



Treatment Programs For Local Offenders:

Survey of Probation Officers, Parole Officers
and Corrections Officials

A report by the

Minnesota Criminal Justice
Statistical Analysis Center

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Minnesota Planning

Minnesota Planning develops integrated long-range plans for the state. This office also coordinates activities among all levels of government and stimulates public interest and participation in the future of Minnesota.

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The Minnesota Criminal Justice Statistical Analysis Center (CJSAC) conducts analysis on the entire criminal justice system to promote better policy development. The center has been operating for more than ten years and is the only group to analyze all aspects of crime and the criminal justice system.

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Summary

Overview

■ According to the probation and parole agents surveyed, 60 percent (7,834) of the offenders on their caseloads had been screened or assessed for a chemical use problem. Of those offenders screened or assessed, 66 percent (5,198) were found to be chemically abusive or dependent. These findings show that 40 percent of the probationers and parolees under the supervision of the respondents were found to be chemically abusive or dependent.

■ Findings from the survey of the local correctional facilities officials show that 37 percent (1,038) of the offenders in the surveyed facilities had been screened or assessed for a chemical use problem. Approximately 83 percent (861) of the offenders who had been screened or assessed were found to be chemically abusive or dependent. These findings show that 27 percent of the offenders held in the surveyed facilities were found to be chemically abusive or dependent.

■ Approximately 33 percent (23) of the facility officials reported that their facility conducts chemical use screenings and assessments for pre-trial and preadjudicated offenders, 36 percent (26) stated that their facility conducts screenings and assessments for presentenced and precommitted offenders, and 44 percent (31) stated that their facility conducts screenings and assessments for sentenced and committed offenders.

■ A majority of both the probation and parole agents and facility officials reported that social services conducts some or all of the chemical use screenings and assessments of criminal offenders.

■ Among the facility officials surveyed, the most common reasons why offenders are not screened or assessed for chemical use are that the offender is being held in the facility for only a short time or the offender already has been assessed. Other reasons cited by the surveyed officials are that the court did not order the facility to assess the offender or that the offender is being held for another county.

■ At the time of the study, approximately 33 percent (1,717) of the probationers and parolees who were chemically abusive or dependent were in a licensed chemical use treatment program and 27 percent (1,313) were in other treatment programs. The remaining 40 percent of these offenders were not in any type of treatment program.

■ Among the probation and parole agents surveyed, the most common reasons why chemically abusive or dependent offenders are not placed in a treatment program are that the offender is unamenable, the offender is incarcerated, or the court did not order treatment for the offender. Similar findings obtained from the facility officials revealed that lack of

funding, problems with security, distance to the service or program, and unamenability of the offender (offender is not responsive to treatment) are the most common reasons why incarcerated offenders with chemical use problems do not receive treatment.

■ The vast majority of both the probation and parole agents and the facility officials reported that offenders have access to a number of chemical use treatment programs and other programs. The type of program which is most available to both groups of offenders is a support group (which includes programs such as Alcoholics Anonymous). In addition, 99 percent of the probation and parole agents reported that offenders on their caseloads have access to primary residential and non-residential treatment programs. The type of program which is least available to probationers and parolees is extended care, while aftercare is least available to incarcerated offenders.

■ Approximately 61 percent of the facility officials surveyed felt that local correctional facilities should be part of the system that addresses chemical use problems among offenders. However, 65 percent of these officials felt that their facility was not prepared to meet the needs of chemically abusive or dependent offenders.

■ Both the probation and parole agents and the facility officials were asked how chemical use programs and services for offenders could be improved. Suggestions offered by the probation and parole agents include a greater number of aftercare programs, more family-oriented treatment programs and increased funding. Suggestions offered by the facility officials include increased funding for additional staff members and better staff education, a greater number of "in-house" treatment programs and a greater number of aftercare programs.

Recommendations

This study found a great deal of variation in the way chemical use screenings and assessments are utilized in the criminal and juvenile justice systems. The percentage of local offenders who are assessed for chemical use problems varies considerably, as does who performs the assessments, their qualifications and the procedures used. **It is recommended that the Legislature establish procedural guidelines standardizing the chemical use assessment process for offenders, modeled on the Department of Human Services' Rule 25 procedures.** (See note below)

Results of this survey show that only a small percentage of offenders in local correctional facilities are screened or assessed for chemical use at the initial stage of the criminal or juvenile justice process (i.e. pretrial or preadjudicated stage). A probable outcome is that offenders who need treatment may not be identified prior to sentencing and the sentence may not include needed chemical dependency treatment. **Chemical use assessments should be conducted before offenders are sentenced to insure that offenders with drug or alcohol problems are**

referred to appropriate treatment services as part of their sentence.

In addition, this study found that the two biggest barriers to actually providing treatment to chemically abusive or dependent offenders are: 1) many offenders are "unamenable to treatment", often resisting treatment or refusing to cooperate with treatment programs; and 2) the lack of funding for the treatment of offenders. Additional research is needed on "unamenability to treatment" and how treatment programs can better serve this population. Such research should assess the cost-effectiveness of current treatment methods and programs, explore new treatment models for the offender population and determine the amount and sources of funding needed to meet the treatment needs of offenders. **It is recommended that the Office of Drug Policy, in cooperation with the Departments of Corrections and Human Services, do further research on the treatment needs of offenders (at both the state and local level) and report back to the 1993 legislature on how best to meet those needs.**

NOTE: In 1991, the state Legislature established chemical use assessment guidelines for certain adult offenders. Effective July 1, 1992, Rule 25 chemical use assessments will be required for all adult offenders convicted of drug or alcohol related felonies (609.115 subd. 8) and all DWI offenders (169.126 subd. 4). This legislation did not affect juvenile offenders. However, the Legislature recently passed H.F. 1849, requiring Rule 25 chemical use assessment for certain juvenile offenders.

Finally, the Department of Corrections and other agencies that provide or arrange for chemical use treatment for offenders should find solutions to the problem of transporting offenders to needed treatment programs. Distance to facilities offering needed services was cited as a problem which limits the use of many programs by offenders. **Efforts are needed to increase offenders' access to treatment.** One cost-effective solution might involve pooling existing transportation resources, such as the program which now provides funds to counties for transportation to detoxification centers. Other innovative solutions

might include the development of cable-access education and treatment for some clients, plus more treatment delivered on site in local jails and correctional facilities by licensed treatment program staff (as is now being done in several locations in Minnesota). **Information on successful models for improved access to treatment for offenders should be shared with local agencies, via training, technical assistance and other methods (e.g., workshops).** The Departments of Corrections, Human Services, Public Safety and Minnesota Planning should help implement this recommendation.

Introduction

The results of recent criminal justice research suggest that the use of illicit drugs and alcohol among individuals within the criminal justice system is extensive. Moreover, these studies provide evidence that there is a positive correlation between drug use and crime. Findings from the Drug Use Forecasting (DUF) study shows that between 40 percent and 90 percent of arrestees nationwide test positively for illicit drug use (National Institute of Justice 1988). At the state level, the Minnesota Sentencing Guidelines Commission (1991) found that 52 percent of felons given a stayed sentence were heavy or addicted users of alcohol or illicit drugs. In addition, the commission found that at least one-third of the offenders in the sample were under the influence of alcohol, illicit drugs, or both at the time of the offense.

The results of these studies and a growing number of others suggest that the successful treatment of offenders who are chemically abusive or dependent is likely to have a significant effect on their involvement in crime. Consequently, officials at the national and state levels have expressed increasing concern with the availability of chemical dependency treatment programs for criminal offenders.

At the time this survey was created, the state of Minnesota had no centralized information as to the need for services for chemically abusive or dependent offenders. Preliminary

information had suggested that most offenders who are chemically dependent have treatment ordered, if deemed necessary by the judge, as a condition of probation or as a condition of release from jail or prison. However, there was little information as to whether those offenders who are identified as chemically dependent receive the services ordered by the court. There also was little information on the use of chemical use screening and assessment procedures. The state did not know whether offenders entering local correctional facilities are screened for chemical dependency, and if so, how chemical dependency is identified. Finally, few correctional facilities were thought to have treatment programs and even fewer were thought to have treatment programs licensed by the Department of Human Services. The latter is particularly significant as the majority of county funds are available for eligible offenders in licensed programs only.

Minnesota Planning, with the support of an interagency advisory committee, surveyed a sample of Minnesota's probation and parole agents; and surveyed officials of the state's local correctional facilities during the summer of 1990. The purpose of this survey was twofold: a) to determine the treatment needs of chemically abusive or dependent offenders on probation or parole and in the state's local correctional facilities and b) to determine whether existing resources can or do provide

the needed treatment for these individuals. The first section of this study, Probation and Parole Agents, will present findings on chemical assessment and treatment needs of

probationers and parolees. The second section, Correctional Facilities, will present similar information on offenders held in the state's local correctional facilities.

Probation and Parole Agents

Introduction

This section presents information on offenders on probation and parole in Minnesota. These data were collected from probation and parole agents employed throughout the state.

■ Approximately 45 percent (5,874) of the probationers and parolees included in this study had committed an alcohol- or drug-related offense. Of these 5,874 offenders, 79 percent (4,637) had committed an alcohol rather than a drug-related offense.

■ According to the agents surveyed, 60 percent (7,834) of the probationers and parolees on their caseloads had been screened or assessed for a chemical use problem.

■ Approximately 66 percent (5,198) of the offenders who had been screened or assessed for a chemical use problem were found chemically abusive or dependent. In terms of the entire offender population, 40 percent of all offenders included in this study were found chemically abusive or dependent.

■ The agents reported that 48 percent (647) of the juveniles on their caseloads had been assessed for a chemical use problem while 62 percent (7,137) of the adults were assessed for chemical abuse or dependency.

■ Approximately 42 percent (297) of the 647 juveniles who had been through the screening or assessment process were found to be chemically

abusive or dependent. In contrast, 69 percent (4,901) of the adults who had been through the screening or assessment process were found to be chemically abusive or dependent.

■ Approximately 31 percent (45) of the probation and parole agents surveyed report that they conduct chemical use screenings or assessments of probationers and parolees for their office. However, agents with a majority of adults on their caseloads are more likely to conduct such assessments than are the agents with a majority of juveniles on their caseloads. This study found that 33 percent (35) of the agents who primarily supervised adults conduct screenings or assessments for their office while 22 percent (8) of the agents who primarily supervise juveniles did so.

■ The majority of the agents surveyed report that social services or private contractors conduct some or all of the screenings or assessments of the offenders on their caseloads.

■ At the time of the study, approximately 33 percent (1,717) of the probationers and parolees assessed as chemically abusive or dependent were in licensed chemical use treatment programs and 27 percent (1,313) were in other treatment programs. A slightly greater percentage of juvenile than adult offenders had been placed in one of these two types of programs.

■ The agents reported the following as common reasons why offenders who are found chemically abusive or dependent do not receive treatment: the offender is unamenable, the offender is incarcerated, or the court failed to order treatment for the offender.

■ Of the probation and parole agents surveyed, 99 percent (145) reported that probationers and parolees have access to a primary residential treatment program, 99 percent (145) reported that offenders have access to a non-residential treatment program, 93 percent (135) of the respondents reported that offenders have access to a halfway house and 88 percent (126) reported that offenders have access to an extended-care program.

■ All of the agents reported that probationers and parolees on their caseloads have access to a support group. In addition, 95 percent of the probation and parole agents reported that offenders on their caseloads have access to each of the following: an aftercare program, a chemical abuse and dependency education program and a detoxification program.

Finally, almost 90 percent (132) of the respondents reported that offenders on their caseloads have access to a DWI clinic.

■ Approximately 75 percent (108) of the agents feel that the number of short-term and aftercare treatment programs available in their area is sufficient while approximately 54 percent (79) feel that the number of long-term treatment programs in their area is sufficient.

■ The agents cited several reasons why the number of treatment programs were not sufficient. The most commonly cited reasons include lack of transportation, inability to choose among programs, crowding, lack of funding and inability to meet the needs of adolescents, minorities, women or recidivists.

■ Many agents indicated that aftercare programs and services, family-oriented programs and funding mechanisms are areas that should be expanded to improve existing treatment of chemically abusive or dependent offenders.

Methodology

The data for this study were collected from a select sample of the agents responsible for the supervision of the state's offenders on probation or parole. A list of these agents was compiled using the Department of Correction's 1989 Community Services Directory and lists from individual counties. A total of 587 agents were identified using these sources. The agents were then classified into two groups based on the number of probationers and parolees in the county in which the agent was working. The first group was comprised of agents working in a county with at least 2,500 probationers and parolees as of December 31, 1989, and the second group was comprised of agents working in those counties with fewer than 2,500 clients. The rationale for classifying agents according to the number of probationers and parolees within their county was that the chemical program and assessment issues faced by agents would vary according to the number of offenders within the county.

In 1989, six counties had more than 2,500 probationers and parolees: Anoka (6,774), Dakota (4,190),

Hennepin (18,620), Ramsey (5,730), St. Louis (2,838) and Washington (3,529). These six counties employed 330 probation agents and the remaining 81 counties employed 257 agents. A 22.5 percent sample of the large client population counties and a 29 percent sample of the smaller client population counties were taken which ensured that 75 respondents were chosen from each of the two groups. Surveys were sent to 150 agents, half of whom were randomly selected from large client population counties and the other half of whom were selected from small client population counties. The final sample consisted of 71 agents from the large client population counties and 75 agents from the small client population counties. These figures show that approximately 47 percent of the respondents were employed in one of the six large client population counties and 53 percent were employed in the remaining 81 counties with small client populations. The total number of agents included in this study was 146, which represents a response rate of 97 percent.

Demographics

Respondents - For the purpose of analysis, the respondents were divided into four groups according to the number of juvenile offenders and the number of adult offenders on their caseloads. In this study, 53 percent (77) of the agents had caseloads consisting of adult offenders only, 19 percent (28) had caseloads consisting of more adult offenders than juvenile offenders, 16 percent (24) had caseloads consisting of juvenile offenders only and 9 percent (13) had caseloads consisting of more juvenile offenders than adult offenders.

These four groups of agents were further condensed into two: those agents whose caseloads were comprised of more juvenile than adult offenders and those whose caseloads were comprised of more adult than juvenile offenders. Agents with equal numbers of adults and juvenile offenders were asked to report information on juveniles only. Divided in this manner, approximately 72 percent (105) of the agents had more adult than juvenile offenders on their caseloads and 25 percent (37) had more juvenile than adult offenders on their caseloads. Due to missing data, 3 percent (4) of the sample could not be classified in this manner.

The findings of this study will be presented for the entire sample of agents and for the sample distinguished by the offenders on their caseloads: more adults or more juveniles. It is necessary to examine

the data in this way because of the vastly different manner in which the criminal justice system handles adult offenders and the juvenile justice system handles juvenile offenders. Fundamental differences exist between adult and juvenile courts, sentencing practices and correctional facilities that reflect an overall difference between the goals of the criminal justice system and the juvenile justice system. For the most part, the adult system reflects the belief that adult offenders make a rational choice to engage in criminal activity and consequently are deserving of legal punishment. In contrast, the juvenile system has evolved reflecting the belief that juvenile offenders are misguided or troubled youths who are incapable of making decisions in the same manner as adults. As a result, juveniles who commit illegal or wrongful acts are considered less responsible or blameworthy for their actions than are adults. Therefore, the primary goal of the juvenile justice system is to rehabilitate the juvenile offender.

It is likely that the differences between the adult and juvenile justice systems have an effect on chemical use screening and assessment practices. For most offenders, treatment for chemical use problems is ordered by the court as a part of the sentencing process. Therefore, even minor differences between adult and juvenile courts may have a major effect on the areas of chemical use treatment explored in this study.

Offenders - The findings presented for offenders will be based on a total of 12,975 probationers and parolees. Almost 89 percent (11,535) of these probationers and parolees were adults and the remaining 11 percent (1,440) were juveniles.

Prevalence of Alcohol and Drug Offenses - One way to estimate the need for chemical use treatment among offenders on supervised release is to determine the number of these offenders who have committed an alcohol or drug offense. According to the agents surveyed, approximately 45 percent (5,874) of the offenders on their caseloads had committed an alcohol or illicit drug offense as the only offense or one of multiple offenses for which he or she was under supervision. Additional analyses show that the majority of

these offenders had committed an alcohol rather than a drug offense. In this study, approximately 79 percent (4,637) of the offenders who had committed either an alcohol or drug offense had committed an alcohol offense while only 21 percent (1,237) had committed a drug offense.

Additional analyses show that a greater percentage of juvenile than adult offenders arrested for an alcohol or drug offense had committed a drug offense. According to the agents surveyed, approximately 33 percent (147) of the juvenile offenders on their caseloads had committed a drug offense while 20 percent (1,090) of the adult offenders on their caseloads had committed a drug offense. (Figure 1.1)

FIGURE 1.1 Alcohol and Drug Offenses

Offender Groups	Alcohol and Drug Offenses	Alcohol Offenses	Drug Offenses
Adults			
number	5,427	4,337	1,090
percent	-	80%	20%
Juveniles			
number	447	300	147
percent	-	67%	33%
Total			
number	5,874	4,637	1,237
percent	-	79%	11%

Screenings and Assessments for Chemical Use Problems

Rates of Screenings and Assessments - A primary objective of this study was to determine the extent to which chemical screenings and assessments are conducted for offenders on probation or parole. This study found that approximately 60 percent (7,834) of the offenders on the agents' caseloads had been screened or assessed for chemical abuse or dependency. Additional analyses show that fewer juvenile offenders in the sample had been screened or assessed when compared to the adult offenders in the sample. In this study, approximately 48 percent (647) of the juvenile offenders and 62 percent (7,137) of the adult offenders had undergone a screening or an assessment for

chemical abuse or dependency at the time of the survey. (Figure 1.2) Unfortunately, it is not possible to determine from this study why fewer juvenile than adult offenders are screened or assessed. This finding could be due to neglect on the part of juvenile officials or simply because juveniles are less likely than adults to need such assessments. For example, this study found that fewer juvenile than adult offenders in the sample had committed an alcohol or drug offense. This finding implies that there is less need among juveniles for chemical use screenings or assessments; however, it is not possible to draw such a conclusion based solely on the information obtained in this study.

FIGURE 1.2 Chemically Assessed & Dependent Offenders

Offender Groups	Offenders in Sample	Assessed in Sample	Found Abusive/Dependent (of Assessed)
Adults			
number	11,535	7,137	4,901
percent	89%	66%	69%
Juveniles			
number	1,440	647	297
percent	11%	48%	42%
Total			
number	12,975	7,834	5,198
percent	-	60%	66%

Prevalence of Chemical Use Problems Among Offenders

- According to the agents surveyed, 66 percent (5,198) of the 7,834 offenders who had been through the screening or assessment procedure were found to be chemically abusive or dependent. Additional findings show that juvenile offenders comprised a disproportionately small percent of these offenders: approximately 42 percent (297) of the juvenile offenders who had been screened or assessed were found to be chemically abusive or dependent, while 69 percent (4,901) of the adult offenders who had been screened or assessed were found to be chemically abusive or dependent. (Figure 1.2)

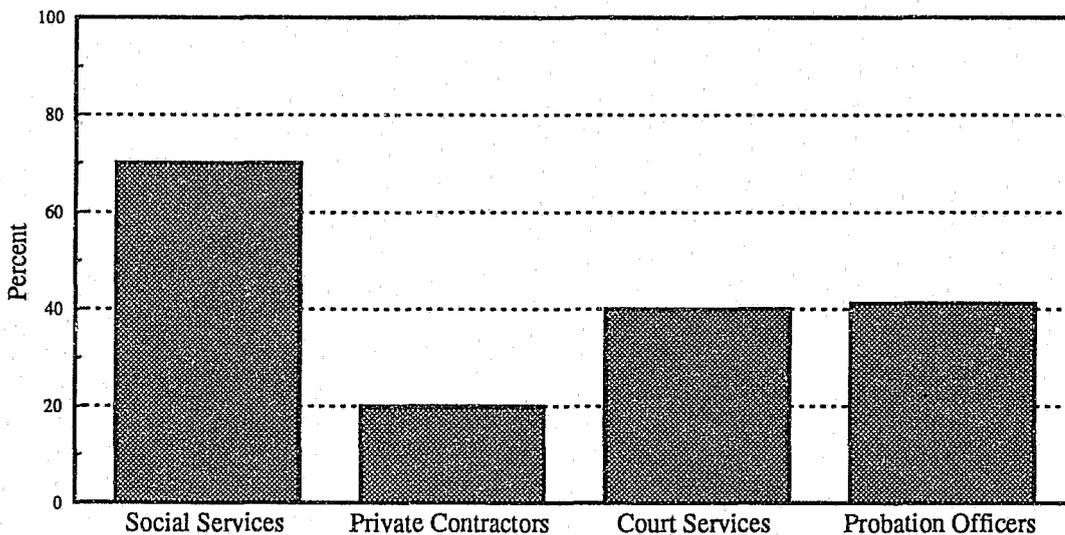
Overall, 40 percent (5,198) of the 12,975 offenders in this study had been screened or assessed as chemically abusive or dependent. However, this figure was significantly lower for juveniles than for adults. According to the agents surveyed, almost 43 percent (4,901)

of the entire adult offender population had been screened or assessed and found to be chemically abusive or dependent while only 20 percent (297) of the entire juvenile offender population had been screened or assessed and found to be chemically abusive or dependent.

Screening and Assessment Services

- A number of agencies and individuals provide chemical use screening or assessment services for offenders within the criminal justice system. In this study, 63 percent (92) of the agents report that social services conduct some or all screenings or assessments of the offenders on their caseloads and 63 percent (92) report that private contractors provide some or all of the assessment services for the offenders on their caseloads. Fewer than half of the agents report that they use either court services or probation officers for screenings or assessments of the offenders on their caseloads. (Figure 1.3)

FIGURE 1.3 Screening and Assessment Service Providers



The findings differed only slightly when the agents were divided into those reporting on adult probationers and parolees and those reporting on juvenile probationers and parolees. According to the agents, juvenile offenders are more often screened or assessed by private contractors than are adult offenders. In addition, adult offenders are more often screened or assessed by court services and probation officers than are juveniles. (Figure 1.4)

Probation and Parole Agents as Assessors - Approximately 31 percent (45) of the probation and parole agents surveyed report that they conduct chemical use screenings or assessments of probationers and parolees for their offices. However, a greater number of agents reporting on adult offenders indicate that they conduct screenings or assessments than do those reporting on juvenile offenders. This study found that 33 percent (35) of the agents reporting on adult offenders conduct chemical

assessments for their offices while only 22 percent (8) of the agents reporting on juveniles do so.

Figure 1.5 shows the frequency with which the agents who conduct chemical use screenings or assessments use a number of common assessment instruments and procedures. In this study, 100 percent (43) of the agents who conduct chemical use screenings or assessments report that they use both personal histories and collateral contacts*. Over half of these agents also report that they use Rule 25 assessment procedures and Mortimer-Filkins*. According to the respondents, the instruments used least frequently are the Minnesota Assessment of Chemical Health* (M.A.C.H.), the Hennepin County Chemical Dependency Assessment Questionnaire* and Jellinek Signs and Symptoms*.

* Definition provided in Terms and Definitions, page 41.

FIGURE 1.4 Screening and Assessment Service Providers

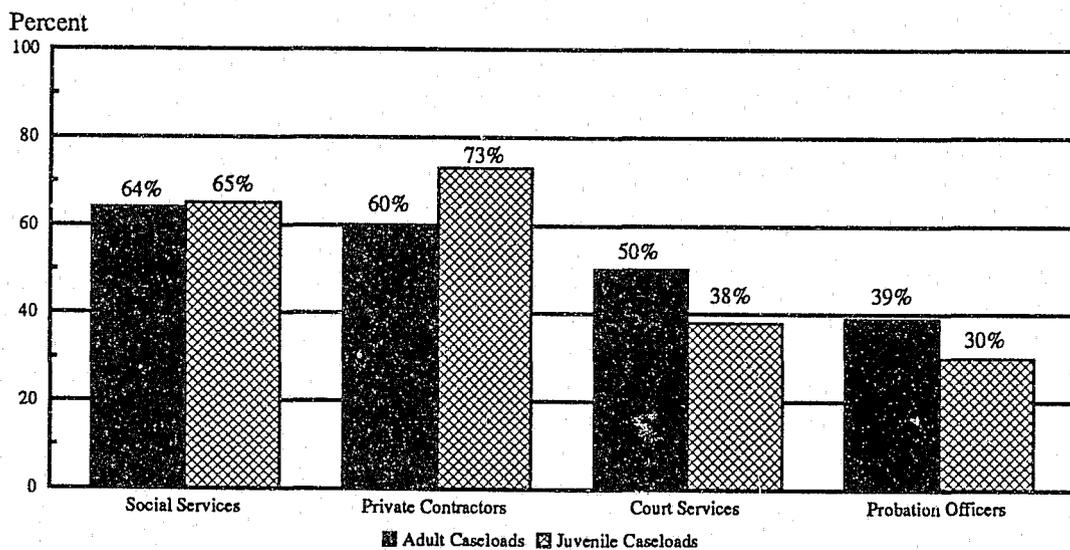
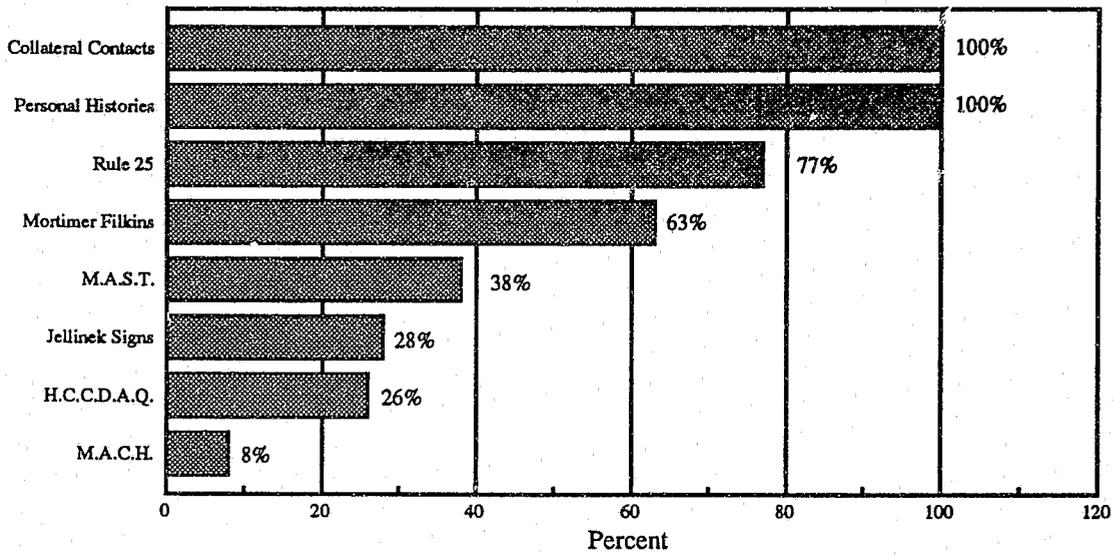


FIGURE 1.5 Assessment Instruments and Procedures Used by Respondents



Treatment for Offenders with Chemical Use Problems

Rates of Treatment:

Chemical Use Treatment Programs -

Approximately 33 percent (1,717) of the probationers and parolees assessed as chemically abusive or dependent were in a licensed chemical dependency treatment program at the time of the survey. This finding was similar for both adult and juvenile offenders.

In this study, the most common reasons why chemically abusive or dependent probationers and parolees are not placed in a licensed treatment program are that the offender has already completed a treatment program and that the offender is "unamenable." Unamenable offenders

include those who are resistive and uncooperative as well as those who lack motivation, deny that they have a chemical use problem, or fail to complete a treatment program. The reasons cited least frequently by the respondents were a lack of funding, the program has waiting lists and a lack of nearby treatment programs. (Figure 1.6)

Other Programs - At the time of the survey, 27 percent (1,436) of the probationers and parolees assessed as chemically abusive or dependent were in programs providing treatment and services for problems other than chemical dependency. Additional analysis show that this figure differs

FIGURE 1.6 Problems Preventing Treatment Chemical Use Treatment Programs				
Type of Problem	Percent of Respondents Answering			(N)
	Many Times	Sometimes/ Occasionally	Never	
No Program Available	2%	24%	74%	142
No Funds Available	6%	59%	35%	143
Not Ordered by Court	4%	77%	20%	142
Waiting List	1%	57%	42%	142
Offender Unamenable	18%	77%	5%	143
Offender Incarcerated	5%	76%	19%	145
Previously Completed	17%	76%	7%	144

Percentages may not add up to 100% due to missing data or rounding error.

among the adult and juvenile offenders. The findings show that 27 percent (1,313) of the adult offenders who had been assessed and found chemically abusive or dependent were in programs treating problems other than chemical dependency and 38 percent (123) of the juvenile offenders who had been assessed and found chemically abusive or dependent were in such programs.

The agents were also asked to report the most common reasons why chemically abusive or dependent probationers and parolees are not placed in programs that are not specifically for the treatment of chemical dependency. Unamenability of the offender was the most common reason why offenders are not placed in such treatment

programs. The reasons cited least often by the agents included a lack of available or nearby programs, lack of funds and waiting lists. (Figure 1.7)

No Program - Approximately 40 percent (2,082) of the chemically abusive or dependent probationers and parolees were not in a program. Further analyses show that the percent of adult probationers and parolees in neither a licensed treatment program for chemical dependency nor another type of program was greater than that for juvenile probationers and parolees. The respondents stated that approximately 32 percent (104) of the juvenile probationers and parolees with chemical use problems were not in either type of program while 40 percent (1,978) of the chemically

FIGURE 1.7 Problems Preventing Treatment
Other Treatment Programs

Type of Problem	Percent of Respondents Answering			(N)
	Many Times	Sometimes/ Occasionally	Never	
No Program Available	6%	47%	47%	142
No Funds Available	6%	58%	35%	142
Not Ordered by Court	9%	71%	21%	141
Waiting List	2%	61%	37%	141
Offender Unamenable	18%	74%	8%	143
Offender Incarcerated	5%	74%	22%	143
Previously Completed	9%	79%	12%	143

Percentages may not add up to 100% due to missing data or rounding error.

abusive or dependent adults on probation or parole were not in either type of program.

Overall, approximately 60 percent (3,153) of the chemically abusive or dependent offenders were in either a program specifically for the treatment of a chemical use problem or for the treatment of other problems. However, the percent of adult offenders in a licensed treatment program, therefore receiving treatment for chemical dependency, was greater than the percent of juvenile offenders receiving such treatment.

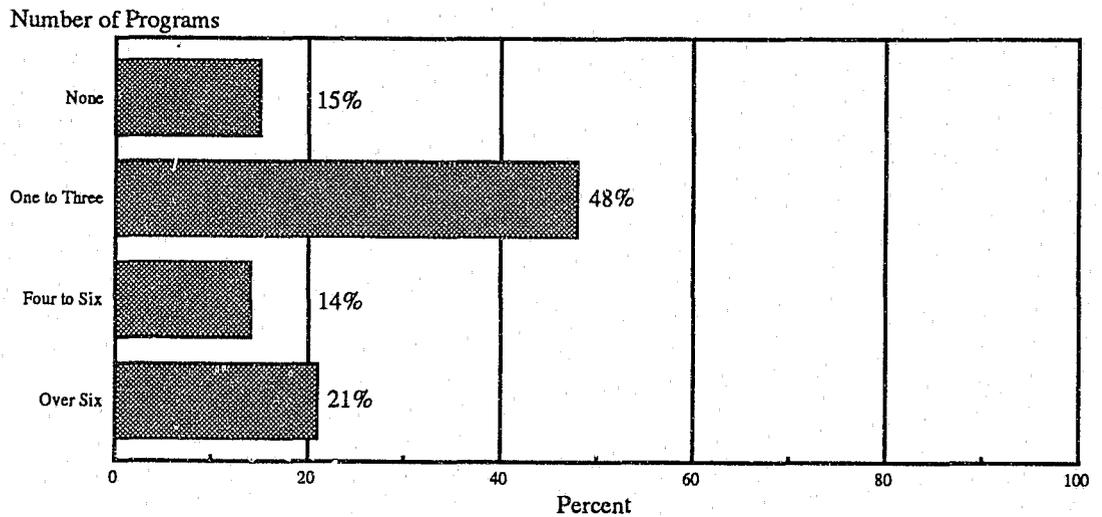
Overview of Chemical Use Treatment Programs:

The agents were asked to report on the availability of three general types of

chemical dependency treatment programs in their county: short-term (less than 35 days), long-term (35 days or longer) and aftercare programs. In addition, the agents were asked whether they felt the number of these services was sufficient to serve the needs of the offenders on their caseloads. The findings are presented below by program type.

Short-Term Chemical Use Treatment Programs - Most of the agents indicated that there are at least one, and often more than one, short-term treatment program available for treatment of offenders within their county. In this study, approximately 48 percent (70) of the agents reported that their county has between one and three short-term treatment programs available within their county, 14 percent (21) indicated that between four and six of these programs and 21 percent (4) answered that their county has more than six of these programs. Approximately 15 percent

FIGURE 1.8 Short-Term Treatment Programs
Number of Available Programs Reported by Respondents



Percentages may not add to 100% due to missing data or rounding errors.

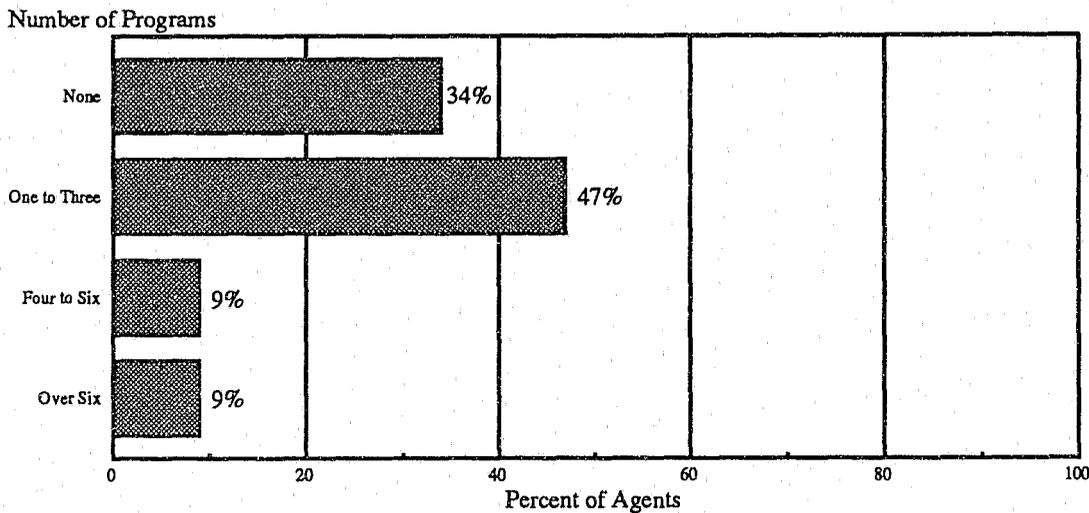
(22) of the agents indicated that there are no short term treatment programs available within their county. (Figure 1.8)

The agents also were asked if the number of short-term treatment programs available was sufficient to serve the offenders on their caseload. Approximately 75 percent (109) of the agents reported that this number was sufficient. Among the agents who indicated that this number was not sufficient, many cited problems associated with limited availability of these programs. For example, a number of offenders reported lack of transportation to facilities or a lack of choice of programs. In addition, several agents indicated that the number of short-term programs was not sufficient because these programs did not serve a broad enough range of offenders. Specifically, a few agents indicated that the number of

short-term treatment programs was not adequate because they did not serve adolescents, women, minorities, recidivists, or cocaine and "crack" users. Finally, a few agents indicated that they were not satisfied with the quality of the programs available within their county.

Long-Term Chemical Use Treatment Programs - Approximately 47 percent (68) of the agents indicated that there are between one and three long term treatment programs available within their county, 9 percent (13) answered that there are between four and six such programs within their county and 9 percent (13) answered that there are more than six of these programs within their county. Almost 34 percent (50) of the agents reported that there are no longer term treatment programs available within in their county. (Figure 1.9)

FIGURE 1.9 Long-Term Treatment Programs
Number of Available Programs Reported by Respondents



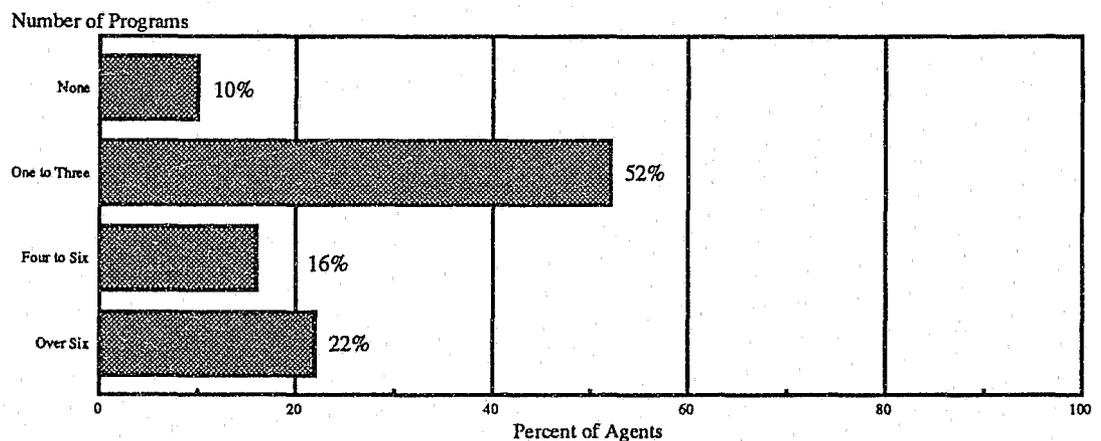
Percentages may not add to 100% due to missing data or rounding errors.

Given these findings, it is not surprising that almost half of the probation and parole agents surveyed feel that their county has an insufficient number of long-term treatment programs. Approximately 54 percent (79) of the agents feel that there are a sufficient number of long-term treatment programs within their county. The most common reasons given by the agents explaining why they are not satisfied with the number of programs available within their county concerns the limited availability and accessibility of programs. First, a number of agents reported problems such as distance to facilities, lack of transportation, or lack of choice among long-term treatment facilities. Second, a number of agents indicated that access to facilities is poor due to problems with funding, insurance coverage, crowding and waiting lists. In addition, a few agents cited poor quality of programs or failure of the program to serve a broad range of offenders.

Aftercare Programs - Finally, the agents were asked about the availability of aftercare programs within their county. Approximately 52 percent (76) of the agents stated that between one and three aftercare programs are available within their county, 16 percent (23) stated that between four and six of these programs are available within their county and 22 percent (32) stated that more than six of these programs are available within their county. Almost 10 percent (15) of the agents indicated that there are no aftercare programs available within their county. These findings show that the agents report that aftercare programs are more readily available within their counties than either short term or long term treatment programs. (Figure 1.10)

Additional analyses show that approximately 74 percent (108) of the agents answered that the number of aftercare programs within their county is sufficient. These findings

FIGURE 1.10 Aftercare Programs
Number of Available Programs Reported by Respondents



Percentages may not add to 100% due to missing data or rounding errors.

are similar to those reported for short term treatment programs. When asked why they were not satisfied with the available aftercare programs, several agents reported that they are not satisfied with the quality of the programs and wanted more programs to choose from within the county. In addition, several agents mentioned that funding, crowding and problems with offenders' insurance coverage limited access to aftercare programs.

Specific Chemical Use Treatment Programs:

The agents were asked to answer a series of questions on four types of programs that provide treatment specifically for chemical abuse or dependency: primary residential, primary non-residential, extended care and halfway houses. The questions asked of the respondents concern the availability of the program or service, the types of problems associated with the program or service and the funding mechanisms available. With the exception of the question on program availability, the agents were asked to report as many answers as were appropriate. The following conclusions can be drawn from the subsequent analyses:

- Most agents report that offenders have access to a variety of treatment programs.
- The most frequently reported problems that limit the use of these programs are client unamenability, lack of funding, distance to the program or service and waiting lists.
- The most frequently reported funding sources are human services, the offender's personal funds and the offender's insurance.

Other Treatment Programs:

The respondents also were asked for information on five programs which treat offenders for problems other than chemical abuse or dependency: aftercare, alcoholics anonymous and other support groups, detoxification programs, DWI clinics, and chemical abuse and dependency education programs. The type of information collected was identical to the type collected on specific treatment programs; consequently, the percentages in this section may not add to 100 percent. The following is a synthesis of the information collected:

- At least 90 percent of the respondents report that offenders on their caseloads have access to any of the five non-chemical use treatment programs included in this survey.
- The problems that most frequently limit the use of these programs are offender unamenability, lack of funding and distance to the program.
- Funding for non-chemical treatment programs is most frequently provided by human services, the offender, or the offender's insurance.

Information on individual treatment programs is presented in Appendix A.

Suggestions for Improving Treatment Programs

The respondents were asked to indicate any ways in which current chemical use treatment programs and services for convicted offenders could be improved. The response cited most frequently by the probation and parole agents surveyed concerns the improvement of aftercare or support programs for offenders who have completed a primary treatment program. Many of the agents indicated that programs and services such as aftercare, halfway houses and support groups should be better funded and more accessible to offenders. Other

suggestions cited with some frequency include greater and more readily available funding for the treatment of the chemically abusive or dependent offender and increased involvement of the family in programs and services that treat such offenders. In addition, a number of respondents felt that the staff members of the programs which treat offenders with chemical use problems should be more highly skilled and better paid. Finally, a few respondents felt that the existing programs should stress the accountability of the offender.

Local Correctional Facilities

Introduction

This section presents information on offenders held in Minnesota's local correctional facilities. The data was obtained from a survey of the state's correctional facility officials.

- According to the facility officials surveyed, 37 percent (1,038) of the offenders held in the state's local correctional facilities had been screened or assessed for a chemical use problem at the time of the survey.
- Officials from the adult correctional facilities and the juvenile detention centers reported the highest percentage of screened or assessed offenders. Findings show that 43 percent (555) of the offenders in adult correctional facilities and 41 percent (48) of the offenders in juvenile detention centers had been assessed for chemical use problems.
- Of the 1,038 offenders who had undergone screening or assessment procedures, 83 percent (861) had been assessed as chemically abusive or dependent. In terms of the entire sample of offenders, 27 percent of the offenders had been assessed and found to be chemically abusive or dependent.
- Only 33 percent (23) of the facility officials surveyed indicated that their facility conducted chemical use screenings or assessments for pretrial or preadjudicated offenders, 36

percent (26) stated that their facility conducted screenings or assessments of presentenced or precommitted offenders and 44 percent (31) stated that their facility conducts screenings or assessments of sentenced or committed offenders.

- Facility officials reported that chemical use screenings and assessments occur most often in juvenile detention centers and adult correctional facilities and least often in jails and lockup and holding facilities.
- Many of the facility officials reported that their facility conducts chemical use screening or assessments upon intake. However, several qualified this statement by indicating that the offender must also appear to have a chemical use problem or to have committed an offense that was drug- or alcohol-related. A few respondents indicated that chemical use assessments are conducted only if ordered by the court.
- Approximately 74 percent (56) of the officials surveyed reported social services conducts all or some of the screenings or assessments of the offenders in their facility, 45 percent (32) indicated that court services conducts all or some of their assessments and 43 percent (33) indicated that probation officers conduct some or all of their assessments. Only 21 percent (16) stated that private contractors are

used to screen or assess offenders in their facility.

■ According to the officials surveyed, the most common reasons why chemical assessments are not conducted within correctional facilities are as follows:

- 1) the offender stays in the facility for a short time only
- 2) the offender has already been through the assessment procedure
- 3) the court did not order the offender to be assessed
- 4) the offender is being held for another county.

■ The facility officials reported that access is greatest to support groups such as Alcoholics Anonymous and least to aftercare programs. Only 4 percent (3) of the officials reported that support groups are not available to offenders in their facility and 15 percent (12) reported that aftercare programs are not available to the offenders in their facility.

■ According to the respondents, access to both chemical and non-chemical use treatment programs is limited by a number of problems. The most commonly cited problems are listed below by the type of program or service.

Primary non-residential treatment programs: funding, security and unamenability of offender

Aftercare: funding, lack of staff or vehicle for transportation and unamenability of offender

Alcoholics Anonymous and other support groups: unamenability of offender, security and lack of staff or vehicle for transportation

Detoxification programs: distance, refusal of the client by program staff and security

DWI (Driving While Intoxicated) clinics: distance, security, unamenability of offender

Chemical abuse and dependency education programs: funding, unamenability of offender and lack of staff or vehicle for transportation

■ Approximately 61 percent (49) of the facility officials felt that correctional facilities should be part of the system that addresses chemical use problems among offender populations. Further analyses showed that officials from the adult correctional and jail facilities are most likely to agree with this statement and officials from the lockup and holding facilities are least likely to agree with this statement.

■ Almost 65 percent (50) of the facility officials do not feel that their facility is prepared to meet the needs of chemically abusive or dependent offenders within their facility.

■ The facility officials surveyed offered a number of suggestions for

improving chemical use programs and services available to offenders. These suggestions include increased funding for additional staff and staff education, increased number of educational programs for offenders, a greater number of "in-house"

treatment programs, increased availability of aftercare programs, additional space within facilities for services and programs and increased involvement of family in the treatment of the offender.

Methodology

The data for this study were collected from a sample of administrators and program directors employed at each of Minnesota's 89 local correctional facilities. A list of these facilities was obtained from the 1990 Minnesota Department of Corrections (DOC) Average Daily Populations,

which contains a list of all local correctional facilities that are inspected by the DOC jail inspection unit. The survey was completed by 80 of the 95 facility personnel surveyed, which represents a response rate of 83 percent.

Demographics

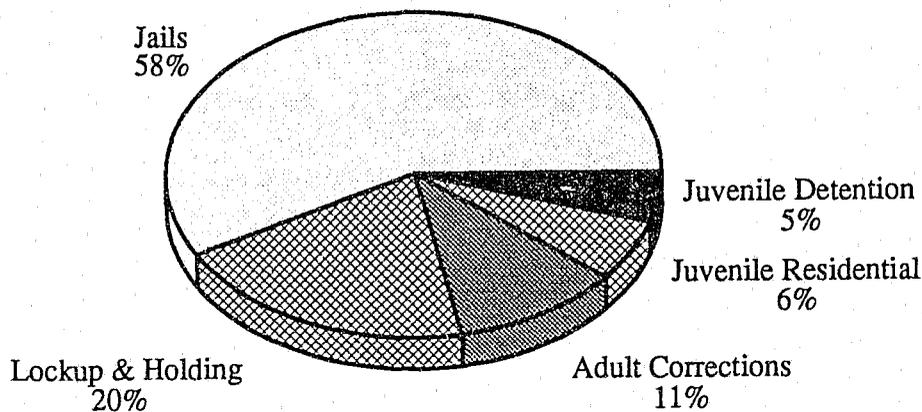
Respondents - More than 75 percent of the facility officials included in this sample were employees of the state's jails or temporary holding facilities at the time of the survey. Approximately 58 percent (46) of these officials were employed at jail facilities, 20 percent (16) were employed at lockup or holding facilities and 11 percent (9) were employed at adult correctional facilities. Only a small number of these officials were employed at juvenile facilities. (Figure 2.1)

The majority of the facility officials listed their position as either a "jail administrator" or a "program director." Other positions held by the respondents include sheriff, undersheriff, chief deputy, jailer or jail sergeant and superintendent.

Offenders - At the time of the survey, the number of offenders held in the five types of facilities was 3,182. Approximately 87 percent (2,762) of these offenders were adults, many of whom were held in either jails or adult correctional facilities. In this study, almost 47 percent (1,287) of the adult offenders were held in adult correctional facilities, 46 percent (1,275) in jails and 6 percent (200) in lockup or holding facilities. (Figure 2.2)

The adult population was also categorized according to the stages of the criminal justice process: pretrial (from time of arrest to conviction), presentenced (following conviction and prior to sentencing), or sentenced (following sentencing). In this study, approximately 21 percent (592) of

FIGURE 2.1
Officials by Facility Type



the 2,762 adults in surveyed local correctional facilities were pretrial detainees, 7 percent (189) were awaiting sentencing and 72 percent (1,981) had been sentenced and were serving time. (Figure 2.2)

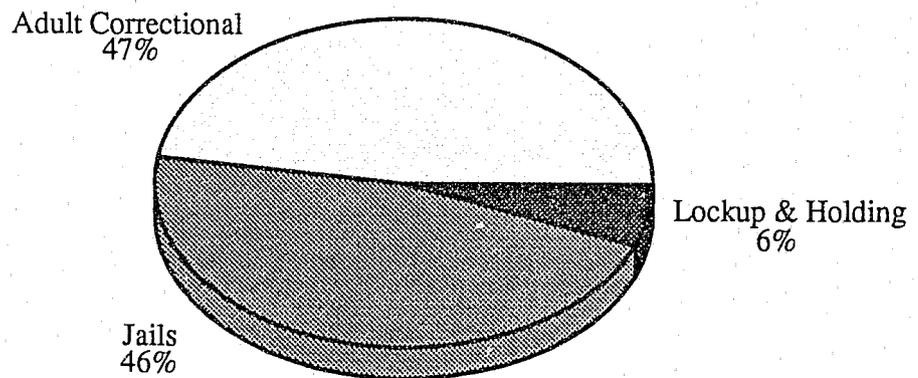
The remaining 420 alleged offenders included in this study were juveniles. At the time of the survey, 71 percent (298) of the juveniles were held in juvenile residential facilities and 28 percent (116) were held in juvenile detention centers. (Figure 2.3)

The juvenile population was categorized according to the stages of the juvenile justice process: preadjudication (from time of arrest to adjudication), precommitted (following adjudication and prior to commitment) and committed (following commitment). According to the respondents, almost 21 percent

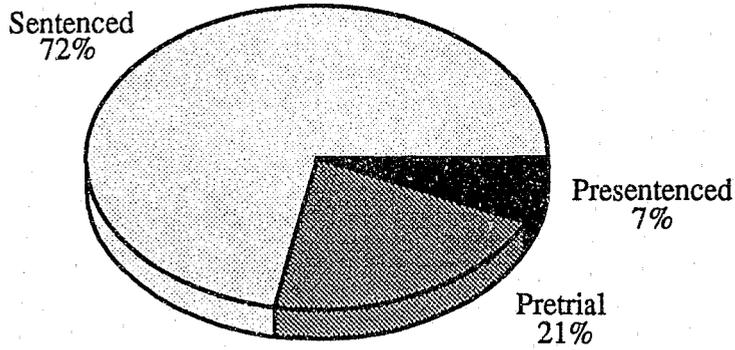
(87) of the 420 juveniles were preadjudicated, 6 percent (26) were precommitted and 73 percent (307) were committed. (Figure 2.3)

At the time of the survey, the number of offenders held in the state's local correctional facilities was similar or slightly less than the number held at the beginning of 1990. Almost 63 percent (50) of the facility officials stated that the number of offenders held in their facility at the time of the survey was approximately the same as the number held at the beginning of 1990. Of those who indicated that these numbers were not similar, 76 percent (22) stated that the population of their facility had decreased since the beginning of 1990 and only 21 percent (6) indicated that the number of offenders had increased since this time.

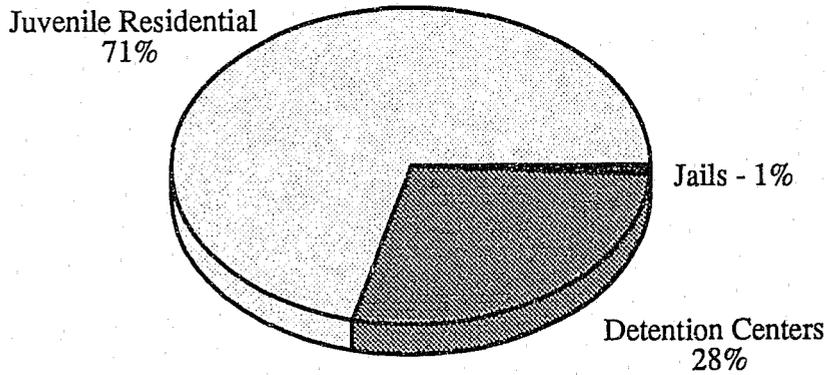
FIGURE 2.2A Adult Population
By Correctional Facility Type



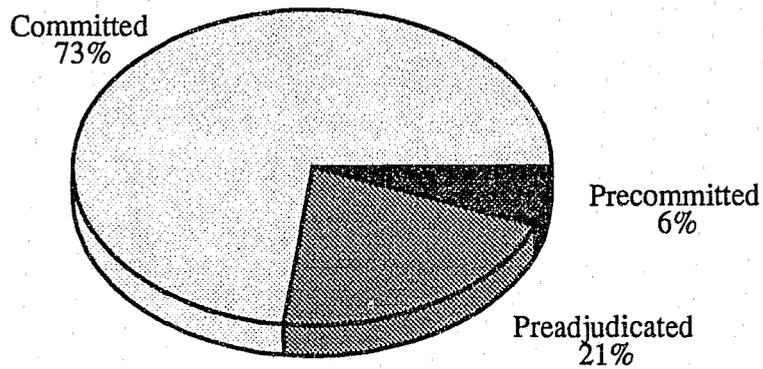
**FIGURE 2.2B Adult Population
By Stage of Criminal Justice Process**



**FIGURE 2.3A Juvenile Population
By Correctional Facility Type**



**FIGURE 2.3B Juvenile Population
By Stage of Juvenile Justice Process**



Screenings and Assessments for Chemical Use Problems

Rates of Screenings and Assessments - According to the facility officials surveyed, approximately 33 percent (1,038) of the offenders held in correctional facilities had been assessed for chemical abuse or dependency. However, further analyses show that this figure differs according to the type of facility in which the offenders are held. In this study, the officials from the adult correctional facilities and juvenile detention facilities reported the highest percentage of assessed offenders among the five types of correctional facilities represented. The findings show that approximately 43 percent (555) of the offenders in adult

correctional facilities and 41 percent (48) of the offenders in juvenile detention centers had been assessed for a chemical use problem. Officials from juvenile residential facilities reported the lowest percent of assessed offenders among the facilities included in this study. According to the respondents, approximately 17 percent (50) of the offenders held in juvenile residential facilities were assessed for chemical abuse or dependency. (Figure 2.4)

In addition, the facility officials were asked whether anyone associated with their facility conducts chemical screenings or assessments at each stage of the justice process

FIGURE 2.4
Chemically Assessed and Dependent Offenders

Facility	Offenders in Sample		Assessed in Sample		Chemically Abusive/Dependent (of those assessed)	
	number		number	percent	number	percent
All	3,182		1,038	33%	861	83%
Jails	1,275		339	26%	246	73%
Lockup and Holding	200		46	23%	38	83%
Adult Corrections	1,287		555	43%	508	92%
Juvenile Residential	298		50	17%	34	68%
Juvenile Detention	116		48	41%	35	73%

Percentages may not add to 100% due to missing data or rounding errors.

(pretrial/preadjudicated, presentenced/precommitted and sentenced/committed). The findings show that the greatest percentage of officials reported that screenings and assessments are conducted for sentenced or committed offenders and the smallest percentage reported that such procedures are conducted for those adults and juveniles awaiting trial or adjudication. In this study, only 33 percent (23) of the facility officials reported that their facility conducts screenings or assessments of adults or juveniles awaiting trial or adjudication, 36 percent (26) reported that their facility conducts screenings or assessments of presentenced or precommitted offenders and 44 percent (31) reported that their facility conducts screenings or assessments of sentenced or committed offenders. It appears from this study that the use of chemical use screenings and assessments increases as the offender moves through the criminal or juvenile justice system.

Additional analyses were conducted to determine whether the use of screenings and assessments at each stage of the justice process differed between the five types of correctional facilities. According to the officials surveyed, use of screenings and assessments are highest in the juvenile detention centers at all stages of the juvenile justice process. Use of these procedures is moderate at all stages of the justice process in adult correctional facilities and juvenile residential facilities. Finally, the respondents report that screenings and assessments are conducted least often in jails and lockup and holding

facilities. Less than 40 percent of the officials employed at the jail facilities reported that screenings or assessments are used any stage of the justice process. Moreover, one fourth or fewer of the officials employed at the lockup and holding facilities reported that screenings or assessments are used by their facility at any stage of the justice process. (Figure 2.4)

The respondents also were asked to briefly describe when and why their facility conducts screenings and assessments of offenders. Many of the facility officials surveyed indicated that their facility conducts chemical use screenings or assessments as a part of the intake procedure. A number of these officials qualified this answer by stating that the offender must first appear to have a chemical use problem or must have committed an offense that was drug- or alcohol-related. A few officials indicated that assessments are conducted only when ordered by the court.

Prevalence of Chemical Use Problems Among Offenders - Of the 1,038 assessed offenders, the respondents estimated that 83 percent (861) had been assessed and found to be chemically abusive or dependent. In terms of the entire offender population, this figure suggests that at least 27 percent of all offenders held in the correctional facilities surveyed were assessed and found to be chemically abusive or dependent.

Additional analyses show that officials from the adult correctional and lockup and holding facilities reported the highest percentages of

chemically abusive or dependent offenders among the five types of facilities surveyed. According to the officials surveyed, approximately 92 percent (508) of the offenders in adult correctional facilities and 83 percent (38) of those in lockup and holding facilities were found to be chemically abusive or dependent after being screened or assessed for a chemical use problem. (Figure 2.4)

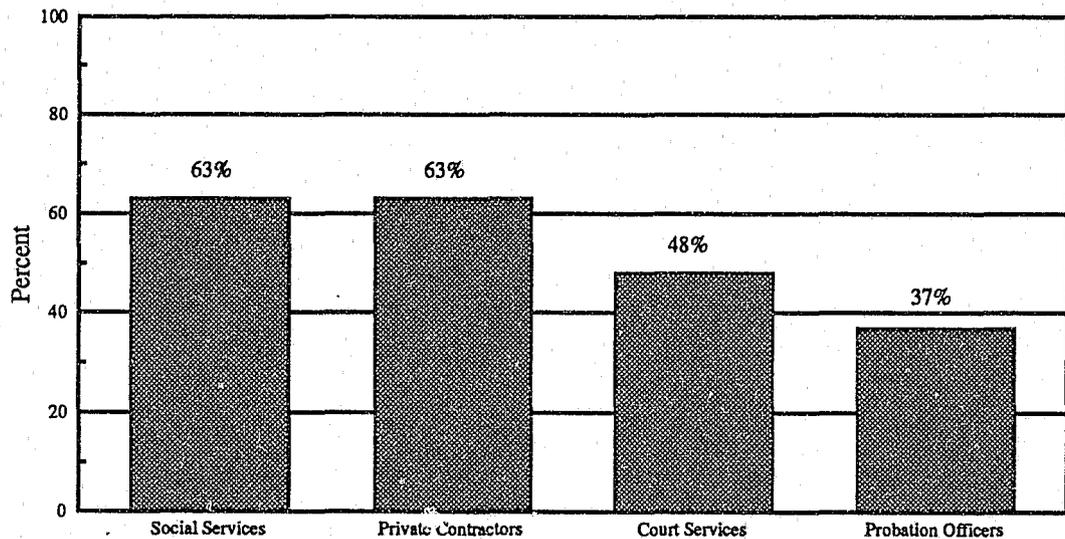
Screening and Assessment Services - Approximately 74 percent (56) of the facility officials reported that social services conducts some or all of the screenings or assessments of the offenders in their facility. Only 21 percent (16) reported that their facility uses private contractors. (Figure 2.5)

Additional analyses show that the use of individual screening and

assessment services varies slightly between the adult and juvenile correctional facilities surveyed. Findings show that the officials from the juvenile residential facilities and the juvenile detention centers are more likely to use private contractors for screening or assessing offenders than are officials from any of the three adult correctional facilities. Officials from the three adult correctional facilities are more likely to use either court services or probation officers for screenings or assessments than are the officials from the juvenile correctional facilities.

Assessment Procedures - The facility officials were asked to indicate, to the best of their knowledge, which instruments are used when offenders in their facility are assessed for chemical abuse or dependency.

FIGURE 2.5 Screening and Assessment Service Providers



Approximately 81 percent (55) of the facility officials believed that assessments are conducted using Rule 25*, 72 percent (48) felt that assessments are conducted using personal histories* and 59 percent (36) felt that assessments are conducted using collateral contacts*. However, for each procedure, a significant percentage of the officials reported that they are not sure if it is used by their facility. The findings show that between 16 percent and 53 percent of the sample reported that they are not sure if a particular assessment procedure is used to assess offenders in their facility. (Figure 2.6)

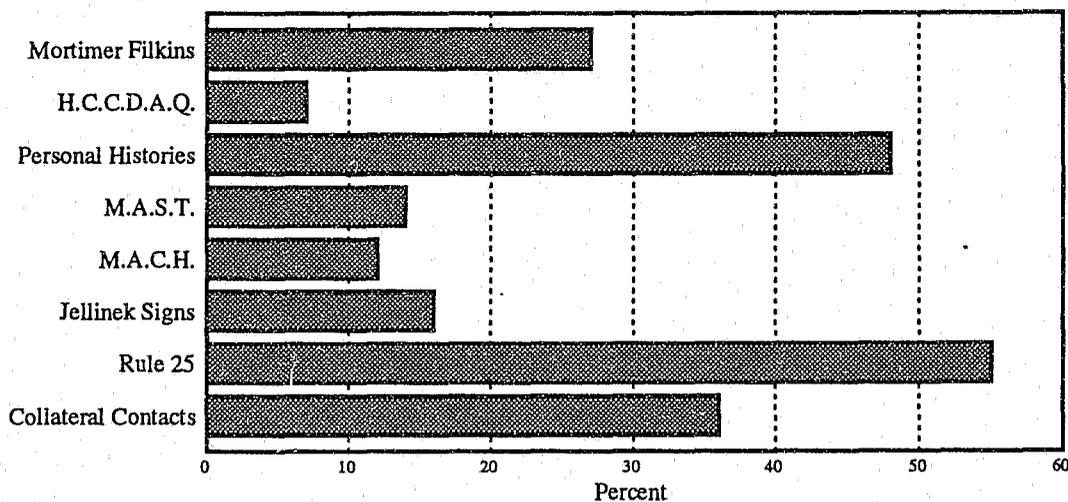
* Definition provided in Terms and Definitions, page 41.

Barriers Preventing Screenings and Assessments - There are numerous reasons why the use of chemical screenings and assessments within

local correctional facilities is limited or prevented. The facility officials were asked to report the situations and problems that prevent their facility from conducting screenings or assessments of offenders. The most common reasons cited are that the offender stays only a short time in their facility, the offender was screened or assessed before arriving at their facility, the court failed to order an assessment of the offender and the offender was being held for another county. The two problems cited least often by the facility officials are a lack of assessors and a shortage of funds to pay for the assessments. (Figure 2.7)

Additional analyses show that the reasons why chemical screenings and assessments are not conducted within correctional facilities varies according to the type of facility in which the offender is held. (Figure 2.7)

FIGURE 2.6 Assessment Instruments and Procedures Used In Correctional Facilities



The most common problems cited for each facility are:

- **Jails:** the facility is holding the offender for another county and the offender has been assessed prior to arrival.
- **Adult correctional and juvenile residential:** the offender has already been assessed and the offender is being held for a short time.
- **Lockup and holding:** the short stay of the offender and the failure of the court to order an assessment.
- **Juvenile detention:** the short stay of the juveniles and that the facility is holding the juvenile for another county.

FIGURE 2.7 Problems Preventing Screenings and Assessments
Percent of Officials Reporting That Problem is Present Within Their Facility

Facility	Not Ordered		Already Assessed		Short Stay		From Other County		No Assessor		No Funds	
	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)
All	63	41	67	47	73	48	62	40	14	9	20	12
Jails	63	24	66	27	63	24	73	29	13	5	14	5
Lockup and Holding	75	9	46	6	83	10	8	1	25	3	17	2
Adult Correctional	43	3	88	7	75	6	71	5	-	-	29	2
Juvenile Residential	50	2	100	4	10	4	50	1	33	1	67	2
Juvenile Detention	75	3	75	3	10	4	100	4	-	-	25	1

Treatment for Offenders with Chemical Use Problems

Facility officials were asked a series of questions regarding six programs and services that provide treatment for chemically abusive or dependent offenders. One of the six programs provides treatment solely for individuals with chemical use problems and the remaining five provide treatment for a number of other problems. Availability, types of problems and funding mechanisms were questions asked of the respondents. The percentages reported in the following sections do not add up to 100 percent because the respondents were asked to report all answers applicable to their facility.

Specific Chemical Use Treatment Programs:

Primary Non-Residential Treatment Programs - Approximately 36 percent (29) of the facility officials reported that non-residential treatment programs are available to offenders within the local community, 16 percent (13) indicated that such programs are available in another community and 16 percent (13) indicated that such programs are available in both. Only a few officials reported that non-residential treatment is available within their facility and approximately 10 percent (8) reported that such treatment is not available at all to the offenders within their facility. Approximately 50 percent (33) of the officials

reported that lack of funding is a problem encountered when trying to place an offender in a non-residential treatment program. Other problems frequently mentioned are security, client unamenability and lack of staff or vehicles for transportation purposes.

Other Treatment Programs:

Aftercare Programs - The majority of the corrections officials reported that aftercare is available for offenders either in the local community, in a nearby community, or in both the local community and a nearby community. Approximately 15 percent of the facility officials indicated that there are no aftercare programs available to offenders. Approximately 44 percent (24) of the officials indicated that lack of funding presented a problem that limited the use of aftercare programs for offenders. In addition, a lack of staff or vehicle for transportation and client unamenability were frequently considered problems. Finally, a number of the officials stated that they have not encountered any significant problems with aftercare programs.

Support Groups - Of the officials surveyed, 96 percent reported that the offenders in their facility had access to support groups, which include Alcoholics Anonymous. Approximately 38 percent (30) of the

respondents reported that support groups are available in their facility, in the local community and in a nearby community. In addition, 30 percent (24) reported support groups are available in their facility and the local community and 15 percent (12) reported that such groups are available in the local community alone. Approximately 26 percent (17) of the facility officials reported that client unamenability is a problem that limits the use of support groups. In addition, a number of respondents felt that security and lack of staff or vehicle for transportation present problems.

Detoxification Centers - Approximately 54 percent (43) of the facility officials indicated that detoxification centers for offenders are available in a nearby community. In addition, 21 percent (17) stated that such centers are located within the local community and 9 percent (7) stated that detoxification centers are located in both the local community and a nearby community. Approximately 9 percent (7) of the respondents stated that their facility does not have access to a detoxification center. Given that half of the facility officials indicated that detoxification centers are located in another community, it is not surprising that the most frequently cited problem with such centers is distance. Approximately 49 percent (34) of the officials stated that distance to the center is a problem with detoxification centers. Other common problems include staff refusing the client, security and lack of staff or vehicle for transportation. Finally, a number of the officials stated that

they have not experienced any significant problems with detoxification centers.

DWI (Driving While Intoxicated) Clinics - Approximately 38 percent (30) of the facility officials indicated that a DWI clinic for offenders is located within the local community, 25 percent (20) indicated that a DWI clinic is located in a nearby community and 19 percent (15) stated that a DWI clinic is located in both the local community and a nearby community. Approximately 10 percent of the officials reported that there are no DWI clinics available to the offenders in their facility. Almost 31 percent (17) of the respondents reported that the distance to the clinic presents a problem. In addition, a number of facility officials cited security, client unamenability and a lack of staff or vehicle as problems. Finally, 34 percent (18) of the respondents reported that they have not encountered any significant problems that limit the availability of these clinics.

Chemical Abuse and Dependency Education Programs - Approximately 30 percent (23) of the facility officials reported that chemical abuse and dependency education is available to their offenders within the local community. In addition, 19 percent (15) indicated that such programs are available in both the local community and the facility and 14 percent (11) indicated that such programs are available within the local community and another community. Approximately 8 percent of all facility officials

indicated that their facility has no access to these programs. Furthermore, lack of funding and client unamenability were the two types of problems cited most often by the respondents. Finally, 40

percent (23) of the facility officials reported that they have not experienced any problems with chemical abuse and dependency education programs.

Attitudes Toward Treatment in Facilities

Facility officials were asked whether they believe that correctional facilities should address chemical use problems among offenders in custody. Approximately 61 percent (49) of the officials surveyed agreed, indicating that correctional facilities should be part of the system that addresses such problems among offender populations. The remaining officials did not agree, believing instead that the responsibility for assessment and program issues should be left to the courts and human service agencies.

Additional analyses show that the respondents' attitudes toward treatment vary according to facility type. All nine officials from adult correctional facilities believed local correctional facilities should address chemical use problems among criminal offenders in custody. Furthermore, 61 percent (28) of the jail officials, four of the five juvenile residential facility officials and three of the four juvenile detention center officials agreed. In contrast, only one-third (5) of the lockup and holding facility officials agreed that local correctional facilities should address the chemical use problems of offenders in custody.

The facility officials were also asked whether their facility is adequately

prepared to meet the assessment and treatment needs of chemically abusive or dependent offenders. Almost 65 percent (50) of the officials indicated that their facility is not prepared to meet the needs of clients with chemical use problems. Additional analyses showed that this figure varies by type of facility; however, at least half of the officials from each of these five groups believed that their facility was not prepared to provide assistance to offenders with chemical use problems. Thus, there appears to be some disparity between the beliefs of correctional facility officials and existing conditions. A majority of these officials feel local correctional facilities should address the needs of offenders with chemical use problems, yet few feel that their facility is adequately prepared to serve in this capacity. However, this relationship appears to be affected by the type of facility in which the official is employed. Officials from facilities that hold alleged offenders for short periods of time (jails and lockup and holding facilities) were less likely than those from facilities which hold offenders for long periods of time (adult correctional and juvenile residential) to believe that local correctional facilities should assist in treating offenders for chemical use problems.

Suggestions for Improving Treatment Programs

Facility officials were asked to indicate what is most needed to improve existing programs and services for offenders who have chemical use problems. The response given most frequently was increased funding, primarily for additional staff members or staff training. In addition, a number of officials felt that existing programs and services should focus more on

educating offenders and identifying offenders with educational disabilities. Other suggestions included increasing the space available within the facility for chemical abuse and dependency programs, increasing the availability of in-house treatment and aftercare programs and increasing efforts to involve the offender's family in treatment programs.



Terms and Definitions

Collateral Contacts: A method of verifying information given by an individual during a personal history. The assessor contacts the spouse, friends, or family of the individual to verify that the individual accurately depicted his or her use of chemicals during the personal history. Collateral contacts are most frequently used in conjunction with personal histories as a part of a Rule 25 assessment.

Jellinek Signs and Symptoms (Jellinek Signs): A questionnaire designed by E. M. Jellinek to detect chemical abuse or dependency. Jellinek developed a model which described alcohol addiction and recovery as a series of stages, each of which were characterized by a set of symptoms. The questionnaire is an adaptation of this model that assesses alcohol or illicit drug addiction by stages.

Michigan Alcoholism Screening Test (M.A.S.T.): An assessment instrument used to assess individuals for alcohol abuse or dependency. The M.A.S.T. is a questionnaire composed of 24 items which address the individual's use of alcohol.

Mortimer Filkins: An alcohol assessment procedure specifically designed to detect alcoholism and problem drinking in D.W.I. offenders. The procedure consists of a self-administered true-false questionnaire and a semi-structured interview.

Personal History: A procedure used to assess chemical use in which an assessor asks the individual questions about his or her use of alcohol and illicit drugs. The individual is asked a number of questions about his or her chemical use, which often address the amount of chemicals used by the individual as well as the frequency and duration of chemical use. Information obtained from a personal history is often verified through collateral contacts and conducted as a part of the Rule 25 assessments procedures.

Rule 25: A set of chemical use assessment and placement criteria for individuals receiving public assistance. Rule 25 contains a definition for chemical abuse and dependency and recommended levels of care for individuals found to be abusive or dependent.



Appendix A

Primary Residential Treatment Programs

Availability:	Yes	No
Has this program been available to offenders on your caseload since the beginning of 1990?	percent (n)	percent(n)
	99% 145	1% 1

Types of Problems:

	percent	number
Funds	60%	86
No Staff/Vehicle	14%	20
Distance	32%	46
Program Quality	25%	36
Security	16%	23
Waiting List	31%	44
Staff Refuses Offender	22%	31
Unamenability	77%	111
None	5%	7
Do Not Know	---	---

Funding Mechanisms:

	percent	number
CCA Funds	16%	23
Court Services	12%	17
Human Services	99%	143
Fines	3%	5
Offender's Insurance	92%	132
Offender Pays	69%	100
None	---	---
Do Not Know	1%	1

Primary Non-Residential Treatment Programs

Availability:	Yes	No
Has this program been available to offenders on your caseload since the beginning of 1990?	percent (n)	percent(n)
	99% 145	1% 1

Types of Problems:

	percent	number
Funds	62%	89
No Staff/Vehicle	28%	40
Distance	33%	47
Program Quality	20%	29
Security	6%	8
Waiting List	22%	31
Staff Refuses Offender	22%	31
Unamenability	75%	108
None	6%	8
Do Not Know	---	---

Funding Mechanisms:

	percent	number
CCA Funds	14%	20
Court Services	13%	18
Human Services	100%	144
Fines	4%	6
Offender's Insurance	90%	129
Offender Pays	76%	110
None	---	---
Do Not Know	---	---

Extended Care Programs

Availability:	Yes	No
Has this program been available to offenders on your caseload since the beginning of 1990?	percent (n)	percent(n)
	88% 126	12% 17

Types of Problems:

	percent	number
Funds	63%	89
No Staff/Vehicle	13%	40
Distance	38%	47
Program Quality	18%	29
Security	5%	8
Waiting List	38%	31
Staff Refuses Offender	23%	31
Unamenability	65%	108
None	8%	8
Do Not Know	2%	2

Funding Mechanisms:

	percent	number
CCA Funds	14%	18
Court Services	11%	14
Human Services	94%	117
Fines	3%	4
Offender's Insurance	66%	83
Offender Pays	47%	59
None	2%	2
Do Not Know	4%	5

Halfway Houses

Availability:	Yes	No
Has this program been available to offenders on your caseload since the beginning of 1990?	percent (n)	percent(n)
	93% 135	7% 11

Types of Problems:

	percent	number
Funds	66%	87
No Staff/Vehicle	12%	16
Distance	43%	57
Program Quality	30%	40
Security	6%	8
Waiting List	53%	70
Staff Refuses Offender	30%	39
Unamenability	68%	90
None	3%	4
Do Not Know	---	---

Funding Mechanisms:

	percent	number
CCA Funds	17%	22
Court Services	11%	14
Human Services	98%	130
Fines	3%	4
Offender's Insurance	60%	79
Offender Pays	61%	80
None	---	---
Do Not Know	1%	1

Aftercare Programs

Availability:	Yes	No
Has this program been available to offenders on your caseload since the beginning of 1990?	percent (n)	percent(n)
	95% 139	5% 7

Types of Problems:

	percent	number
Funds	41%	57
No Staff/Vehicle	26%	36
Distance	36%	50
Program Quality	18%	25
Security	1%	2
Waiting List	9%	13
Staff Refuses Offender	14%	19
Unamenability	65%	89
None	9%	13
Do Not Know	1%	2

Funding Mechanisms:

	percent	number
CCA Funds	12%	16
Court Services	11%	15
Human Services	85%	116
Fines	3%	4
Offender's Insurance	75%	103
Offender Pays	70%	97
None	4%	6
Do Not Know	1%	1

Alcoholics Anonymous and Other Support Groups

Availability:	Yes	No
Has this program been available to offenders on your caseload since the beginning of 1990?	percent (n)	percent(n)
	100% 146	--- ---

Types of Problems:

	percent	number
Funds	1%	2
No Staff/Vehicle	22%	31
Distance	24%	33
Program Quality	20%	28
Security	3%	4
Waiting List	1%	2
Staff Refuses Offender	1%	1
Unamenability	62%	87
None	18%	25
Do Not Know	3%	4

Funding Mechanisms:

	percent	number
CCA Funds	---	---
Court Services	5%	6
Human Services	14%	17
Fines	---	---
Offender's Insurance	11%	13
Offender Pays	16%	19
None	53%	78
Do Not Know	8%	10

Detoxification Programs

Availability:	Yes	No
Has this program been available to offenders on your caseload since the beginning of 1990?	percent (n)	percent(n)
	96% 139	4% 6

Types of Problems:

	percent	number
Funds	22%	28
No Staff/Vehicle	14%	18
Distance	20%	26
Program Quality	13%	17
Security	16%	21
Waiting List	20%	26
Staff Refuses Offender	19%	25
Unamenability	26%	34
None	27%	35
Do Not Know	4%	5

Funding Mechanisms:

	percent	number
CCA Funds	4%	5
Court Services	5%	7
Human Services	69%	92
Fines	---	---
Offender's Insurance	39%	52
Offender Pays	40%	54
None	3%	4
Do Not Know	22%	29

DWI Clinics

Availability:	Yes	No
Has this program been available to offenders on your caseload since the beginning of 1990?	percent (n)	percent(n)
	93% 132	7% 10

Types of Problems:

	percent	number
Funds	20%	24
No Staff/Vehicle	18%	22
Distance	31%	38
Program Quality	8%	10
Security	2%	2
Waiting List	13%	16
Staff Refuses Offender	3%	4
Unamenability	36%	44
None	24%	28
Do Not Know	12%	15

Funding Mechanisms:

	percent	number
CCA Funds	3%	4
Court Services	4%	5
Human Services	15%	19
Fines	6%	7
Offender's Insurance	10%	13
Offender Pays	84%	107
None	2%	2
Do Not Know	10%	12

Chemical Abuse & Dependency Education Programs

Availability:

	Yes	No
	percent (n)	percent(n)
Has this program been available to offenders on your caseload since the beginning of 1990?	95% 137	5% 8

Types of Problems:

	percent	number
Funds	38%	50
No Staff/Vehicle	24%	31
Distance	32%	42
Program Quality	21%	27
Security	---	---
Waiting List	20%	26
Staff Refuses Offender	6%	8
Unamenability	47%	62
None	18%	24
Do Not Know	5%	6

Funding Mechanisms:

	percent	number
CCA Funds	5%	7
Court Services	7%	9
Human Services	34%	46
Fines	5%	7
Offender's Insurance	30%	40
Offender Pays	79%	106
None	3%	4
Do Not Know	9%	12

Appendix B

Primary Non-Residential Treatment Programs

Availability: Has this program been available to the offenders in your facility since the beginning of 1990 and, if so, where?

	<u>percent</u>	<u>number</u>
Yes, in facility	3%	2
Yes, in local community	36%	29
Yes, in another community	16%	13
Yes, in facility and local community	9%	7
Yes, in local community and another community	16%	13
Yes, in facility and another community	1%	1
Yes, in facility, local community and another community	9%	7
No, not available	10%	8

Types of Problems

	<u>percent</u>	<u>number</u>		<u>percent</u>	<u>number</u>
Funds	50%	33	Security	36%	24
No Staff/Vehicle	30%	20	Waiting List	23%	15
Distance	20%	19	Staff Refuses Offender	6%	4
Program Quality	5%	3	Unamenability	33%	23
			None	18%	12

Aftercare Programs

Availability: Has this program been available to the offenders in your facility since the beginning of 1990 and, if so, where?

	<u>percent</u>	<u>number</u>
Yes, in local community	35%	28
Yes, in another community	14%	11
Yes, in facility and local community	9%	7
Yes, in local community and another community	26%	21
Yes, in facility and another community	1%	1
Yes, in facility, local community and another community	3%	2
No, not available	15%	12

Types of Problems

	<u>percent</u>	<u>number</u>		<u>percent</u>	<u>number</u>
Funds	44%	24	Security	22%	12
No Staff/Vehicle	34%	19	Waiting List	13%	7
Distance	20%	11	Staff Refuses Offender	9%	5
Program Quality	5%	3	Unamenability	35%	19
			None	25%	14

Alcoholics Anonymous and Other Support Groups

Availability: Has this program been available to the offenders in your facility since the beginning of 1990 and, if so, where?

	<u>percent</u>	<u>number</u>
Yes, in local community	6%	5
Yes, in another community	15%	12
Yes, in facility and local community	4%	3
Yes, in local community and another community	30%	24
Yes, in facility and another community	4%	3
Yes, in facility, local community and another community	38%	30
No, not available	4%	3

Types of Problems

	<u>percent</u>	<u>number</u>		<u>percent</u>	<u>number</u>
Funds	11%	7	Security	20%	13
No Staff/Vehicle	14%	9	Waiting List	5%	3
Distance	8%	5	Staff Refuses Offender	3%	2
Program Quality	8%	5	Unamenability	26%	17
			None	38%	25

Detoxification Programs

Availability: Has this program been available to the offenders in your facility since the beginning of 1990 and, if so, where?

	<u>percent</u>	<u>number</u>
Yes, in facility	1%	1
Yes, in local community	21%	17
Yes, in another community	54%	43
Yes, in facility and local community	3%	2
Yes, in local community and another community	9%	7
Yes, in facility, local community and another community	4%	3
No, not available	9%	7

Types of Problems

	<u>percent</u>	<u>number</u>		<u>percent</u>	<u>number</u>
Funds	26%	18	Security	31%	22
No Staff/Vehicle	29%	20	Waiting List	15%	10
Distance	49%	34	Staff Refuses Offender	35%	24
Program Quality	7%	4	Unamenability	20%	14
			None	22%	15

DWI Clinics

Availability: Has this program been available to the offenders in your facility since the beginning of 1990 and, if so, where?

	<u>percent</u>	<u>number</u>
Yes, in facility	4%	4
Yes, in local community	38%	30
Yes, in another community	25%	20
Yes, in local community and another community	19%	15
Yes, in facility and another community	1%	1
Yes, in facility, local community and another community	3%	2
No, not available	10%	8

Types of Problems

	<u>percent</u>	<u>number</u>		<u>percent</u>	<u>number</u>
Funds	15%	8	Security	22%	12
No Staff/Vehicle	18%	10	Waiting List	2%	1
Distance	31%	17	Staff Refuses Offender	---	---
Program Quality	2%	1	Unamenability	20%	11
			None	34%	18

Chemical Abuse & Dependency Education Programs

Availability: Has this program been available to the offenders in your facility since the beginning of 1990 and, if so, where?

	<u>percent</u>	<u>number</u>
Yes, in facility	6%	5
Yes, in local community	29%	23
Yes, in another community	12%	9
Yes, in facility and local community	19%	15
Yes, in local community and another community	14%	11
Yes, in facility, local community and another community	11%	9
No, not available	8%	6

Types of Problems

	<u>percent</u>	<u>number</u>		<u>percent</u>	<u>number</u>
Funds	39%	23	Security	17%	10
No Staff/Vehicle	19%	11	Waiting List	5%	3
Distance	19%	11	Staff Refuses Offender	3%	2
Program Quality	7%	4	Unamenability	24%	14
			None	40%	23