

142602

JOINT CORRECTIONS/SUBSTANCE ABUSE TREATMENT BUSINESS PLAN

142602

U.S. Department of Justice
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

Iowa Department of Corrections

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

December, 1992

Department of Corrections
Jeanette Bucklew, Acting Director

Department of Public Health
Christopher Atchison, Director
Janet Zwick, Division Director

INTRODUCTION

The specific purpose of this joint Business Plan is to effectively direct the substance abuse treatment efforts of the Departments of Corrections and Public Health. Other entities outside of this state organizational and funding structure are not excluded from participating in the offender treatment delivery system.

Several assumptions underlie the production and distribution of this joint Business Plan for correctional and substance abuse treatment providers.

- Effective and coordinated treatment of clients with substance abuse problems by penal institutions, community corrections, and Public Health contractors is in the public interest.
- Resources available to the various substance abuse treatment programs are insufficient to address problems of this pervasiveness and magnitude.
- The current fiscal climate in the state makes it highly unlikely that there will be increased funding provided for broad based substance abuse treatment in the immediate future.
- Fiscal constraints and the critical need for substance abuse treatment programs combine to make it absolutely essential that economy be achieved wherever possible and that delivery of service be maximized at every level.
- Such economical service delivery will be enhanced by establishing and broadly communicating cohesive, mutually agreed upon goals and objectives which direct the activities of the Department of Corrections and Department of Public Health.

There is no question that substance abuse is a factor in criminal behavior and recidivism. In 1986, 46.8% of the 500,725 state prisoners (nationally) had been convicted of a drug crime or were daily users of illegal drugs in the month preceding the offense for which they were imprisoned (BJS, 1990). The relationship between crime and alcohol and other drugs has been well researched, and the findings indicate a direct correlation between the use of mood altering substances and criminal behavior. It has also been documented that as chemical substance use is reduced, a corresponding reduction in criminal activity occurs (Bell et al., 1987; Nurco et al., 1985; Nurco et al., 1989; Shaffer et al., 1987).

Studies of incarcerated populations reveal histories of alcohol and drug problems that are seven to eight times higher than that of the general population. The Iowa Medical and Classification Center staff at Oakdale estimates that approximately 85% of Iowa's prison population presents a concern of substance abuse. Specifically, 1,529 or 86% of the Fiscal Year 1991 new prison admissions reported a personal history of

substance abuse (Iowa Adult Corrections Information System). This percentage is slightly lower in community-based corrections. However, a recent review of community corrections violators sent to prison indicated substance abuse was a problem relating to the revocation at least 50% of the time. These populations reflect a variety of substance abuse needs and interventions.

Many offenders are not highly motivated to take advantage of treatment and present a unique set of issues, problems and needs. Concerns about the effectiveness of current substance abuse treatment with resistant or antisocial populations indicate the examination of present programming and opportunities for improvement should be explored for this highly dysfunctional, relapse-prone population. This situation is further exacerbated when resources are stretched over ever burgeoning populations, thereby diminishing the quality of the intervention and diluting effectiveness.

The pervasiveness of substance abuse in the offender population mandates that this issue must be addressed to significantly impact relapse and recidivism. Corrections has developed both institutional and community-based treatment programs and has invested significant resources in Treatment Alternatives to Street Crime (TASC) to provide coordination, follow-up and monitoring of offender treatment participation.

Both corrections and substance abuse treatment providers have expressed concerns about the necessity for reducing the abusive use of chemicals by the offender population. In view of the correlation between substance abuse and recidivism, and based on the experience of treatment professionals both in corrections and the community, the necessity to develop a plan for efficient, effective and coordinated intervention is apparent.

IOWA DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE TREATMENT SERVICE

Community-based substance abuse treatment programs serve both adults and juveniles. These programs provide screening, evaluation, intake/assessment, treatment, aftercare and follow-up services. The service area of a particular program has been defined by the Iowa Commission on Substance Abuse. At least one program in each service area provides outpatient services. On a statewide basis, the following are available (see map for location of service):

- 11 programs offer adult residential services (215 beds)
- 12 programs offer adult halfway house services (187 beds)
- 8 programs offer residential facilities for juveniles (150 beds)
- 1 program offers a specialized service for Native Americans
- 3 facilities have beds designated for clients needing detoxification (not state or federally funded)

The Department of Public Health contracts for services with independent, private, non-profit community-based programs. Programs that have a contract with the Department serve individuals in need of treatment regardless of their financial status. Individuals are charged on a sliding-fee basis, as required by Department contract. Clients with special needs (e.g., handicapped, language other than English) are served via linkage arrangements with providers meeting the special need. Licensure standards require written policies and procedures to facilitate referrals between programs and other service providers, ensuring continuity of care for clients with special needs. The client's individualized continuing care plan includes the utilization of existing community resources for support services.

The Department contracted with 31 community-based treatment programs, as of July 1, 1991. During the past fiscal year, these programs served 26,057 clients. Of these individuals, 15,273 received treatment through state or federal funds, while 10,784 individuals received treatment through self pay, third party reimbursement or other private pay.

In addition to the community-based programs previously described, there are a number of hospital-based substance abuse treatment programs. In summary, these include:

- 21 hospitals with 616 beds
 - 383 beds are inpatient
 - 57 beds are residential
 - 123 beds are designated for juvenile inpatient
 - 53 beds are designated for juvenile residential

Generally speaking, hospital inpatient services also provide outpatient services. Hospital based programs serve clients through third party reimbursement, Title XIX or self pay.

CLIENT CHARACTERISTICS--Fiscal Year 1991

Gender: Clients continued to be predominantly white males. The ratio is three males to one female.

Race: Ninety percent of all clients were Caucasian. African American clients comprised the largest minority with five of the remaining ten percent.

Age: Eighty percent of the clients were between the ages of 18 and 49. Nine percent were 45 years of age or older. Eleven percent were under the age of 18.

Substance Use: Eighty-four percent of clients reported having a primary problem with alcohol. Marijuana continued to be the second most widely abused drug.

Thirty-two percent of the clients report multiple addictions. Of the clients with a secondary problem, 80% reported a problem with a drug other than alcohol. The most prevalent secondary drug of choice was marijuana (55%), alcohol (20%) and cocaine (12%). Other drugs combined make up the remaining 13%.

Other characteristics:

Thirty-six percent were unemployed; 59% were working on a full or part-time basis.

Thirty-two percent had no monthly income; another 42% earned less than \$1,000 a month.

Non-farming labor was the largest single occupation category (35%). The second largest category reported no occupation (29%).

Eleven percent were high school graduates. Twenty-one percent had education beyond high school, and 34% had not completed high school.

In the 12 months before they began treatment, 68% of the clients reported at least one arrest. Thirty-two percent of the clients reported no arrest.

Sixty-three percent of the clients referred to treatment were through probation and parole with self-referral being the second most popular source.

A majority of the clients (60%) lacked health insurance.

TREATMENT SERVICES

Most clients were treated on an outpatient basis rather than in a residential setting.

CORRECTIONS SUBSTANCE ABUSE TREATMENT SERVICE

Seventy-five to eighty percent of all correctional clients have a history of substance abuse. However, this does not mean that all of them require intense treatment for addiction. Some may be drug dealers who were involved as a business but did not themselves use drugs. Some may have used to some degree but were not addicted and are more appropriate for an education program. Substance abuse education programs are available to some degree at all correctional institutions. To date, the Department does not have specific substance abuse assessment built into the classification process, and this is the reason for the generalization of seventy-five to eighty percent.

TREATMENT OF SUBSTANCE ABUSE IN INSTITUTIONS

Eight prison substance abuse treatment programs have been licensed by the Iowa Department of Health. With these programs, the Department is capable of treating twenty-five to thirty percent of all those indicated as having substance abuse histories.

At this time, those who report or have evidence of more chronic substance abuse histories are placed in prison treatment programs. Once they are in the treatment program they receive a comprehensive assessment of their substance use. Almost all inmates placed in treatment in this way are subsequently found to be in need of treatment. However, because of the absence of comprehensive substance abuse assessment at initial classification, it is unknown how many inmates do not get treatment in the institution who are in need of treatment. Many of these inmates receive treatment in the community upon their release.

Following are the Iowa correctional facilities which have developed substance abuse treatment programs currently licensed by the Department of Public Health Division of Substance Abuse.

- * Clarinda Correctional Facility: Design capacity 52, actual 96, 3 1/2-month length of stay
- * Mt. Pleasant Correctional Facility: Design capacity 88, actual 120, 4-month length of stay
- * Iowa State Men's Reformatory/Luster Heights: 25 beds, 4-month length of stay
- * Iowa State Penitentiary/Bennett Center: 12 beds, 6-month length of stay
- * Correctional Release Center/Relapse Unit: 25 beds, 45-day length of stay

- * Correctional Release Center/Substance Abuse Treatment: 20 beds, 4-month stay
- * Iowa Correctional Institution for Women: 25 beds, 3-4 month length of stay
- * North Central Correctional Facility: 28 beds, length of stay not yet determined

All inmates are discharged from substance abuse treatment with a plan to continue services (such as continuing care) in community treatment programs upon their release.

PROBATION, PAROLE, WORK RELEASE VIOLATOR PROGRAM

The Iowa Department of Corrections shall establish violator programs at two institutional sites - a 60-bed female facility at the Iowa Correctional Institution for Women in Mitchellville and a 100-bed male facility at the Correctional Release Center in Newton. The program requires up to a 60-day confinement and is available for probation, parole, and work release offenders who have violated the conditions of their supervised release and would otherwise have been sent to prison. These programs have been slated to open in February and March of CY'93.

The violator program provides a highly structured six to eight week program (maximum 60 days) which focuses on impacting the offenders fundamental thinking.

The mission of this program is to divert certain offenders from imminent longer term incarceration, by providing exposure to attitudinal and/or substance addiction relapse treatment.

TREATMENT OF SUBSTANCE ABUSE IN COMMUNITY-BASED CORRECTIONS

Inmates with a history of substance abuse are often paroled from prison with a recommendation for treatment in the community. Often these persons are deeply entrenched in the chemical dependency dynamic. They may use chemicals and/or re-offend before they receive treatment services.

Many CBC clients are, or have been, involved in community substance abuse treatment as a result of family intervention, direct Probation/Parole Officer referral, drug-related offenses, advice of their attorney, etc. The Iowa Department of Public Health records indicate that 63% of the program participants in community substance abuse treatment programs are criminal justice referrals.

OWI 321.J TREATMENT

In some Districts, the first and second offenses of operating while intoxicated can result in a deferred sentence or deferred prosecution with a condition that the individual seek and complete substance abuse treatment. Those who are committed to 321.J OWI programs for second and subsequent offenses are assigned within a continuum of programming including residential facilities and institutions, for supervision and treatment. The continuum consists of three basic components, namely (1) incarceration until released by the Board of Parole or expiration of sentence, (2) short term incarceration for approximately twenty-one (21) days with subsequent transfer to a community corrections OWI residential program with differential levels of treatment and intervention and, (3) direct placement to a community corrections OWI residential program with differential levels of treatment and intervention. Upon completion of continuum programming, offenders are referred to the community substance abuse agency coinciding with their parole for continuing services.

TREATMENT ALTERNATIVES TO STREET CRIMES (TASC)

Treatment Alternatives to Street Crimes (TASC) serves probationers and parolees. The primary focus of this program is the probationer. The goal is to divert the appropriate offender from the more expensive and restrictive sanction of the institution. TASC serves as a liaison between corrections and substance abuse treatment agencies, providing added structure and supervision. The TASC program is far too small to address the whole population and is limited to a target population prioritized by the host Judicial District. TASC shortens waiting lists by providing assessments that would otherwise take the agency several weeks to complete. TASC uses urinalysis (UA) drug testing and alcohol breath analysis to increase client accountability.

TASC programs are found in the following locations:

<u>District</u>	<u>Location/Number of Clients at One Time</u>
First	Waterloo and rural northeast Iowa / 105
Second	Ames and rural northcentral Iowa / 140
Third	Sioux City and rural northwest Iowa / 65
Fourth	Council Bluffs and rural southwest Iowa / 105
Fifth	Des Moines / 160
Sixth	Cedar Rapids, Iowa City and rural east central / 120
Seventh	Davenport, Clinton / 65
Eighth	Burlington, Fairfield, Ottumwa and rural southeast Iowa / 120

DRUG TESTING

Urinalysis and breath testing is conducted by probation/parole officers (PPO's). Each Judicial District has its own policies and procedures for drug testing and each conducts testing at intervals on clients either at random or when they have reason to believe the client may be involved with drugs or alcohol.

Urinalysis and breath testing is conducted by probation/parole officers and TASC liaisons with clients at every level of supervision. The purpose of drug testing is manifold. First, it adds additional structure to a clients supervision and the accountability that goes with that structure. Second, it provides external impulse control for clients who might use substances without giving it thorough thought. Finally, it provides valuable information to the client's supervisor in terms of the client's compliance with their supervision agreement. Each judicial district has its own policies and procedures for drug testing and each conducts testing at intervals on clients either at random or when they have reason to believe the client may be involved with drugs or alcohol.

ELECTRONIC MONITORING

Clients who have displayed a need for added structure are placed on electronic monitoring by the probation/parole officer. Through this technology, closer observation of an individual's behavior can be maintained. This is one option which can be used to increase an individuals structure at the outset of treatment by enforcing curfews and diminishing the opportunity for offenders to associate on the streets or in bars. Approximately 70% of the offenders placed on electronic monitoring successfully complete this component of programming. It is often, but not always used in conjunction with another method of increased structure called intensive supervision (ISP). This is used in cases where added community structure is called for in supervision as an interim sanction in response to violations. ISP involves a Probation/Parole Officer (PPO) with a smaller caseload who sees clients more frequently and conducts home visits as well as other forms of monitoring.

RESIDENTIAL CORRECTIONAL FACILITIES

Residential Correctional Facilities are the last step between supervised probation/parole and prison. Residential living is the most structured sanction community corrections has to offer. It is sometimes used in the case of substance abusers in need of extensive monitoring, particularly if they display a potential to re-offend. Substance abuse prevention and education are increasingly becoming a vital component of residential programs.

Residential programs are located in the following communities:

<u>District</u>	<u>Location/Number of Beds</u>
First	Waterloo / 120 beds Dubuque / 36 beds West Union / 32 beds
Second	Ames / 36 beds Fort Dodge / 30 beds Marshalltown / 24 beds Mason City / 40 beds
Third	Sioux City / 50 beds Sheldon / 24 beds
Fourth	Council Bluffs / 50 beds
Fifth	Des Moines / 211 beds
Sixth	Cedar Rapids / 104 beds Coralville / 44 beds
Seventh	Davenport / 116 beds
Eighth	Burlington / 50 beds Ottumwa / 40 beds

SHARED ISSUES AND NEEDS

Corrections and the community-based substance abuse agencies have an extremely interdependent relationship. Corrections depends on community agencies to treat a large percentage of their clients, and local substance abuse treatment agencies depend on corrections as a major referral source. Both must work together in order for clients to be served in consistent, efficient ways.

The treatment of correctional clients is complicated. They often suffer from dysfunctional psychosocial histories, criminal thinking, personality disorders, poor educational and social skills, low socioeconomic status and most often their motivation is extrinsic. Correctional clients can be disruptive to the treatment process of non-correctional clients, and have a high no-show rate. An individualized culturally specific treatment approach for the correctional client needs to be developed. It should be highly structured from the outset and must promote opportunities for the client to acclimate to treatment approaches. Prevention and relapse prevention strategies must be developed to meet the specific needs of the offender population. Furthermore, comprehensive levels of care must be available to all clientele, including those residing in rural areas of the state.

One of the missions of the TASC program is to aid in reducing the waiting time prior to admission to treatment for correctional clients. In some areas joint development

of programming has not occurred, resulting in community-based treatment agencies not accepting the TASC assessment. These agencies maintain that the TASC assessment needs to be re-done because not all information is included or the TASC individual doing the assessment does not have adequate clinical supervision.

Besides assessment services there are other areas where joint planning might eliminate duplication and reduce waiting periods. Within the community-based corrections and treatment systems, mandated client fees can be an impasse for some correctional clients. The client fee structure within the community-based client fee system needs to be evaluated and guidelines developed throughout the state.

The time gap between a client's release from prison and admission into a community-based substance abuse system must be shortened. Improved coordination of treatment admission and parole release involves cooperation and commitment from the Board of Parole.

As correctional clients enter the prison system, there is no comprehensive substance abuse assessment being performed by classification at Oakdale. Because of the pervasive nature and serious consequences of substance abuse, a system must be developed to ensure that all individuals entering the prison system are assessed for a substance abuse problem.

The difference in salary between correctional substance abuse counselors and those counselors in community agencies causes difficulties between the agencies. Corrections and substance abuse programs need to understand each others fiscal limitations, and fee structure. Both programs must support the established fee structure and hold the client accountable for all assessed fees.

Communication between community substance abuse agencies and corrections is not uniform and is all too often not productive. A common definition of terms and levels of care and cross-training must be instituted to facilitate effective communication between corrections and substance abuse. The development of interagency coordination and written agreements between corrections and substance abuse agencies to ensure that assessment, appropriate treatment referral, monitoring and aftercare is consistent between Judicial Districts is necessary.

Lapses in the flow of information between corrections and substance abuse agencies sometimes impedes the effective coordination of treatment and correctional intervention. Joint policies must be developed in accordance with federal confidentiality regulations to ensure the efficient flow of information between agencies and significant others involved in the client's treatment process.

Client data reporting systems are not compatible between corrections and the substance abuse treatment system. This incompatibility does not allow for effective evaluation of treatment. A computer program needs to be written to convert corrections data to a shared client number containing the date of birth and the social security number in the substance abuse data system.

GOALS DEVELOPED TO ADDRESS SHARED ISSUES AND NEEDS

ASSESSMENT

GOAL: To standardize assessment requirements and training which will meet Iowa Department of Public Health licensing standards.

OBJECTIVE: DSA will develop a standardized assessment process and reporting document which all applicable programs will implement effective July 1, 1993.

ACTION STEP: DSA will establish a work group by September 1, 1992, comprised of two (2) representatives from each of the following groups: private substance abuse treatment programs, public substance abuse treatment programs, community-based corrections and institution corrections to develop for DSA review a standardized assessment process and reporting document.

OBJECTIVE: TASC programs will meet all assessment requirements expected of licensed substance abuse treatment programs.

ACTION STEP: DSA and DOC will provide training in the approved standardized assessment process.

ACTION STEP: DSA and DOC will follow-up to ensure uniformity and competency of assessment process.

ACTION STEP: TASC programs will establish clinical supervision agreement(s) with licensed substance abuse treatment program(s). This agreement may include, but is not limited to, the following: training, orientation of staff, review of intake, reimbursement, and criteria for feedback to Corrections.

OBJECTIVE: To ensure that all inmates entering the prison system, except those sentenced to a violator program, have a comprehensive substance abuse assessment before or during their initial placement at IMCC, Oakdale.

ACTION STEP: Identify and obtain resources for assessment staff, support and clinical supervision at IMCC, Oakdale.

ACTION STEP: IMCC, Oakdale will utilize DSA standardized assessment criteria.

ACTION STEP: The Department of Corrections and the Division of Substance Abuse will coordinate through community corrections the flow of assessment information between community-based substance abuse, community-based corrections and institutions so that such information precedes or accompanies the individual through the system prior to sentencing and during supervision.

COMMUNICATION

GOAL: To improve consistency of communication.

OBJECTIVE: Corrections will emulate the unification of definition of terms in the substance abuse field as is currently underway through licensure standard revision.

ACTION STEP: DSA will disseminate Definition of Terms document to substance abuse treatment agencies and corrections.

ACTION STEP: Discussion and training relative to consistent utilization of Definition of Terms occurs as part of the clinical supervision process.

OBJECTIVE: Judicial districts and community substance abuse agencies will conduct quarterly joint staff events/interactions to discuss common concerns, share training, etc.

ACTION STEP: DOC and DSA will respectively require as a contractual condition that community-based corrections and substance abuse treatment agencies conduct and participate in these joint events.

ACTION STEP: Local programs will determine the content and member participation of these events.

ACTION STEP: Local programs will provide DOC and DSA with documentation as to the occurrence, content and participation at said joint events.

OBJECTIVE: DOC and DSA will host regional rotating training and communication sessions statewide for substance abuse and corrections staff working with the offender population.

ACTION STEP: Jointly develop content of regional training sessions in conjunction with on-going corrections and substance abuse related training.

ACTION STEP: Identify funding to assist agencies in sending staff to regional training sessions.

OBJECTIVE: A statewide partnership agreement will be utilized to ensure consistent and timely flow of information between corrections and substance abuse treatment agencies to facilitate the effective coordination of treatment and correctional placement decisions.

ACTION STEP: DOC and DSA will establish a mini-task force to define the treatment and correctional information needed to provide effective treatment and correctional placement decisions through the use of interdependent partnership agreements.

ACTION STEP: At the local level, procedures will be defined, including efficient and effective time frames, for dissemination of previously referenced treatment and correctional information between agencies through the use of interdependent partnership agreements.

ACTION STEP: DOC and DSA central offices will develop and disseminate joint policies and release of information forms in accordance with federal confidentiality regulations for the efficient flow of defined treatment and correctional information between agencies and significant others involved in the client's treatment process.

GOAL: To enhance the system's capacity to conduct comprehensive program evaluations and research, within the parameters of confidentiality regulations, which effectively impacts upon direct service delivery.

OBJECTIVE: Corrections and substance abuse reporting systems will be explored to determine if data compatibility exists.

ACTION STEP: Determine if a computer program can be developed to establish a cross-referenced client identifier number to utilize and share information from existing data systems within the parameters of confidentiality regulations.

ACTION STEP: Identify resources to write cross-referenced client identifier number computer program if such is determined feasible.

ACTION STEP: If cross-referenced client identifier number computer program is not feasible, explore other opportunities.

OBJECTIVE: Work with Iowa Consortium for Substance Abuse Research and Evaluation to develop an evaluation system for correctional clients.

ACTION STEP: Identify funding.

ACTION STEP: Utilize data reporting system for follow-up.

INDIVIDUALIZED CULTURALLY SENSITIVE TREATMENT

GOAL: To ensure that an individualized culturally sensitive treatment approach is available for correctional clients.

OBJECTIVE: The treatment service delivery system will provide comprehensive, clearly defined levels of care to include: inpatient, residential, long term residential, relapse prevention, outpatient, continuing care, education/information, assessment/evaluation.

ACTION STEP: Identify the number of institutional and community-based correctional clients needing treatment and the level of treatment needed, including gender and cultural diversity needs.

ACTION STEP: Obtain funding and pilot an experimental program targeting the anti-social personality of resistive, criminal clients, including a comprehensive program evaluation.

ACTION STEP: Further develop and utilize DSA resources to provide staff training to enhance cultural sensitivity to treatment approach.

INTERDEPENDENT RELATIONSHIP

Goal: To implement a system of differential diagnosis to maximize the utilization of pre, post and institutional substance abuse treatment services.

Objective: Develop treatment placement criteria in collaboration with DSA, Department of Corrections and treatment programs.

Objective: Coordinate the placement of offenders in institution and community programs to meet individual treatment needs.

Objective: To shorten the time lapse between when an inmate in prison is granted release and is actually admitted to a community-based substance abuse treatment program through the collaboration of DSA and DOC.

Action Step: Review current referral procedures.

Action Step: Identify and resolve restraints to program participation.

Action Step: Identify and obtain resources needed to overcome restraints.

Action Step: Evaluate progress.

Goal: To jointly develop a comprehensive definition of the problems associated with the client fee system and develop appropriate action steps.

Objective: Improve the collection of client fees to strengthen treatment revenues.

Action Step: Review current fee structure.

Action Step: Develop guidelines for all programs, if appropriate.

Action Step: Ensure that fees are collected if the client is able to pay.

Action Step: Educate Corrections system on the mandate to collect client fees and solicit their assistance in substance abuse fee collection.