
**SUBSTANCE ABUSE TREATMENT
AND EDUCATION SERVICES
FOR INMATES AND PAROLEES**

A REPORT TO THE LEGISLATURE

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**DEPARTMENT OF CORRECTIONS
STATE OF CALIFORNIA**

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**SUBSTANCE ABUSE TREATMENT
AND EDUCATION SERVICES
FOR INMATES AND PAROLEES**

A REPORT TO THE LEGISLATURE

STATE OF CALIFORNIA

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PREFACE

Preparation of this report is in compliance with Budget Bill Item 5240-001-001, Provision 8, which requires that by December 1, 1989 the Department of Corrections will submit to the Legislature:

1) a plan to identify the number of inmates needing substance abuse treatment and education programs, 2) an outline of the components of the treatment programs, and 3) an implementation plan for the programs, along with specific estimate costs.

As determined by the Legislature, the plan includes programs for all prison facilities.

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EXECUTIVE SUMMARY

THE PROBLEM

The Department of Corrections recognizes the clear relationship which exists between substance abuse and public safety. The following identifies the significant impact substance abuse has had on the CDC population:

- In 1987, 29.5 percent of all felony arrests in California were for drug law violations, up from 17.7 percent in 1982.
- Those committed to state prison for drug law violations increased from 2,150 in 1980 to 16,676 in 1988.
- In 1988, approximately 18,700 parole violators were returned to the Department of Corrections for drug abuse related charges. This represents 56 percent of all parole violators returned to custody.
- On June 30, 1989, there were 19,908 inmates in California prisons with drug abuse related commitments. On December 31, 1984, there were 3,890.
- A representative sample of new felon admissions during 1988 indicated that 76 percent of 29,551 new commitments had a history of substance abuse.

PROGRESS

Listed below are the steps CDC has taken to respond to the serious problem of substance abuse among offenders. The process of planning and implementing programs began in 1987 and continues today.

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| November 1987 | CDC Administrative Planning Session. Substance abuse identified as a significant problem and a task group for substance abuse planning created. |
| December 1987 | The Prison Alternative Training Home (PATH) pilot project began. Initiated by a parole unit supervisor in Indio, PATH places volunteer parolees in community surrogate homes. |
| July 1988 | Substance Abuse Revocation Diversion (SARD) began providing intensive supervision and increased services at nine parole units. |
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- August 1988** Substance Abuse Treatment Unit (SATU) opened; a 90-day residential program in Fresno.
- December 1988** Substance Abuse Task Group submitted a report to the Director.
- December 1988** Electronic Surveillance project began in Parole Region IV, funded by a grant from the Office of Criminal Justice Planning (OCJP).
- February 1989** Follow-up CDC Administrative Planning Session; Director's Cabinet responded to Substance Abuse Task Group report.
- February 1989** An Invited Review, funded by the Department of Justice, Bureau of Justice Assistance, was completed on CDC substance abuse policies and programs.
- March 1989** Project CHANGE (Change, Heightening Awareness, Nondependence, Growth, and Education), a nine-week residential program began at Sierra Conservation Center.
- May 1989** The Department established an Assistant Director to head the new Office of Substance Abuse Programs (OSAP).
- June 1989** Departmentwide Substance Abuse Advisory Panel established to review substance abuse programs and submit recommendations to the Director.
- June 1989** OSAP presented a Substance Abuse Seminar: "Creating a Sense of Optimism."
- August 1989** Development started on Inmate Personal Responsibility Curriculum.
- September 1989** Administrative Bulletin published announcing CDC's commitment to a comprehensive substance abuse program strategy.
- October 1989** First Annual CDC Statewide Red Ribbon Campaign held. Every prison and parole region participated, displaying banners, posters, large ribbons, and wearing red ribbons.
- December 1989** Substance Abuse Treatment and Education Services for Inmates and Parolees; report submitted to the Legislature.
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PHILOSOPHY AND PRINCIPLES

The California Department of Corrections believes that timely substance abuse education and early intervention and treatment services, to inmates and parolees, are effective strategies for assisting these individual's in their recovery from addiction. The Department further believes that education, intervention and treatment must be based on a program model which attempts to prepare the offender for successfully re-integrating into the community; and must be conducted in an environment which is drug free and offers respect and integrity for both offender and staff. Successful re-integration into the community depends on the development of a sense of accountability by the individual offender. Accountability can be developed through the maintenance of high program standards and expectations, prompt consequences for unacceptable behavior, and recognition for positive change.

It is the Department's belief that in order to be most effective, the treatment program must be comprised of the following key elements:

- The program must clearly communicate the Department's philosophy which demands accountability and advocates a punitive response to the use and possession of drugs by inmates, parolees, visitors and staff.
 - Substance abuse education must be an integral part of correctional education and should be available to all motivated offenders.
 - Substance abuse education and a manifest commitment to a drug free lifestyle must be a requirement when placing inmates in specified jobs within the prison.
 - The significant value of Alcoholics Anonymous, Narcotics Anonymous and other proven self-help recovery programs must be recognized as an important aspect of substance abuse treatment for inmates and parolees, and the expansion of these programs as resources encouraged.
 - Intervention must begin at the earliest possible point in the criminal career and the specific methods of interventions must be based on an assessment of the individual offender's identified problems, needs and history.
 - Program services must be intense and directed toward producing a change in the offender's behavior. The approach must involve changing the way in which the offender thinks about the use of drugs and its consequences, and emphasizing the active participation of the offender in identifying his/her own personal social or behavioral impediments which contribute to that anti-social behavior.
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- Intervention must be sustained over a sufficient length of time since successful outcome is closely linked with time of program participation. There must also be continuity of the recovery plan as the offender moves from institution to institution or from the institution into the community. This continuity can be achieved through the maintenance of an appropriate level of intervention e.g., specialized parole caseloads and the use of community program resources.
 - Evaluation must be a ongoing and guiding element in every program. Failures as well as successes must be documented, and programs must be reshaped to respond to the identified outcome.

FUTURE PLANS

The Department has taken positive steps in addressing the problems caused by substance abusing offenders. The increasing trends of substance abuse demand that future policy decisions address the "revolving door" substance abusing offenders who are returned to custody due to continued criminal conduct associated with drug usage or a substance abusing lifestyle. The nature of this problem encompasses the entire correctional system, consequently, a comprehensive response is required to address these critical needs. Future program direction being reviewed or proposed by the Department include:

- **PERSONAL RESPONSIBILITY CURRICULUM**

The Department is developing a uniform educational curriculum which emphasizes the inmate's individual accountability for his/her behavior.

- **INDIVIDUAL SUBSTANCE ABUSE NEEDS ASSESSMENT**

The implementation of an early identification and intervention mechanism to match offender treatment need with specific programs.

- **INTERVENTION**

The Department plans to develop an array of institutional and community treatment options which will include:

- Classroom education
 - Counseling programs
 - Therapeutic communities
 - Pre-release programs
 - Urine testing
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- Community-based SB1591 facilities
 - Continuation of services on parole
 - Specialized substance abuse parole caseloads

THE REPORT TO THE LEGISLATURE

The Fiscal Year 1989-90 State Budget Bill Item 524-001-001, Provision 8, requires the Department of Corrections to develop a plan to identify inmates and parolees needing substance abuse treatment and education programs, outline treatment plan components and provide a plan for the implementation of these programs.

This Report to the Legislature is presented in three segments corresponding to the legislative mandate. Part I addresses the means for identifying substance abusing offenders through the collection of data from existing reporting systems. It also outlines the ways in which the individual substance abuser can be identified using a combination of assessment tools and other records.

Part II discusses approaches which can be taken in order for substance abuse education and treatment services to be successful in reducing substance abuse problems among inmates and parolees. The report stresses the importance of providing treatment and education services based on the individual substance abuser's needs and also being able to sustain treatment throughout the individual's involvement with the Department. A case management approach, called a Corrections Management Plan, is proposed as a means of ensuring continuity of services from institution to institution, or from an institution to the community. Part II also emphasizes community treatment. Many of the gains made by an inmate in prison-based treatment will be lost unless community services are an integral part of the offender's parole period.

The implementation of treatment programs also requires staff who are trained and have an expertise in understanding substance abuse, treatment, recovery and relapse prevention. Part II also discusses the need for staff who work with the substance abuser to be knowledgeable of available resources and to act as effective referral agents to help assure treatment continuity. Emphasis is also being placed on the development of community resources. It is the Department's goal to increase the use of twelve-step programs and other community resources, both in the institutions and with parolees. In addition, Part II stresses the importance of addressing the unique treatment needs of substance abusers with AIDS and female offenders with drug use histories.

Part III is a plan for implementing the programs detailed in Part II. It is the Department's intent to develop and expand this plan to include all inmates and parolees in need of substance abuse education and treatment in well planned increments. The foundation of this plan is a program of planning which is supported by a grant received by the Department

from the Bureau of Justice Assistance. Current Department substance abuse planning includes identifying the problems to be addressed, the objectives or desired outcomes to be achieved, the type of inmate or parolee who will participate, and the specific activities to be included. Program evaluations will detail the conditions under which the program operate and the outcome of these efforts.

Research in the field of corrections provides ample evidence that substance abuse treatment services for offenders are effective strategies for reducing drug use and other types of criminal behavior. Studies emphasize, however, that drug addiction (including addiction to alcohol) is a chronic relapsing condition that is highly resistant to rehabilitation. Because of this, for treatment to be effective, the offender must be involved in services for a long period. Criminal justice sanctions have proven to be very effective in bringing (and keeping) many substance abusing offenders into treatment who might not have otherwise done so. This plan provides a systematic approach for providing that necessary long-term and sustained treatment program.

PART I

IDENTIFICATION OF INMATES AND PAROLEES IN NEED OF SUBSTANCE ABUSE EDUCATION AND TREATMENT SERVICES

The marked effect that substance abuse is having on the state's inmate and parolee population requires that the California Department of Corrections have a long-range goal to accurately identify the inmates and parolees with drug and/or alcohol abuse problems. It is also important that, once identified, these offenders be assigned to appropriate institution or community-based education or treatment services which can effectively reduce the number of substance abusing offenders in the CDC system once resources are identified for this programming.

Here are some examples of the impact drug abuse is having on inmate and parolee populations. On December 31, 1984 there were 3,890 inmates with a primary drug commitment, while on June 30, 1989 there were 19,908. The Board of Prison Terms identified that drug related violations accounted for 56 percent of all parole violators returned to CDC custody (PV-RTC). In fact, of the nearly 18,700 PV-RTCs returned for drug related charges, approximately 7,400 were principal drug charges and the remaining 11,300 were for secondary drug charges.

Although CDC has never completed a systemwide study of drug use among its offender population, several indicators assist in beginning to understand the extent of substance abuse problems among inmates and parolees. For example, based on a representative sample of new felon admissions during 1988, approximately 76 percent of 29,551 new commitments had a history of drug use.

Part I of this report will discuss the steps the Department of Corrections plans to take to provide accurate and timely identification of substance abusing inmates and parolees. This identification effort is planned to occur in two ways: Methods to identify aggregate information about large groups of substance abusing offenders, and efforts which would identify the individuals (inmates or parolees) in need of substance abuse treatment.

There are many potential benefits from these information sources. Dr. Eric Wish, a prominent researcher in the field of corrections stated in his article, Identifying Drug Abusing Criminals, "Because drug abusing offenders account for a disproportionate share of all crime, a policy that focuses upon identifying drug abusing offenders and applying appropriate interventions has promise for producing a substantial impact on community crime and the overburdened criminal justice system."

IDENTIFYING SUBSTANCE ABUSING POPULATIONS

There are several federal and state information systems which the Department will include in its efforts to identify the numbers of substance abusing offenders. Some of these information systems are described here.

Statewide Drug Abuse Warning Network (DAWN)

DAWN is a nationwide federal program which collects data on drug abuse-related hospital emergency room visits. There are three DAWN sites in California -- Los Angeles, San Francisco and San Diego. Emergency room records indicate that drug abuse is a volatile phenomenon which changes dramatically over short periods of time. For example, there was a 544 percent increase in emergency room admissions for cocaine in California between 1981 and 1986.

Drug Use Forecasting (DUF)

DUF is a federal program for determining the pervasiveness of drug use among persons arrested for drug-related and other felony offenses. This information is obtained through the use of urine testing and self reports. The DUF program has been in effect in San Diego and Los Angeles since the beginning of 1988. In July 1989, the DUF project was initiated in Santa Clara County. These three DUF sites publish quarterly reports which will provide valuable information about drug use among California's offender population.

California Department of Alcohol and Drug Programs (ADP) and The Department of Justice, Bureau of Criminal Statistics (BCS)

Both of these state departments compile valuable statistics which will be included in CDC'S substance abuse information system. ADP provides data on current drug and alcohol abuse treatment services, including the type of service -- residential, outpatient, methadone, etc.-- as well as information on client utilization. ADP also describes the drug and alcohol abusing populations who are seeking treatment. These data help determine the extent these treatment opportunities can be available for drug dependent offenders. BCS data provides information on drug arrests and dispositions as well as useful trend data on arrests, use of probation, prison commitments, etc. CDC plans to include annual BCS reports in its drug abuse policy deliberations.

California Youth Authority - Substance Abuse Profile (SAP)

Each young man and woman entering the California Youth Authority goes through an extensive intake process. Since March 1988, part of this process has included the administration of a Substance Abuse Profile (SAP). The SAP combines documented drug/

alcohol use history taken from probation reports, school reports, court documents, etc., with self-report information. Preliminary findings suggest that approximately 85 percent of CYA wards have substance abuse histories.

CDC Substance Abuse-Related Information

The Department currently collects different kinds of information which can also be used to help determine the number of inmates and parolees in need of substance abuse services. Many of these systems can be used in conjunction with the information described above to provide a more complete picture of this problem area.

Offender Information Services Branch (OISB)

OISB provides a sample of inmate drug use history which is useful in substance abuse program planning. The recent OISB publication, "California Prisoners and Parolees, 1987," includes a large amount of substance abuse-related data. These data include information on felony drug offense admissions, a description of drug offense groups, a sample of inmate and parolee drug use history, and percent of offenders with drug offenses.

Informations Systems Branch (ISB)

ISB has responsibility for the development and implementation of statewide automated information systems. One system is an inmate roster which is an application of the Distributed Data Processing System (DDPS). The inmate roster includes a wide range of custody, housing, program and classification data. Discussions with ISB indicate that an additional field should be added in the inmate roster that would allow access to a substance abuse sub-set of data. This additional set of data would include the inmate's substance abuse history, treatment plan and program progress, as resources permit.

A DDPS program is also being developed for parolees. The Parole and Community Services Division began their implementation of a five-year DDPS plan in 1986 and a pilot project is underway in the San Diego parole unit offices.

Automated Disciplinary Management System (ADMS)

The department is developing an Automated Disciplinary Management System which is designed to collect data regarding all disciplinary activity within an institution. This system will be able to measure the extent of drug-related rule violations and should also serve as an aid to directing treatment resources to the selected portion of the population once programs are established. This system can also serve as part of a program evaluation effort to determine the impact and effectiveness of various substance abuse treatment services.

Substance Abuse Revocation Diversion (SARD) and Substance Abuse Treatment Unit (SATU)

SARD and SATU are two pilot substance abuse treatment programs begun in 1988. SARD provides intensive parole supervision and SATU is a 90-day residential treatment program. Both programs are for parolees at risk of revocation due to substance abuse. SARD and SATU participant data and parole outcome information will be important additions to the Department's substance abuse information system.

Parole and Community Services Division (P&CSD)

The P&CSD collects several kinds of data which can provide useful information about parolee substance abuse behavior. Sources of this information include the parole agent's field book (case notes, home visit records, urine tests, etc.) narcotic testing information (amount, types of drugs) and activity reports (documented drug use, arrests, etc). Currently there is no systematic collection and analyses of these data. Therefore, OSAP will work with the P&CSD and other Department units on ways to include these data in a substance abuse information system.

Board of Prison Terms (BPT) Violation Data

Another useful and comprehensive data base about parolees is the parole violation information collected and maintained by the BPT. This information includes drug-related violation charges and has been collected since 1986. OSAP, in collaboration with ISB and research staff, will analyze BPT data which are related to offender substance abuse. Existing data will be assessed in terms of substance abuse trends from 1986 to the present. These data will also be analyzed for the number of substance abuse-related violations occurring in each region so that new programs can be appropriately selected and located. In addition, OSAP will explore the feasibility of adding new elements to the BPT data base so that specific substance abuse-related information can be collected and analyzed on a regular basis.

Juvenile Substance Abusers

It is important that CDC also include juvenile offender data bases. For example, according to the June 30, 1988 Characteristics Report, of the felon institution population that had prior commitments, 26.4 percent had prior jail or local juvenile commitments and 6.8 percent had state juvenile commitments. This represents a significant portion of the prison population whose criminal histories may include juvenile substance abuse-related problems. The knowledge of this history can assist CDC in its inmate substance abuse assessment and program assignment efforts.

IDENTIFYING THE INDIVIDUAL PAROLEE AND INMATE SUBSTANCE ABUSER

Why should the Department spend a lot of time and money identifying individual parolees and inmates with drug and/or alcohol abuse problems? A review of corrections literature provides some direction. Substantial information collected from diverse offender populations has converged to show that addicted offenders are equally likely to commit both drug and non-drug crimes at high rates ("Facts About Criminality of Heroin and Cocaine Abusers And Some New Alternatives To Incarceration" Wish and Johnson, 1986). The research also indicates that violent predators, the most criminally active class of incarcerated persons, were distinguishable by their histories of juvenile drug abuse and adult heroin habits ("Varieties of Criminal Behavior" Chaiken and Chaiken, 1982).

The Department plans to implement methods to accurately assess the degree of substance abuse involvement among individual inmates and parolees. This assessment would be used to match the individual with appropriate substance abuse treatment and education services.

The design of these methods must reflect the personal characteristics which impede an individual's ability to function at an acceptable social level. These factors include inadequacy, immaturity, dependency, social skills, educational development, vocational maladjustment, cognitive deficiency, compulsive pathology, organic pathology, anti-social attitudes, criminal career commitment, catalytic impulsivity, habitual impulsivity, asocial attitudes, and, notably, substance dependency. The varied nature of this inventory requires utilization of assessment methods which blend the items within this spectrum into an indicator of treatment and educational need as well as the degree of intervention required to effect behavioral change.

The Department is exploring the development of a systematic way to assess substance abuse histories and has reviewed several assessment instruments being used by other correctional programs. The Wisconsin Division of Corrections, Florida Department of Corrections, as well as the California Youth Authority, have adopted assessment instruments as routine case processing to identify inmates and parolees in need of substance abuse treatment intervention.

The review of successful assessment methods has also made clear the need to individualize this process as much as possible. Also, the implementation of the individual needs assessment and program assignment should coincide with the earliest moments of the offender's state correctional commitment. For many of the Department's incarcerated persons, this is their arrival and processing through an institutional reception center.

Inmate Assessment

A significant amount of information is already available to correctional staff during the reception center process. Information is available from Probation Officers' reports and other legal documents on the committed person, as well as from academic testing and an inmate interview after arrival in the reception center. During processing, case history and social data are compiled on each inmate, including an evaluation of the specific case dynamics and institutional placement recommendations. These evaluations and recommendations are vital tools in a case management approach, serving as baseline information to direct custodial and treatment efforts.

While institutional placement is largely determined by commitment offense, length of prison term and prior documented in-prison disciplinary activity, alternative placements can be approved for specific placement needs, such as psychiatric treatment or protective housing. The Department will explore the ability to expand this information review process to further assess substance abuse treatment needs. These needs can be established based upon evidence of drug-related offenses, drug culture involvement in the community, history of drug-related behavior, and the use of standardized behavior/personality tests. Also, the desire for treatment on the part of the inmate will be an important part of this process.

The need for substance abuse treatment can be formally documented by means of an Addiction Severity Index combined with a readiness for treatment scale. As this information is developed, the treatment need is assessed and a treatment program recommendation is designed. The magnitude of admissions has increased the necessity for early identification and the assessment process. There were 29,551 new felon admissions from court, 1,537 civil narcotic addict new admissions, 34,014 felon parole violators returned to custody, 8,458 parole violators returned with a new commitment and 1,601 civil narcotic addicts returned from outpatient status.

In addition to the conduct of these assessment and program assignments in Reception Centers, each institution can participate in this process. Inmates arriving at departmental institutions are reviewed through the inmate classification process. This initial classification could also include an evaluation of the Reception Center treatment program recommendation for appropriate institutional substance abuse program placement. This evaluation would consider the inmate's length of commitment, available institutional programs, as well as public and institutional safety and security concerns.

The inmate classification process conducted in institutions can serve as an excellent way to monitor an inmate's substance abuse treatment program. Every inmate is required to be reviewed by a classification committee at least once a year. During this annual classification review, the substance abuse treatment recommendations may be reassessed to determine if the need for treatment has shifted to require a more (or less)

intensive form of intervention. It would also determine when the program should be implemented. Certain events during an institutional career, such as involvement in substance abuse-related disciplinary misconduct, should also initiate a reassessment process. The Department plans to continue this process in institution and parole environs until discharge.

The inmate or parole violator with a very short commitment to an institution presents very different substance abuse treatment program assignment needs. A program consisting of six to nine months in-prison treatment may be needed but cannot be assigned for these "short termers." Nevertheless, the need for treatment still exists and should be addressed. In these cases, the treatment component may be identified while in prison, but not activated until the inmates parole back to the community. During this short term of incarceration, the Department hopes to direct efforts to identify those "short termers" with the highest need for treatment and locate community-based treatment services.

Parolee Assessment

As part of the comprehensive plan, the Parole and Community Services Division would also conduct individual substance abuse assessments for those offenders not interviewed in an institution and would review the assessments and program assignments done in institutions. As in the case of inmate treatment plans, it is anticipated that Parole Services staff would periodically review/revise these parolee plans. If a parolee is returned to custody (parole violation, new commitment), the plan would be updated and sent back to the institution.

The extreme importance of these substance abuse assessment and program assignment methods must not be underestimated. Dr. Paul Gendreau, one of the leading researchers in the field of corrections treatment states, "The major source of variation in effects on recidivism was the extent to which service was appropriate according to the principles of risk, need and responsibility."

Substance Abuse Information System

The preceding discussion describes a large and varied group of existing and potential sources of information which can be used to identify the number of inmates and parolees needing substance abuse treatment and education programs. In addition to determining the number needing services, these information sources have also been reviewed as ways to assist in the identification of appropriate treatment services for inmates and parolees.

It is clear, however, that these information sources are not incorporated into a single usable system of offender substance abuse information. Also, there are many components of the state and local criminal justice system which do not have access to this information.

In coordination with the Office of the Attorney General and the State Department of Justice, CDC will explore ways to integrate offender substance abuse information with the wider Criminal Information Management System. This would be an important first step in providing information to courts, probation departments and other parts of the CJS. Plans for the integration of this information with other CJS data systems and the development of a Substance Abuse Information System are addressed in Part III.

PART II

COMPONENTS OF A COMPREHENSIVE STATEWIDE TREATMENT PLAN FOR SUBSTANCE ABUSING INMATES AND PAROLEES

INTRODUCTION

This section outlines the major components of a comprehensive treatment program for inmates and parolees with drug and/or alcohol abuse problems. Each component plays an important role in the Department's comprehensive plan to reduce the impact of offender substance abuse.

The components discussed in this section are planning and coordination, education for inmates and parolees, staff training, prison-based treatment and intervention programs, administrative sanctions, community treatment services, and program evaluation.

PLANNING AND COORDINATION

In May 1989, the Department established the Office of Substance Abuse Programs (OSAP) and assigned an Assistant Director to manage the new unit. OSAP is responsible for the overall planning and coordination of Departmentwide substance abuse programs. Planning responsibilities include the development and implementation of a Bureau of Justice Assistance Planning grant and assistance in the development of the Governor's Policy Council on Drug and Alcohol Abuse state master plan on drug and alcohol abuse. Coordination and technical assistance are being provided by OSAP through a variety of activities. A manual entitled "A Guide to Creating Substance Abuse Programs" is being developed for distribution to all institutions and parole regions. The manual will provide informative materials in the areas of substance abuse program planning, evaluation, treatment education and resources to assist those persons engaged in or anticipating starting up a substance abuse program. A quarterly newsletter will be prepared to inform CDC personnel involved with substance abuse programs, of new and ongoing projects and related items of interest. OSAP is establishing a resource library in which current literature, video and audio tapes and other pertinent materials will be maintained. Finally, technical assistance will be available for systems development and evaluation through OSAP supported by a planning grant from the Bureau of Justice Assistance.

Coordination of CDC substance abuse programs occurs on federal, state, intradepartmental and local levels. On a federal level, Department efforts will be coordinated with drug

programs being developed by several federal agencies including the Bureau of Justice Assistance, National Institute of Justice, National Institute of Corrections, National Institute of Drug Abuse, and the National Association of State Alcohol and Drug Abuse Directors.

State coordination occurs through the involvement of CDC staff on the Governor's Policy Council on Drug and Alcohol Abuse. Also, an existing Blue Ribbon Commission on Inmate Population Management is composed of representatives from several state and local agencies, many of whom are involved with offender substance abuse programs. The Department has also established a Substance Abuse Advisory Panel to provide overall guidance for the Department's substance abuse education and treatment efforts. This Panel is jointly chaired by the Deputy Directors of the Institutions Division and Parole and Community Services Division. The membership of the Panel consists of key management and field staff throughout the Department. The major responsibilities of this group are to review Department substance abuse programs and to advise and make recommendations to the Director and the Office of Substance Abuse Programs.

EDUCATION FOR INMATES AND PAROLEES

Educational opportunities for inmates and parolees to learn more about substance addiction and treatment is another component of a comprehensive substance abuse program. It is the Department's long-range goal to provide these services through two main programs. First, substance abuse and recovery education would be made accessible to the general inmate and parolee populations through a program that focuses on a resource/learning center concept. The second education component would be substance abuse classroom-based instruction in the prisons.

Resource/Learning Center

The resource/learning center is based on the concept of having a variety of relevant and easily accessible substance abuse materials available to the general prison population. It is similar in design to the "Alcohol and Drug Information Centers" recently implemented in Oregon state prisons. There are two particular advantages of developing resource/learning centers. First, a large number of inmates and parolees can be reached through the use of these centers; and most of the materials can be low unit cost "give-aways" which can be removed from the center and become the property of the reader. Allowing offenders to use this approach for learning about addiction is a highly personalized way in which they may seek more information and make decisions about their drug use behavior. Finally, the learning/resource centers offer a treatment component which can be maintained within prisons as an adjunct to existing education and library programs without the addition of new staff. They can also be maintained in parole offices with no additional staff. Maintenance of these centers can become the responsibility of a designated inmate or parolee. A center can be located in any of several areas determined by the individual institution or parole region. Likely areas in institutions would be libraries, infirmaries and visiting areas. Prison Industry Authority is also exploring the idea of placing centers in their worksites.

An increasing number of good alcohol and drug education materials have been produced in the last few years. Much of the information is obtainable through twelve step programs such as Alcoholics Anonymous and Narcotics Anonymous at little cost. The available materials present information on overcoming denial; effects of specific drugs; the implications of abuse for the abuser, his/her family and the community; and the resources for treatment and recovery from addiction. The centers, when implemented, will exhibit a variety of materials selected for content quality and reading level and which specifically target the interests and abilities of the general inmate and parolee populations. Centers should also have materials for specific populations, e.g., ethnic groups, women and AIDS patients and include books, pamphlets, comic books, and posters (including some original work created by inmate artists). The centers would include lists of treatment and recovery resources, e.g., listings of times and meeting places of Alcoholics Anonymous, Narcotics Anonymous, etc. being held in that particular institution or community (for parolees). Audio and video tapes would be included as part of each center's resources in order to capitalize on the significant appeal they have in our media-oriented society. Audio-visual materials also have special appeal for the poor reader or illiterate portion of the population. There is also the potential for using closed circuit television systems in institutions to broadcast education materials.

The goal in creating resource/learning centers is to increase the number of inmates and parolees seeking treatment and recovery. This can be accomplished by providing an avenue for heightening their awareness to the problems created by drug abuse and encouraging their recognition of the problem within themselves. Once there is recognition of abuse by the abuser, the materials will serve to educate the individual to the treatment and recovery services available within that individual's institution or parole region.

Correctional and Parole Staff as Referral Agents

In addition to providing inmates and parolees with educational opportunities, it is also necessary to ensure that corrections staff can effectively direct motivated offenders to appropriate treatment services. Therefore, in addition to providing substance abuse education for inmates and parolees, it is imperative that staff in institutions and parole regions understand and support the idea of educating the drug addicted population to the possibilities of recovery.

To achieve this end, it is the department's goal that staff receive information regarding drug abuse, its causes, effects, and methods for confronting and dealing with the problem. This information should include the pharmacology of drugs, psychological aspects of abuse, treatment, recovery and relapse prevention, and the effectiveness and availability of recovery services within the prison or community.

Classroom Education

Approximately 13 percent of the total inmate population in California participate in

academic and/or vocational education programs. In order to better "capture" this population and provide them, using a classroom setting, with useful substance abuse education, the Department's Education and Inmate Program Unit is developing a Personal Responsibility Curriculum (PRC) for use in its academic and vocational programs. The purpose of the curriculum is to emphasize the concept that offenders should be held accountable for their crimes and for their destructive behavior. "A Clinically-Relevant and Psychologically Informed Meta Analysis" (Andrews, Zinger, Hoge, et. al.) has identified certain promising targets for intervention including "changing antisocial attitudes, antisocial feelings and antisocial peer associations, promoting familial affection in combination with enhanced parental monitoring ... increasing self-control and self-management skill." The Personal Responsibility Curriculum is being developed to address these areas.

In addition to this departmental effort, several institutions are reviewing their own academic and vocational education programs and making them more relevant to substance abuse-related issues. Institutions which have already done this (or are considering it) are the Sierra Conservation Center, Mule Creek State Prison, Avenal State Prison, California State Prison-San Quentin, Deuel Vocational Institution, and R. J. Donovan Correctional Facility.

INTERVENTION AND TREATMENT

An Introductory Discussion of Program Principles and Components

The Department has identified the components which together provide a well-rounded, comprehensive treatment effort. One of the most important of these components is an accurate and systematic method for assessing the substance abuse treatment needs of inmates and parolees. A discussion of this identification component is found in Part I. Part II will focus on the other components required in prison and community-based treatment and intervention programs.

Prison-based treatment options must include programs to meet a variety of inmate needs. These include self-help programs such as Alcoholics Anonymous, Narcotics Anonymous and religious programs; substance abuse educational curricula at each institution to address inmate accountability, personal responsibility (discussed above); and a mix of treatment programs designed to meet specific treatment needs. This mix of programs must also be geared to the different high-risk subgroups within the CDC institution population. These subgroups include short-term offenders, AIDS patients and female offenders.

Inmates who require a more intensive form of treatment may be placed in a special housing unit where treatment is a 24-hour-a-day process. These therapeutic communities offer long-term substance abuse treatment within a very controlled environment and have proven to be an effective prison-based program. Prison-based components also would include the Civil Addict Program as well as other existing institutional programs.

The plan for providing community-based substance abuse treatment for parolees should

include: existing pilot projects, a CDC demonstration project in San Diego, proposed (FY 90-91) SB 1591 substance abuse units, and plans for implementing programs based on successful aspects of existing programs and pilot projects. Existing community-based programs include the nine Substance Abuse Revocation Diversion (SARD) parole units, the Substance Abuse Treatment Unit (SATU), the Prison Alternative Training Home (PATH) project, the outpatient portion of the Civil Addict Program, substance abuse services provided by the Parole Outpatient Clinics (POC), and parole urine testing...

Program Effectiveness

For several years a "rehabilitation is dead" attitude flourished in the field of corrections. As Gendreau and Ross pointed out in "Revivification of Rehabilitation: Evidence from the 1980's", "the cynics were in full flower" often quoting Martinson and others who claimed that correctional treatment was useless. Unfortunately, they ignored significant studies which were more recent and refuted the "nothing works" philosophy. Martinson himself renounced his negative assertion in 1977 and again in 1979 writings, but it was too late. The overwhelming majority of decision makers and others involved in corrections were convinced that the era of rehabilitation was over.

However, a "revivification" of rehabilitation as an effective part of corrections services has begun. After reviewing numerous studies and analyzing their results, Gendreau and Ross discovered several underlying program characteristics which lead to successful outcomes in correctional programs. One of the most important factors appeared to be the intensity of service and the use of specific treatment interventions. Researchers found that, "Better outcome was associated with more services and with individual counseling that exhibited personal concern and internal approaches to problem solving." In addition, more successful programs "included many positive elements such as caring, informative counselors who were effective prosocial role models and enforced program contingencies in a realistic, problem-solving manner."

Another factor which has proven to be important in substance abuse treatment is the concept of individual differences among program participants. When assessing a person for program placement, developing a case management plan or evaluating program results, it is critical to review the subject's history and to consider how his/her individual differences impact on treatment and on the subsequent results.

Additional principles for successful correctional programs have been identified by D. S. Lipton, Ph.D. His strategies for working with offenders include:

- Do not try to "cure," "overhaul," or "brainwash" offenders. The most successful programs help offenders help themselves.
 - Identify specific problem areas and intervene in a systematic way.
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- Provide incentives for working on problems. Offer options and activities related to the behaviors that are targeted for change.
 - Work to increase positive behaviors rather than focusing on negative ones.
 - Set clear rules and reward compliance.
 - Use contracts and other tools.
 - Keep the program flexible and maintain the original mission and goals.
 - Provide "continuity of intervention" by being linked with self-help groups and planning each phase of treatment, such as coordinating the critical transition from prison to the community.

Now that recent research has shown that corrections programs are viable and play an important role in the overall scheme of reducing substance abuse, the California Department of Corrections must move forward in providing programs based upon the principles which have been shown to be effective.

Treatment Works

Treatment services directed at substance abusing offenders have reduced the number of criminally active days and increased in the number of drug-free days (Anglin 1987). A 25-year follow-up study of the Civil Addict Program at the California Rehabilitation Center indicated that there were significant reductions in narcotic use and associated behaviors. The Civil Addicts had higher rates of employment and lower rates of non-drug arrests than did the control groups (Anglin, 1984). Other prison-based programs have also achieved reductions in recidivism through properly focused treatment efforts. In an eight-year study of over 2,000 inmates in the "Stay 'N Out" program of the New York State Correctional System, a 13.5 percent reduction in subsequent arrests was observed among those completing the program. The researchers determined that a prison-based therapeutic community was effective with offenders who had extensive criminal histories (Wexler and Lipton, 1985). This particular program was adopted by the U. S. Bureau of Justice Assistance as Project REFORM and replicated in various forms in correctional agencies in Florida, Delaware, Alabama, Connecticut, Hawaii, New Jersey, and Oregon.

Therapeutic Communities

Research in corrections has shown that an effective form of treatment for high risk substance abusing offenders is involvement in a therapeutic community for 9-12 months.

Studies have shown that significant improvements occurred in inmate institutional behavior and post-treatment parole outcome (DeLeon, 1984). Lipton has reviewed the operation of prison-based therapeutic communities and found that certain basic principles are found within successful programs. He states that the prisoner must be made to help himself rather than be "cured" by the outdated medical model of correctional treatment. Furthermore, the individual participating in the therapeutic community must actively participate in the treatment by identifying the social or behavioral impediments contributing to substance abuse as well as assist in the development of the treatment plan to deal with the specific addiction. The participants must be encouraged to participate in programs designed to correct or impact the impediments identified by that person. In so doing, the individual takes on a sense of ownership in the program and is much more likely to participate in a positive manner.

The therapeutic community program should take place in an isolated setting, away from the influences of the general population of the prison. Lipton found that the successful programs neutralized the effects of the inmate subculture and forced the participants to relate to the staff and other program participants in a positive manner. This interaction should also include the appropriate and well-managed use of ex-offenders and ex-addict treatment personnel to serve as positive role models.

The operational principles of the therapeutic community require a consistent program approach to maintain treatment program integrity. Lipton states that the program must be developed to include clearly defined program rules with equally clear sanctions for rule violations. The use of random urine testing is often a component of this type of program. The testing serves as a means to detect program violations, but may also be used to emphasize compliance with the program through negative tests. Another important aspect of the program is the continuity of the intervention and treatment from the institutional setting to the community while on parole supervision. The introduction of twelve step programs into the process is one way to link with an existing network of self-help programming in the community.

The Office of Substance Abuse Programs is developing a proposed demonstration project involving a therapeutic community as one of the components of the total project. The therapeutic community portion of the program will be designed utilizing the proven principles offered by Lipton. If funded, this demonstration project will be based at the Richard J. Donovan Correctional Facility near San Diego and encompass one cell block at that institution with an inmate population of 200. Just as Lipton had emphasized the importance of the transition into the community, this demonstration project will strive to establish a link with the community, parole and the treatment community prior to the release of the offender.

Counseling

Another component of an effective institution-based substance abuse treatment program

is a residential counseling program. The individual inmate's treatment plan may indicate that intervention is needed, however, not to the extent of involvement in a long-term therapeutic community. In these cases, the application of directed, focused counseling services is an appropriate component in a correctional substance abuse treatment program.

Too often counseling has been viewed as non-specific, non-directed one-on-one interviews or group meetings. The revitalization of counseling services directed at substance abuse abatement must be designed to promote the development of life skills and internal mechanisms to avoid drug usage. Counseling services directed at substance abusing inmates must also address issues and problem areas outside traditional "drug" concerns.

Inmates in all types of treatment programs should become involved in a reintegration process several weeks prior to their parole. Pre-parole counseling should include areas involving relapse prevention, community resource identification, impulse control, self-esteem development, parole survival skills, and basic employment and vocational skills. Counseling modules should be implemented to emphasize the impact a substance abusing lifestyle has on the family of the offender as well as the community in general.

Specialized counseling programs directed at high risk groups are critical. Inmates with positive HIV tests (AIDS) will require unique counseling in the realm of substance abuse. If these specialized needs are not addressed, a bad situation becomes potentially deadly with continued needle sharing. Additionally, counseling programs addressing the specialized prenatal and substance abuse needs of female inmates should be developed.

Another major population segment which requires special attention is the short-term offender. According to the Blue Ribbon Commission on Inmate Population Management, the short-term parole violator makes up 16 percent of the total inmate population. However, in 1988, 15,000 parole violators were released after serving three months or less and 28,000 served one year or less. With this rapid turnover, the identification of substance abuse treatment needs becomes crucial. Specialized counseling programs should be developed to impact the substance abuse trends evident in the short-term offender and parole violator.

Treatment Staff

The utilization of paraprofessional counselors within the institutional environment has been shown to be an effective strategy and enables programs to be initiated at several sites. With specialized training in chemical dependency, the institution workforce, including correctional officers, correctional counselors, and academic and vocational instructors could also provide needed services in formalized groups and one-on-one sessions. Additionally, these personnel have daily contact with the inmate populations enabling frequent informal sessions as the need presents itself.

The Department plans to create a strong partnership with the community substance abuse treatment sector. This sector possesses an existing network of substance abuse treatment and counseling services and should be included in the development of institutionally based counseling programs. The addition of the proven community treatment programs and techniques into routine correctional programming would strengthen and revitalize correctional treatment.

Institution-Based Substance Abuse Treatment Programs

Project CHANGE is a substance abuse and victims impact program operating at Sierra Conservation Center. Currently, 40 inmates are housed in two dormitories designated for this program. This nine-week academically based program is for general population inmates just prior to parole to emphasize the importance of refraining from drug abuse and criminal conduct upon release. Other substance abuse programs are in the planning stages. For example, a 90-day Controlled Substance Treatment Control Unit (CSTCU) is being considered for San Quentin. This program would serve as an alternative to parole revocation. As parolees are identified as being in danger of addiction, they would be placed in the CSTCU in lieu of a return to prison. During the 90-day CSTCU placement, the parolee would be placed on a community service work detail and participate in substance abuse treatment.

Urine Testing

A carefully managed program of urine testing can also serve as an important (and cost effective) component of a substance abuse program. For example, urine testing can monitor the increase or decrease of substance abuse prior to and after participation in a treatment program. Thus, a quantifiable measure of program effectiveness is readily available. Random urine testing programs not only assess program efficacy, but can also assist as an institutional management tool to control inmate drug use in prison. A urine testing program would identify where substances were being abused, what type of drugs were involved and help indicate the source of the contraband. Urine testing on a broad-based scale would provide a definite statement of deterrence when punitive sanctions were included for positive test results. This approach would enable staff to identify inmates in need of intervention who might have otherwise gone undetected and continued to involve themselves in additional substance abuse.

On an individual treatment basis, an inmate's treatment plan would be revised and updated based upon drug involvement as articulated in recurring positive urine tests. Correspondingly, urine testing can help identify segments of the inmate population most in need of appropriate treatment programs.

Several correctional agencies have implemented urine testing in various ways: as a routine custodial function; as part of the disciplinary procedure; and as a control of institutional drug traffic. There is evidence that urine testing has been successful in reducing in-prison drug

use. The Wisconsin Division of Corrections implemented a random urine testing program at the Fox Lake Correctional Institution in 1985. Prior to the program, it was determined that 30 percent of the inmate population used assorted drugs at any given point in time. The application of the random testing, combined with graduated punitive sanctions associated with positive tests, resulted in a 14 percent drop in institutional substance abuse. Wisconsin believed the random testing program enhanced the safety and security of staff and inmates alike, and created an environment more conducive to meaningful program involvement by the inmate population.

Civil Addict Program

The civil commitment process is also a necessary component in dealing with substance abusing offenders. The California Civil Addict Program was established in 1961 to provide a sentencing alternative to traditional criminal sanctions. When originally conceived, the Civil Addict Program was an intensive substance abuse treatment environment. Rising prison population, combined with a reduction of treatment resources and reduced program space, has made the Civil Addict Program less intensive than its original design. Currently, while at CRC, the Civil Addict participates in a 120-hour Civil Commitment Education Program designed to heighten awareness surrounding drug abuse. During this institutional phase of treatment, the Narcotic Addict Evaluation Authority (NAEA) reviews each case to determine when out-patient status to the community is warranted.

As mentioned earlier, a 25-year follow-up evaluation determined that the original Civil Addict Program was effective in reducing the number of criminally active days. In fact, the percentage of time spent committing crimes dropped from 40 percent to 17 percent for those inmates completing the Civil Addict Program (Anglin, 1984). In light of this success, the Department will explore the plausibility of revitalizing and expanding the current Civil Addict Program. This expansion is echoed by President Bush's "National Drug Control Strategy." This 1989 report highlights civil commitments of drug offenders as an example of successful treatment.

Transition, Case Management and the Continuity of Treatment In Custody

This report has stressed the importance of continued involvement by drug abusing offenders in substance abuse treatment services. This involvement must continue from institution to institution, when the offender is paroled to the community, and (if the offender is arrested again) from the community back to prison. Failure to maintain this continuity of service would result in the loss of gains made in treatment and the offender's rapid relapse back to criminality and other kinds of anti-social behavior.

The matrix or binding force needed to ensure that these transitions occur and are successful is the Corrections Management Plan (CMP). The CMP promotes a case management approach and requires continued assessments of the offender's progress in substance abuse treatment.

As stated earlier in this report, the assessment is planned to be implemented at the institutional reception centers; however, it can also be initiated at any institution or parole office. The responsibility for updating the CMP should rest with correctional counselors, parole agents and treatment staff as the offender is processed through the system. It is also extremely important that the inmate/parolee be an active participant in the initial development and subsequent revisions of his/her CMP.

This transition effort should begin several weeks prior to parole and involve community treatment staff, parole services representatives, other agencies and individuals, etc., important in the offender's successful return to the community. Eric Wish (1988) and Beth Wineman (1989) have stressed the necessity of a well planned transition and continuity of treatment for drug abusing offenders. Wineman stressed that without this cooperation and planning between institutional programs, parole supervision and community services there will be lost opportunities for the offender and the failure to meet the objectives of the criminal justice system.

DEPARTMENTAL ADMINISTRATIVE SANCTIONS

A major component of the Department's plan to address inmate substance abuse-related problems is a review and, if necessary, revision of current administrative regulations and sanctions which address substance abuse issues.

One of the regulatory changes being considered is the increased use of urine testing during the restoration of worktime credits forfeited for substance abuse-related disciplinarys. These tests would help to insure drug-free as well as disciplinary-free conduct as conditions for credit restoration. Additionally, credit losses associated with an inmate's refusal to submit to a urine test are currently minor as compared to the results of a positive test. Consequently, this presents an incentive to refuse testing. Regulatory changes are being developed to enhance the penalty for this refusal.

In conjunction with these sanctions, a comprehensive program of random urine testing of all inmates will be considered. The benefits of urine testing have been discussed earlier. Also, the Department believes that a very clear statement of deterrence on a systemwide basis would be provided through the implementation of a random urine testing program. Currently, Department plans call for a pilot program of urine testing to evaluate the effectiveness of this strategy. If the program has the desired outcomes and the necessary regulatory changes occur, the Department's long range goal would be to replicate it on a statewide basis.

There are several aspects of the inmate visitation program which impact substance abuse in the institutions. The issue of contraband introduced through prison visiting has long been an institutional management problem. Currently, if a visitor refuses a search after cause has been established indicating the probable introduction of contraband the visit is

cancelled and no further restrictions are imposed. It is recommended that suspension of contact visiting privileges should be imposed for the refusal. Additionally, increased use of non-contact visiting in response to other visiting-related substance abuse incidents is appropriate. Finally, the food and personal property permitted during visits is a major means for the introduction of illicit substances into an institution. Administrative efforts will also be taken to more tightly control this problem.

The Department believes that a combination of regulatory changes, increased urine testing and the implementation of operational procedures designed to narrow the possibility of substance abuse-type contraband will result in a more safe and secure correctional environment and a setting more conducive to treatment and intervention.

COMMUNITY-BASED TREATMENT FOR OFFENDERS

The goal of this component of the Department's substance abuse treatment program is to ensure that, to the extent possible, all drug and alcohol abusing offenders who are paroled back to the community are involved in appropriate substance abuse treatment services.

This is an extremely ambitious challenge. To be successful, the Department must overcome several major barriers. These barriers include extreme shortages of community-based treatment services, other workload demands of parole agents which reduce their ability to effectively refer parolees to the drug and alcohol treatment services which do exist, lack of sufficient funds to purchase drug and alcohol services for parolees, heavy emphasis on returning to custody those parolees who appear unwilling to stop using dangerous drugs, and, perhaps most important, the highly resistant behavior of the drug abusing offender to participate in a recovery program. In addition, the frequent relapses which drug users in treatment experience further discourage involvement in a recovery program.

This portion of the Department's report will outline the community-based treatment components necessary to effectively manage paroled drug and alcohol abusing offenders. Some of these treatment services exist and are currently part of the Department's efforts to effectively manage the parolee with drug or alcohol problems. Many of the components do not exist and would need to be implemented to provide a comprehensive array of programs and services. This would ensure continuity of care based on each parolee's ever-changing need for various service levels.

Transition, Case Management, and Continuity of Treatment in the Community

As discussed earlier, an effective community-based program begins in the institution. The substance abuse treatment plan developed in the institution would serve as a guide for parole supervision planning. This planning should take place in the institution and involve the inmate, institution and parole services staff, and, if possible, representatives from the

community services to be involved in the parolee's treatment program. This transition process works best when inmates are paroled from prisons near their communities.

Because of the chronic relapsing nature of drug addiction and alcoholism and persistent criminality, it is often necessary to return a parolee to custody. The transition and communication needed from institutions to parole must work in the other direction, too, by ensuring that the parolees record of community treatment successes (and failures) is communicated to the institution so that the offender continues in treatment. This communication would occur through the Corrections Management Plan (CMP) update.

Parole and Referral Treatment Services

Parole and Community Services staff must be effective in identifying the early signs of relapse and providing the appropriate responses. These early "signs" or antecedents may not include return to drug use; instead, these may be other signals of impending drug abuse problems. Parole staff must have the time, skill, responsibility, and resources to provide intervention at the earliest stages of parolee problems. This intervention can consist of an updating of the parolee's "Addiction Severity Index" (see Part I), one-to-one counseling, (including a clear spelling out of consequences for continued misbehavior), parolee group sessions which are positive and directed, family counseling, and increased surveillance (urine testing, restricted movement, more contacts and referral to community treatment).

Community Services

There is a serious shortage of treatment services for drug and alcohol abusing offenders. This shortage is more evident in some counties than others. Restrictions on where parolees can receive services (often limited to his/her county of commitment) and the refusal of programs to provide services for a non-county resident compound this problem.

One of the most effective forms of early intervention treatment for the drug abusing offender is a residential program committed to the recovery of its residents. There are not enough of these services available to offenders. Counties should be encouraged to increase this availability and provide the funds necessary for this purpose.

Other non-residential community services which can be used include the Parole Outpatient Clinic (POC). The POC provides a variety of mental health and substance abuse services, including psychiatric and psychological interventions, and the administering of Naltrexone (Trexan), Antabuse, and other substance abuse prescription medications.

Methadone maintenance has also proven to be successful for some heroin addicted offenders (Anglin, 1989). Methadone, individual and group counseling and other non-residential services all play important roles as levels of community substance abuse treatment. Unfortunately, waiting lists are also a current reality of community substance abuse treatment. Virtually all of the residential programs are at capacity and have waiting

lists. One strategy for dealing with the waiting list problem is to provide specific funding to help develop services for offenders. Another strategy is to raise the awareness of offender treatment needs at the federal, state and local level so that more resources are allocated for this purpose. A creative method for keeping offenders in treatment while waiting for residential services is to require them to attend outpatient treatment as a condition for waiting list placement.

Involvement in twelve step type self-help programs is also an important ingredient for addiction recovery. The twelve step program network is a volunteer effort open to all persons who want to stop abusing alcohol and/or drugs. Programs include Alcoholics Anonymous (AA), Narcotic Anonymous (NA), and to a smaller and less organized extent, Cocaine Anonymous (CA). Each of these programs is based on the literature developed by AA, which includes the twelve step model of recovery. There are thousands of self-help meetings held each week throughout California.

Both NA and AA have Hospital and Institution (H&I) committees who are working with the Department to increase the availability of twelve step meetings in institutions and parole regions. These initial efforts will allow for the development of operating principles for further expansion into the entire California correctional system.

Early Intervention Services

It is proposed that during the transition from custody to the community, a Corrections Management Plan (CMP) would be completed. The CMP would include critical social factors, such as employment, education, housing, and family relationships. These sections of the CMP would be in addition to the substance abuse evaluation and treatment plan. A contract would be made with the offender, identifying responsibilities and plans for action.

Referral Services

To address the workload demands on the Parole and Community Services Division, the Department will explore the feasibility of using other agencies to assist in the referral of offenders to various levels of substance abuse treatment. One program established to effectively manage the substance abuse treatment of offenders in the community is Treatment Alternatives to Street Crime (TASC). This case management system is a federally funded project that has the potential to provide network type services so that each parolee could be appropriately placed in treatment. If this system were implemented, a TASC contact person could be placed in each parole area to work with parole agents in finding needed programs and available openings for treatment. The use of other non-profit service and referral agencies is also needed so that all local resources and programs are fully utilized.

High Risk Parolees

Certain types of parolees are high risk in nature and require additional attention during the case management process. HIV positive parolees present a significant set of problems regarding reintegration into the community. Based on self-reported information of HIV positive inmates incarcerated in a separate housing unit at the California Institution for Men, many of them received their infections via intravenous drug use. These cases pose a serious health threat to the community if their drug abusing behavior goes untreated or if they are uninformed about needed precautions in their sexual behavior. It is recommended that drug abuse treatment be mandatory for this group to reduce the possible transmission of the HIV virus. For those who are opiate addicted, methadone maintenance or residential drug-free treatment present possibilities for successful transition.

Female intravenous drug users are also high risk parolees for contracting the HIV virus, and the consequences may be even more severe. Many of these women are of child-bearing age or already have children, further increasing the strain on the community social service structure. For those women who are "crack" addicted, the possibility of crack addicted babies being born becomes highly likely. In addition, there are generally fewer substance abuse services available to the female drug abuser within the treatment community.

With high-risk cases, it is extremely important to match them to appropriate services at the proper time. Case management is a critical ingredient to success in dealing with this population. For example, county health officers have been given the resources to provide AZT medication to HIV infected persons, but some parolees have not been made aware of these services. It is the responsibility of the case manager to refer HIV patients to the appropriate local treatment programs. This is one example of the importance of matching the type and level of service need with the available treatment provider.

Increased Intervention

When parolee drug or alcohol abuse behavior continues, the Case Management Plan must also include immediate consequences to match those behaviors. As substance abuse escalates, more restrictive and secure interventions must result. Some of these responses to substance abuse already exist and some are being planned for implementation in the near future. Described below are some of these programs and plans.

The Prison Alternative Training Home (PATH) is a 90-day program for parolees who agree to live in "Community Surrogate Homes," attend NA or AA, agree to have no visitors or unauthorized phone calls, and participate in other program components as instructed to by P&CSD. Local citizen volunteers provide room and board to parolees at a rate of \$16.00 per day. Bank accounts are set up so that upon completion of the program the parolees have money saved to obtain a car, an apartment, or other vital items needed to work and maintain him/herself in the community.

The Substance Abuse Revocation Diversion (SARD) program is a parole project that provides 90-120 days of increased supervision, treatment referrals, testing, and additional service options. Parolees who have used substances and are in danger of revocation are transferred to a SARD parole unit from a regular caseload. The objective of SARD is to bring the user into treatment and away from the possible return to criminal activity.

The Substance Abuse Treatment Unit (SATU) is another substance abuse pilot project. Located in Fresno, this 90-day locked residential treatment facility was created by P&CSD and is jointly operated by CDC and a private vendor. This treatment alternative is available to parolees in the Fresno area who are in danger of revocation due to their substance abuse.

Under the authorization of Senate Bill 1591, CDC plans to contract with at least six cities to build facilities to incarcerate offenders locally. Contract negotiations are underway and it is anticipated that each site will include space for "special programs," including substance abuse treatment units. Placement of programs at each facility would be a proactive step toward having necessary services available to all inmates.

Voluntary-vs-Involuntary Participation

Much discussion has been centered around the point that voluntary treatment clients behave differently in treatment and have different treatment outcomes than coerced clients. For the most part, the discussion follows one of these assumptions:

- Voluntary clients are more motivated to successfully complete treatment because they want to do it for themselves, hence voluntary clients will do better in treatment
- Voluntary clients lack the necessary motivation to complete a difficult treatment regimen. When the going gets tough, they leave treatment
- Coerced clients are more amenable to treatment than volunteers because they will suffer significant consequences if they fail
- Coerced clients resent their forced entry into treatment and strongly resist any treatment efforts made on their behalf

The one apparent fault in all of these arguments is the assumption that what motivated a person to enter treatment--legal coercion, family pressure, etc.--remains as the only motivator keeping a person in treatment. This position assumes that a person's motivation doesn't change during their treatment experience.

~~Recently quoted research studies on comparisons of coerced and non-coerced clients~~ strongly suggests that coercion may play a positive part in treatment retention. Studies completed by Collins and Allison in 1983, and Hubbard et.al. in 1967 suggest that criminal justice coercion brings drug abusers into their first treatment episode earlier than otherwise may have occurred and they are retained in treatment longer. In a review of the literature, McGlothlin concluded that, despite less favorable treatment characteristics, coerced clients benefited from treatment as much as other clients.

A Comprehensive Community Program

If sufficient resources are made available, the Department plans to implement a project in the San Diego area to determine the effectiveness of this comprehensive approach to managing parolees with drug and alcohol abuse related problems. Step one would be the assessment and assignment of offenders using an addiction index to the residential treatment at the R. J. Donovan Correctional Facility. During the final months of program intervention, the focus of treatment would shift to transitioning the participant into the community. The parole agent, family, employment sources, social service agencies, and outside treatment providers would all be involved in the process. Through the development of a partnership between P&CSD and community treatment resources, a network of programs and case management options would be available. This system requires commitment and resources from CDC to be successful.

It is expected that the offenders who participate in the proposed demonstration project will remain in the community longer than the control groups of subjects to which they will be compared. Parole outcome will be measured among the three groups, consisting of the following offenders: (1) The demonstration group, who receive residential treatment at R. J. Donovan and case management during parole; (2) One control group, who are eligible for treatment but do not receive it; and (3) A second treatment group, who receive residential treatment at R. J. Donovan but do not receive the parole demonstration project case management. The differences among these three groups, as measured by days on parole and other indices, will measure the effectiveness of the demonstration project components.

SUBSTANCE ABUSE PROGRAM EVALUATION & RESEARCH

Program Evaluation

Throughout this report, references are made to quality evaluation and empirical research findings which document the efficacy of the proposed treatment services. Starting in the early planning phases of program development, the foundations of sound process (what actually happens, to whom, under what conditions and for how much) and outcome (results of programs, benefits gained) evaluations must be developed alongside the development of program protocols. This evaluation is an important component of the Department's substance abuse treatment program.

The foundation of these evaluation studies includes a clear understanding of the following: the problems to be addressed; the objectives or intended good effects to be achieved; the clients who will participate; the specific activities of the program (including costs); the rules, methods and conditions under which the program will operate; and the quantitative (and qualitative) measures which will be used to determine the degree to which the objectives were achieved.

Program Research

The planning and implementation of effective substance abuse treatment and education programs require an up-to-date knowledge of advances in the field of corrections and related disciplines. The Department, through the participation of OSAP and the Research Unit, will maintain needed associations with the corrections research field. These associations include contracts with Narcotics and Drug Research Inc., membership of OSAP and Research Unit staff in the Association for Criminal Justice Research (California), participation on the Statewide Epidemiology Workgroups, and a close working relationship with the UCLA-based Drug Abuse Information and Monitoring Project.

The staffing of the Department's Office of Substance Abuse Programs reflects the importance of program evaluation and research activities. One of the five OSAP specialists positions is solely devoted to program evaluation and research responsibilities. This position is responsible for the development of base line and prevalence data, integration of information systems in program operations, representation on research associations and development of quantitative-based program findings and policy recommendations.

PART III

IMPLEMENTATION SCHEDULE AND COST ESTIMATES

INTRODUCTION

Part III describes the Department's plan for implementing substance abuse treatment and education programs for all inmates and parolees. It is the Department's goal to implement these programs over a three year period based upon project evaluation and available resources. These efforts complement the Department's current program activities and furthers the interests of public safety as well as the security of staff and inmates/parolees.

This implementation plan will also reflect the results of efforts currently being undertaken by the Department. The Department recently established the Office of Substance Abuse Programs (OSAP). OSAP will have the direct responsibility of planning, coordinating and implementing this substance abuse plan. In September 1989, the Department was awarded a \$100,000 substance abuse program planning grant. This grant was awarded by the United States Department of Justice, Bureau of Justice Assistance and will be used to help plan a comprehensive substance abuse treatment program. The Department also anticipates an additional grant award of \$400,000 from the Bureau of Justice Assistance to aid in the implementation of the programs undertaken in fiscal year 90/91. The Department plans the submittal of a State-funded proposal for implementation of some of the programs described in the 90/91 fiscal year.

FISCAL YEAR 1990-91

The Department has submitted a proposal to implement demonstration projects at the R.J. Donovan Correctional Facility (prison-based therapeutic community) and Region IV (community based treatment). Additionally, the proposal includes educational materials and the development of resource/learning centers.

Also during this year, the Department plans to begin the administration of inmate and parolee individual needs assessments utilizing a portion of the \$400,000 phase II BJA grant. Additional federal funding will be sought to develop a demonstration project to evaluate the effectiveness of random urine testing as a way to reduce inmate drug use. It is also a goal to develop a comprehensive parole services network in Parole Region II (Bay Area) utilizing a portion of the \$100,000 BJA planning grant.

FISCAL YEARS 1991-92 AND 1992-93

Substance abuse programs described in the future fiscal years will be implemented or expanded based upon the evaluation and experience of the demonstration projects and the availability of resources. The Department intends to seek additional resources through federal and state funds.

IMPLEMENTATION CHARTS

PROJECT: EDUCATION FOR INMATES AND PAROLEES

Task	FY 90/91				FY 91/92				FY 92/93			
	1	2	3	4	1	2	3	4	1	2	3	4
1 Establish resource/learning centers in institutions and parole regions.			—————									
2 Issue RFP and select staff to develop materials on drug abuse for staff use.	—											
3 Develop "Personal Responsibility" curriculum.	—											
4 Implement curriculum.					—————							

Cost Analysis

The cost of resource/learning centers will be distributed over three fiscal years, with a total cost of \$240,000 (FY 90/91 BCP). The cost is based on population projections for 1990 at a cost of \$1.50 per unit for materials and \$15,000 for development costs and training costs. \$1.50 x 90,000 inmates = \$135,000 and \$1.50 x 60,000 parolees = \$90,000. The cost of the development of a Personal Responsibility curriculum is \$323,000 for FY 89/90. The contract with California State University Program Services for development and consultation is \$165,000 for FY 89/90 and \$10,000 for FY 90/91. The total cost of the curriculum is \$546,000, which is included in the Department's current budget.

PROJECT: INDIVIDUAL NEEDS ASSESSMENT

Task	FY 90/91				FY 91/92				FY 92/93			
	1	2	3	4	1	2	3	4	1	2	3	4
1 Implement individual needs assessment tool in one institutional reception center (7-1-90).	—————											
2 Implement assessment tool in two reception centers (10-1-90).		—————										
3 Expand to include assessment in institutional classification process (annual review) in three institutions (12-1-90).			—————									
4 Implement assessment tool in three additional reception centers (6-1-91).				—————								
5 Include three additional institutions' use of assessment during classification process (annual review) (12-1-91).					—————							
6 Expand assessment to remaining three reception centers (6-1-91).							—————					
7 Implement assessment tool within classification process (annual review) in six additional institutions (12-1-91).										—————		
8 All remaining institutions (6-30-92) (9 total).											—————	

PROJECT: INDIVIDUAL NEEDS ASSESSMENT

Cost Analysis

The development of the needs assessment will be financed by existing funds in the Department's Bureau of Justice Assistance Planning grant (\$100,000).

FY 90/91	FY 91/92	FY 92/93
sample of inmate population (8,000)	66% of inmate population (50,000)	100% of inmate population (75,000)
\$400,000	\$2,500,000*	\$3,750,000*

The assessment would require an additional 45 minutes to administer and may be initiated by a Correctional Counselor in the reception center and phased in with routine casework functions in the designated institutions. The cost for the needs assessment equates to approximately \$50 per inmate, which includes staff training.

Within FY 90/91 approximately 8,000 inmates would be assessed. The Department would phase in the assessment process by starting at one reception center and expanding to six reception centers just prior to the end of the 4th quarter. Funding for the assessment process is anticipated through the Phase II BJA grant.

During FY 91/92, continuation of the previous assessment services will be augmented by an additional three reception centers. 66%, or approximately 50,000 inmates, will have been assessed during this year. Similarly, FY 92/93 shows that additional expansion of the assessments will include all remaining institutions to include 100% of the population. The Department intends to seek additional resources, both state and federal, to fund this expansion.

As the yearly admission rate of new commitments to CDC averages 68,000, a yearly maintenance of the assessment process past FY 92/93 is expected to approximate \$3,400,000.

- * The cost estimates for FY 91/92 and 92/93 may be slightly less depending upon retention of trained staff as well as the percentage of admissions which return to custody with a previously completed needs assessment.
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PROJECT: PRISON BASED DEMONSTRATION PROJECT

Task	FY 89/90				FY 90/91				FY 91/92				FY 92/93			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1 Research existing prison-based programs.	—————															
2 Program design completed 5-1-90.					—————											
3 Issue RFP and select treatment service vendor 5-15-90.					-----				-----				-----			
4 Project start-up (1st inmates arrive) 7-1-90.					—————											
5 Inmates begin to transition into Region IV (San Diego) area (4-1-91).									—————							
6 Expansion to one additional site (7-1-91).									—————				-----			
7 Expansion to two additional inst. (7-1-92).													—————			

Cost Analysis

The tasks mentioned in FY 89/90 are required planning and development elements to design a solid program. Included in program design are the development of an evaluation model, random selection of inmate participants, preparation of operational procedures and program protocol. These tasks are funded through an existing Bureau of Justice Assistance Planning grant.

The program is slated to begin on 7-1-90 with a nine to twelve-month in-prison component. Approximately \$545,000 would be required to implement the program. A BCP has been submitted for \$45,000 for the services of a project director and \$2,000 for treatment services per inmate (250 inmates x \$2,000 = \$500,000 + \$45,000 = \$545,000). This figure could be enhanced depending on future resources by one additional site in FY 91/92 and two additional sites in FY 92/93.

PROJECT: URINE TESTING DEMONSTRATION PROJECT

Task	FY 90/91				FY 91/92				FY 92/93			
	1	2	3	4	1	2	3	4	1	2	3	4
1 Research existing prison-based urine testing programs by 9-1-90.	█											
2 Develop implementation guidelines and program design by 9-1-90.	█											
3 Acquire on-site testing equipment by 9-1-90.	█											
4 Program start-up (First 10% random sample) (9-1-90).		█	█	█	█	█	█	█	█	█	█	█
5 Evaluation of pilot project data (1-1-91 - ongoing).		█	█	█	█	█	█	█	█	█	█	█
6 Expansion to one additional institution (7-1-91).					█	█	█	█	█	█	█	█
7 Expansion to two additional institutions (7-1-92).									█	█	█	█

Cost Analysis

The planning and development of the urine testing program will include the formation of an operational procedure, selection of a control group for evaluation purposes and acquisition of testing equipment and related training. These tasks will begin during FY 89/90 and will be funded via the existing Bureau of Justice Assistance Planning grant.

On 9-1-90, an institutionally based urine testing program is planned for implementation at one institution. The cost of the program is as follows: A 10% random sample of a 2,000 inmate population (200) with 60 tests per year (200 x 60 = 12,000). The average cost per test is \$7.00 (12,000 x \$7.00 = \$84,000). The Department will request federal funds to implement this project.

One additional institution would be added in FY 91/92 and two additional institutions in FY 92/93 for a total of four facilities, expending \$336,000.

PROJECT: PROGRAM DEVELOPMENT

FY 90/91

FY 91/92

FY 92/93

	FY 90/91	FY 91/92	FY 92/93
Cost Analysis			
Development of feasibility studies for the Civil Addict Program and the counseling services will be required for program development. The costs for these studies will be through a BJA planning/implementation grant.	BJA Planning Grant		
Evaluation of pre-release programs will require in-depth research to determine control groups and follow-up investigation. Funding anticipated through BJA planning/implementation grant.	\$986,250* (5 facilities)	\$1,972,500* (10 facilities)	\$3,747,750* (19 facilities)
Program expansion of pre-release programs would require \$197,250 per program site. Five sites currently operational, 5 additional sites in FY 91/92, nine more to become operational in FY 92/93 providing pre-release programs in all 19 facilities for a total of \$3,747,750.			

- * The FY 90/91 funding of \$986,250 reflects current expenditures for the five existing pre-release programs. The Department intends to seek additional funding from state and federal sources to expand these programs after an evaluation to determine their effectiveness.

PROJECT: TECHNICAL ASSISTANCE

Task	FY 90/91				FY 91/92				FY 92/93			
	1	2	3	4	1	2	3	4	1	2	3	4
1 Evaluate Technical Assistance rendered during FY 89/90 (Four institutions) (7-1-90).	—————											
2 Continue assistance to target facilities ongoing.	—————						
3 Include four additional institutions for program development (1-1-91).			—————				
4 Evaluate newest assistance programs (7-1-91).					—————							
5 Assistance expanded to four additional facilities (1-1-92).							—————				
6 Evaluate FY 91/92 programs (7-1-92).									—————			
7 Technical Assistance to remaining five institutions (1-1-93).											—————	

Cost Analysis

Development and evaluation of institutional technical assistance is an ongoing function of OSAP. Additional facilities and assistance will be developed based upon evaluation of successful programs.

PROJECT: ADMINISTRATIVE SANCTIONS

Task	FY 90/91				FY 91/92				FY 92/93			
	1	2	3	4	1	2	3	4	1	2	3	4
A) Regulatory changes on restriction of forfeited work-time credits on substance abuse related disciplinarys implemented by 1-1-91.	█											
B) Implement regulatory changes to broaden the use of urine testing in correctional facilities by 9-1-91.	█											
C) Conduct evaluation of institutional practices concerning visiting procedures and substance abuse (4-1-91).		█										
D) Develop a policy review analysis on visiting policy and substance abuse by 9-1-91.				█								

Cost Analysis

The development of regulation, policy and manual revisions will be an ongoing part of OSAP and will target new priorities on an annual basis.

OVERALL PRISON-BASED COSTS

	Projected											
	FY 90/91				FY 91/92				FY 92/93			
	QUARTER: 1 2 3 4				1 2 3 4				1 2 3 4			
Projects												
1 Individual Needs Assessment	400,000				2,500,000				3,750,000			
2 Urine Testing Demonstration Project	84,000				168,000				336,000			
3 Prison-Based Demonstration Project	545,000				1,090,000				2,180,000			
4 Administrative Regulation Development	0				0				0			
5 Program Development	986,250				1,987,500				3,747,750			
Total Costs	\$2,015,250				\$5,745,500*				\$10,013,750*			

The 90/91 FY costs are included in a combination of currently budgeted items (program development), federal funds (urine testing and needs assessment) and a budget proposal (prison-based demonstration project).

* The estimated costs for FY 91/92 and 92/93 are based upon expansion after evaluation and dependent upon available resources.

PROJECT: INDIVIDUAL PAROLEE NEEDS ASSESSMENT

Tasks	FY 90/91				FY 91/92				FY 92/93			
	1	2	3	4	1	2	3	4	1	2	3	4
1 Implement Individual Needs Assessment in San Diego, Parole Region IV (10-1-90).	—————						
2 Implement Assessment Project in Parole Region II.					—————						
3 Expand implementation process to Parole Region III.					—————						
4 Implement Needs Assessment in Parole Region I.									—————			

Cost Analysis

The individual needs assessment, if implemented, would add 30 minutes to the average parole agent interview. Updates, case reviews, and program referrals resulting from the assessment would take approximately 90 minutes per parolee. Costs in San Diego would be \$40 x 4,000 assessments, or \$160,000 per year. Costs for Parole Region II would be approximately \$40 x 7,000 = \$280,000 per year. Region III costs are estimated at \$40 x 25,000 = \$1,000,000 annually. Costs for completing assessments in Region I would be about \$40 x 6,000 = \$240,000. The cost for implementation and development will be funded through the BJA planning grant. The Department will seek additional state and federal resources for future expansion.

**PROJECT: COMMUNITY-BASED DEMONSTRATION PROJECT
SAN DIEGO PAROLE UNITS**

Tasks	FY 90/91				FY 91/92				FY 92/93			
	1	2	3	4	1	2	3	4	1	2	3	4
1 Case management research and program planning with Parole Region IV.	—————											
2 Specialized Parole Agent Education and Manual.	—————											
3 Completion of Case Management program plan.	—————											
4 First participants parole and begin community treatment.											
5 Sixty to ninety parolees participate in project.					—————							
6 Evaluation of project data: Participants compared to two control groups.							—————					
7 Expansion of program to one additional community.					—————						
8 Expansion of program: Sites 3 and 4.									—————			

Cost Analysis

Planning tasks will be completed during FY 89/90. Successful community-based treatment involves increasing community services and referrals by parole agents. It also includes assessing and monitoring participants' progress with the implementation of the addiction severity index and the corrections management plan. Agents will be trained to use these instruments during FY 90/91.

Community treatment costs = \$37 per day x # of participants x # of days in program. A BCP has been submitted for the pilot project which will cost \$266,400 = \$37 x 60 x 120. Costs for FY 91/92 and FY 92/93 will be \$1,598,400 = \$37 x 360 x 120. This expansion is based upon a determination of the effectiveness and the programs combined with the availability of state and federal resources.

PROJECT: SB 1591 SUBSTANCE ABUSE PROGRAMS

Tasks	FY 90/91				FY 91/92				FY 92/93			
	1	2	3	4	1	2	3	4	1	2	3	4
1 Complete Program Plan -- Including information system, evaluation criteria, and implementation schedule.	█											
2 Ensure Program integrity -- Complete protocols and operating procedures.	█											
3 Open first two treatment units -- monitor progress.			█									
4 Open Units 3 and 4 -- monitor.			█									
5 Open Units 5 and 6 -- monitor.			█									
6 Complete evaluation of first year.						█						

Cost Analysis

Program planning and facility construction will occur during FY 89/90 and the first part of FY 90/91. The Department has proposed to implement seven substance abuse program units during FY 90/91 at a total cost of \$757,649.

**PROJECT: BAY AREA PAROLE SERVICES NETWORK
PAROLE REGION II**

Tasks	FY 90/91				FY 91/92				FY 92/93			
	1	2	3	4	1	2	3	4	1	2	3	4
1 Create a Services Network in the six counties of the Bay Area.	—————											
2 Educate agents and treatment providers to increase communication and referrals.	—————											
3 Implement a system for the completion of individual parolee corrections management plans.	—————											
4 Collect and analyze program information on an ongoing basis as a tool to keep it effective.	—————				- - - - -							

Cost Analysis

As one model for good case management and continuity of care it is proposed that the six Bay Area counties establish a services network which will include short term custody options at San Quentin and Hidden Valley Ranch RTC Facility. Parole Outpatient Clinic and public and private substance abuse treatment providers will also be developed into a service network.

A detailed services network plan will be completed by 4-1-90 at a cost of \$10,000 (BJA Phase I funding). Future expansion and implementation will be sought through Federal Grant Funds.

PROJECT: COMMUNITY SERVICES IMPLEMENTATION

Tasks	FY 90/91				FY 91/92				FY 92/93			
	1	2	3	4	1	2	3	4	1	2	3	4
1 Select sites and complete needs assessment for 12 step programs.	█				█				█			
2 Develop state and local 12 step resource contacts for selected sites.	█											
3 Develop and maintain an MIS for 12 step program use at selected sites.	█				█				█			
4 Set up local coordination meetings between site management and 12 step resource contacts.		█				█				█		
5 Develop volunteer recruitment effort for each site.		█				█				█		
6 Increase number of 12 step program meetings at each site by 25%.			█				█				█	
7 Develop and implement site orientation program for 12 step volunteers.			█	█			█	█			█	█
8 Continue support to initial sites.											

Costs Analysis

The above-mentioned workload is the ongoing work of OSAP staff and the substance abuse coordinators who have been appointed in each of the institutions and parole regions.

PROJECT: PLANNING, EVALUATION AND COORDINATION

Tasks	FY 90/91				FY 91/92				FY 92/93			
	1	2	3	4	1	2	3	4	1	2	3	4
1 Comprehensive summary substance abuse reports implementation begins.												
2 Feasibility of adding substance abuse data fields to existing BCP and ISB existing reports explored.												
3 DDPS Parole program implementation continues.												
4 Quarterly newsletter implemented.												
5 "Guide to Creating a Substance Abuse Program" created and distributed.												

Cost Analysis

Each of the projects enumerated is a part of the Department's ongoing workload and requires no additional funding.