disciplinary action, including prosecution for introduction of dangerous contraband, is required to effectively administer a contraband policy.

Visiting policies should inform visitors of the consequences of introducing illegal substances into correctional settings. Unfortunately, some members of offenders' families, as well as their peers and former associates, respond to offenders' requests for help in obtaining illegal substances. Swift prosecution of those attempting to introduce contraband will aid in the overall deterrence effort.

ADDITIONAL RECOMMENDATION

★ **Drug-free workplace strategies should be developed, integrated into agency policy, and implemented at every level of an organization.**

Summary

A clean, drug-free environment communicates a message of control and concern for those who live and work in it, as well as meeting societal expectations that correctional settings be drug-free. The correctional agency should make clear its expectations with respect to drug use and should impose swift sanctions for both offenders and staff who violate the rules. Drug-testing for offenders, correctional staff, and treatment providers may serve as a deterrent to drug use, and it demonstrates a commitment to equity with respect to use of

illegal substances. Contraband control is also essential for assuring a drug-free environment.

Accountability



GOAL: Apply accountability measures to substance abuse programs.

RECOMMENDATIONS:

- ★ Establish **measurable goals** for each program against which effectiveness can be measured.
- ★ Conduct **process evaluations** of all programs.
- ★ Establish **state and/or federal evaluation programs** to study selected treatment strategies.

“Accountability” refers to the systematic manner in which a program demonstrates its worth by measuring its activities and results (Rutman, 1977). Substance abuse programs establish their accountability primarily through quantitative measures of performance. Substance abuse program accountability can be measured from three perspectives: the need for the program, the program’s integrity, and the program’s results.

The need for the program

Despite ample evidence that many offenders are deeply involved in drug use, the need for a specific substance abuse program must not be assumed. There are considerable differences in the nature of drug abusers (Chaiken & Johnson, 1988), the neatability of various drugs of abuse (Nurco, Hanlon & Kinlock, 1990), and the types of abusers (McLellan, Luborsky, Woody, O’Brien, & Druly, 1983). Moreover, patterns of substance abuse appear to vary geographically (National Institute of Justice (NIJ), 1989).

Because of these variables, program personnel should carefully determine the specific need to which its services should be addressed. Specific kinds of measures that demonstrate the need for a particular program include:

- The length of time the offender has abused drugs;
- The type(s) of drug(s) abused;

- The social and psychological profile of the offender for whom the program is designed, and
- The lack of alternative drug programs for the targeted offender;
- The number of offenders eligible for the program who have histories of substance abuse.

The function of a careful needs assessment is to document the basis for the program and to justify its development. Needs assessment data help determine the program's design and ensure its accountability. For example, it would be unrealistic to place offenders in an existing program without collecting data to determine whether that program would meet their treatment needs. This approach would not only waste limited resources but have minimal impact. Program accountability requires that the program design be based on the assessed needs of the target group to be served.

The integrity of the program

Poorly organized or implemented programs are unlikely to produce desirable results (Patton, 1978). Studies show widely different levels of drug program success, suggesting that the way the program is implemented is a key aspect of its overall accountability (General Accounting Office, 1990).

Accountability for program integrity is usually achieved through "process evaluation," discussed later in this chapter. Process evaluation measures the degree to which the program's activities are consistent with its stated intentions. When the integrity of a program is demonstrated, one can rely to a greater extent on the evaluation of its results. Among the measures of a drug program's integrity are the following:

- The fit between the design of the program and its clientele;
- The degree to which program components are consistent with proven effective methods or reliable theory; and
- The degree to which program activities are implemented as proposed.

The results of the program

The ultimate value of a program resides in its results. Several results are desired from drug programs, including drug abstinence, social adjustment, and reduction of criminal behavior; however, it is not altogether clear that these goals are completely compatible (Schroeder, 1980). A comprehensive system of accountability will distinguish the various program goals and set priorities for them.

Program evaluators make a distinction between program **outcomes** and program **impacts**. The outcomes of a program are the direct results of the program, expressed as changes in client behavior. Impacts are a program's longer range results, typically expressed as reductions in the level of the original social problem.

Substance abuse programs demonstrate their accountability by measuring **outcomes** in several ways. For example, measures can reflect rates of in-program relapse, which are often high, as well as offenders' progress in other areas, such as reduction of health problems and improved employment records (Leukefeld & Tims, 1989). Useful outcome measures can include:

- Proportion of offenders who complete the program without relapse;
- Average number of months free of drug use while in the program;
- Average number of consecutive days free of drug use while in the program;
- Proportion of offenders who complete the program without a new arrest;
- Months of full-time employment of program participants;
- Earned income of program participants;
- Dollars paid by program participants for services, support of dependent children, fees, fines, and restitution; and
- Reduction of physical health problems.

It is usually more difficult to demonstrate accountability for program impacts on the general social problem of substance-abusing offenders. Although an offender may be able to do quite well in a substance abuse treatment program while under correctional supervision, release to a less structured environment may pose many threats and temptations to the vulnerable offender. With the lack of program controls that had operated in the more closely supervised environment, the offender may again encounter those circumstances (i.e., family problems, unemployment, and bad associations) that originally led to substance abuse and, as a result, relapse. This potential underscores the need for continuing care for offenders released into the community. Substance abuse is a long-term problem-and only one of the many problems facing offenders-which makes it difficult to measure program impact among offenders. Nevertheless, substance abuse programs might contribute to reduced crime rates and reduced drug use in the communities served by the program.

Offender failure in program

Perhaps the most difficult aspect of accountability of substance abuse programs is trying to define offender failure in a program. Heavy drug users frequently have relapses; therefore, new instances of positive drug tests may not be an indication of program design failure. Indeed, relapse is often an opportunity to increase the treatment intensity, which may ultimately prove successful (Allinson & Hubbard, 1985; Holden, Wakefield, & Shapiro, 1990). Similarly, offender failures, such as unauthorized absences from residential programs, are normally not as serious as new arrests; therefore, separate measures should be kept for the different types of program outcomes. To maintain program integrity, certain noncriminal misbehaviors may result in expulsion from the treatment program, but these outcomes should not be counted as failures in the same way as new arrests.

The various types of offender failures in programs, which should be measured separately, are listed here, in order of decreasing seriousness:

- New felony arrests for violence;
- New felony arrests for drug-related offenses;
- New felony arrests for non drug-related crimes;
- New arrests of any type;
- New evidence of drug use (e.g., “dirty” urine);
- Program rule violations; and
- Rules violations with program expulsion.

Accountability measures

The systematic accountability of substance abuse programs in corrections may be improved by attention to the following considerations.

1. Single accountability measures, such as using only rearrest rates, are not as useful as multiple measures. By using multiple measures, the program administrator can obtain a more comprehensive understanding of what the program is doing well and which areas of performance need improvement.
2. Simple measures, such as frequency of contact with offenders or rates of attendance at treatment sessions, can be useful indicators of a program’s performance. Simple data, when paired with success indicators, may reveal a trend in program performance. For example, frequent staff contact with offenders and a high rate of attendance at treatment sessions may result in

less frequent rates of relapse. This might suggest that the frequency of contact with program staff provides the stability for offenders to remain drug-free.

3. Objective measures, particularly measures of specific client behavior, are far superior to subjective measures, such as service provider or client satisfaction with the program. Specific behavioral changes that are observable are better measures of program outcomes than “feeling” statements.
4. Offender failure rates in program should be interpreted carefully. Some, but not all, targeted substance-abusing offender populations can be expected to have high rates of failure. Because of other problems, a high failure rate with difficult offenders may occur even when the substance abuse treatment program is working well. Similarly, a low failure rate may simply mean the program has screened out the most difficult offenders.
5. Expectations for performance of substance abuse treatment programs for offenders should be realistic. There is little corrections can do to change the social problems that may contribute substantially to substance abuse. A successful day treatment program should not be expected to “cure” all the other problems encountered by an offender.

The goal of program accountability is central to a larger aim: the growth of effectiveness in correctional programming. Correctional strategies cannot be improved or justified without evaluative feedback on their activities and outcomes. Program accountability strategies are essential to ensure that the program is doing what it purports to do and that it can defend the function for which resources have been allocated. Establishing program accountability requires dedicating funds to the accountability function.

☆ Establish measurable goals for each program against which effectiveness can be measured.

Accountability cannot be achieved without explicit goals. The goals of the program not only identify the problems that the program seeks to address but also provide a framework for assessing the program’s performance.

The natural competition of aims in substance abuse programs has created problems in interpreting findings of substance abuse program evaluations. For example, when the RAND evaluation of probation’s intensive supervision programs (ISPs) for

substance-abusing offenders found that substance-abusing offenders in ISPs returned to prison at a higher rate than regular ISP probationers (Petersilia & Turner, 1990), a debate ensued about the purposes of ISP for substance-abusing offenders.

An explicit goal statement could easily have quelled this debate. The goal helps define the intent, which in this example may have been to more tightly control substance-abusing offenders rather than to intervene in their substance-abusing behavior. Whether to view an offender's performance in the program as a success or a failure depends on the program's intent. Some observers claimed this result proved the ineffectiveness of ISP in controlling substance-abusing offenders, while others argued that the study justified ISP as a more effective way to control this group of offenders. Presumably, the founders of the ISP experiments had certain expectations with regard to the program failure rate of ISP substance-abusing offenders. These expectations should be considered when interpreting the actual results, rather than allowing the retrospective interpretation to define success or failure.

The use of specific and measurable goal statements has several advantages over "goal-free" evaluations. First, it enables evaluators to make concrete statements about the value of the program, using the program designers' intentions as evaluation criteria. Second, it allows programs to have unique aims in each setting. For example, the goal of a group treatment program in one setting might be to reduce rearrests, while in another setting, a similar program might focus on reducing relapse rates. Thus, similar programs can tailor their goals to fit particular demands of the environment.

Perhaps the greatest benefit of specific goals is that they clarify thinking about programs and their design. Few can dispute the need for programs for substance-abusing offenders. But as the actual activities of the program are designed, goals help to clarify the relative value placed on abstinence, compliance with the law, and improved quality of life. Although all are valuable, no program can give them equal attention (Nurco, Hanlon, & Kinlock, 1990).

Thresholds for evaluation

The use of specific goals provides a further benefit: It sets the threshold for finding that a program is successful (Glaser, 1973). Thresholds are important because few programs achieve all their aims, and many programs partially achieve significant gains (Palmer, 1978). The use of specific indicators helps prevent "fuzziness" in evaluation results. For example, substance abuse

program goals can be made specific through the identification of minimum levels of expected performance, such as the following:

- To reduce rearrest rates by 10 percent;
- To have a drug-free program completion rate of 75 percent;
- For 80 percent of program participants to remain employed at least 90 percent of the time they are in the program;
- For all offenders completing the program to satisfy all restitution or community service requirements;
- To include at least 100 offenders in the program each year.

Specific programs goals such as these make it possible to determine unequivocally whether the goal was met. It is useful to make distinctions among **the mission** of a program, a **goal**, and a specific **objective**. The mission is the broad area of program benefit, the goal is the activity undertaken, and the specific objective is the level of performance inferred by the mission. Exhibit 1 illustrates this way of conceptualizing measurable goals:

Exhibit 1

Mission:	Reduction of drug dependence
Goal:	Provision of information to substance abusers about the effects of drugs on the central nervous system
Specific objective:	After attending the education program, at least 90 percent of participants will be able to name three detrimental effects of alcohol on human performance.

Writing specific, measurable objectives is a skill that can be learned (Mager, 1972). It requires making a distinction between the broad intentions of a substance abuse program and the ways those intentions may be operationalized. In practice, determining measurable objectives is one of the first steps in a process evaluation of the adequacy of the program's specifications for its target group.

☆ Conduct process evaluations of all programs.

Process evaluation is the core managerial technique to ensure program integrity and policy compliance. The purpose of process evaluation is to determine how well the program was implemented and, especially, if it was implemented as intended, with staff performing their assigned roles and duties (Patton, 1978). When

programs are poorly implemented, it makes little sense to interpret their lack of results as a reflection of the inadequacy of the treatment (Gottfredson, 1979; Gendreau & Ross, 1979). Instead, it is appropriate to give credence only to the results of evaluations of appropriately implemented programs.

Process evaluations also help ensure that programs are managed effectively. The general concept of accountability implies that programs are implemented in a manner consistent with contemporary knowledge and professionalism, which is a fundamental managerial responsibility.

Characteristics of process evaluation

For corrections, a process evaluation usually involves answering five general questions:

1. Did the staff possess the requisite skills, experience and supervision to be able to work with the particular offenders effectively?
2. Are the assumptions inherent in the program's design plausible and consistent with current theory or evidence?
3. Is the program documentation sufficiently clear and comprehensive to provide guidance to staff as they perform their responsibilities?
4. Did the staff follow the guidelines regarding the frequency and content of offender contacts specified in program documentation and goals?
5. Were the consequences for offender performance implemented in a way that reinforced the program's assumptions and procedures?

In process evaluation of substance abuse programs, the broad questions might be modified to obtain specific information, such as the following:

- Were the staff sufficiently trained, skilled, or experienced to work effectively with the target group of substance-abusing offenders?
- Did the interaction between the staff and clients support the program's intervention theory?
- Did staff respond to offender behavior in ways consistent with the philosophy and directives of the program?

- Were the frequency and intensity of contact sufficient to sustain the program's goals?
- Was the offender's time in the program sufficient to promote change in drug-related behavior (Wexler, Lipton, & Foster, 1985)?
- Were there sufficient sanctions, short of incarceration, available to reinforce the treatment modality (Holden, Wakefield, & Shapiro, 1990; Clear, 1989)?
- Were a sufficient number of drug tests performed to accurately determine usage patterns?
- Was information about drug dependency and client response to treatment transferred throughout stages of the treatment to reinforce continuity of service?

The purpose of process evaluation is twofold. First, it informs evaluators of the degree to which the program was able to affect drug-using offenders. Second, it provides an avenue of accountability to program administrators for everyday program activity. Administrators have ready objective measures based on the design of the process evaluation to assess staff performance and program operations.

☆ Establish state and/or federal evaluation programs to study selected treatment strategies.

The design of all substance abuse treatment programs is complex. Even the most basic programs are multidimensional, using two or more interventions (e.g., counseling and urine testing) on a variety of different types of offenders. Evaluating these programs is also complicated; for example, evaluation involves measuring the effects of treatment variations "1", "2," and "3" with offender groups "a" and "b," using various outcome measures. Because evaluation is so difficult, knowledge in the field increases slowly, at best. It is no surprise, then, that our knowledge of the effectiveness of different approaches to treatment remains rudimentary (Cross, Saxe, & Hack, 1988). However, prospects for reducing substance abuse in America are closely tied to improved understanding of treatment effects.

The most powerful evaluations are truly experimental in nature because they control for other possible effects in interpreting the results (Campbell & Stanley, 1963). In controlled evaluations, offenders are randomly assigned to different treatments in order to

determine directly the effectiveness of the treatment. However, few experimental studies have been conducted of substance abuse treatment programs (Cross, Saxe, & Hack, 1988). As a result, most of our understanding of effective treatment approaches is based on studies of programs and their outcome rates, without elaborate controls (Hoffman, 1989).

Program administrators should recognize that there is a hierarchy of evaluation strategies for determining the effectiveness of substance abuse programs: the hierarchy progresses from outcome monitoring to quasi-experimental approaches and finally to pure research experiments.

- **Outcome monitoring** approaches merely use various indicators to determine the rates of failure and success. These reported rates inform observers of program outcomes but do not indicate what would have occurred without the program. An example might include rearrest rates or employment status of former program participants. It cannot be clearly established that the program intervention was the causal factor in these outcomes.

- **Quasi-experimental approaches** attempt to compare program impacts in one of three ways. In the first approach, prior experience (e.g., prior failure rates) is calculated for offenders who are program-eligible, then the performance of those who actually enter the program is compared to the prior experience rate. In another approach, a “matched” group of offenders comparable to those in the program is created to determine the effect of program participation. In the third approach, a treatment group and one not receiving treatment are compared, controlling statistically for group differences that might influence outcome other than the treatment itself. Although these three approaches are useful, they are not completely persuasive, because factors other than the treatment could be used to explain outcome differences. This phenomenon is a problem especially with substance abuse programs, because treatment effects, even when significant, are often marginal and, therefore, are easily affected by minor differences between offender groups.

- **Pure research experiments** are the most persuasive evaluation approaches. A random procedure is used to determine who receives treatment and who does not. Since the experimental and control groups are truly comparable, any differences in outcome can be attributed to the effect of the treatment (Campbell & Stanley, 1963). Pure research experiments are expensive, complicated to run, and difficult to justify ethically (i.e., why should some offenders be denied treatment just for an “experiment?”). Nevertheless, support for treatment experimentation has grown, although it is clear that this evaluation technique is not appropriate for all settings or types of interventions.

Any sort of evaluation requires resources. But, although substance abuse treatment programs are growing rapidly, the resources to determine their accountability are not growing at an equal speed. It is possible, under these circumstances, that popular but ineffective treatment approaches might proliferate (Finckenaer, 1985). A commitment to evaluation is needed to guarantee the optimal effectiveness of current and future substance abuse treatment initiatives.

State and federal governments share the responsibility for increasing the commitment to evaluation. Since 1988, the National Institute of Justice has funded nearly 1,000 projects to study substance abuse in America (NIJ, 1988). Most of these studies deal with the nature and extent of substance abuse use; only a fraction of the monies are spent to understand which treatment strategies are effective with substance-abusing offenders. A much greater commitment to this type of research is needed, and the results of such studies must be communicated to practitioners. The responsibility for improving the treatment database falls equally on federal and state government.

Because evaluation research can be complicated, trained evaluation specialists should be involved in the design and management of evaluation studies. In addition, three strategies can improve the quality of information available about the effects of programs:

- Program managers can elicit the assistance of local academic resources in the design and implementation of experimental and quasi-experimental evaluations;
- State and federal agencies can identify promising programs and fund detailed, longitudinal outcome studies, with evolving experimental sub-studies to build on what is learned, and

- Correctional information systems can be adapted to promote routine evaluations of programs through the system (Glaser, 1973).

In the long run, a serious commitment must be made to increasing the knowledge base for designing programs for substance abuse offenders. It is through program accountability strategies that improved knowledge can best be obtained.

ADDITIONAL RECOMMENDATIONS

- ★ **Accountability measures should be designed and integrated into every correctional substance abuse intervention, preferably at the initial stages of program design.**
- ★ **Practitioners and policymakers should use the results of program evaluations to guide them in designing more effective substance abuse delivery service systems, contraband control strategies, and other related programming.**
- ★ **Agencies with limited resources should, at a minimum, conduct process evaluations on substance abuse programs to evaluate whether the program guidelines, policies, and procedures are being followed.**
- ★ **Technical assistance and training resources should be available to help agencies design and implement program evaluations.**

Summary

To better demonstrate their effectiveness, substance abuse programs must be subjected to accountability measures. These measures should focus on the need for the specific program, the program's integrity, and the program's results. Program outcomes, however, must be viewed in light of the special problems of these offenders and the goals for the program in each setting. Specific, measurable goals help clarify programs' purposes and assess their effectiveness in achieving their aims, **even** in part. Process evaluation helps ensure that programs are implemented well and as they were intended. Experimental evaluation is also needed to

guarantee the optimal effectiveness of current and future substance abuse treatment programs. Both state and federal government should be committed to evaluation research.

General Recommendations



- ★ **Resources should be made available to an agency (e.g., National Institute of Corrections) that has a national perspective on corrections and substance abuse programming to expand and enhance its services and training to meet the correctional needs for current substance abuse information unique to offender populations.**

Enhanced services would assist federal, state, and local program managers and administrators in obtaining the most current substance abuse literature and program information. Operationally, this agency should disseminate needed information to a targeted correctional constituency on a regular, ongoing bases, rather than by request only.

An enhanced opportunity for training of state and local correctional practitioners would assist them in more effectively managing substance abuse issues and provide the opportunity for a unified national strategy.

- ★ **Each state should develop a correctional substance abuse program action plan.**

A correctional substance abuse action plan would guide the development and implementation of programs for substance-abusing offenders throughout state and local correctional jurisdictions.

- ★ **Correctional substance abuse treatment program managers and administrators are encouraged to develop linkages with state and local public and private resources.**

Entities such as substance abuse treatment programs, community colleges, universities, private businesses, civic associations, and other private organizations can frequently provide needed resources, such as interns and volunteers who may have needed skills in substance abuse treatment, programming, and evaluation.

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Throughout the nation, institutional and community-based programs have been implemented to deal with substance abuse among criminal offenders. This appendix briefly describes some of the many programs that have developed effective approaches to some aspect of correctional substance abuse intervention. For example, the Cornerstone Program illustrates a strategy for effective linkage among agencies, while the Corazon and Passages programs are examples of programs for special populations. Many of these programs have been mentioned in the body of the report. It should be emphasized that these programs represent only a few of the many good interventions being used today. The information was provided by the program in response to a questionnaire. For each program, an individual is listed whom readers can contact for further information.

Program: Amity at Circle Tree Ranch, Adult Community

Agency: Amity, Inc.
P.O. Box 60520
Tucson, AZ 85751-6520
(602) 749-5980
(602) 749-5569 (FAX)

Contact: Gerrie Carnell/Betty Fleishman

Program purpose/goals:

The goal of this program is to provide services for individuals who are alienated from themselves and society, and whose alienation is manifested in such dysfunctional behavior as abuse of alcohol and other drugs. The program is committed particularly to adults who are unable to find the help they need to overcome addiction, affliction, adversity, illiteracy, prejudice, and poverty.

The program is devoted to providing educational and social services that affirm and foster individual dignity, self-reliance, understanding, and hope. Services emphasize the crucial role of community and family in shaping values and are sensitive to cultural and ethnic differences.

Primary reasons program was established:

In 1969, a group of people noticed that, because of its proximity to Mexico, Tucson and its surrounding areas provided a “corridor” for drug trafficking and use. Drug use in the area was particularly heavy at that time among young people between 16 and 20 years old. An organization was formed to provide various services, including a residential program modeled after one in California. In the past two decades, the drug problem in the area has not abated, and the need for services continues.

Operational features:

The program provides intervention and treatment of substance abuse, related unacceptable behaviors, and also addresses family dynamics. The long-term residential treatment component requires 14 to 18 months for successful completion.

Client referral:

Referral sources include probation/parole officers, legal and public defenders, social services, churches, other treatment agencies, private counselors, clients’ friends and relatives, and clients’ self-referrals. All referrals are screened to determine the match between the individual and the program.

Client assessment:

Amity accepts individuals appropriate to the program without regard to socioeconomic status, racial, cultural, or religious background. The referring agency assesses whether the person is in need of long-term residential treatment. Amity requires an interview and staffing with all prospective candidates and a

member of the referring agency. The following criteria are applied: appropriateness for the program (need for treatment); perceived risk to other residents, staff, neighbors, or the larger community; willingness of the candidate to abide by guidelines of the Amity teaching community; motivation to change; financial status, including medical insurance; medical status, including the ability to fully participate in the program; and correctional status, including outstanding warrants or cases. Prospective candidates for admission are accepted or rejected based on the clinical judgment of the admissions committee.

Drug screening policy:

For the most part, clients and staff are not subject to drug screening unless testing is otherwise stipulated in their admission to the program. For example, those on intensive probation supervision are subject to random urinalysis tests.

Supervision/surveillance strategies:

The community is staffed 24 hours a day, 7 days a week. Key staff members live in the facility. Except for those on intensive probation supervision, who are checked on every day, there is no other surveillance.

Treatment/intervention strategies:

The primary method for helping participants overcome addiction is through lessening individuals' alienation from themselves and from society. Encounter groups, workshops, and educational activities are used; and the individual simply lives in the community, surrounded by people for most of the day. Self-expression is crucial to overcoming alienation. People must learn to express themselves and their emotions through articulation and other means of communication. By engaging in these activities, people form relationships with one another as well as learning about themselves.

Correctional sanctions used:

Approximately 45 percent of the men and women in the program are admitted as a result of a court stipulation.

Personnel:

Number: 38

Roles: Twenty-eight staff members work in an administrative capacity, and 10 work directly with clients.

Training: All staff who work directly with clients are required to attend two workshops each year and participate in weekly encounter groups. New staff are also required to complete a training curriculum.

State standards/certification: All counselors working with clients are required to obtain certification from the Therapeutic Communities of America.

Role of ex-offenders: [No information provided.]

Roles of paraprofessionals/volunteers: [No information provided.]

Program evaluation:

Internal evaluation of success rate.

Program funding:

The program is funded partially through a state agency, partially through funds generated by private placement (user fees), and partially through Amity's Resource Department, which provides in-kind and cash donations.

Key variables in the program's success:

1. A strong and specialized women's curriculum;
2. Specialized workshops four times each year;
3. The use of groups ranging from two to four hours, four times a week;
4. Re-entry houses, where people are required to perform community service and participate in a relapse prevention program; and
5. Continual follow-up on those who have completed the program.

Key variables causing difficulties:

1. Community disapproval of the program (the "not in my backyard" syndrome);
2. Inadequate funding; and
3. An extremely long waiting list.

Continuity of services:

People are encouraged to continue coming back to the main facility and to the re-entry houses to visit and for groups. Currently, Amity is opening an outpatient service with a curriculum for this purpose. There is no continuity for those who leave against staff advice, unless it is initiated by that person.

Program: Beloit Substance Abuse Day Program

Agency: Rock Valley Correctional Programs, Inc.
P.O. Box 932
Beloit, WI 53511
(608) 362-4690
(608) 365-0411 (FAX)

Contact: Joan Kashew-Hutchens

Program purpose/goals:

The Beloit Substance Abuse Day Program (BSAD), or the Beloit Project, is an intensive daily treatment program for 20-22 adult male and female offenders who have a history of substance abuse and criminal behavior. The comprehensive substance abuse design utilizes an incrementally phased format that includes individual and group counseling and behavior surveillance. Program involvement lasts from four to six months on a decreasing participation basis; program intensity and client risk status determine the length of time an individual participates. An average of 20 clients participate per day, allowing the program to serve 90-120 persons a year. The purpose of the BSAD model is to decrease or eliminate chemically oriented behavior and to restore the targeted population to socially responsible behavior.

Primary reasons program was established:

Criminal justice literature in the past 20 years has noted the high proportion of offenders who are also substance abusers, as well as the need for a continuum of treatment alternatives for this population. One approach that has been suggested is a structured therapeutic day treatment program. Recognizing the value of this approach and the lack of model programs, the Wisconsin Department of Corrections contracted with Rock Valley Correctional Programs, Inc., (RVCP) to develop and implement a model day treatment program in the city of Beloit. The goal is to offer treatment and transitional programming for clients with criminal histories, challenging them to change their antisocial attitudes, value systems, and behaviors and to begin to live drug-free and crime-free lives in the community.

Substance abuse has contributed to recidivism in Beloit, a blue collar city of 33,000. In the last eight years the Beloit caseload has risen from 400 field and 60 institution cases to 850 field and 165 institution cases, the largest number of field and institution cases per capita of any city in Wisconsin. The violent crime index is 8.7 per thousand in Beloit, compared to 1.9 per thousand statewide. The problems of massive unemployment (57% of the Beloit caseload), the importation of drugs, and the acceptance of violence as a means of solving conflict contribute to the existence of an extensive criminal, drug-oriented subculture. This subculture not only negates the effect of institution training and basic parole supervision, it also affects the high-risk felony probationer subject to revocation.

The Beloit Project recognizes that substance abuse treatment must be directed at breaking down the denial process and enabling a change in longstanding

behavioral patterns. It further recognizes that such antisocial value systems are most often accompanied by severe educational, vocational, and spiritual/ethical deficits. Therefore, the project is interdisciplinary.

Regardless of what has been gained in institutional, custodial, or residential treatment programs, the transition to living in the community is stressful and poses many obstacles. After learning new skills in a very structured environment, applying them in the community may seem overwhelming and frustrating. For many criminal justice clients, this process includes returning to family and peer groups that do not support the client's new behavior. Few positive, supportive relationships are available to many of these clients. The Beloit Project provides clients with the opportunity to practice and refine their new skills, receive feedback, learn from their mistakes, and be rewarded for their success.

Operational features:

Project advisory council: Five-member council advises, monitors, and evaluates the service and reports monthly to the RVCP Board of Directors.

Interdisciplinary treatment team: Program staff, designated Department of Corrections staff, and support agency professional personnel staff clients weekly.

Daily treatment attendance: The program operates from 8:00 a.m. to 8:00 p.m., Monday through Friday. Participants' hours are designed to meet their individual needs; initial participation is eight hours a day, five days per week. A staff person is always available on call when the program is not operating.

Comprehensive assessment and evaluation: Clients' prior alcohol/drug, mental health, and Department of Corrections records are used to determine an appropriate, effective case plan.

Contracted participation with sanctions: The client, program staff, referring agent, and appropriate support agencies agree to a contract stating the tasks and criteria for each client's program participation and completion. Clients who violate the terms of the contract are subject to a range of legal sanctions.

Individual and group counseling: Counseling is offered in the areas of substance abuse, prosocial development, criminal thinking, community awareness, life skills, family/significant other relationships, and vocational and job skills training.

Support agency placement and monitoring: When appropriate, clients are placed in outside programming for intensive services, i.e., vocational, mental health, in-patient alcohol/drug, and special training. The placement is managed by BSAD staff.

Peer support groups: Graduates and participants form and maintain specialty support groups, (i.e., Alcoholics Anonymous, women's issues, minority issues, and parenting) with the assistance, but not the intervention, of BSAD staff and community volunteers.

Interdisciplinary reporting system: Information on clients' contracts and progress are sent to the referring agent, the unit supervisor, and support agency personnel.

Graduated privileges: The program uses a system of graduated privileges based upon clients' prosocial functioning and withdrawal from criminal orientation.

Institutional re-integration programming: The Beloit Project works with the minimum security institutions, contacting the client and institutional staff, regarding the client's entry into the program.

Client referral:

The targeted client population includes special action releases, discretionary parolees, and mandatory releases diagnosed as substance abusers; Alternative to Revocation parolees; and/or felony probationers. Referrals of clients from the targeted group are submitted by the parole/probation agent, institutional social worker, or field supervisor to the BSAD director.

Client assessment:

Appropriate documents are submitted with all requests for admission. Using client records and intake interviews, BSAD staff assess and evaluate clients for appropriate entry.

Drug screening policy:

Clients: The Beloit Project uses daily random urinalysis as a monitoring tool.

Staff: Although visible substance use by staff is considered a violation, no staff screening policy has been developed as yet.

Supervision/surveillance strategies:

A behavior-based “phase system” of graduated privileges has been established as the basis for determining clients’ progress through the program and as a means of supervision. The system is reviewed with all clients as part of intake, orientation, and case planning. Clients understand that they can earn opportunities and privileges as they progress through prescribed steps. They can also be set back, removed from the program, or arrested if their behavior deteriorates. Some of the clients’ own case planning goals become a part of the point system; thus, they are empowered to take responsibility for their own progress.

Clients’ progress is posted because clients are encouraged to share the responsibility for helping each other succeed. They are encouraged to discuss their progress and to share feedback with each other. Additionally, each individual is assigned to a treatment track that corresponds to his/her surveillance requirements and legal status.

Treatment/intervention strategies:

Program staff contract with each client to engage in constructive behavior, and graduated sanctions are imposed for rule violations. Each client also receives daily individual and group treatment in substance abuse and criminal thinking with a goal of intervening in the target population’s chronic criminality and substance-abusing behavior. Community support agencies are used as needed to help clients function in a healthy manner, the program itself also has staff available at all times to offer support to clients. The program helps clients organize and maintain specialized peer support groups. As clients are able to function more responsibly, they are gradually allowed to spend less time in treatment.

Correctional sanctions used:

Clients clearly understand the sanctions, which are imposed by the Department of Corrections, before they enter the program. Successful completion of the program is usually incorporated into the offender’s conditions of parole and is used as an

Alternative to Revocation. Clients can be sent to the county jail temporarily under the authority of the referring agent to affect negative behavior. Sanctions are precise, direct, and clearly stated to the client.

Personnel:

Number: 4

Roles: Substance abuse counselor/director: Coordinates all services, treatment, client selection, and staff supervision of the chemical abuse treatment and referral program; serves as a resource for staff; provides individual and group substance abuse counseling, treatment contracting, and crisis intervention; and carries a minimal individual caseload

Counselor: Works as a member of the program team providing alcohol or drug abuse (AODA) services to clients; assumes responsibility for the ongoing evaluation of effectiveness of the services; develops, monitors, and evaluates the appropriateness of the program contract/treatment plan.

Service coordinator/counselor: Performs intake and tracking; facilitates some group skills development; and performs case management for a limited number of clients.

Secretary: Responsible for all office typing, data entry, recording, and telephones; assures an efficient transfer of inter- and intra-agency information.

Training and state standards/certification:

Substance abuse counselor/director: Bachelor's degree in human services, chemical abuse certification or comparable experience. At least five years experience in the criminal justice system and prior supervisory experience are preferred.

Counselor: Bachelor's degree and three years experience and/or AODA certification. Experience with chemically dependent clients in a criminal justice setting.

Service coordinator/counselor: Bachelor's degree in human services and three years experience and/or AODA certification. Experience working with chemically dependent clients and working in the criminal justice system.

Role of ex-offenders: Advise BSAD with regard to policies that would help clients obtain sobriety and recovery. Ex-offender advisers/sponsors have the opportunity to give back to the program that has assisted them. Staff approval is required for a client to be adviser/sponsor to a new client.

Role of paraprofessionals: Assists with program support and life skills training.

Role of volunteers and interns: The volunteer and internship program fosters better community relations and provides assistance to the staff and enrichment to the clients, in addition to furthering the volunteers' own personal and educational growth.

Program evaluation:

Program outcomes are being evaluated on a computerized, specially programmed system using information entered upon clients' intake and termination. Evaluation of other program components is currently being implemented.

Program funding:

The Beloit Project is totally funded by the Wisconsin Department of Corrections. User fees are not currently imposed.

The Beloit Project is certified as an AODA Outpatient Clinic and Day Services Treatment Program under state statutes and as such may charge fees for service to a third-party payee.

Key variables in the program's success:

1. An intense, behavior-oriented day treatment design mandating daily participation;
2. An AODA treatment model blending the disease and mental health concepts;
3. Use of "criminal thinking" as a distinct treatment that offers clients a range of behaviors and enables them to improve their behavior by making good behavior choices;
4. A case planning and management process that includes treatment, corrections, and client perspectives;
5. Active involvement of clients' families and significant others;
6. Support groups that address the special psychological and social needs of minority and female substance-abusing offenders;
7. Ongoing support group for graduates to address both chemical dependency and criminal thinking;
8. Inclusion of program graduates in the treatment process;
9. Involvement of a wide variety of support agencies;
10. Logical, prearranged use of sanctions;
11. Graduated levels of privileges based upon accomplishments; and
12. Urine screening.

Key variables causing difficulties:

1. Need for additional funds but inadequate staff time to seek them;
2. Difficulty in involving client families because of their unwillingness or their own dysfunctioning; and
3. Difficulty in obtaining the cooperation and support of some community agencies;

Continuity of services:

Ongoing support groups for clients who have completed the program provide the kind of assistance that helped them succeed in the program.

Program: Corazon

Agency: Chicanos Por La Causa
3639 W. Lincoln
Phoenix, AZ 85009
(602) 233-9747
(602) 256-2740 (FAX)

Contact: A.J. Gring

Program purpose/goals:

The purpose of the program is to provide residential and outpatient treatment services to individuals and families experiencing mid-to-late chronic stages of chemical dependency. The multimodal approach to services, offered in both English and Spanish, provides personalized intervention during the early stages of denial and teaches crucial relapse prevention skills as a foundation for long-term recovery.

Primary reasons program was established:

The Corazon residential treatment program was established in 1970 by a group of Hispanic leaders concerned about the growing alcohol/drug problems in their community. When the Corazon Board of Directors was dissolved in 1983, the Corazon mission was assumed by Chicanos Por La Causa, Inc. (CPLC). Since then, quality treatment services have been provided under an Arizona Department of Health Services license through the following programs:

Corazon, a 45-day men's residential program; Vida Nueva, an intensive 12-week outpatient program; and the Centro de La Familia outpatient programs.

Operational features:

Corazon is a 24-bed facility at present; expansion to 40 beds is under way. Its program provides 45 days of primary care, with an optional six-month transitional treatment component.

Vida Nueva provides 12 weeks of intensive outpatient services in two phases: 1) four weeks of intensive primary treatment, including four three-hour groups and 2) an eight-week personal development phase (including individual sessions).

Centro de La Familia (CDLF) provides a 14-week outpatient program in two phases: 1) six weeks of treatment consisting of two three-hour groups and individual sessions and 2) an eight-week personal development phase.

Aftercare is offered free of charge for one year following successful completion of any CPLC program.

Client referral:

Most referrals are made through the Maricopa County adult probation agency, the Department of Corrections, or some other legal entity.

Client assessment:

Residential services are available to males 18 years of age and older experiencing mid-to-late chronic stage chemical dependency. Prospective clients must maintain abstinence from all mood-altering substances for a minimum of 72 hours prior to admission. Clients must also be free from binding legal or family entanglements that might affect their successful completion of treatment.

Drug screening policy:

Clients: Clients are screened through continuous evaluation on site. Breathalyzer tests and behavioral analysis are also used. Urine tests are used sporadically and are conducted by legal entities.

Staff: Not screened

Supervision/surveillance strategies:

After completing the program, the client is returned to the referring agency for disposition.

Treatment/intervention strategies:

Treatment strategies emphasize complete abstinence from all mood-altering chemicals, initiation of an ongoing recovery process, development of skills for employment, restoration of self-worth, chemical dependency/addiction education, self-awareness techniques, resocialization, values clarification, establishment of alternative behaviors for emotional coping, and relapse prevention skills, along with family reunification and the development of sober support systems.

Correctional sanctions used:

[No information provided.]

Personnel:

Number: 9 clinical staff, 4 house managers, and 1 1/2 data coordinators.

Roles: Depending on program requirements, staff perform the following tasks: drug and alcohol education, relapse prevention, family counseling and intervention, social services provision, food preparation/housekeeping supervision, individual counseling and assessment, treatment planning, discharge assessment, file review, AIDS education, relapse prevention, and denial reduction.

Training: Employees are professionals and paraprofessionals. Educational requirements vary with the position.

State standards/certification: All clinical staff currently hold or are acquiring Arizona alcohol/addictions counseling certification (ABCAC).

Role of ex-offenders: [No information provided.]

Role of volunteers: Volunteers are selected based on long-term contact with and assessment by the clinical staff.

Program evaluation:

Clients' participation in aftercare has recently been introduced as a measurement tool. Statistics indicate that the program meets or exceeds established guidelines for effectiveness.

Program funding:

Sources for funds include the Community Organization for Drug, Alcohol, and Mental Health Agency (CODAMA); client fees, based on a sliding scale; and in-kind donations.

Key variables in the program's success:

1. Cultural and ethnic sensitivity and awareness;
2. Excellent working relations between Corazon and Arizona probation/parole systems;
3. Use of a multimodal approach that can allow for differences in clients' needs; and
4. Consistency in accountability standards applied to clients.

Key variables causing difficulties:

The program's inability to track transient clients for follow-up statistics.

Continuity of services:

One year of free aftercare services is offered to all those who complete the program successfully.

Miscellaneous comments:

The program's history in working with involuntary clients has provided evidence of significant impact on this target population. The systems approach has proved efficient in offering intervention to persons suffering from all forms of addiction. A holistic approach has also been effective.

Program: Cornerstone

Agency: Oregon State Hospital
2600 Center St., NE
Salem, OR 97310
(503) 378-5491 or (503) 378-2068
(503) 373-7350 (FAX)

Contact: Gerry S. Warren, M.S.W.

Program purpose/goals:

The primary goal of the Cornerstone Program is to reduce recidivism by treating the substance abuse, criminality, and institutionalization problems of recidivist offenders who are preparing to be paroled from one of Oregon's prisons.

Primary reasons program was established:

Identifying the connection between substance abuse and crime, the 1975 Oregon Legislature established this substance abuse treatment program for Oregon inmates as a joint project of the state mental health and corrections departments and the Alcohol and Drug Abuse Program Office.

Operational features:

Criminality as a treatment focus: Cornerstone is a therapeutic community that emphasizes behavioral accountability, peer confrontation, cognitive and behavioral restructuring, and gradually earned increments of privilege.

Substance abuse treatment: The treatment includes education, nutrition, 12-step programs, relapse prevention, and involvement with the self-help community.

Transitional programming: Programming includes work release, family therapy, and living skills training and provides structure and close supervision.

Merging of security and treatment functions among staff: The same staff manage both security and treatment, thus integrating client accountability with personal growth and program accountability with a positive peer culture.

Client referral:

Clients are referred by institution counselors. Self-referrals and court referrals are sent back through the institution screening process.

Client assessment:

Those clients normally accepted for the program are minimum custody male and female offenders, 12-18 months from parole, without mental illness, repeat sexual offenses, or serious institutional discipline records. Inmates are screened by institution counselors, then by Cornerstone staff. Inmates spend the first 30 days in an orientation/assessment phase before being accepted for intensive treatment. Progress is formally reviewed every 90 days. Inmates in the program may be returned to prison for rule violations or lack of amenability to treatment.

Drug screening policy:

Clients: Observed urine samples are taken daily in the program on a random basis (an average of two per week per individual). About half of these urine samples are tested. Additional urine samples are taken, and full screens are performed when there is reason to suspect drug use. During transition and aftercare, two to three urine samples are taken per week on a regular schedule. A breathalyzer test is given randomly (an average of two per week per individual) and after each pass into the community.

Staff: Staff are tested when there is reasonable cause to suspect drug use.

Supervision/surveillance strategies:

Various forms of surveillance are obviously present in residents' new life during transition and aftercare. These include urine tests; breathalyzer tests; buddy passes; site visits; staff work with employers, family members, and AA sponsors; and others.

Treatment/intervention strategies:

Strategies include accountability and structure, role playing, alcohol and drug education, relapse prevention classes and groups, Adult Children of Alcoholics work, 12-step meetings, anger management, therapeutic community, behavior process/experiments, stress management, body work, sexual addiction work, self-help books, human sexuality classes, criminality classes, nutrition, family treatment, women's groups, group therapy, victims' groups, meditation, work release, parenting classes, and pre-vocational training/evaluation.

Correctional sanctions used:

[No information provided.]

Personnel:

Number: 18

Roles: Eleven drug and alcohol counselors; one registered nurse, who also is a clinical supervisor; three night staff, who have no counseling duties; one aftercare therapist, who supervises three counselors; one ward manager, who also supervises the orientation/assessment phase; and one unit director. All staff also double as security staff and perform escorting, urine tests, searches, and so forth.

Training: Two-week program orientation; yearly training. Counseling staff have all previously worked in alcohol and drug treatment programs elsewhere. Ten staff are in recovery.

State standards/certification requirements: None.

Role of ex-offenders: Two program staff are program graduates; at the moment they are the only ex-felons.

Role of paraprofessionals/volunteers: The program currently has two MSW student interns, one chaplain intern, and two community AIDS volunteers.

Program evaluation:

The program is reviewed on-site against special residential program standards every two years. The program has also conducted a series of time-limited client

outcome evaluation studies over the years. Every three years the program has conducted a criminal recidivism outcome study.

Program funding:

The primary funding source for the program is a state beer and wine tax. The Mental Health Division contributes housing, food, and support services (e.g., medical clinics, secretarial services, security backup).

Key variables in the program's success:

1. Transition through gradually earned privileges, intense structure, six months of required aftercare;
2. Treating criminality, as well as alcohol and drug issues, directly;
3. Therapeutic community;
4. A staff mix of backgrounds, approaches, values;
5. Ties to the self-help community; and
6. Support from three major state agencies: Alcohol and Drug, Mental Health, Corrections.

Key variables causing difficulties:

1. Cost (approximately \$50/day/bed).
2. Coordination among Alcohol and Drug, Mental Health, and Corrections is sometimes difficult because their rules, policies, and standards sometimes conflict.

Continuity of services:

The client contracts for six months of aftercare with the Cornerstone Program, if he/she paroled nearby, or with a community provider with which Cornerstone coordinates, if paroling at a distance. An alumni association encourages continued peer alliances over time.

Miscellaneous comments:

Cornerstone is funded by Alcohol and Drug funds administered by the Mental Health Division through Oregon State Hospital and serves Department of Corrections clients. The standards against which Cornerstone is reviewed come from the Alcohol and Drug Office. However, the program also conforms to the needs and standards of the two agencies.

Program: Dual Disability Offender Management Program

Agency: Wisconsin Correctional Service
436 West Wisconsin Ave., Room 500
Milwaukee, WI 53203
(414) 223-1308
(414) 271-4605 (FAX)

Contact: Jill Fuller, Director

Program purpose/goals:

The Dual Disability Offender Management Program is a 12-month demonstration initiative entitled “Innovative Local Program Documentation: Disposition & Management of the Drug-Dependent Offender” and funded by the Bureau of Justice Assistance under the Anti-Drug Abuse Act of 1988. The program is operated by Wisconsin Correctional Service (WCS), a private nonprofit agency providing pre-trial services to Milwaukee County.

The missions of the dual disability program are:

1. To intervene as quickly as possible with criminal justice authorities in order to assist mentally ill, drug dependent offenders to make the transition back into the community;
2. To shorten the length of time dually disabled offenders are held in local jails; and
3. To help dually disabled offenders maintain stability in the community.

Primary reasons program was established:

Wisconsin Correctional Service (WCS) has developed a model court intervention program for mentally ill offenders. The services offered by the Mental Health Intervention Unit are currently being provided to a group of offenders with the dual disabilities of mental illness and drug abuse. Milwaukee has recently experienced a sharp rise in the numbers of offenders identified with this dual disability. An overall increase in drug arrests in Milwaukee, as well as the implementation of a drug testing program for criminal defendants and new probationers, has made it possible to detect more offenders falling into this category.

Operational features:

The Dual Disability Offender Management Program includes two staff specialists responsible for providing court intervention and bail monitoring services exclusively for offenders with the dual disabilities of mental illness/emotional problems and substance abuse. The program applies specialized casework services tailored to the needs of the dually disabled defendant. The program model emphasizes early identification and intervention for dually disabled defendants; notification to the criminal justice system of dual disability defendants; development of alternative plans that incorporate community treatment resources; and coordination of treatment provision and liaison between treatment providers and courts.

The program is an example of the Treatment Alternatives to Street Crime (TASC) “bridge” concept that links the criminal justice system and the treatment community. The dual disability model addresses the criminal justice system’s concern for public safety as well as the personal safety of the defendant.

Client referral:

Dually disabled individuals are identified by pretrial services staff through a combination of methods: an assessment tool; review of previous treatment record; collateral contacts with police, family, and friends; and drug testing. The court then refers clients to the WCS Bail Monitoring Unit for pretrial supervision.

Client assessment:

Only clients with a verified diagnosis of mental illness and a concomitant alcohol or other drug abuse problem are accepted into the program. The Central Intake Unit receives dual disability offenders in one of three ways: 1) the Bail Evaluation Unit can identify mentally ill/drug dependent defendants through such means as communication with arresting officer, history of mental illness, type of charge, and the arrestee’s behavior/ symptomatology; 2) the district attorney can refer offenders based on information obtained in the charging conference, the offender’s mental health/drug abuse history, or the person’s behavior/symptomatology; or 3) treatment agencies can refer clients based on their knowledge of rearrest and the person’s treatment history.

Drug screening policy:

Clients: Clients are initially screened by the Milwaukee County Pre-trial Services Bail Evaluation Unit. Drug-involved offenders are identified through self-reporting and drug testing. All defendants charged with felonies and serious misdemeanors are asked to cooperate with drug testing. The court is informed about drug-involved offenders, and a recommendation is made for conditional release to drug test monitoring and/or treatment.

Staff: An agency policy requires a drug-free workplace. No systematic drug testing of staff is conducted.

Supervision/surveillance strategies:

A supervised pre-trial release unit monitors offenders with personality disorders. The mental health unit also monitors substance-abusing chronic mentally ill (CMI) pre-trial defendants, sentenced individuals, and offenders who are found not guilty by reason of mental disease or defect and have been conditionally released to the community. Wisconsin Correction Services staff perform an aftercare function for the criminal justice system by serving as official liaisons between community treatment and the criminal justice system.

Treatment/intervention strategies:

Court intervention is pursued by staff as a means of recommending conditions of release that reduce the level of risk to the community and of presenting treatment programming tailored to the needs of the defendant. The Bail Evaluation Unit recommends treatment for clients, identifying treatment needs that could potentially interfere with pre-trial release. The court is asked to stipulate WCS

services as a condition of bail. In addition, the Court Intervention Mental Health Unit, a specialized unit of court staff, works exclusively with mentally ill offenders to provide jail follow-up, court presentation of diagnostic information and treatment plans, and coordination with state mental health facilities.

Correctional sanctions used:

All clients of the program are required by the court to participate as a condition of their pre-trial release; noncompliance is reported to the presiding court. In cases of noncompliance, the staff reassesses the risk and need levels of the offender and presents a revised plan of release. The stabilization period for mentally ill defendants may not always proceed smoothly, and the courts may be asked to revise conditions as the treatment needs of mentally ill defendants change over time.

Personnel:

Number and roles: The program originally consisted of two staff specialists, who were responsible for providing court intervention, bail monitoring, and group therapy services exclusively for dual disability offenders. Services are now provided by regular WCS staff.

Training: Training was provided by existing staff of the Milwaukee County Pre-trial Services Program, Central Intake Unit.

State standards/certification requirements: N/A

Role of ex-offenders: N/A

Role of paraprofessionals and volunteers: N/A

Program evaluation:

Several measures are used to determine the effectiveness of the program. Client performance is measured by the level of criminal activity that monitored defendants engage in compared to their preprogram criminal activity. Improved transition to the community is measured by the rate of rehospitalization. The functioning of a coordinated referral mechanism for dual disabled offenders is measured by the ratio of clients completing or continuing treatment. The reduction of drug abuse symptomatology is measured by drug test results for the target population. Reduction of mental health symptomatology is measured by compliance with medication and treatment schedules. The effectiveness of intervention strategies is measured by clients' length of stay in the Milwaukee County Jail prior to release and by the ratio of accepted plans.

Program funding:

This program was originally funded by a Bureau of Justice Assistance demonstration grant that expired on August 1, 1990. Funding was assumed by Milwaukee County. No user fees are assessed.

Key variables in the program's success:

A useful casework approach is being developed for the target population.

Key variables causing difficulties:

The two dual disability specialists have been assigned much larger caseloads than originally projected. The program has developed some useful monitoring and group therapy approaches, which seem promising, but the dually disabled client requires more time and skillful intervention than typical pre-trial supervision clients.

Continuity of services:

The WCS Dual Disability Offender Management Program serves pre-trial clients. Services are terminated 30 days after case disposition. Continuity of services is maintained via case staffing with probation agents for clients sentenced to probation, treatment agencies providing therapy at time of case disposition or institutional social workers for clients ordered to a state correctional or mental health facility.

Program: Hillsborough County Sheriff's Office
Substance Abuse Treatment Program

Agency: Hillsborough County (Florida) Sheriff's Office
P.O. Box 3371
Tampa, FL 33601
(813) 247-8840
(813) 247-8246 (FAX)

Contact: Addis Dolente, Psy.D.

Program purpose/goals:

The purpose of the Hillsborough County Sheriff's Office Substance Abuse Treatment Program is to provide substance abuse treatment to inmates in the Hillsborough County Jail System, with the goal of preventing relapse to substance use and reducing recidivism.

Primary reasons program was established:

According to data published by the Florida Department of Law Enforcement (IDLE), 24.2 percent of all arrests in Hillsborough County in 1986 directly involved alcohol or drugs. The number of non-drug arrests directly related to drug use is also judged to be substantial. The Hillsborough County Sheriff's Office recognized that if drug-involved offenders served their time in jail and were returned to the community without receiving treatment for the addiction perpetuating their crime cycles, they would soon be back in jail for new drug-related crimes.

Because persons in jail are often receptive to intervention, the Sheriffs Office applied for a Bureau of Justice Assistance grant entitled "Drug Treatment In a Jail Setting - National Demonstration Program." The grant was awarded in late 1987, making the office one of three jails selected by BJA to serve as a national model for jail drug treatment. The Sheriffs Office contracted with the Florida Mental Health Institute, at the University of South Florida, to assist in the development of a treatment strategy based on the relapse prevention model, which has been shown to be effective in the treatment of addictive disorders.

Operational features:

Client screening: Before entering treatment, clients undergo several steps of screening to determine their eligibility for placement in a treatment setting.

Placement in substance abuse treatment pod: Clients are housed in a "therapeutic milieu" setting, in which there is an emphasis on mutual help, cooperation, and group participation in special assignments.

Assessment: Clients undergo approximately four hours of assessment at the beginning of the program and are assessed again near the end of treatment.

Relapse prevention treatment groups, Level I: Clients receive at least 25 group treatment sessions based on the relapse prevention model. Groups are held two hours per day, five days per week, with approximately one to two hours of "homework" assigned each day.

Relapse prevention treatment groups, Level II: The second phase of treatment permits a greater focus on individual relapse factors. An inmate can attend Level II groups until release from jail.

Ancillary groups and education classes: Narcotics Anonymous, Alcoholics Anonymous, AIDS prevention education.

Linkage to community-based aftercare: An aftercare plan is created for each client prior to release from jail. Each client is referred to a specific community treatment agency and is often mandated by the court to attend treatment as part of probation. Information is provided to the judge and probation officers regarding clients' treatment needs, and information gathered during the course of jail-based treatment is sent on to the referral agency.

Program evaluation: The Florida Mental Health Institute assists in collecting data on inmates' progress after they return to the community. An inmate's progress is tracked for one year, focusing specifically on recidivism, relapse to drug use, and participation in community-based drug treatment.

Client referral:

When the program began, all clients were pre-trial inmates who were self-referred. As the circuit court judges became familiar with the program, however, they began referring clients to treatment under court order. The program now has a mixture of pre-trial clients and court-ordered, sentenced clients.

Client assessment:

Clients are screened out if they present a threat of danger to self or others, are charged with a capital or violent offense such as murder, or have a serious mental illness that would make them unable to benefit from substance abuse treatment.

The program will accept court-ordered (involuntary) clients, provided that they comply with program requirements and are not disruptive to the treatment process. Judges tend to order into treatment individuals convicted of drug-related crimes, those whose crimes are known to be related to their drug use, or those who have been previously ordered into community-based treatment under the Myers Act and have left the treatment facility.

Once clients have been accepted into the program, they undergo a substantial amount of assessment, which focuses on gathering the following data: psychosocial data and data on patterns and severity of drug use (through the Addiction Severity Index); psychological functioning (through the Minnesota Multiphasic Personality Inventory [MMPI]); intellectual functioning (through the Shipley Institute of Living Scale); and level of skills for handling social pressure to use drugs (through the Problem Situation Inventory).

Shortly after treatment begins, clients are administered a variety of instruments that determine the history of cocaine use (Cocaine Abuse Assessment Profile, Part I: Background History); severity of cocaine use (Cocaine Abuse Assessment Profile, Part II: Severity Rating); motivation to participate in treatment (Client Self-Evaluation); determinants of relapse (Inventory of Substance Use Situations and Determinants of Drug Use); level of confidence in avoiding future relapses in a

variety of different situations and circumstances (Situational Confidence Questionnaire); and knowledge of relapse prevention skills (Relapse Prevention Skills Test).

At the end of treatment, clients are again given the Relapse Prevention Skills Test, the Situational Confidence Questionnaire, and the Inventory of Substance Use Situations to measure gains in knowledge of relapse prevention skills, confidence in avoiding situations that present risks for relapse, and acquisition of social skills for handling pressure to use drugs.

Drug screening policy:

Clients: Clients suspected of having used drugs while in the jail can be asked to take a urine test. There is no routine drug screening of inmates at the time of booking.

Staff: All sworn personnel undergo pre-employment drug screening as mandated by the Florida Standards and Training Commission. If an employee is suspected of using drugs, he can be asked to take a urine test.

Supervision/surveillance strategies:

All clients in the program are incarcerated in the Hillsborough County Jail System. Most are housed in direct supervision housing units, a dormitory-like setting in which a deputy is on duty at all times. This arrangement provides for maximum interaction among clients and between clients and security/program staff. Inmates in treatment are segregated from the rest of the jail population.

When clients are released from jail, most are placed on probation with continued substance abuse treatment and regular urinalysis as conditions of probation. Prior to clients' release, information is sent to probation officers on clients' treatment needs.

Treatment/intervention strategies:

The program uses the relapse prevention model of treatment. This is a skill-building model which emphasizes assessing antecedents to individuals' substance use and teaching alternate coping strategies for dealing with those situations. Groups mix didactic and experiential techniques.

Each counselor has a caseload of 12 clients, which are carried for the duration of Level I. Counselors take turns running Level II groups.

Clients are encouraged to attend Narcotics Anonymous and/or Alcoholics Anonymous groups while in jail and to continue to attend once they are released.

Correctional sanctions used:

Approximately 75 percent of the clients are ordered by the court to complete the Hillsborough County Sheriffs Office Substance Abuse Treatment Program. Failure to complete the program due to noncompliance can result in additional penalties, to be imposed at the judges' discretion. Some clients are sentenced to jail for a specified length of time; others are sentenced to complete the program, followed by probation. When attendance at ongoing treatment in the community

is a condition of probation, failure to comply with this requirement could result in violation of probation.

Personnel:

Number: Seven program staff members who are civilian employees of the Hillsborough County Sheriffs Office: one program manager (a licensed clinical psychologist); five treatment counselors; and one clerk-typist.

Roles: **The program manager** is responsible for the clinical supervision and training of the counselors, ongoing program development, establishing and maintaining linkages with the court system, probation, and community treatment agencies. Since the Hillsborough County Sheriffs Office Substance Abuse Treatment Program is a national demonstration program, the program manager disseminates information on the program to other interested facilities and holds periodic on-site training sessions for those who wish to replicate the model.

The counselors are responsible for the clients' assessment, direct treatment, aftercare planning, case management, and linkage with probation and community treatment agencies.

The clerk typist is responsible for typing letters, reports and memos, managing the flow of client information as it comes in from the court system, managing the computer database containing client records, and general clerical duties.

Required training: **The program manager** must have a doctorate in clinical psychology and experience working in substance abuse treatment and with a correctional population.

Counselors are required to have bachelor's degrees and background in counseling, preferably in substance abuse treatment. In addition, all counselors must undergo specialized training in the relapse prevention model of treatment and in dealing with an inmate client population.

State standards/certification: All program staff must meet Hillsborough County Sheriffs Office security criteria for civilians working directly with the inmate population. Certification is not required, although some counselors are currently working toward certification as addictions professionals.

Role of ex-offenders: No current staff members are ex-offenders. Ex-offenders who meet minimum counselor qualifications (counseling experience, bachelor's degree) will be considered on a case-by-case basis. However, the program uses many ex-offenders as volunteers.

Role of paraprofessionals and volunteers: Alcoholics Anonymous and Narcotics Anonymous are run by volunteers from the community.

Program evaluation:

The program's impact on clients is measured by gathering data from the following sources: the clients themselves (parts of the Addiction Severity Index are re-administered over the telephone), community drug treatment staff, probation officers, and the NCIC/FCIC databases. Information is obtained on recidivism, relapse to drug use, attendance at treatment, and community adjustment. All clients who have been in the community for one year are studied. Ideally, program research staff will be able to analyze these data to identify the types of clients who would benefit most from the program.

Program funding:

A \$300,000 BJA start-up grant covered program operation for 18 months, purchase of equipment, and purchase of contractual services from the Florida Mental Health Institute. The Hillsborough County Sheriffs Office absorbed the program into its operating budget in mid-1989.

No user fees are assessed for treatment received in the jail. However, some community-based programs require clients to make payment for services based on a sliding fee scale. One agency provides the treatment free of charge to “graduates” of the program through a recent grant from the Florida State Department of Corrections.

Key variables in the program’s success:

1. Support from jail administrative staff;
2. Cooperation between program staff and security staff to iron out problems as they arise;
3. The assignment of an entire housing unit to the program in order to segregate those in treatment from the rest of the jail population, where there is constant talk about using drugs;
4. Support from the judges and the local probation office to ensure a smooth referral system and proper supervision after release; and
5. Assignment of a TASC (Treatment Alternatives to Street Crime) counselor to help with linkages to community treatment agencies and to provide information to program staff on clients who do not follow through with treatment attendance.

Key variables causing difficulties:

1. **Staff turnover.** Because of intensive training in preparation for the transition to a new direct supervision jail, deputies have been called away from the program housing unit; therefore, no one has become completely familiar with the treatment program or has received extensive training in substance abuse treatment strategies. After the transition has been made, a stable complement of deputies will be assigned to the program, and a training program will be provided by the program manager.
2. **Rapid turnover of the pretrial treatment population.** When the program began, clients entered treatment, then went to trial and left the jail before completing the program. This problem has been solved, for the most part, by selecting clients who had recently entered the jail system (and would therefore have a relatively longer wait before their case went to trial) and who carried charges of sufficient weight that they would not leave the court system too quickly.

Continuity of services:

Prior to clients’ completing the program, letters are sent to their respective judges and probation officers describing the type of treatment received in jail, future treatment needs, and the name of the community treatment agency to which they have been referred. A copy of an aftercare plan, signed by the client, is enclosed with these letters.

An information packet is also sent to the community treatment agency containing a psychosocial and treatment summary, as well as a signed release of information form. With these forms, agency counselors can contact program staff regarding treatment issues. Most agencies provide feedback to program staff if the referred client does not appear for treatment.

Miscellaneous comments:

Since the program began, three training sessions have been held at the Hillsborough County Jail for treatment and administrative personnel from throughout the United States. One facility, the Central Texas Parole Violator Facility in San Antonio, has replicated the program.

Program: Parole Transition Release Project (PTR)

Agency: Washington County Community Corrections (WCCC)
330 N.E. Lincoln
Hillsboro, OR 97124
(503) 693-4406
(503) 693-4509 (FAX)

Contact: Patricia Johnson

Program purpose/goals:

The purpose of the Parole Transition Release Project is to reduce offenders' criminal activity, drug use, and rate of return to prison. The project works to increase offenders' level of employment and improve their level of functioning in the community.

Primary reasons program was established:

In 1988, Washington County Community Corrections established a cooperative agreement with Correctional Institution Treatment Services (CITS) and contracted with two alcohol/drug therapists. One contractor works at the Oregon State Penitentiary (OSP) and at the Department of Corrections Release Center @CRC) to facilitate support groups for offenders preparing to make the transition back to their communities. This contractor also provides substance abuse transition services to offenders on temporary leave and/or parole, through the CIRCLE Program. At the Oregon State Correctional Institution a contractor provides group treatment, which also focuses on substance abuse and transition issues. This model emphasizes the continuity of therapeutic approach from institution to institution and from institution to community.

Operational features:

Assessment -of inmates' substance abuse problems and identification of transition needs from up to 12 months prior to their release. The intent is to establish an early relationship with offenders, using the data collected at each stage to assist in planning for their release to the community.

Treatment services -provided in prison and the community to offenders in need of individual or group treatment. Where recommended, referral is made to inpatient/residential treatment.

Release planning and preparation - through staffings to coordinate an implementation plan.

Surveillance and intensive supervision - of offenders on parole or temporary leave by one parole officer, a surveillance specialist, and the project coordinator.

Employment - by the Willamette Employment Resource Council, whose staff provide life skills training to offenders at the release center. At release, parolees are required to attend job readiness classes in the community through which they receive assistance with job placement.

Client referral:

A counselor at the Department of Corrections Release Center updates the list of prospective Washington County clients on a weekly basis. At the other

institutions, the process is more difficult; the project coordinator must rely on information from CITS, institutional release officers and counselors, the CIRCLE therapist, and other CITS contractors.

Client assessment:

The institution staff refer offenders returning to Washington County to the project coordinator. Offenders are accepted to the PTR Project when their criminal behavior is related to their substance abuse histories, as identified by the offender needs assessment.

Drug screening policy:

Clients: While at the institutions, offenders undergo urinalysis when requested by staff.

In the community, the parole officer, surveillance specialist, or treatment provider can request urine tests.

Staff: [No information provided.]

Supervision/surveillance strategies:

Washington County Community Corrections parolees or temporary leave clients are assigned to the intensive supervision caseload. The clients eligible for the PTR Project are assigned to a specific officer, who meets with them at intervals ranging from twice a week to once a month, depending on the need. The officer also makes home visits. In addition, WCCC has employed two surveillance specialists who make two to four home visits per month, inspecting for the appropriateness of the environment. These visits also provide additional drug screening opportunities.

Treatment/intervention strategies:

The inmate may be referred to outpatient, inpatient, and/or residential treatment. A counselor for Washington County Health and Human Services is assigned to PTR clients in the community to provide outpatient substance abuse education and treatment services. Individual and group treatment services are available. Inpatient and residential referrals are made to the DePaul Program, a Portland-based agency, and to Harmony House, where WCCC maintains a contract for a specific number of beds. Parolees are also requested to attend AA/NA meetings.

Correctional sanctions used:

Graduated sanctions are used to promptly address offenders' noncompliance. Offenders are offered help to succeed, but they are accountable for failure.

Personnel:

Number: 3

Roles: Project coordinator, parole officer, and drug counselor.

Training: [No information provided.]

State standards/certification: [No information provided.]

Role of ex-offenders: [No information provided.]

Role of paraprofessionals/volunteers: [No information provided.]

Program evaluation:

Data on offenders' self-esteem and functional ability are collected before and after program participation, and offenders are tracked from entry to exit. In addition, the Law Enforcement Data System is used to determine whether any clients are back in the system. Preliminary evaluation data indicate that the recidivism rate is lower than for comparable inmates not in the program.

Program funding:

The PTR Project is a demonstration program funded by a grant from the U.S. Department of Justice, Bureau of Justice Assistance.

User fees are assessed on a sliding scale for the Chemical Dependency Treatment Component. The parolee/temporary leave participant is required to begin paying a fee for services after 30 days or more of successful employment.

Key variables in the program's success:

1. Screening and assessment at the institution to plan and initiate services for inmates prior to their release;
2. CIRCLE groups that follow inmates as they make the transition from the institution to the community;
3. The intensive supervision and surveillance components;
4. Life skills training in the institution, which helps the transition to job readiness and placement in the community;
5. Support from the Oregon State Parole Board for the sanctioning system; and
6. The cooperation and support of line staff and administration at the Department of Corrections Release Center.

Key variables causing difficulties:

1. The challenge of securing identification at the Women's Corrections Center and the Oregon State Prison;
2. The lack of information at the prison regarding inmates' return to Washington County;
3. The passage of new laws in the Oregon legislature that have confused the release procedures for inmates from Oregon institutions; and
4. The need for more extensive publicity to get the word out about the program and to attract clients.

Continuity of services:

After successful graduation from the program, parolees participate in an aftercare group and attend AA/NA and/or other treatment services.

After completing the goals of the intensive supervision unit, parolees are supervised in a general supervision unit until they successfully complete parole. If a parolee fails and is returned to prison, he/she will resume participation in prison PTR/CIRCLE services in preparation for release.

Program: Passages Program - An Institutional Program for Women.

Agency: Wisconsin Department of Corrections
Box 7925
1 West Wilson St.
Madison, WI 53707
(608) 266-8268

Contact: Gerald L. Vigdal

Program purpose/goals:

The Passages program is a full-time, 16-week treatment program designed on an empowerment model for female offenders in a minimum security prison. Its goal is to help women take control of their own lives, not only through drug education but through a holistic approach directed to self-actualization.

Primary reasons program was established:

This program, originally funded by the U.S. Department of Justice, Bureau of Justice Assistance, was created in 1988 as a demonstration program to measure non-traditional treatment methods in a feminist-based program. Other impetuses for the program included insufficient drug programming to meet the Department of Correction's needs, the failure of traditional medical model programs to effect change, and the failure of women to complete programs offered by a therapeutic community.

Operational features:

The program is offered away from the facility five full days per week. Fifteen women are programmed at a time in an open-ended group; one person is added as another graduates. A 16-week program, Passages can provide services for 60 women per year. Women participate in the program just prior to their release, and efforts are made to connect the woman with community aftercare and resolve social service concerns.

Client referral:

Clients are screened at intake with the Wisconsin Department of Corrections Screening Inventory and assigned to programs based on the assessed need. Offerings are coordinated with approximate release dates.

Client assessment:

Program placement is based on the Uniform Drug Screening Inventory, and further programmatic assessments are done at reception to the program.

Drug screening policy:

Clients: Clients are subject to ongoing random urinalysis.
Staff: Staff are not tested

Supervision/surveillance strategies:

Clients are supervised in the program by program staff and within the facility by correctional officers.

Treatment/intervention strategies:

Topics addressed include assertiveness training, learning to trust, communication skills, anger control, conflict resolution, relaxation, values clarification, parenting issues, relapse syndromes, AIDS, drugs, pregnancy, eating disorders, stages of the grief process, domestic violence/abusive relationships, recreational/physical wellness, women's role in society, and self-esteem.

Correctional sanctions used:

Clients can refuse attendance, but they know they are viewed as less parolable if they have unmet needs at their parole hearings.

Personnel:

Number: 3

Roles: Two social work drug counselors, one supervisor

Training: Knowledge of female offenders and their needs

State standards/certification: No requirements; however, all staff are certified drug counselors.

Role of ex-offenders: [No information provided.]

Role of paraprofessionals and volunteers: A variety of volunteers are used from a wide assortment of women's groups. They present workshops and information on the topics listed under Treatment/intervention strategies.

Program evaluation:

Passages is currently being evaluated by Narcotics Drug Research Inc., New York City, under a contract from the Bureau of Justice Assistance.

Program funding:

The first year was supported through federal discretionary funds. Continued operation will be through federal block grants.

User fees are not assessed.

Key variables in the program's success:

1. Support from both the correctional system and treatment provider,
2. Quality programming addressing important issues;
3. Credibility of providers; and
4. Urinalysis.

Key variables causing difficulties:

None.

Continuity of services:

Funding has recently been secured to hire an aftercare worker who will work directly with the graduate and her parole officer to monitor continuing treatment efforts and social services needs.

Program: Pilot Drug Abuse Treatment Program

Agency: Federal Bureau of Prisons
Federal Correctional Institution
501 Capital Circle NE
Tallahassee, FL 32301
(904) 878-2173
FTS# 965-7543
(904) 877-7260 (FAX)

Contact: Gary Whittenberger, Drug Abuse Program Coordinator

Program purpose/goals:

This program is designed to help inmates change the patterns of thought, feeling, and action that have contributed to their abuse of mood-changing substances. The primary goal is to reduce the likelihood of substance abuse relapse.

Primary reasons program was established:

One impetus for the program was the recognition that substance abuse is a contributing factor in a substantial percentage of criminal cases. There was a need for an intensive program to help offenders overcome substance abuse problems. Funding for the program became available because of the War on Drugs.

Operational features:

Ninety-eight inmates participate in the program, which is located in one section of an inmate housing area. Offices for program staff are in the same area. Participants begin the program approximately 18 months prior to the date of their release from custody. The duration of the program is one year.

On Monday through Friday each participant spends half a day in unit program activities and half a day in educational classes, vocational training, or work.

After being released from the program, participants usually spend six months in a halfway house. Participants are encouraged to continue in aftercare for least another six months following their stay in the halfway house.

The program is directed by a clinical psychologist. Eight drug abuse treatment specialists provide the counseling and education; the staff-to-inmate ratio is approximately 1 to 12. The primary treatment modality is structured group counseling. Treatment is based on a relapse-prevention, and a social learning approach to substance abuse.

Client referral:

Clients are self-referred. They complete an application to volunteer. Clients are accepted both from the local institution and from other institutions in the Southeast Region of the Bureau of Prisons.

Client assessment:

To be accepted in the program, clients must:

- have 18-24 months left to serve on their sentences;
- have a substance abuse problem, as indicated by a self-report inventory and a review of records;
- volunteer and sign a participation agreement;
- have a release destination in the southeast region;
- have no pending detainers or charges that would interfere with halfway house placement and aftercare;
- be skilled in the use of the English language;
- have no major physical or mental problems that would impair program participation; and
- have a minimum to moderate security level rating.

Potential clients are assessed through the Inventory of Substance Abuse Patterns, a self-report inventory, and the Substance Abuse Signs Checklist, a file review checklist. If an inmate appears to have significant substance abuse problems, a staff person recommends participation in the treatment program. It is then the responsibility of the inmate to apply for treatment. After acceptance for treatment, an inmate is assigned to a program based on individual needs.

On acceptance into the pilot program, an inmate is interviewed to acquire a detailed social history. Various questionnaires are also administered, the most important of which determine the situations in which the client is most likely to relapse to substance abuse.

Drug screening policy:

Clients: Clients are given urinalysis tests under three circumstances: 1) if drug use is suspected for any reason, 2) at the time of return to prison from any community program, and 3) on a random basis.

Staff: Staff members are tested only if they are suspected of using a prohibited substance.

Supervision/surveillance strategies:

Clients are supervised by a drug abuse treatment specialist during program activities, by a teacher during educational or vocational activities, and by a staff work supervisor during work activities. Clients' movements within the prison are also monitored by correctional officers.

Treatment/intervention strategies:

The following strategies are used most often: group counseling, psychoeducational groups, individual counseling, written homework assignments, role playing, videotaped role playing and feedback, social skills training, relapse prevention skills training, individual counseling, goal setting, reinforcement of constructive self-improvement behaviors, sanctions for destructive or disruptive behaviors, vocational planning and training, aftercare planning, constructive peer modeling, and graduation through phases.

Correctional sanctions used:

Only volunteers are accepted into the program. Clients may volunteer after being recommended for participation by the sentencing judge, and compliance with judicial recommendations may be considered by the parole commission in determining parole dates for offenders. However, because of the new Federal Criminal Code, program participants are rarely paroled.

Personnel:

Number: 11

Roles: Clinical psychologist (one) -directs the program, provides training and supervision to staff; selects inmates for the program; monitors treatment quality; purchases materials, equipment, and supplies; develops program activities; conducts and monitors research.

Drug abuse treatment specialists (eight) -provides group and individual counseling to clients; presents drug education programs; administers some tests and questionnaires; collects research data.

Psychology intern (one) -same role as treatment specialist except on a more limited basis and under greater supervision.

Secretary (one) -manages client files; types reports; manages appointments; organizes paperwork; enters data into computer.

Training: Clinical psychologist- Ph.D. in psychology with work experience in the field of substance abuse treatment.

Treatment specialists- minimum of bachelor's degree in social service/science area; master's degree and work experience in counseling substance abusers preferred; four weeks of agency training in corrections; one week intensive agency training in substance abuse treatment.

Psychology intern -master's degree in psychology.

State standards/certification: All professional staff are encouraged to pursue state certification in substance abuse treatment, but at this time certification is not required.

Role of ex-offenders: Ex-offenders are rarely used. They may be invited as volunteers to speak about their success in the community.

Role of paraprofessionals and volunteers: Paraprofessionals and volunteers are used infrequently at this time. When used, they are usually persons who have overcome substance abuse problems and have agreed to speak to clients.

Program evaluation:

The program uses a multidimensional approach to evaluation. Questionnaires, tests, and inventories are administered to inmates both before and after their participation in the program. Measures of institutional adjustment, such as number of disciplinary infractions and number of "dirty urines," are taken. Inmates are monitored after their release from the institution to ascertain their adjustment to halfway house placement, parole, and freedom. The National Institute of Drug Abuse plans to sponsor a major study of program effectiveness.

Program funding:

The program receives funding from the Bureau of Prisons Central Office. User fees are not assessed.

Key variables in the program's success:

1. Support from the National Drug Abuse Program Coordinator for the Bureau of Prisons;
2. Support of the institution's executive staff;
3. Requirement for daily involvement of inmates in the program;
4. The use of a "platoon" approach to inmate groups, in which group membership remains constant throughout involvement in the program;
5. The social learning philosophy of treatment;
6. Emphasis on development of coping skills among the clients; and
7. Selection of highly motivated, intelligent staff.

Key variables causing difficulties:

The only difficulty to date has been modifying an existing housing unit to make it suitable for a treatment program. Buildings not specifically designed for treatment purposes are less than ideal.

Continuity of services:

After leaving the prison program, the client enters aftercare, first at a halfway house and then while on parole in the community. Aftercare is arranged for the client prior to his release from the program. A written termination summary and telephone consultation are provided by program staff to the aftercare providers, who are under contract with the Bureau of Prisons, the U.S. Parole Commission, or the U.S. Probation Service to provide services that meet specific standards.

Program: Pima County Drug Treatment Program/Substance Abuse Treatment in a Correctional Setting

Agency: Pima County Adult Detention Center
P.O. Box 910
Tucson, AZ 85702
(602) 740-2836
(602) 740-2837 (FAX)

Contact: Frank R. Hecht, Captain

Program purpose/goals:

The purpose of this program is to demonstrate the ability to deliver drug treatment in a correctional setting through a cooperative effort between custody and treatment staff. The program deals specifically with the sentenced incarcerated offender who has been remanded to the custody of the sheriff for up to one year.

Primary reasons program was established:

This program is one of three national demonstration programs of the American Jail Association. The commitment to address the drug problem and the desire of the sheriff to do more than warehouse sentenced substance abusers led to the decision to begin the program.

Operational features:

Contract services: Using contract services allows faster start-up and provides known impact.

Staff cross-training: Custody and treatment personnel must approach the program as a team; therefore, cross-training is necessary.

Isolated housing unit: Effective use of a therapeutic community requires elimination of outside distractions.

Ex-offender/substance abuser: Staff use this classification in providing treatment in order to provide a positive role model.

Direct supervision: The principles and dynamics of direct supervision facilitate program application.

Aftercare: It is important for clients to either enter a residential program or continue group counseling on a daily basis upon release.

Co-program coordinators: One program counselor from security and another from treatment provide continuity and team work between custody and treatment staff. They have the authority to deal with the day-to-day operation of the program.

Client referral:

Clients are referred during initial classification, by the probation department, or by self-referral.

Client assessment:

Offenders with a history of substance abuse who are sentenced to a minimum of 45 days in the county jail are eligible for the program.

Drug screening policy:

Clients: Clients are screened only when suspected of substance abuse; screening is not a component of the program.

Staff: The Pima County Sheriffs Department and its subcontractor must be in compliance with the requirements of a drug-free workplace. Employees are screened during the hiring process and randomly thereafter.

Supervision/surveillance strategies:

Clients released are under the jurisdiction and supervision of the probation department, which coordinates with the treatment provider.

Treatment/intervention strategies:

The program is a therapeutic community and employs treatment strategies appropriate to that approach.

Correctional sanctions used:

All participants are on probation, and many are ordered to undergo drug treatment. However, all participants in this program are voluntary and not court-ordered. The probation department and program coordinators cooperate to strongly encourage compliance with program objectives.

Personnel:

Number: 10

Roles: Five correction officers, two program coordinators, and three treatment providers.

Training: All staff have specific training in therapeutic communities, substance abuse treatment, security practices, and direct supervision.

State standards/certification: [No information provided.]

Role of ex-offenders: Ex-offenders and former substance abuse offenders are used during the day-to-day treatment.

Role of paraprofessionals/volunteers: Volunteers are used to coordinate programs such as AA and recreation.

Program evaluation:

Extensive information is obtained about each participant at three points: upon intake, at release, and six months after release. The information is used to measure program results.

Program funding:

AJA originally allotted \$300,000 for 18 months, then granted another \$350,000 for an additional 18 months. Funding will continue through state support
No user fees are assessed.

Key variables in the program's success:

1. Direct supervision;
2. Cross-training of personnel;
3. Co-program coordinators;
4. Isolated housing units;

5. Control over who enters and leaves the program;
6. Contract treatment providers;
7. Cooperative efforts with the adult probation department;
8. An intensive aftercare program;
9. A commitment from top administrators; and
10. Ongoing in-service training.

Key variables causing difficulties:

1. Crowding;
2. Lack of adequate space for co-ed housing, thus limiting female participation;
3. High staff turnover;
4. Staff shortages, causing delays in in-service training; and
5. The need to closely monitor contract services.

Continuity of services:

The participant is monitored by the Pima County Adult Probation Department, which works closely with treatment providers.

Program: Pre-Post TASC/SCI (Treatment Alternative to Street Crime/State Correctional Institution) Project

Agency: Pennsylvania Department of Corrections
P.O. Box 598
Camp Hill, PA 17001-0598
(7 17) 975-4941
(7 17) 787-1758

Contact: Emlyn H. Jones

Program purpose/goals:

The project has three goals:

- Prior to releasing substance-abusing offenders on parole, identify and evaluate those who might be amenable to treatment;
- Formulate an appropriate individualized treatment plan and provide treatment referral; and
- Provide support, incentives, and structure for clients to remain in treatment and thus reduce the probability of their relapsing and resuming criminal behavior.

Primary reasons program was established:

The project was established primarily due to the high number of substance-abusing parolees who re-enter the state correctional institution because they violate their parole conditions or commit new crimes.

Operational features:

This project is a joint effort of the state Department of Corrections, Board of Probation and Parole, and Department of Health. Key features include:

- A number of agreed-upon offender eligibility criteria;
- Procedures for identifying eligible offenders that emphasize early correctional and treatment intervention;
- Documented procedures for assessment and referral;
- Documented policies and procedures for random urinalysis and other physical tests; and
- Procedures for monitoring offenders that include criteria for success/failure, frequent contact, a reporting schedule, and notification to the correctional system of offender's termination from the program.

Client referral:

The records office within the SCI identifies inmates who are five or six months from completing their minimum sentence. Corrections counselors screen those offenders eligible for evaluation for appropriateness for the project. Eligible offenders include those who request TASC/SCI treatment and those referred by institutional parole officers when they think treatment for addiction is required for parole. An outside evaluator evaluates offenders who are recommended by institutional staff and/or institutional parole, who are willing to acknowledge an

alcohol and/or drug problem, and who demonstrate motivation for treatment. The offender is accepted into or rejected from the TASC/SCI project by the evaluator.

Client assessment:

All inmates are eligible who are being paroled to one of 12 TASC/SCI counties, except those with a history of severe mental illness, a specified level of mental health needs, or an extensive pattern of violent or sexual offenses.

Drug screening policy:

Clients: Offenders must submit to urinalysis one week before parole. Parolees must submit to unannounced drug/alcohol screenings by parole officers and TASC/SCI counselors conducted at the officials' discretion.

Staff: [No information provided.]

Supervision/surveillance strategies:

Parolees are required to report to their field parole officers within 48 hours of release; the parole officers in turn make appointments with the TASC/SCI site for the parolee's entrance into treatment within 24 hours. The parole supervisor and the addictions counselor emphasize to the parolee that participation in and successful completion of treatment is a special condition of parole. Addictions counselors make at least two unannounced telephone contacts monthly, and parole supervisors make unannounced visits to parolees' homes.

Treatment/intervention strategies:

There are three forms of treatment:

- Monitoring only-face-to-face or by telephone at least twice per month;
- Outpatient individual and/or group psychotherapy; and
- Inpatient treatment, usually 28-day hospitalization.

Correctional sanctions used:

Parolees are technically violated and returned to the SCI if they refuse to obey the rules of the TASC/SCI site, if they have a large number of unexcused absences, or if they have three positive urinalyses within 90 days.

Personnel:

Number: Several at each of 11 TASC/SCI sites

Roles: Directors, clinical supervisors, evaluators/counselors

Training: Master's level

State standards/certification: N/A

Role of ex-offenders: Substance abuse counselors

Role of paraprofessionals and volunteers: Secretarial, group facilitation, switchboard, escort

Program evaluation:

An assessment team from the National Association of State Alcohol and Drug Abuse Directors (NASADAD) makes site visits for technical assistance and/or training when so requested. All TASC/SCI sites in Pennsylvania are currently being assessed.

Program funding:

Federal grants with matching state funding. If the parolee is employed, an \$8 charge is made for urinalysis.

Key variables in the program's success:

1. A broad base of support within the justice and treatment systems with protocols for continued and effective communication;
2. An independent TASC/SCI unit with a designated administrator; and
3. A data collection system to be used in program management and evaluation.

Key variables causing difficulties:

1. Difficulties arise when the variables needed for success are not in place;
2. Lack of policies and procedures for required staff training; and
3. Rapid turnover of key players in the project.

Continuity of services:

Field parole monitors the client until parole ends. Clients who relapse are referred back to the TASC/SCI site for re-entry into treatment.

Program: Pm-Trial Drug Monitoring Program

Agency: Prince George's County Department of Corrections
13400 Dille Drive
Upper Marlboro, MD 20772
(301) 952-7057
(301) 627-7165 (PAX)

Contact: Al Hall

Program purpose/goals:

The Pre-Trial Drug Monitoring Program provides drug test results to the court at bond hearings. The test results are used to establish the conditions under which a defendant may be released. In accordance with an agreement reached with the administrative judge of the district court, the test results will not be used to keep the defendant in jail.

The monitoring component of the program provides supervision of pre-trial release defendants. Monitoring includes drug testing, if appropriate, as well as ensuring that conditions of release imposed by the court are being satisfied. The objectives of the Drug Monitoring Program are to: 1) provide courts with information to determine conditions of release; 2) reduce the rate of rearrest of pre-trial defendants; 3) reduce the failure to appear rate in court; 4) reduce the pre-trial population in jail; and 5) determine the nature and extent of drug usage among arrestees in Prince George's County.

Primary reasons program was established:

An increase in drug arrests and drug-related charges (i.e., theft, trespassing) made it clear that substance abuse was a serious problem. The department received a grant from the Bureau of Justice Assistance in June 1988 to support drug testing of all pre-trial defendants processed into the department. The grant has allowed the department to identify the types of drugs most commonly abused and the extent of the problem.

Operational features:

Urine samples are obtained from detainees before their bond hearings. The samples are tested for drugs and the results reported to the judge at the hearing. The results are used to establish conditions of release. If drug monitoring is imposed by the judge as a condition of release, the detainee must report to the County Correctional Center on a weekly basis.

Client referral:

Clients are referred to the program at their bond hearings. Participation in the program is a condition of release.

Client assessment:

Those accepted into the program are individuals who test positive for drug usage, are charged with drug offenses, or have had a conviction for a drug charge within the past 24 months.

Drug screening policy:

Clients: Detainees are tested for drug usage prior to their bond hearings and, if it is a condition of their release, on a weekly basis thereafter.

Staff: [No information provided.]

Supervision/surveillance strategies:

Each released defendant is assigned to a case manager whose responsibilities are weekly phone contact; weekly/biweekly face-to-face contact; verification of defendants' participation in community-based treatment programs; and verification of employment.

Treatment/intervention strategies:

Assess drug history of defendant.

Make referrals to community-based inpatient or outpatient treatment programs.

Refer defendants to 12-step programs.

Assess defendants' other major problems (e.g., employment, education, relationships) and make appropriate referrals.

Correctional sanctions used:

If a defendant has been ordered into treatment by the court and fails to comply, the court can reincarcerate the individual.

Personnel:

Number: 14

Roles: Lab assistants, case managers, clerks, data entry clerk, supervisor

Required training: On-the-job

State standards and/or certification requirements: None

Role of ex-offenders: None

Role of paraprofessionals and volunteers: None

Program evaluation:

Funding to conduct a peer review of program data has been requested from the Bureau of Justice Assistance. Preliminary results indicate that the program is successful.

Program funding:

The program is funded in part by a grant from the U.S. Department of Justice.

The remainder of the funds come from Prince George's County.

No user fees are assessed.

Key variables in the program's success:

Case management supervision has improved the appearance rate for drug monitoring clients and has been a factor in the decrease in the rate of positive urine tests.

Key variables causing difficulties:

Transportation of defendants to the correctional center for drug monitoring has been a difficulty. County bus routes to the facility are limited during business hours and non-existent during evenings and weekends. Efforts to establish a collection point on a major bus route have not yet been successful.

Continuity of services:

N/A

Program: Substance Abuse Services

Agency: Brazos County Adult Probation Department (also known as the Brazos County Community Supervision and Corrections Department)
P.O. Box 2015
Bryan, TX 77806-2015
(409) 361-4410
(409) 823-5341 (FAX)

Contact: Dan Richard Beto, Chief Probation Officer

Program purpose/goals:

The Brazos County Adult Probation Department's Substance Abuse Services are designed to address both risk control and rehabilitation issues through a continuum of services and sanctions for substance-abusing probationers. The primary objectives of these services are:

- Education of probationers in the physiological effects of drugs;
- The probationer's cessation of drug use, which, if successful, will reduce the risk of re-offending; and
- Offenders' accountability through compliance with the conditions of probation imposed by the courts.

To achieve these objectives, the department places considerable emphasis on early identification and referral of substance-abusing probationers.

Although the primary focus of the department's initiatives is treatment, control also plays a significant role. The courts of Brazos County impose a number of special conditions of probation that emphasize compliance and yet require probationers to participate in a variety of programs designed to treat substance abuse.

Primary reasons program was established:

An estimated 70 percent of the approximately 2,700 probationers for which the Brazos County Adult Probation Department is responsible have identified substance abuse problems. After alcohol, the most frequently abused drugs in Brazos County are marijuana, amphetamines, and cocaine.

A 1983 needs assessment revealed that the local drug problem was compounded by the following factors:

- Lack of qualified personnel in the treatment community to serve the substance-abusing offender;
- Lack of substance abuse counselors to serve Spanish-speaking probationers;
- Difficult access to services for persons without transportation;
- Inconsistency in the delivery of substance abuse services; and
- Lack of affordable residential treatment services in the community.

Following that needs assessment, the department developed a number of in-house programs, entered into contracts with proven service providers, and budgeted additional funds for contract services and staff training.

Operational features:

The department uses a number of strategies to address the needs of the substance-abusing probationer, including intensive supervision caseloads; specialized caseloads for chemically dependent offenders; presentence or postsentence reports on all felony cases; a drug education and screening program; an in-house substance abuse counseling program; urinalysis and breath testing; electronic monitoring; a variety of assessment and supervision instruments; and contracts with local and area service providers for psychiatric evaluations and treatment, psychological evaluations and counseling, substance abuse assessments and counseling, physical examinations, and residential treatment. In addition, the department refers offenders to area service providers for a range of services.

Officers in the department are encouraged to develop individualized supervision and treatment plans to address the specific needs of their respective probationers.

Client referral:

Referral to programs operated by the department is usually made by the supervising probation officer. Referrals may be made to contract service providers only after consultation with the Deputy Chief Probation Officer. Relying on information in presentence reports and on probation officers' recommendations, the courts regularly mandate participation in treatment programs.

Client assessment:

The initial assessment begins with a presentence investigation. Presentence reports are prepared on most felony cases and on most misdemeanor cases of driving while intoxicated. The presentence reports contain recommendations regarding the sentence and special conditions of probation, which serve as the foundation for the initial supervision plan. In felony cases for which a presentence investigation is not ordered, a postsentence report is prepared by the supervising probation officer.

The department uses the statewide case classification system adopted by the Community Justice Assistance Division (formerly the Texas Adult Probation Commission) of the Texas Department of Criminal Justice. The Strategies for Case Supervision instrument is also used. Depending on the case, other assessment instruments are used, including the MMPI, Carlson Psychological Inventory, Social Stability Index, the Substance Abuse Questionnaire (SAQ), intelligence tests, the Mortimer-Filkins Brief Symptoms Inventory, and several substances abuse checklists. Urinalysis and breath tests may also be used for assessment purposes.

The department makes every effort to place the offender with the program or strategy that will best address his or her needs.

Drug screening policy:

Clients: Urinalysis is viewed as a tool for assessment, supervision, treatment, and evaluation of treatment outcomes. Depending on the probationer and the offense,

urine samples may be collected at random or on a specific schedule. Drug screens are seldom used for the purpose of probation revocation proceedings; their primary use is to identify a problem and establish an appropriate supervision plan, including some form of treatment.

Staff: The department has not found it necessary to test staff members for illegal drug use.

Supervision/surveillance strategies:

Probationers who continue to use drugs despite intervention, or those who have symptoms of addiction, can be assigned to intensive supervision probation or the caseload for chemically dependent offenders. Legislative mandate requires that probationers assigned to either of these caseloads be diverted from incarceration. These probationers are seen in the office, at home, or at work on a weekly basis, and officers assigned to these caseloads can supervise no more than 40 probationers at any time. They are required to undergo an evaluation of their drug history and patterns of abuse. In addition, they are subject to frequent, random urine tests and are required to attend Alcoholics Anonymous or Narcotics Anonymous meetings.

Detoxification, inpatient treatment, jail therapy, or court action are possible options for those who violate conditions of probation. Each case is reviewed and staffed with the chief or deputy chief probation officer, who determine a course of action.

Treatment/intervention strategies:

The department's substance abuse services emphasize both reality and cognitive therapies. The offender's degree of abuse or dependency determines the specific program to which he/she is assigned. The department uses every available community resource, as well as in-house service providers for substance abuse evaluations and counseling. Program options include the Drug Education and Screening Program, Alcoholics Anonymous or Narcotics Anonymous, the in-house counseling program, or the local mental health-mental retardation authority counseling program. Some probationers are eligible for referral to veterans' hospitals, state hospitals, or private treatment facilities through personal insurance or department contracting.

Placement in the specialized caseload for chemically dependent offenders and the Intensive Supervision Program is limited to one year, but participation may be renewed for an additional year if there has been insufficient progress. Offenders who demonstrate progress while in these diversion caseloads may be discharged and placed in a regular caseload.

Curfews, house arrest, electronic monitoring, and deep lung breath devices installed in automobiles are used to bring about positive behavior changes. Methadone and naltrexone are used only as a last resort when prescribed by a physician.

The department has a number of formal, written agreements with preferred service providers, including a physician, a psychiatrist, two psychologists, and several treatment facilities. In addition, two in-house substance abuse counselors

contract to provide assessment and counseling services. During fiscal year 1990, the department budgeted in excess of \$100,000 for contract services.

Correctional sanctions used:

The courts of Brazos County and the staff of the Adult Probation Department have embraced the concept of compulsory treatment, not only for substance abusers, but for probationers experiencing other problems as well. The courts regularly require offenders to participate in programs. Depending on their needs, probationers may be required, as special conditions of probation, to participate in a variety of programs, including counseling; education, electronic monitoring, community service, or work release and weekend jail service.

Probation officers are encouraged to exhaust community-based treatment initiatives before adopting a more punitive approach with a recalcitrant probationer. In order to provide a continuum of sanctions and services to probationers, the courts are receptive to modifying conditions of probation during the period of supervision.

Personnel:

Number and roles: The Brazos County Adult Probation Department currently has 33 employees: a Chief Probation Officer, three deputy chiefs, 19 probation officers, an administrative secretary, a bookkeeper, six secretaries, and two part-time aides.

Three of the probation officers are Intensive Supervision Officers, and one handles a specialized caseload for chemically dependent offenders; three officers conduct presentence investigations, four handle regular felony caseloads, and eight supervise misdemeanor caseloads.

Training and state standards/certification: Although the state standard requires that an adult probation officer possess only a bachelor's degree, the department has placed considerable emphasis on recruiting persons who exceed the state standard, both in education and in experience. Six officers hold master's degrees. In addition, three officers are certified alcohol and drug abuse counselors, and eight other officers and a part-time aide are pursuing certification. Bilingual officers serve both English and Spanish-speaking probationers.

State standards require probation officers to receive 40 hours of training annually, but the Brazos County Probation Department far exceeds this minimum. During fiscal year 1988, officers averaged more than 92 hours of approved training, and in fiscal year 1989, the average was 110 hours.

Role of ex-offenders: The department has not found it necessary to employ ex-offenders.

Role of paraprofessionals/volunteers: Volunteers and interns play a vital role in operations. During 1989 the department was fortunate to have 20 persons volunteer their time as probation officer aides, clerical assistants, and technical advisors.

Program evaluation:

The Community Justice Assistance Division of the Texas Department of Criminal Justice (formerly the Texas Adult Probation Commission) distributes financial aid

to adult probation departments and is responsible for establishing minimum standards for local probation services. This agency regularly audits local judicial district probation departments, both fiscally and programmatically. Since the creation of the Probation Commission in 1977, the Brazos County Adult Probation Department has consistently received favorable audits. Staff of the Commission frequently recommend the Brazos County Adult Probation Department as a model to other probation departments interested in expanding their programs. The in-house counseling program is evaluated annually, by clients, staff members, and the administration. Finally, the department annually reviews contracts and treatment initiatives and makes changes as necessary.

Program funding:

For fiscal year 1990, approximately half of the budget came from state aid and the other half from probation supervision fees. In addition, the department has applied for and received grants from the Community Justice Assistance Division of the Texas Department of Criminal Justice for special programs and services.

Probationers receiving substance abuse services are not required to pay a fee for these services; however, most probationers are required to pay a probation supervision fee.

Key variables in the program's success:

1. An enlightened and supportive judiciary;
2. A cadre of highly qualified, competent, competitive, and dedicated employees, who embrace a vision of excellence;
3. The development of the departmental focus or philosophy of treatment with accountability;
4. The flexibility to develop a number of in-house programs that are easily accessible to offenders in which quality control may be assured, and
5. The cooperation of key service providers, who share the desire to bring about positive change in a troubled population.

Key variables causing difficulties:

1. Much of the money earmarked to address substance abuse issues being spent on law enforcement functions, governmental bureaucracy, and prison beds, rather than on innovative programs that provide direct services;
2. Political rhetoric and reaction;
3. Agency turf wars and the inflated egos of actors in the criminal justice and human service systems;
4. Inconsistent funding as a result of shifts in priorities at the state level;
5. Plea bargaining by inexperienced prosecutors;
6. Debates regarding treatment modalities; and
7. An absence of a focused strategy outside the department.

Continuity of services:

The focus on treatment does not end when a probationer leaves a program. Continuing care services vary but may range from participation in private aftercare groups to monitored attendance in support groups, such as AA or NA.

The case is regularly assessed and if a problem such as a relapse develops, consideration is given to placing the probationer in another program to address his or her needs.

Program: Substance Abuse Programs

Agency: Florida Department of Corrections
1311 Winewood Blvd.
Tallahassee, FL 32399-2500
(904) 488-9169
(904) 488-4534 (FAX)

Contact: Jennifer Bevino

Program purpose/goals:

Florida Department of Corrections' Substance Abuse Treatment Programs use a comprehensive approach to implement a functional, cost-effective continuum of care/treatment for incarcerated offenders. The approach also provides essential linkages within the community's private sector to assist offenders' transition to a drug-free life back in the community. The department's ultimate goal is to reduce recidivism by enabling chemically dependent offenders to become responsible members of society.

Primary reasons program was established:

In the recent years, the increase in admissions to prisons in Florida has been primarily the result of drug-related offenses. During the 1989 fiscal year, one in three persons was incarcerated directly as a result of drugs. The increased use and abuse of chemical substances within society, along with more effective law enforcement initiatives to address criminal behavior associated with drug addiction, have become an impetus to the correctional system to implement treatment programs. It is no longer adequate for drug-addicted offenders to enter the correctional system and be released without treatment/intervention being offered.

Operational features:

Assessment procedure : Offenders are assessed at all reception locations to identify those with substance abuse problems.

Treatment tiers: A four-tier system offers varying levels of treatment based on the severity of the substance abusers' addiction and their sentencing constraints.

Drug intervention centers: The program encompasses a system of institutions dedicated to treating substance-abusing offenders. One such institution offers a four-month program in an intensive therapeutic community setting to achieve substantial treatment impact on the offender with a short-term sentence.

Research: The department's Bureau of Planning and Research has allocated resources to evaluate the ongoing efficacy of the program.

Client referral:

All offenders sentenced to the department are assessed at reception for substance abuse. Those found in need of treatment receive a recommendation to be sent to an institution where the appropriate level of treatment is offered.

Client assessment:

All offenders who meet the criteria for psychoactive substance dependence/abuse are eligible for the program except those who have specific co-existing physical, medical, or emotional conditions; have a history of severe aggressiveness not associated with substance abuse; or have any limitations that would preclude treatment effectiveness. Offenders are assessed using the alcohol/drug component of the Addiction Severity Index, a readiness-for-treatment scale, and a clinical interview.

Drug screening policy:

Clients: Every offender in the program is subject to observed urinalysis testing and is tested twice a month, if possible. Testing is unannounced and conducted at irregular intervals.

Staff: Applicants for special risk positions are subject to drug testing. Employees of the executive branch of state government are subject to testing under specific circumstances when there is reasonable suspicion of drug use.

Supervision/surveillance strategies:

Offenders in the programs are subject to the security regulations of the Florida Department of Corrections and those of the particular institutions to which they are assigned. Success of a treatment program within a correctional setting depends on the willingness and ability of the corrections and treatment staffs to work together. Treatment staff must understand that they are operating within an institution where security is the primary concern, while the institution must embrace the program and be a flexible and willing participant.

Treatment/intervention strategies:

The program's purpose is to provide offenders with substance abuse problems with a continuum of treatment and self-help programs. This statewide system of services consists of five parts: assessment and four tiers of education and treatment. Tier 1 is drug education (information and orientation); Tier 2 is a modified therapeutic community (for short-term offenders); Tier 3 is a modified therapeutic community and drug intervention (for long-term offenders); and Tier 4 is work release.

It is hoped that offenders will move fluidly from one tier of service to another; the end goal is to link offenders with community-based treatment programs for care once they are released back into the community. The intended benefits of this continuum of care are to increase the length of time between incarcerations and the periods of sobriety or abstinence and to decrease crime-related recidivism and the frequency of drug relapse.

Correctional sanctions used:

All programs are voluntary. However, eligible offenders who participate receive incentive gain time (provisional release credits), and offenders assessed to need treatment who decline participation are denied access to community work release programs. The newly formed Control Release Authority may mandate that an

offender receive appropriate community follow-up as a condition of early release and may reincarcerate offenders who fail to do so.

Personnel:

Number: 125 1/2 positions

Roles: Supervisors/counselors

Training: 40 hours orientation and 40 hours training per year

State standards/certification: Bachelor's degree and two years professional experience in mental health, counseling, guidance, social work, health, or rehabilitative services. A master's degree can be substituted for one year of the required experience.

Role of ex-offenders: None specifically, although they are eligible for employment if they meet the position requirements.

Role of paraprofessionals and volunteers: NA/AA group leaders

Program evaluation:

The department's Bureau of Planning and Research has allocated resources to evaluate the efficacy of the programs. In addition to ongoing monitoring and data collection for process evaluation, the bureau is designing an evaluation plan to measure changes in offenders' attitudes toward substance abuse; changes in offenders' knowledge of substance abuse and its negative effects; and inmates' recidivism rates. System-wide pretest/post-test procedures, in conjunction with data from other agencies, are used to track the treatment programs' long-term impact. These analyses are useful to the department and to the state executive and legislative branches in determining current trends and projecting the department's future substance abuse programming needs.

Program funding:

The program is funded through the Florida legislature and with additional federal funds through the Anti-Drug Abuse Act.
User fees are not assessed.

Key variables in the program's success:

1. Strong support from Secretary Richard L. Dugger, head of the Department of Corrections, indicated by his pursuit of program funds and development of leadership positions to establish unified program operations and monitoring operations.
2. Support from the Florida legislature, which has appropriated funds earmarked for substance abuse services within the correctional setting.

Key variables causing difficulties:

1. Inadequate funding, personnel, and space. Two-thirds of the approximately 23,000 offenders who need treatment each year do not receive it.
2. Shortened sentences (a result of court orders to reduce crowding) that leave little time for substance abuse treatment.

Continuity of services:

Because most offenders are released without legal constraints (e. g, probation or parole), offenders who were involved in substance abuse programs can only be

encouraged to enroll in aftercare programs. For the few offenders released with legal constraints, aftercare can be made a condition of their release. In these cases, appropriate providers are located, and offenders are monitored by their controlling authorities.

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Glossary



Assessment. The process of appraising or evaluating behavior, traits, interests, abilities, or other factors.

Criminal justice or correctional system. The entire group of interacting agencies responsible for criminal offenders from arrest through parole. This report focuses primarily on five identified points of offender/system contact, or impact points: pre-trial, probation, jail, prison, and parole.

Cross-training. Staff training across disciplines and agencies (e.g., substance abuse treatment and probation). The goal of cross-training is to increase staff members' understanding of the mission and responsibilities of all agencies and disciplines involved in an endeavor and, ultimately, to enhance clients' treatment and supervision.

Drug Use Forecasting (DUF). A joint program of the National Institute of Justice and the Bureau of Justice Assistance to track drug use trends among urban defendants suspected of dangerous crimes. Its purposes are:

- 1) To provide each city with information for detecting drug epidemics, allocating law enforcement resources, determining treatment and prevention needs, and measuring the impact of efforts to reduce drug abuse and crime;
- 2) To provide national-level estimates of offenders' illicit drug use; and
- 3) To track and forecast national drug use trends.

Face validity. The apparent truth or accuracy of a test or measure. Face validity refers not to what the test actually measures but to what it appears superficially to measure, that is, to whether the test "looks valid" to the examinees, the personnel who administer it, and observers. Face validity is essential if a test is to function effectively in practical situations.

Graduated sanctions/punishments. A continuum of coercive measures in which more intrusive sanctions are imposed as less intrusive measures fail. For example, a special condition of probation may be to attend Narcotics Anonymous meetings and submit to urinalysis weekly. If the offender fails the urine test, however, more intrusive sanctions (e.g., drug counseling and random urinalysis three times a week) would be imposed.

Impact points. The key intervention and decision-making points in the correctional system: pre-trial, probation, jail, prison, and parole.

Intermediate sanctions/punishments. A range of sanctions that are seen to be less severe than incarceration yet more severe than traditional probation. Intermediate

sanctions/punishments include electronic monitoring, counseling, drug testing, and other behavior modification programs.

Interrater reliability. The similarity of results provided by different individuals in rating or measuring the same object, trait, or construct.

Linkages. Verbal or written communication, formal or informal, that tie a system together, improve communication, and ultimately enhance service and supervision strategies for offenders. Linkages include formal staffings, informal staff networks, annual meetings, and phone calls.

Norming. Developing or using a standard, often the average score for all subjects being researched, for comparison with other subjects.

Reliability. The similarity of results provided by independent but comparable measures or assessments of the same object, trait, or construct; the reproducibility of a result when a measurement is repeated.

Substance abuse. The use of any drug or alcohol in a way that deviates from the accepted medical, social, or legal patterns within a given society. Although this report focuses on drugs other than alcohol, the task force clearly understands the destructive nature of alcohol and considers the misuse of alcohol to be substance abuse. In this report, the terms “drug use” and “drug abuse” are synonymous with substance abuse.

Systems approach. A strategy that recognizes the dynamic and interactive nature of a group of entities, such as correctional agencies, and, therefore, promotes ongoing information exchange, coordination, and interaction among those entities.

Validity. The truth or accuracy of a measurement or assessment; the ability of a measurement to reflect a true condition.

Resources



The Beloit Project, P.O. Box 932, Beloit, Wisconsin 53511 (Contact: Joan Kashew-Hutchens, (608)362-4690).

Provides services regarding drug abuse and criminality in a minimum security prison in preparation for release to parole supervision and full-time day treatment. Has trained all institution staff in program elements.

Chaiken, M. (1989). Prison programs for drug-involved offenders. (Research in Action series). Washington, DC: National Institute of Justice.

Examines four successful prison drug programs and delineates their common elements. Also discusses barriers to program success, program benefits, and implementation issues,

Clear, T. R., Clear, V. B., & Burrell, W. D. (1989). Offender assessment and evaluation: The presentence investigation report. Cincinnati: Anderson.

Provides a practical guide to the general principles of offender assessment and interviewing techniques and specific approaches to the presentence report, which perhaps is the most widely used form of offender assessment. Includes sample forms.

Clements, C. B. (1986). Offender needs assessment. College Park, MD: American Correctional Association.

Discusses considerations regarding needs assessments in the correctional setting and lists principles for successfully implementing such assessments.

Frohling, R. (1989). Promising approaches to drug: treatment in correctional settings (Criminal Justice Paper No. 7). Washington, DC: National Conference of State Legislatures.

Brief review article presenting an overview of the drug problem as it relates to the corrections population, an outline of treatment options, and descriptions of promising approaches. Emphasizes comprehensive planning and the need for a range of services.

Holden, G., Wakefield, P., & Shapiro, S. (1990). Treatment options for drug: dependent offenders: A review of the literature for state and local decision makers. Draft paper, National Criminal Justice Association, Washington, D.C.

Examines the issues related to offender drug treatment effectiveness, public attitudes and perceptions toward offender treatment, and the economics of treatment to assist in making programming decisions. Presents a thorough review of both the history of offender drug treatment and relevant research studies.

Inciardi, J. A. Study of the appropriateness of the Addiction Severity Index for incarcerated populations.

Preliminary results of this project at the University of Delaware, funded by the National Institute on Drug Abuse, should be available in early 1991. For further information, contact Dr. Inciardi at (302) 451-1236.

Inciardi, J. A., Weinman, B. A., McBride, D. C., & Dembo, R. Drug offender needs assessment manual: A review of the instruments. Washington, DC: Bureau of Justice Assistance, in press).

Provides copies of a variety of assessment instruments and for each reviews its purposes and application, domains measured, validity and reliability issues, training, and scoring.

McLellan, A. T., Luborsky, L., Cacciola, J., Griffith, J. McGahan, P., & O'Brien, C. P. (1985). Guide to the Addiction Severity Index: Background, administration, and field testing results. Rockville, MD: National Institute on Drug Abuse.

Contains a copy of the Addiction Severity Index, as well as the necessary background, training, and scoring materials needed for its use. Available at no charge from the National Institute on Drug Abuse.

Parole Transition Release Project, 330 N.E. Lincoln, Hillsboro, Oregon 97124 (Contact: Patricia Johnson, (503) 640-3400 or (503) 693-4406).

Provides transition services from correctional institution to intensive parole supervision with a continuity of therapist and therapeutic approach. Release planning is a cooperative effort between institutional staff and community corrections staff.

A social policy analysis of compulsory treatment of opiate dependence [Special issue]. (1988). Journal of Drug Issues, 18 (Fall).

Presents a variety of papers examining the history, clinical experience, and efficacy of compulsory drug treatment.

Wexler, H., Lipton, D., & Johnson, B. (1988). A criminal justice system strategy for treating cocaine-heroin abusing offenders in custody (Issues and Practices Series). Washington, DC: Department of Justice.

Presents recommendations for addressing the needs of cocaine and heroin abusers with respect to both program structure and the criminal justice system. Reviews recent research literature. Many of the recommendations are based on the successful Stay'N Out Program in New York.

