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AN EVALUATION
OF THE
NEW HAMPSHIRE STATE PRISON
"DRUG AND ALCOHOL COUNSELOR POSITION"

GRANT NUMBER

77-I-E2083 F08

PROJECT PERIOD

January 6, 1978 - January 30, 1979

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NEW HAMPSHIRE GOVERNOR'S COMMISSION ON CRIME AND DELINQUENCY

November 30, 1978

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ACQUISITION

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BACKGROUND

On December 29, 1977, the New Hampshire State Prison submitted an application to the Governor's Commission on Crime and Delinquency for funding assistance for its Drug and Alcohol Treatment Program. The proposed project would provide one full-time counselor and one part-time consultant to assist inmates with substance abuse problems.

On January 6, 1978, the full commission approved the grant application and awarded \$23,365, establishing grant number 77-I-E2083 F08 for the project period of January 6, 1978 to January 30, 1979. The funding and expense allocations are set forth below.

	<u>Revenue</u>		<u>Budget</u>
LEAA	\$21,029	Personnel	\$15,652
GCCD	2,336	Consultant's Fees	5,310
		Indirect Costs	1,565
Total	<u>\$23,365</u>	Audit Fee	838
		Total	<u>\$23,365</u>

Mr. Phoenix monitored and reported on this project in September, 1978. For purposes of this evaluation, the writer visited the prison in November to speak with Warden Perrin, Treatment Director Pishon, Messrs. Wickens and Torch, the project personnel, and two inmates who are clients of the program.

PROJECT DESCRIPTION

From 1971 to 1977, the New Hampshire Department of Health and Welfare, Division of Public Health Services provided a psychiatric social worker, through its Program on Alcohol and Drug Abuse (PADA), to the New Hampshire State Prison (NHSP), originally at the request of Warden Parker Hancock. This arrangement was found to be beneficial both to NHSP and the

Department of Health and Welfare, as it provided NHSP with in-house drug and alcohol counselling services and at the same time helped PADA arrange follow-up treatment at its clinics and halfway house for inmates upon release. However, for reasons of priority due to budget constraints, PADA was forced to transfer the position of psychiatric social worker from NHSP to Cheshire County at the end of calendar year 1977.

The purpose of this project is to continue and expand the services previously provided by PADA as part of the general treatment program conducted at the prison. The grant proposal calls for the hiring of a full-time drug and alcohol counselor and the retention of a part-time consultant who would work for two days per week at a \$50 per diem fee. The services to be rendered under this program are as follows:

1. Initial screening of persons admitted to NHSP to identify those who have substance abuse problems; establishment of counselling relationships with inmates; encouragement of inmate participation in programs to reduce or eliminate drug and alcohol abuse.
2. Design and operation of treatment programs for individuals and groups; cooperation with other branches within the institution and outside agencies to provide a broad range of services to inmates, with a view toward controlling or eliminating anti-social and recidivist behavior.
3. Development of parole and post-release plans to ensure that follow-up treatment and support are made available to inmates in appropriate cases.

The full-time counselor, Mr. Michael Torch, began work under the grant in July, 1978. Mr. Torch earned his bachelor's and master's degrees in Criminology at Indiana State University. Prior to his association with NHSP, he had served for one year as a counselor in a halfway house in Indiana, and one year as a counselor in the Drug and Alcohol Program in the Federal Penitentiary at Terra Haute.

The consultant position is held by Mr. Vallance Wickens, who had for six years been the psychiatric social worker under the prior arrangement with PADA. Mr. Wickens holds a master's degree in social work (M.S.W.).

The major administrative function of the Drug and Alcohol Program is its role in the classification process. The process of receiving and classifying an inmate at the prison requires an eight-day cycle of meetings and examinations conducted by members of the prison staff. This reception cycle is described in the prison Classification Manual, and the role of the Drug and Alcohol Program with respect to inmate classification is explained in the Manual as follows:

"On the second Wednesday afternoon the Drug and Alcohol Program workers meet with the inmates in groups and individually, as necessary, to encourage them to participate in appropriate drug and alcohol programs, and to identify whatever drug and alcohol problems have been brought by the prisoner to the institution...If such inmates are ultimately to be released and expected to be able to live at liberty without violating the law they will have to learn how to handle or to avoid the drug and alcohol problems which have in many instances been at least partially responsible for their confinement".

(New Hampshire State Prison, CLASSIFICATION MANUAL, Ch. III. F., p. 7, April, 1978)

PROJECT OPERATION

As noted above, this project operated originally under the auspices of PADA: the placement of Mr. Wickens at the prison was essentially temporary in nature, it having been envisioned that NHSP would at some future time inaugurate its own Drug and Alcohol Program. PADA also placed at NHSP a social worker for one half-day per week to assist Mr. Wickens, and from time to time sent an instructor from its educational component to hold drug and alcohol training sessions for members of the prison staff.

In 1977, the Legislature made retirement mandatory for certain state employees at age seventy, and as Mr. Wickens was approaching retire-

ment age at that time, it would have become necessary to carry him with PADA as a consultant. However, PADA had no funds in its budget for consultant services, and could not continue its placement of Mr. Wickens at NHSP. Additionally, budgetary limitations made necessary the transfer of the PADA psychiatric social worker position from NHSP to Cheshire County to enable PADA to maintain out-patient services in that county a priority commitment. These circumstances therefore made it necessary for PADA to terminate entirely its arrangement with NHSP for drug and alcohol counselling services.

Compliance with LEAA Part E requirements with respect to health services for inmates and with certain portions of the order in Laaman vs. Helgemoe (437 F Supp. 269, 325-31 (D.N.H. 1977) made it necessary to seek replacement funding and personnel for the full-time position. (Subsequent to the hiring of Mr. Torch and the transfer of Mr. Wickens to the grant, a consent decree in Laaman was signed, which superceded the order but nonetheless continued the requirement that a Drug and Alcohol Treatment Program be made available to inmates as a part of NHSP's treatment and clinical services.) It was decided that Mr. Wickens would remain on board in the part-time consultant position, owing to his experience and immediate availability. In this role he kept the Drug and Alcohol Program operating while the hiring of the full-time counselor was pending, ensured continuity of services during the start-up stages of the new program, and subsequently assisted Mr. Torch in the handling of the case work.

On January 6, 1978, the full commission approved the project and procurement procedures were undertaken through the New Hampshire Department of Personnel following review and approval first by the Legislative Fiscal Committee and then by the Governor and Council. The Department of Personnel could not

provide any qualified applicants and the position was advertised nationally. As a result of this effort, Mr. Torch joined the Mental Health Unit at NHSP in the full-time position in July.

Mr. Wickens' retainer contract was approved by the Governor and Council on June 6, 1978, and he was brought under the grant later that month; the effect of the delay in the processing of paperwork related to the transfer of Mr. Wickens from the employ of PADA to the consulting position at NHSP in actuality made it necessary for him to discharge his duties without compensation from January to June.

The prison Alcoholics Anonymous weekly program was incorporated into the project shortly after Mr. Torch joined Mr. Wickens in the Mental Health Unit. July and August were devoted to an assessment of the needs of the inmates and the planning of the comprehensive drug and alcohol treatment project. A less intensive assessment effort is still being undertaken. Its purpose is primarily to keep the program abreast of needs as they develop within the inmate population, and secondarily as a quality control measure, by identifying the strengths and weaknesses of the program over a period of time.

Subsequent to the July and August assessment of inmate needs, two counselling modes were designed and implemented as proposed in the grant application. A drug and alcohol education and discussion group was formed in the Minimum Security Unit, and a group counselling plan was adopted for inmates in protective custody. Services provided to the general population while the preceding group projects were taking shape included Alcoholics Anonymous, as described above, and individual and group counselling sessions, as had been provided by Mr. Wickens under the prior arrangement with PADA.

During September, 1978, Mr. Torch held 42 individual counselling

meetings and 36 group meetings, and Mr. Wickens held 42 individual and 36 group meetings. Since September, Mr. Torch has held 21 individual and 67 group meetings, and Mr. Wickens estimates that he has conducted 14 individual meetings and slightly less in number than the group meetings conducted by Mr. Torch during the same time period. Both Mr. Wickens and Mr. Torch report that actual contacts with client inmates are significantly greater in number than records indicate, as they customarily see and work with inmates informally as part of the daily routine.

Additionally, since September, a plan for counselling inmates in maximum security has been formulated and initiated. This plan provides individual counselling to those inmates, as this method appears most workable in light of the security needs of the prison annex, where those inmates are housed.

The program also provides services to federal inmates confined in NHSP to the extent reasonably possible and to the extent that they wish to participate. The customarily brief stays of federal inmates preclude long-term involvement of the majority of them in the program.

Other activities include the screening process which is part of the reception cycle described above, and follow-up activities, which are undertaken in cooperation with PADA and the State Department of Parole. Two objectives have been set for the near future; the first is to step up the follow-up effort, and the second is to prepare a manual for the use of incoming inmates to describe the program and the services it makes available.

CONCLUSIONS AND RECOMMENDATIONS

Of the approximately 250 inmates at NHSP, about 65% have been incarcerated for offenses involving drugs or alcohol, and an even larger

number have or have had drug or alcohol-related problems. The inmate population ranges from teenagers to senior adults and is diverse in terms of background and criminal history, with the only commonality often being a drug or alcohol problem. Additionally, for those inmates who are paroled or otherwise released after having been incarcerated for offenses involving drugs or alcohol, the reasons for reconfinement are most often either a technical violation involving drug or alcohol use, or commission of a crime involving such substances.

Messrs. Torch, Wickens, and Pishon all noted that follow-up of inmates who have participated in the prison drug and alcohol program is often difficult. The Treatment Department maintains working relationships with PADA and the State Department of Parole, and is therefore able to monitor the progress of inmates who are under parole supervision or who participate in PADA programs on the outside. However, keeping track of ex-inmates who never come in contact with criminal justice or public welfare agencies in the state is nearly impossible. The result is that those responsible for the program are only made aware of the progress of those who remain under some sort of supervision or who, having gained little from the program, are reconfined at NHSP. In short, the program can document its failures much more readily than its successes.

Those responsible for the program discussed several potential solutions for this tracking difficulty. One would expand upon the cooperative relationships that the program has with PADA and the Department of Parole. The suggestion is to involve more of the agencies that come in contact with offenders and ex-offenders such as probation

offices, courts, and family service agencies, in a large cooperative network. The suggestion was also made that the successful implementation of OBSCIS (Offender-Based State Corrections Information System) may aid in solving the tracking problem. Mr. Torch suggests that if social case-workers were assigned to work with parole officers in the state, it might be possible to "double team" a person under parole supervision and to subsequently maintain personal contact at such time as the parole period expires.

Also discussed was the subject of a statistical analysis of the numbers of inmates who have been through NHSP and have undergone drug and alcohol treatment, with attention to those who return to NHSP under drug or alcohol-related circumstances. Such an analysis could be conducted using existing prison records and would provide at least a threshold determination of the success of the program. Inasmuch as the program has undergone changes since July of this year, it may be some time until the success of the program as conducted now can be statistically evaluated however.

Mr. Torch and Mr. Wickens also expressed a need to acquire a small supply of training aids, primarily films and other materials, for drug and alcohol education for inmates and treatment staff members. Mr. Torch suggested that perhaps an adjustment of the grant could be made to allow a small amount of money presently allocated for his salary to be put toward the purchase. Mr. Torch's willingness to forgo one or two hundred dollars worth of personal compensation in the interest of improving the program is, in the writer's opinion, convincing evidence of the need for such purchases, and of Mr. Torch's very professional attitude. In this connec-

tion, it should also be noted that Messrs. Torch and Wickens have on occasion made trips for professional conferences and seminars at their own expense, without reimbursement for travel and subsistence.

The program is solidly meeting its programmatic objectives as proposed. The screening process is carried out on schedule in accordance with NHSP's reception and classification cycle. Treatment and counselling modes have been developed for inmates in protective custody and in the minimum and maximum security facilities. Alcoholics Anonymous, having been brought under the administrative wing of the Drug and Alcohol Program, is operating successfully under its own steam, needing only general supervisory help from Messrs. Torch and Wickens. The personal counselling services provided by Mr. Wickens since 1971 are provided for inmates in the general population. Identification of inmate needs as they develop is made possible under a continuing assessment process. Finally, the program is functioning agreeably with the other features of the NHSP Integrated Treatment Program for inmates. In short, from an administrative and programmatic standpoint, the project is proceeding smoothly and effectively.

Warden Perrin expressed to the writer, and Treatment Director Pishon concurred, that the prison is getting its money's worth from the grant and the efforts of Mr. Torch and Mr. Wickens. Provisions for the continuation of the project will be drafted into the NHSP budget proposal for the next fiscal biennium.

The writer also spoke at length with two inmates who were participants in the program and solicited their observations of the program's operation and accomplishments. The interview was conducted privately under circumstances which encouraged candid discussion and which protected the professional confidential client/counselor

relationship. One inmate, a participant in the prison Alcoholics Anonymous group, stated that he believed the AA program to be valuable and helpful to him personally. He attributed the success of the AA group first to the fact that it is self-directing in the institution and thereby tailored specifically to the circumstances of inmate alcoholics and secondly to the fact that it put him in contact directly with an outside agency which offers an AA program in which he can participate upon release. He also remarked that he had assisted Mr. Torch on several occasions to encourage incoming inmates who have alcohol problems to participate in the prison's group.

The other inmate is currently serving an extended sentence at NHSP after having served time in the institutions of another state. He had been a drug addict since the age of fifteen and has participated unsuccessfully in the drug treatment programs of other institutions. He stated without qualification that the NHSP drug treatment that he has undergone has been valuable and worthwhile and that Mr. Torch is primarily responsible for the program's quality. Particularly striking about his attitude and participation is the fact that the circumstances of his confinement make it unlikely that his participation in a drug counselling program will be a factor favorably influencing the decision of the parole authorities; his remarks bore particular sincerity for that reason, and his participation in the program is purely voluntary and honest.

Both inmates stressed that the Drug and Alcohol Program is crucial to the general treatment services provided to NHSP inmates. They reiterated the fact that drug and alcohol abuse figured in the majority of incarcerations in the prison, and more significantly,

that drug and alcohol abuse present the greatest threats to successful completion of parole. Both inmates suggested that follow-up efforts be stepped up and that the in-house program be continued and strengthened.

Treatment and counselling modes conceived five months ago have been operating with more than modest success. More inmates are actively participating in counselling sessions, and the counselling program is working well within the Integrated Treatment Program of the prison. The inmates admitted that some inmates may participate in drug and alcohol counselling to relieve boredom and get out of their cells now and then, but argue that even that level of participation has at least some incremental positive effect on participants. In the final analysis, the evidence that has developed with respect to the project since its overhaul in July and August indicates success and promise. Additionally, Mr. Torch appears to have developed, in a short time, relationships of trust and confidence with his clients.

Accordingly, the writer recommends continued support of this project in accordance with Commission policy in order to carry it through until such time as it can be included in the prison budget. It is further recommended that sufficient funding be provided for the purchase of training materials incidental to the education of inmates regarding drug and alcohol related problems. S



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