

Alaska Department of Corrections Substance Abuse Treatment Services Status Report

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EXECUTIVE SUMMARY

The Department of Corrections (DOC) has developed the capacity to provide substance abuse treatment services to over 1,000 inmates per year. These services include programming at nine separate institutions, two community based programs (including aftercare), and assessment and referral services.

The need for these services is self-evident but it has also been quantified in a recent, Alaska specific, research project that determined that around 86% of the prison population has substance abuse related problems. The current programming offered by DOC certainly helps to mitigate the consequences associated with substance abuse related disorders but more efforts are needed.

In regards to those efforts; services were substantially broadened between FY09 and FY10 and the projections for FY11 show an additional increase. Not only does collected data show an expansion of outputs it also suggests some positive outcomes.

The programs have assisted in offender management within the institutions and have reduced the rate of recidivism for the individuals who have engaged in, and completed, the programs (40% recidivism rate compared to 66% for the general population).

Based upon the recidivism rates, along with other economic markers, it is apparent that not only does substance abuse treatment programming provide a needed community service it also makes solid financial sense. The gains clearly offset the expenditures.

DOC'S CURRENT SUBSTANCE ABUSE TREATMENT PROGRAMMING

As part of the Department of Correction's mission to provide reformative programs several substance abuse treatment options have been made available to incarcerated offenders.

Each of these programs was developed by using characteristics of evidence-based programming and/or by duplicating previously validated treatment models.

The programs are described below:

Life Success Substance Abuse Treatment (LSSAT):

These programs are based on the Intensive Outpatient Treatment criteria. The services provided use of a cognitive behavioral approach.

Inmates in the program are required to participate for a minimum of three months.

While in the program offenders participate in other classes and work assignments within the institution. They have access to necessary support services such as education and vocation courses, medical services, mental health services, support groups (sponsored by the community) and religious services.

The LSSAT programs are available at the following locations:

- Anchorage: community-based program
- Bethel: Yukon-Kuskokwim Correctional Center
- Fairbanks: Fairbanks Correctional Center and community-based program
- Juneau: Lemon Creek Correctional Center
- Kenai: Wildwood Correctional Center
- Nome: Anvil Mountain Correctional Center
- Palmer: Palmer Correctional Center
- Seward: Spring Creek Correctional Center

Residential Substance Abuse Treatment (RSAT):

These programs are based on the Residential/Intensive Inpatient Treatment criteria. The services provided use a cognitive behavioral approach. These programs are comprehensive and intensive; they are designed to intervene and treat substance use disorders using a Therapeutic Community model. Inmates in these programs are expected to participate for a minimum of six months.

Offenders in the initial and middle stages of the program have limited interaction with other DOC program and services. In the stage immediately preceding release from the program, inmates are introduced to additional services and support systems within the institution.

RSAT programs are available in the following locations:

- Hudson, Colorado: Hudson Correctional Facility
- Eagle River: Hiland Mountain Correctional Center

Continuing Care:

These programs are based on the Outpatient Treatment criteria. The services are designed to compliment the treatment that the offender has previously received. Length of the program and the program requirements are based upon individual needs.

The Continuing Care programs are available in the following locations:

- Anchorage
- Fairbanks

Assessment and Referral:

These services include an informational orientation in which the offender is offered information on substance abuse treatment options within DOC institutions and in the community. Comprehensive substance abuse assessments are also available along with a referral based upon the assessment results.

The Assessment and Referral services are available in the following locations:

- Anchorage: Anchorage Correctional Center
- Palmer: Mat-Su Pretrial Facility

THE NEED FOR SUBSTANCE ABUSE TREATMENT SERVICES

During the month of November, 2010 the Department of Corrections (DOC) conducted a research project in an attempt to determine the number of individuals remanded into custody who also suffered from substance abuse related problems.

A population sample was taken from four DOC facilities (Anchorage Correctional Complex, Anvil Mountain Correctional Center, Fairbanks Correctional Center, and Hiland Mountain Correctional Center) with the Simple Screening Instrument – Revised (SSI-R) being used to determine if the individuals screened suffered from alcohol and/or other drug(s) related problems.

During the month of November, 2010 there were a total of 2,668 remands for DOC facilities. Of these remands 1,256 met the eligibility requirements for the initial classification required for any individual remaining in the facility for 5 or more days. 40% (n=502) of that group completed the SSI-R.

Study Results

Of the 502 SSI-Rs completed 423, or 86%, indicated the potential of significant substance abuse related problems (note: 22% of the sample population is female).

Also during this time frame 56 offenders entered into Substance Abuse Treatment services within an DOC facility and another 21 received further substance abuse assessments and referral into community based programs.

From past experience we have determined that about half of the inmates who require treatment will engage in those services voluntarily (obviously, those numbers increase when incentives are offered). This would suggest that of the 423 who had substance abuse related problems half of them (212) would like to engage in services but only 56 had the opportunity to do so.

Meaning of the Results:

Length of incarceration is also a critical element in discussing service availability and voluntary engagement.

The average length of incarceration within a DOC facility is slightly more than 24 days (this includes both misdemeanants and felons with lengths of stay ranging from 1 day to 99 years). This short duration is not enough time for an offender to engage in and complete a substance abuse treatment program but they can still benefit from assessment and referral services.

Annually there are roughly 2,900 individuals who remain incarcerated for more than 120 days. These offenders are eligible for treatment services. Based on the numbers discussed above it would suggest that of these 2,900 individuals 2,656 are in need of services and over 1,700 of them would accept services if they were made available.

If the information noted above is expanded to include all DOC institutions it would suggest that:

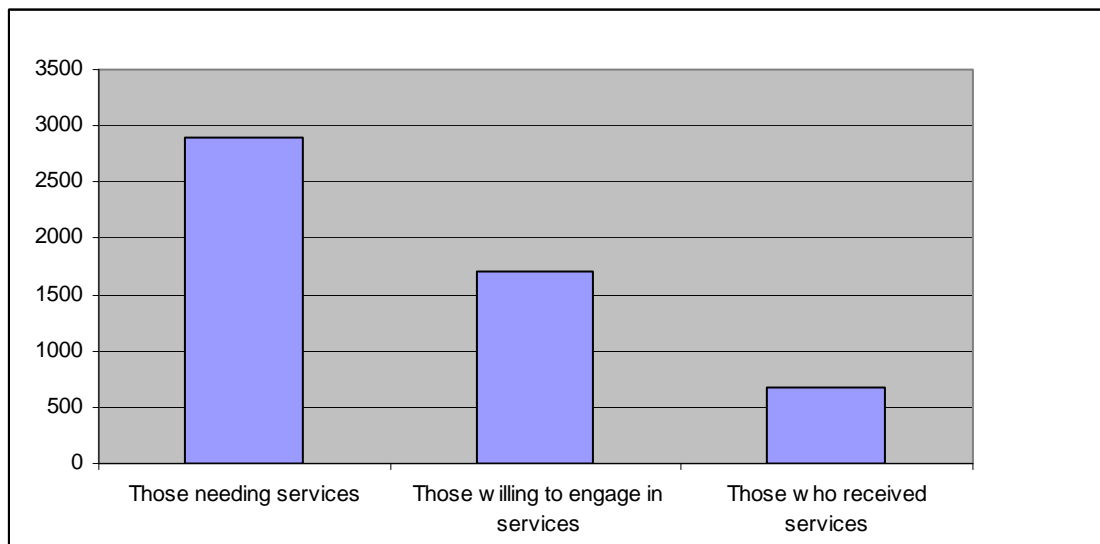
For the month of November, 2010:

- 2,668 individuals were remanded to DOC facilities;
- 2,439 of those remanded screened positive for substance abuse related problems;
- 1,220 of those needing treatment services would voluntarily engage in those programs;
- 242 of those needing treatment services would be incarcerated long enough to engage in, and complete, a substance abuse treatment program;
- 142 of those meeting eligibility for treatment services would willingly engage in a substance abuse treatment program;
- 56 of those needing substance abuse treatment entered into a DOC program.

For the 2010 year:

- 32,016 individuals were remanded to DOC facilities;

- 29,268 of those remanded screened positive for substance abuse related problems;
- 14,640 of those needing treatment services would voluntarily engage in those programs;
- 2,900 of those needing treatment services would be incarcerated long enough to engage in, and complete, a substance abuse treatment program;
- 1,700 of those meeting eligibility for treatment services would willingly engage in a substance abuse treatment program;
- 672 of those needing substance abuse treatment entered into an DOC program.



Conclusion

For a number of years it has been apparent that substance abuse and substance abuse related problems have played a substantial role in criminal behavior. Within the Department of Corrections these problems have been under-addressed and thus have contributed to a high rate of recidivism.

In reviewing the numbers above it is clear that we are currently unable to provide substance abuse treatment to all of the offenders who would willingly engage in those services (and the increased number of offenders who need services and would be willing to receive them if additional incentives were provided).

WHAT HAS BEEN ACCOMPLISHED SO FAR

State Fiscal Year 2010 was the first full year in which the majority of the current substance abuse treatment services were operating. During this time period the systems infrastructure has been further developed and a working

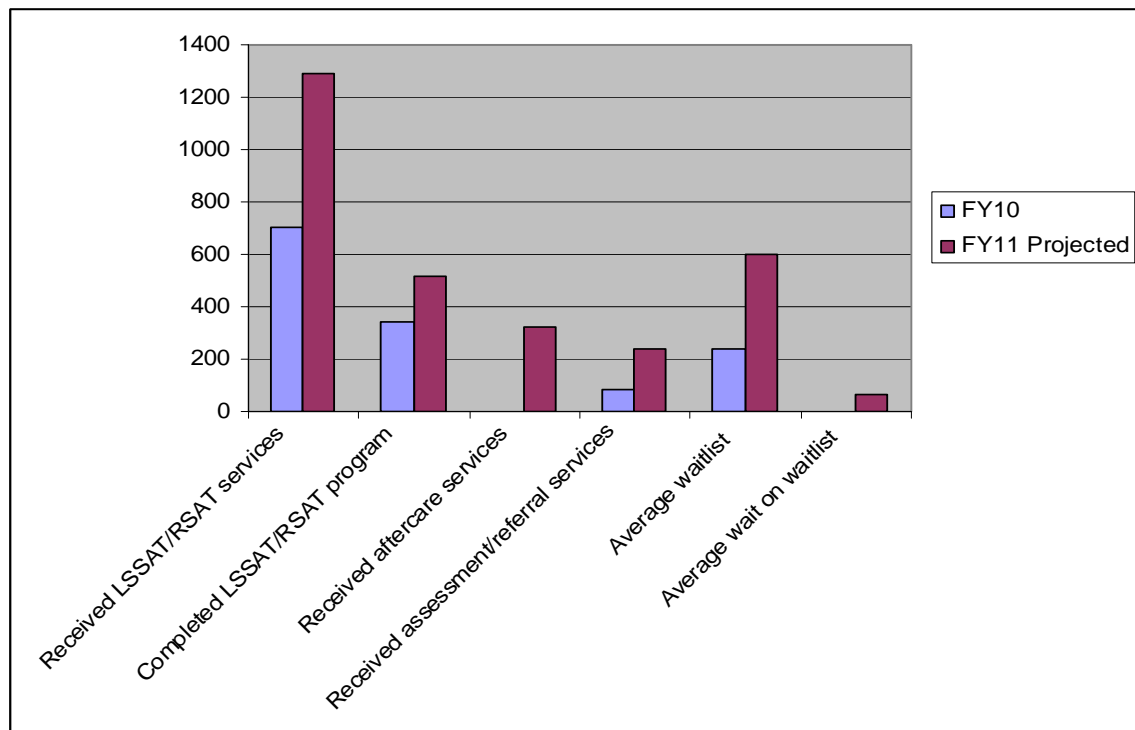
relationship has been more firmly established between the DOC and the contracted service providers.

The results of the work done thus far, both in terms of outputs and outcomes, are promising and clearly warrant an extension of services (with appropriate refinements) into the future.

Outputs

	FY10	First half of FY11	FY11 Projected
Number of individuals who received services (LSSAT/RSAT):	701	645	1,290
Number of individuals who completed a program (LSSAT/RSAT):	340	257	514
Number of individuals who received aftercare services:	**	162	324
Number of individuals who received assessment and referral services:	81	119	238
Average number of individuals on a waitlist (LSSAT/RSAT):	238	301	602
Average length of wait for individuals on a waitlist (LSSAT/RSAT):	**	33 days	33 days

** data not available



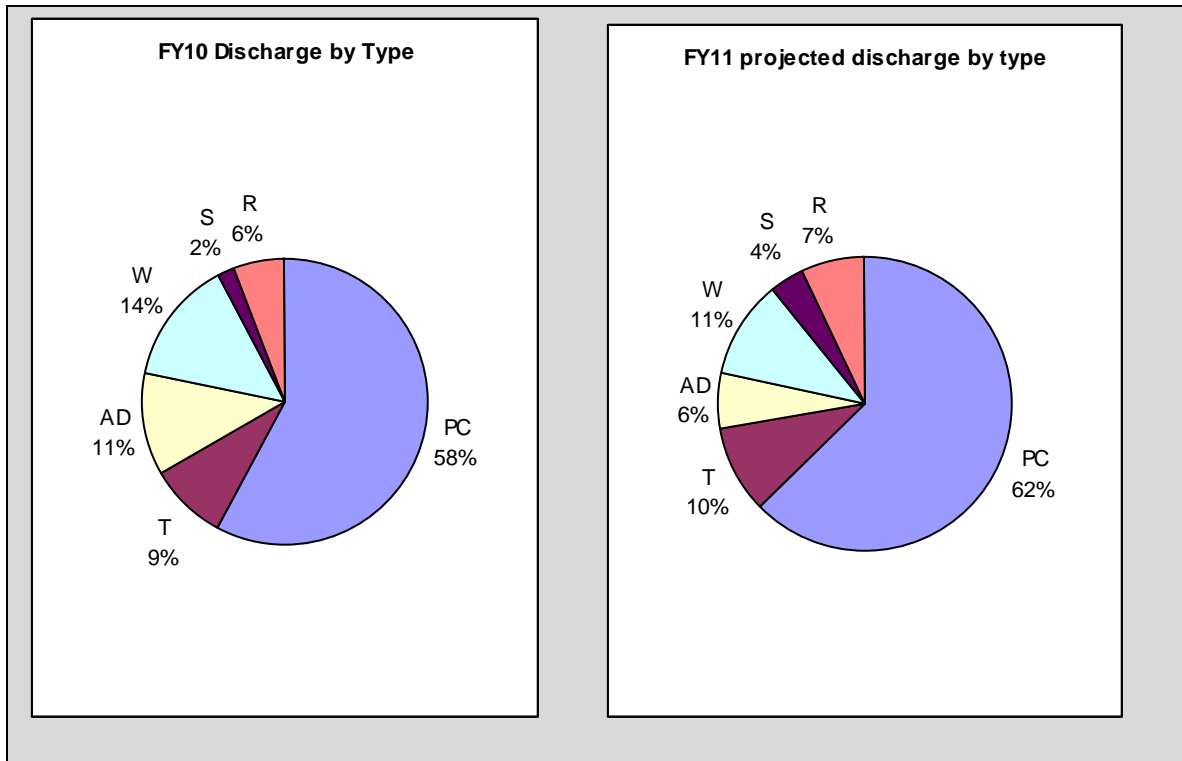
Types of Discharges

When an individual leaves an LSSAT or RSAT program their discharge status is categorized in one of six ways (see below for explanation). The number and types of discharges are useful in exploring the efficacy of programs. They also serve as guides toward program refinements and system-wide infrastructure modifications.

- Program complete (PC): participant successfully completed the program.
- Transfer (T): participant did not complete the program but was referred to, and/or entered, another program.
- Administrative discharge (AD): participant was kicked out of the program for non-compliance.
- Withdrew (W): participant voluntarily left the program prior to completion.
- Segregated (S): DOC placed the participant in segregation.
- Released (R): DOC released the participant from the institution.

The total discharges for each reporting period, along with the type of discharges, are noted below:

	Total	PC	T	AD	W	S	R
FY10	592	340	53	67	87	11	34
First half of FY11	386	257	40	26	44	16	29
FY11 projected	772	514	80	52	88	32	58



Impacts on Offender Management:

While the primary goal of substance abuse services within institutions is generally the reduction of recidivism - other benefits are also derived.

Superintendents within DOC are uniformly supportive of the LSSAT and RSAT programs. Program participants are generally better behaved and are less likely to engage in behaviors that violate institutional rules.

Several of the short term benefits identified with program participation include:

- Improved interpersonal communication skills;
- Better social interaction skills;
- Improved impulse-control;
- Improved anger management abilities; and
- Increased ability to accept their current situation.

These benefits have a significant impact on the institutions and their operations. These programs offer something constructive for the inmates to do and learn thus leaving less time for negative behaviors to become management problems. These programs also contribute to making staff work environments safer with reduced threats of violence and hostility.

Impacts on Recidivism:

During FY10 the recidivism rate for individuals remanded into DOC custody was 66% (13,873 out of 20,916 who were released reoffended). This percentage lines up with the national recidivism rate.

The recidivism rate for individuals who have engaged in and completed an RSAT or LSSAT program was 40% (340 completed a program, with 204 being released, while only 81 reoffended).

While these numbers look great it is important to note that the timeframe reviewed is short enough to suggest that the re-offense rate will increase with the program-complete population.

The Washington State Institute for Public Policy 2006 report informs that one can expect a 7% to 10% reduction in recidivism rates of program participants compared with non-participant groups. Over time DOC anticipates that our rates will more closely reflect this study.

It is also worth noting that average time until re-offense for those who have completed a program and recidivated is 113 days compared to 95 days for non-program participants.

It is also important to note that DOC is not satisfied with only 500 individuals completing a program within a year or with a reduction of recidivism of only 7%. Efforts are underway, and will be ongoing, to increase the number of program graduates and further reduce their rate of reoffending.

PLANS FOR THE FUTURE

The foundation of the DOC substance abuse services program is strong and a great deal of effort has gone into its development with an eye toward the future. In the coming months efforts will be made to continue integrating the programs into the DOC system along with the individual systems associated with the institutions.

Program refinement will continue with several modifications being made to the contracts as they are renewed in the coming fiscal year. The changes will reflect the lessons learned over the past couple of years as they relate to the population, cultural and demographic environment in which the programs operate.

These changes will include adequate service provider compensation along with the expansion of the currently offered aftercare services.

The basic DOC and program infrastructure will also continue to evolve. These guided alterations will better enable a seamless transition into programs along with a coupling of additional existing and emerging services (education, reentry, etc.).

Community collaboration will also be a focus in the coming months. As DOC shares a common mission with several public, non-profit, and private entities it makes sense that we would work together to reduce program duplication. The nature of these collaborations will include the delineation of shared resources and the expansion of mutual reliance.

A final area that will receive increase focus as we move forward will be the collection and analysis of data. Currently we have a data collection system that is adequate even as it undergoes further development. This system will be enhanced by progressive modifications along with the addition of another system and/or process for data gathering and interpreting.

The information gleaned from data collection and analysis will be used to inform program alterations in an effort to further the core mission of the DOC.

CONCLUSION

The DOC is working hard to reduce the statewide recidivism rate while also decreasing the cost associated with inmate management through the use of substance abuse treatment programs.

The causal relationship between drug abuse and crime is well established as is the rampant problems associated with substance abuse/addiction in the DOC remanded population. The inclusion of substance abuse treatment services within the DOC system has shown positive results.

Ongoing efforts are needed to further refine the services offered and thus increase the benefit to the State of Alaska. These efforts will be premised upon the collection and analysis of data.