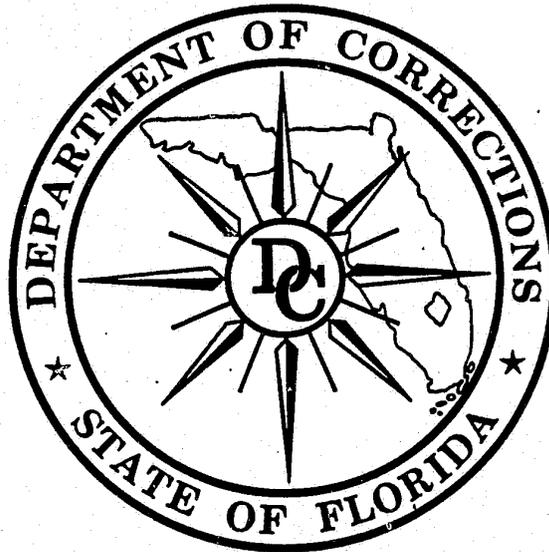




**STATE OF FLORIDA**  
**DEPARTMENT OF CORRECTIONS**

**Harry K. Singletary, Jr., Secretary**

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**SUBSTANCE ABUSE PROGRAMS**

**1992**

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**Florida Department of Corrections  
Substance Abuse Programs**

NCJRS

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**Substance Abuse Programs  
Comprehensive Report**

138151

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## INTRODUCTION

The increased use and abuse of chemical substances within society, combined with more effective law enforcement initiatives to address escalating criminal behavior(s) associated with drug addiction, has focused attention on the need for correctional systems to enact treatment programming. It is no longer acceptable for offenders to enter the correctional system with addiction problems and be released without treatment opportunities.

For many years, Florida, by virtue of its geographical location and extensive shoreline, has been widely viewed as the principal importation point for the majority of cocaine introduced into the United States. Contributing to this are a diverse cultural population, high unemployment, and great mobility. The result has been wide spread abuse of crack cocaine and this has greatly impacted prison admissions.

The Florida Department of Corrections has launched a significant effort in the area of substance abuse treatment programming services designed for members of the inmate population identified as having histories of substance abuse. This programming effort addresses the substance abuse treatment needs of identified members of Florida's inmate population through the use of a model encompassing a comprehensive battery of substance abuse treatment services. The program provides linkages between institutional and community resources and has created new services with the support of the Governor and the Florida Legislature.

## BACKGROUND

In the early 1970s Law Enforcement Assistance Act (LEAA) funds allowed the Department to employ at least one drug counselor in each of its major institutions. LEAA also provided seed money for the development of a 250-bed therapeutic community (TC) for young male offenders and a twenty bed TC program for female inmates. Unfortunately, even though the percentage of inmates newly committed to the Department who admitted to drug problems increased at a steady rate to above fifty percent, various financial shortfalls within state government and the collapse of the LEAA funding source led to the general dissolution of the Department's drug treatment program. However, the two TCs mentioned above and a strong outpatient treatment program at one large youthful offender institution were maintained.

In intervening years prior to 1987, drug treatment primarily was in the form of the close association with two community support groups, Alcoholics Anonymous and Narcotics Anonymous. Eventually a skeleton counseling staff began to emerge. It consisted of one or two professional counselors principally assigned to the Department's mental health office, but with ancillary duties involving coordinating or providing counseling services for addicted inmates. In 1988 there were nearly 100 employees whose duties included responsibility for drug counseling within Florida's correctional institutions. The prison population meanwhile had expanded to approximately 46,000 in over fifty major institutions in 1991.

The recent increase in admissions to prisons in the State of Florida has been primarily

the result of drug offenders. These offenders accounted for 13 percent of the total admissions in fiscal year (FY) 1983-84 compared with 33 percent in FY 1990-91. With an inmate population of 46,233 at the end of the FY 1990-91 up from 26,471 five years earlier in FY 1983-84 (an increase of 74.7 percent), the Department has noted an alarming increase in the number of drug and drug-related offenders entering the system (Florida DOC Bureau of Planning, Research and Statistics 1991).

Data from FY 1990-91 (Florida DOC Bureau of Planning, Research and Statistics 1991) indicates that the majority of drug offenders were incarcerated for sale of cocaine (43.5 percent), possession of cocaine (34.2 percent), and trafficking in cocaine (9.4 percent). By comparison, the next category among specific drug offenders types was that of those convicted of the sale of marijuana (4.4 percent). Cocaine offenders accounted for 87 percent of all drug offenders admitted to Florida prisons in FY 1990-91. During FY 1990-91 one of three persons committed to the Florida Department of Corrections was incarcerated directly as a result of drugs. This ratio considered only the offender's primary offense and did not reflect those persons being incarcerated for property crimes committed in order to support a drug habit. Were these factors computed into the equation, it is estimated that the percentage of drug-related admissions would approach 85 percent. In addition, the Department's data (1989) indicates that the adult inmate population's primary drug of choice is crack cocaine with alcohol running a close second. Youthful offenders' drugs of choice are alcohol and marijuana. It should be noted that the Department's treatment efforts are geared toward chemical dependency/addictions and not toward a drug of choice.

Probation and community control admissions for FY 1983-84 totaled 38,948, with drug offenders accounting for 22 percent (8,667) of these admissions. In FY 1990-91 total admissions for probation and community control were 77,844, and drug offenders accounted for 29 percent (22,598) of that total. The most recent major trend in drug abuse is, by all accounts, attributable to the appearance of crack cocaine (Florida Department of Law Enforcement 1990).

## **INSTITUTIONAL SUBSTANCE ABUSE PROGRAMS**

### **Tier System**

The following is a summary of the comprehensive statewide substance abuse programs for the incarcerated offenders. These programs include an initial assessment phase and a Tier system offering varying degrees of treatment for identified substance abusers. The Department is attempting to provide the addicted offender with a continuum of care through the Tier treatment programs. This continuum can result in the offender's going from Tier I to Tier IV in a process of successive and successful treatment experiences. However, in many cases due to sentencing constraints or individual offender needs, offenders will experience only part or parts of the treatment continuum. Following is a description of the assessment procedures and the various institutional treatment programs.

### **Assessment Procedure**

While more than 50 percent of inmates admit to a serious problem with one or more substances of abuse, it is clear that intensive therapy is not possible for all. Therefore, an assessment procedure has been implemented at all reception locations. Inmates sentenced to the Department of Corrections undergo an assessment to determine the severity of their substance abuse addiction as well as their readiness for treatment. Through the classification process, an appropriate level of treatment is recommended.

Treatment programs provided within the Florida Department of Corrections correctional facilities are identified by four varying levels of intensity. In concept, inmates would enter the treatment continuum at the appropriate level for their particular need. However, due to a variety of factors such as limited program space, denial (resistance to treatment), initial placements may sometimes be at a lower level of intensity than would be required individually. In such instances, one of the treatment program objectives would be to encourage more intensive follow-up therapy. Referred to as the Tier system, the levels of treatment each have a finite time frame and focus upon clear cut objectives within those constraints.

#### **Tier I**

Tier I is a 40-hour program specifically designated to address the needs of offenders who (1) have less than severe substance abuse problem, or (2) are believed to have a severe problem but are denying the problem exists and therefore are not considered ready for treatment, and/or (3) due to a very short sentence, will not have the opportunity to go through a longer term program. Although primarily designed to provide information as an educational component, Tier I also introduces group counseling techniques. In addition, and more importantly, it serves as the beginning point to essential follow up treatment consisting of continuing group counseling, encouragement to participate in Alcoholics Anonymous, Narcotics Anonymous, or other support groups, and referral as appropriate to a more intensive level of treatment. The Tier I program is provided either by Department staff or by contractual agreements with private providers.

## **Tier II**

Tier II is an intensive eight-week residential modified TC program housed within a correctional institution designed for inmates with serious substance abuse problems. This treatment level is aimed at those inmates who will not be in the correctional system long enough to participate in a more extensive program. Tier II also serves as a referral mechanism to other levels of treatment such as longer-term community based treatment, referral to Tier III, participation in Alcoholics Anonymous, Narcotics Anonymous, etc. This Tier is characterized by frequent individual and group counseling sessions.

The Tier II treatment phases include:

**Phase 1; Orientation:** The period of time when the stage is set for effective participation in the recovery process

**Phase 2; Treatment:** The four major learning themes addressed here are Addiction Education, Life Management, Skill Building, and Relapse Prevention

**Phase 3; Re-entry:** Preparation for reintegration into either the prison setting or the outside community or some combination thereof

The process of closure with the treatment program is completed. In order to meet program objectives without compromising security, isolation from the greater institutional population is necessary to the most practical extent possible. Tier II services are provided by both Department staff and contracted private providers.

## **Drug Treatment Center**

Drug Treatment Centers (DTC) are the newest component in the Department of Corrections' Substance Abuse Programs. This is a statewide system of regional drug treatment centers for treating minimum and/or medium-custody inmates. Emphasis is focused on those convicted of drug offenses, theft, or burglary and who have a cumulative sentence of five years or less. New inmates assessed in need of drug treatment have a shortened reception process and movement is made directly to the treatment center in three to seven days.

The entire Drug Treatment Center facility revolves around providing drug treatment services. Inmates are involved in the therapeutic community process 24 hours a day, seven days a week. The format is an intensive four to five month treatment program using phases similar to Tier II. In addition to the treatment program, all inmates participate in a structured therapeutic fitness regimen. The physical training gradually builds fitness and endurance while emphasizing personal discipline, self and mutual help principles, building team/group cohesion, improved mental alertness, and relaxation through physical exercise.

## **Tier III**

Tier III is a full service residential TC program. This treatment component is six to twelve months long and is currently provided in a female institution, a male youthful offender institution, and an adult male institution. Additionally, the Department has contracts with community-based drug treatment programs throughout the State to

provide this service for eligible inmates approaching the end of their sentences. These contract facilities are designated as Community Tier III therapeutic communities. Presently, the Department utilizes six such facilities and contracts for a total of 54 beds within those facilities. For placement at such a facility an inmate must be classified as community work release eligible. As an inmate nears his or her release date, recommendations are forwarded to the Community Release Unit in the Department's Central Office for an inmate to be placed at one of the Community Tier III facilities.

#### **Description of Therapeutic Community (TC) Design**

The Tier II, Drug Treatment Center, and Tier III programs are based on the TC model. The TC treatment regimen uses self and mutual-help approaches, peer pressure, and role modeling in a structured environment to achieve the recovery goal. Peer pressure is seen as the catalyst that converts criticism and personal insight into positive change. High expectations and high commitment from both offenders and staff support this positive change. TCs provide a 24-hour-a-day learning experience in which individual changes in conduct, attitudes, and emotions are monitored and mutually reinforced in the daily regimen. TCs also offer a systematic approach to achieve their main rehabilitative objective, which is guided by an explicit perspective on the drug abuse disorder, the client, and recovery.

The goals of a residential TC include producing a change in lifestyle, abstinence from substance abuse, elimination of antisocial activity, increased employability and prosocial attitudes and values. The TC approach reinforces anti-criminal modeling,

promotes the understanding of social learning versus didactic learning, and stresses the developmental process that occurs in a social learning context. The TC approach to treating substance-abusing offenders has produced positive research findings in the areas of outcomes, treatment retention, and special populations (DeLeon 1984; Hubbard et al. 1988).

### **Day or Night Treatment**

A new concept within the Department, this program provides a structured schedule of treatment services that includes a minimum of sixteen hours of activities per week, six of which occur in individual, group or family therapeutic sessions. Services provided in this structured outpatient setting are consistent with the services provided in the residential programs except that the outpatient program is conducted during the day, evening or weekend hours to accommodate the inmates' institutional work schedule. Day or Night Treatment serves approximately 40 inmates every four to six months and requires two contracted counselors for staffing each program.

### **Tier IV**

Tier IV is designed specifically to provide counseling services to inmates assigned to Community Correctional Centers by means of contracted services. This outpatient/aftercare treatment strategy focuses on relapse prevention and supportive therapy. This ten-week program involves inmates during the afternoon and/or evening prior to or after work and includes eight weeks of counseling, group

attendance at AA/NA meetings, and educational groups. The final two weeks prepares inmates for community re-entry. The relapse prevention program is essential for this re-entry process. Group, individual, and family counseling sessions are held, and relapse prevention plans are completed. Emphasis is also placed on developing and cementing connections with community-based drug treatment programs, self-help support groups, and other aftercare services.

### **SUBSTANCE ABUSE SERVICES FOR SUPERVISED POPULATION**

In the realm of Florida's supervised population, substance abuse has also increased. In FY 1988-89, a total of 34.3 percent of all offenders in community supervision programs carried a primary offense in the category of narcotic sales, manufacture, or possession. More significantly, 54.6 percent on community supervision during that same time period, admitted their involvement with substance use and abuse. Probation officers reported that seven out of ten offenders on their caseloads last year had some degree of problem with substance abuse which comprises 70 percent of the daily population of 100,000 offenders supervised by Probation and Parole Services.

It has become apparent to Florida's lawmakers and the criminal justice community that building more prisons simply cannot be the cure-all for this problem. The focus has now been drawn to community-based alternative methods that impose a range of sanctions to hold the substance abusing offender accountable and that serves to divert this population from limited prison beds. Strategies such as front-end, early intervention and a well defined system of intermediate sanctions seem to offer possible solutions.

Florida Probation and Parole Services launched a program in 1988 to address the problem. Since that time, the program has continued to experience rapid growth and is now considered to be a comprehensive effort that is an integral component of the community-based supervision mission.

The major goal of the substance abuse programs continues to be the identification, intervention, and affording of treatment opportunities when warranted for offenders who have a substance abuse problem and addiction. The major components of the program remain unchanged: staff training, drug testing, substance abuse treatment and evaluation through data collection and analysis.

An intense effort has taken place in the last two years to develop mutual strategies on how to deal effectively with the substance-abusing offender. Much of that effort can be attributed to probation and parole drug specialist staff as well as community-based treatment providers assigned to the courts who are responsible for educating and informing the major players in the criminal justice system about drug testing and the continuum of treatment services available.

In 1988 an initial appropriation of \$500,000 was earmarked for the effort. Program implementation was impacted most significantly by the mandate, providing that all offenders convicted of controlled substance violation would receive random substance abuse testing intermittently throughout their term of supervision. Thus, Probation and Parole Services was challenged with designing and implementing a substance abuse program that was to focus on two primary areas...testing and treatment.

State funding for substance abuse jumped to \$2.1 million the second year which allowed further enhancements to the program. However, mandated budget cuts reduced allocated funds in half. Sixty additional residential treatment beds were brought on-line, helping to alleviate a critical shortage of inpatient services available

to offenders. In addition, five specialized staff positions were established in each of the geographical regions of the State. The regional drug specialists would serve as coordinators and managers of an expanding substance abuse program.

During Fiscal Year 1990-91, the program received an infusion of federal block grant funds to supplement State funds. Total funding for the program was \$3 million. This enabled the Department to establish circuit drug specialists in each of the twenty judicial circuits which further localized and facilitated the day-to-day operation of the substance abuse programs. Additional funds were provided for the expansion of residential treatment beds as well as an increase in out-patient services. It was no longer acceptable for a substance-abusing offender to be placed on community supervision and not be afforded opportunities for treatment to deal successfully with their substance abuse addiction.

During the first year (1988-89), when the testing initiative began, 15,000 offenders were drug tested. The statewide results presented a 33 percent positive rate. The following year (FY 89-90) the number of offenders tested had risen to nearly 50,000 with the positive rate dropping to 25 percent.

The most recent statewide data (FY 90-91) show a total of over 145,000 drug tests were administered to offenders. Although the number of tests continued to rise, the positive rate decreased to 18 percent, its current level.

The Department considers the program to be an unqualified success. Countless line probation officers have detailed the significant change in behavior demonstrated by

some of the offenders who successfully completed the various substance abuse programs. The successful completion rate of offenders placed in nonresidential/outpatient programs was up 10% over FY 1989-90. The successful completion rate for offenders sentenced to residential treatment programs was 62.2%. This exceeds the FY 1989-90 rate of 50%. The overall success/completion rate of all treatment programs exceeded 60%.

Because of the apparent success of both prison-based and community-based treatment programs, the Governor and Legislature made a commitment through legislation and appropriations to radically increase the number of community-based treatment beds for substance-abusing offenders.

During the 1991 legislative session, the centerpiece of Florida Governor Lawton Chiles' legislative package was a new initiative entitled the "Community Corrections Partnership Act." The Partnership Act has been designed to create additional and more effective intermediate sanctions for an identified portion of the offender population that could best be served and sanctioned in the community. The thrust of this Act binds the State and individual counties in an effort to develop a range of credible interventions for this targeted group of offenders, while allowing violent, more serious, or chronic offenders to remain in prison for a longer period of time.

This new legislation appropriated \$150,000 as a grant award for the first year. Additionally and more significantly, \$4.2 million has been assigned to establish 570 nonsecure treatment beds for the drug offender. Start-up funds also were appropriated for the construction and operation of another 90-bed secure drug

facility, as well as a 256-bed work camp to divert offenders from incarceration in State prisons. Part of this Act also creates an additional supervision sanction, Drug Offender Probation, that is designed to blend certain features of the Community Control Program with regular probation. In this program, individual offender drug treatment is emphasized, drug testing is mandatory, and reduced caseloads of fifty offenders to one officer are utilized.

Florida has learned that along with federal and state sanctions and funding there is also oversight and accountability. This requires a reporting system that is capable of producing timely, complete and credible information. As Probation and Parole Services substance abuse programs have continued to expand, so has the volume of data that must be collected, analyzed and reported to various entities.

A new automated system is in place that allows capability for two vital functions. First, offenders participating in substance abuse services can be tracked by probation and parole. In conjunction with this, a treatment history is established on the data base for each offender, which is useful in individualized treatment planning. Second, the system is capable of producing batch reports that compile and format the data required by various funding entities. The system's ability to store information allows the Department to conduct dispositional studies, monitor program objectives, and review performance of contracted treatment vendors.

During FY 1990-91, a total of 9,018 offenders were provided grant-funded treatment services. In addition to this figure, a significant number of other offenders received treatment through personal payment, county-funded programs, and third-party

insurance reimbursements. Noting that available treatment resources in Florida are limited, additional offenders would have been placed in treatment had additional funding and appropriate referral sources been available.

Recently, contracted nonsecure drug treatment beds were brought on line. These new programs designed to divert felony drug offenders from incarceration utilizes the Tier II and Tier IV program components and provides supervised housing at drug treatment centers in the community. These drug treatment centers are located in (12) twelve different cities throughout the state and can house up to a total of 450 offenders. Program duration is normally six (6) months which allows for approximately 1000 different offenders to be court ordered to complete the drug treatment program this fiscal year.

These are exciting times of change and growth in the area of substance abuse programming for Florida's community supervision programs. Further expansion of services is now on the horizon through the enactment of the Community Corrections Partnership Act. This new challenge is certain to provide enhanced opportunities for the agency to continue its past success in "making a difference" through effective substance abuse programming.

## **INFORMATION NETWORK AND RESOURCE CENTER FOR SUBSTANCE ABUSE PROGRAMS**

### **The Network**

The Substance-Abusing Offender Treatment Information Network is not a specified criminal justice or treatment program; rather, it is an information system. The Network is a prescribed mechanism for transferring information on drug offenders from one agency serving the drug-involved offender to another so that a treatment intervention history can be developed. The goals of the Substance-Abusing Offender Treatment Information Network program are:

- (1) to channel information on drug treatment and other drug interventions from one system component to the next
- (2) to encourage continuity of treatment and structured intervention with the drug-involved offender
- (3) to link all system components to ensure continuity of care
- (4) to define what action each unit will take in order to pass on intervention or treatment information and what action will be taken once information is received, and
- (5) to support research and evaluation on the effectiveness of offender treatment.

All criminal justice and treatment programs that provide specialized services to the substance-abusing offender are participants of the Network. Each program is encouraged to establish formal procedures that define how the Network will be implemented in the respective agencies.

This information system is built on the premise that length of treatment with the drug-involved offender correlates with a favorable treatment outcome (Hubbard et al. 1988; Leukefeld and Tims 1988). This system is a structured method to

enhance the time an offender spends in treatment and to link components of treatment in a systematic mode. Programs involved in the Network, in addition to the Tier programs include: Treatment Alternatives to Street Crime (TASC), jail treatment programs, post-release supervision programs, community-based treatment agencies, probation, parole, and community control. A brief description of these programs follows.

**TASC** programs screen, assess, refer to treatment, and provide case management services. TASC staff serve as brokers to ensure treatment placement is secured and progress in treatment is reported to the referring criminal justice agency.

**Jail Treatment Programs.** Across the State, these programs provide in-jail substance abuse education and treatment services. These services are usually provided by local TASC or community treatment programs under contract with the local county corrections authority. Offenders may be linked with probation upon completion of their jail sentence. They may be referred to TASC or to community treatment programs.

**Post-Release Supervision.** In FY 1990-91, more than 35,000 inmates were released from the Department of Corrections (Florida Department of Corrections 1990). Offenders completed their sentences, were released on parole, or were released under one of several programs that provide for supervision once back in the community. These programs include:

**Provisional Release** - This program provides up to 90 days supervision by a probation officer. Treatment can be required as a condition of granting release.

**Control Release** - This program operates like parole. The control release agreement can require treatment and other performance requirements.

**Conditional Release** - The parole commission controls access to this program and can require involvement of up to two years. This program is usually used for violent or sexual offenders.

**Community Correctional Centers (Tier IV)** - These offenders are still serving their sentences while living and working in the community. In the Tier IV program, offenders are required to participate in specialized treatment.

**Community-Based Treatment Agencies.** Florida has an established network of community-based prevention and treatment agencies. These agencies provide a variety of treatment modalities including detoxification, methadone treatment, short- and long-term residential programs, halfway houses, day treatment, drug free outpatient services, and support groups. The courts, probation, and the institutions have a long history of making referrals to these programs. A recent survey of treatment agencies offering residential services revealed that at least fifty percent of the clients being served had some form of criminal justice involvement (Hubbard et al. 1988).

#### **DRUG ABUSE TREATMENT RESOURCE CENTER (DATRC)**

The Department has also implemented a Drug Abuse Treatment Resource Center (DATRC). This Center is responsible for the accumulation, distribution, and publication of various materials pertaining to substance abuse for counseling staff and for inmate use. A monthly newsletter is used to exchange innovative information and to list new films, tapes, and publications. This creates a network for the best use of resources.

## **RESEARCH AND EVALUATION**

Treatment programs are only as effective as the evaluation of those programs. Evaluation produces specific data without which any generalization, revision, or improvement effort is guesswork and the results are not always those intended. Evaluation usually is a process that is planned along with initial program stages and continues long after the program is implemented. An effective evaluation produces an ongoing report on the program's implementation, operation, and accomplishment of its objectives.

Given this premise, the Florida Department of Corrections Substance Abuse Programs recognizes three components of the evaluation of its drug abuse treatment (Tier) programs: screening and assessment, process evaluation, and outcome evaluation. The significance of these components' interaction also is recognized. Therefore, in its evaluation plan, the Department has made every effort to establish the proper professional settings for developing and implementing these three components.

### **Screening and Assessment**

The program's main objectives are to identify substance abusers, assess the severity of their problems, measure their readiness for treatment, and finally, to recommend them for an appropriate treatment program. These objectives are accomplished through inmate testing and interviewing at the time they enter reception centers for classification.

The purpose of the screening is to identify substance abusers. Given the number of inmates entering reception centers (over 40,000 annually) and the length of time they stay (usually ten days) before being assigned to other institutions, this identification must be done quickly in order to have time for assessment. A Modified Addiction Severity Index (MASI) is used for this purpose. This four-item test is administered to groups of inmates and scored shortly after the session. Inmates scoring three to eight on this test automatically will become the candidates for assessment.

An indepth interview by a Clinical Social Worker (CSW) is the major component of the assessment procedure. During this interview, two assessment instruments are used, the Addiction Severity Index (ASI) and the Readiness for Treatment Scale. Other factors considered in the assessment process include documented history of substance use, referral or recommendation for treatment from other sources, type of offense, and an inmate's request for treatment. Test results, combined with the CSW's overall knowledge of the inmate status, determine the type of treatment recommended for the inmate.

### **Process Evaluation**

Process evaluation usually is conducted to establish and maintain program integrity. It ensures that the program is implemented according to the intended criteria and is achieving its objectives. Process evaluation consists of an ongoing review of the program's operational procedures, which are adjusted according to evaluation

outcomes. Procedures used in the process evaluation include site visits, group meetings, training programs and workshops, data collection, data analysis, and program adjustments.

### **Outcome Evaluation**

The Department's evaluation plan includes measuring the following indicators: Inmates' participation and their rate of completion of the treatment program; changes in inmates' psychology, specifically their attitudes toward drug abuse; inmates' rate of recidivism; and employment stability. Improvement in any one of these outcomes will be studied further for its relationship to the treatment provided through the Tier programs.

It is to be noted that inmates' alcohol and drug abuse after their release is not used as an outcome measure because the vast majority of inmates released from Florida's prisons either have no post-release constraints or minimal day constraints. Thus, any drug/alcohol follow-up testing would require inmates' voluntary participation. Thus, it is believed that it would invalidate any research results since only those least likely to relapse would voluntarily participate.

Instruments used in the outcome evaluation include:

**Knowledge Test (Tier I)** Based on the content and objectives of Tier I, a general knowledge test has been developed. Using a pretest-posttest comparison, this test measures inmates' knowledge about drugs and their physiological and psychological

effects. The results also can be compared against test scores from a control group selected from the same population.

**Psychological Measures (Tier II - III)** Inmates' knowledge gain, while encouraging, would not be sufficient to justify the resources allocated for an elaborate treatment program. Considering the therapeutic approach of the Tier programs and their anticipated effects on inmates' personalities, fundamental psychological changes are expected. These changes are examined using the Brief Symptoms Inventory (BSI), which is given to incoming program participants and to program graduates. The BSI is a 53-item test extracted from the SR-90 that was developed by Leonard R. Derogatis, Director of the Division of Medical Psychology, Johns Hopkins University. The BSI measures nine psychological indices: somatization, obsessive-compulsiveness, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. The results of the first round of BSI testing indicated significant improvement in these indices for inmates who participated in treatment programs (Darabi, March 1991).

**Follow-up Measures (Tier I - IV)** To collect demographic inmate information, the Florida Department of Corrections' data base is used for follow up studies. Variables such as reincarceration are obtained and examined in light of the inmates' participation and completion of the treatment programs. As a part of ongoing evaluation of the programs, an initial recommitment study for Tier programs was conducted. The results of this study showed a significant reduction in recommitment rates for inmates who have been through Tier programs (Darabi, July 1991).

**SUMMARY**

The Florida Department of Corrections has worked diligently to plan and implement a system of comprehensive institutional and community-based programs. These programs strive to establish a functional, cost-effective continuum of care for incarcerated individuals while providing necessary linkages essential to transferring inmates back into society with the knowledge and social skills necessary to lead a drug-free life. It is believed that a viable working model has been developed that will offer inmate services and, ultimately, afford them the opportunity and appropriate linkages to continue treatment as needed after incarceration.

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