

July 5, 2011

Open Letter

Dear Ladies and Gentlemen:

I am writing to voice concerns over the Alaska Department of Corrections (DOC) and GOE's failure to provide Hudson Correction Facility's (HCF) Residential Substance Abuse Treatment (RSAT) program basic support. While I have serious concerns in a number of areas; I believe that the areas that need immediate attention are staffing and exposure to general population.

The greatest variable cost in corrections is staffing. Thus, staffing is where for-profit corrections focuses much of its profit maximization efforts. However, what is being lost is that in some areas, quantity of work cannot replace quality of product. One of those areas is addictions treatment.

I entered the Rocky Mountain Therapeutic Community (RMTC) in March of 2010 and completed in September of the same year. Since my graduation I have worked as the office assistant (clerk) for the RMTC counselors. In the months I worked for the counselors I have witnessed their effort, energy, and their use of their own time to keep up with their duties as RMTC counselors and HCF employees. It is my observation that counselors are required to do more than the forty hours of work per week that they are paid for, even before the non-treatment related responsibilities each is assigned.

When the RMTC became operational, Alaska DOC closed the RSAT program which had been operational at the Wildwood Facility in Kenai. The Wildwood RSAT typically took from sixteen to twenty months to complete. The Arizona RSAT, which the Hudson program replaces, had four to five counselors and typically took from eighteen to thirty months to complete. While in Florence AZ bed space was limited to forty, which included graduates who stayed to help facilitate treatment of residents. Sometime after the move to Eloy AZ, maximum treatment beds increased to forty-eight. The Hudson RSAT has four full time counselors for 60 treatment beds, compared to the 48 bed that were in the Arizona RSAT. Since the HCF RSAT is designed to be completed in 6 months and is typically done in six to eight months, compared to the eighteen to thirty months for the AZ RSAT, Hudson has a considerably higher turnover rate. Since the Hudson RSAT became fully operational in March of 2010, the RMTC has had over two hundred (200) participants, more than one hundred (100) graduates, and forty-two (42) individuals who quit or were suspended.

Unfortunately, the pressures of an accelerated program and its resulting turnover rate are having and adverse affect on the quality of the RMTC treatment experience. Since the production of reports, discharge summaries and peripheral responsibilities are measurable; the aspect of treatment that is suffering is face to face, one on one contact between counselors and clients. When I was in the program, the counselors made a resolute but unsustainable effort to have one on ones with their clients. Due to the increased demands created by the higher turnover and increase in treatment beds, without a corresponding increase in staffing and without a client being in crisis, one on ones are the exception. What has replaced one on ones are Case Load Meetings. Case loads are where counselors process assignments and identify treatment issues in a group setting. The weakness of this methodology is that it becomes possible for a client to make it through six months of treatment while avoiding the scrutiny of one on one therapy. Addicts and convicts being the manipulative personalities that we are, evasion of treatment is not a possibility or a probability, it is a certainty.

While society has used technology to make significant advances in overall productivity, since the advent of the word processor, there hasn't been much innovation in how addictions treatment is conducted or documented: quality treatment is a labor intensive and emotionally intensive process, in which corners cannot be cut without considerable consequence.

In the sixteen plus years that I've been in the custody of for profit prisons, it's been my observation that front line staff is often scapegoated for industry practices. I want to be clear: these current difficulties are not the counselor's responsibility. It is without dispute that the counselors do the best they can in a difficult situation. If I were to blame them for anything, it would be for caring too much, trying too hard, and using their own tome to do their jobs; allowing administrators the belief they can continue to cut corners.

The solution to this element of the problem is simple: either hire more staff or cut treatment beds to forty-five. If hiring staff is the solution of choice, two positions need to be created: one to be a fifth counselor; a second to be an administrative assistant and handle peripheral non-treatment responsibilities.

In my twenty-four years of incarceration I have had the misfortune of seeing Alaska's prison system change for the worst. The Alaska system was considered "weak" in that, it at most paid lip service to the "convict code: That began to change at an accelerated rate when Alaska established that its largest prison would be a for profit, out of state facility. With out of state placement came exposure to at least eight distinct prison systems, from Hawaii to the Virgin Islands. The most notorious of which were the District of Columbia's prisoners, who are infamous for riots and the destruction of facilities. Exposure to these "real convicts" set precedents and created roles models that are exacting tolls today. This exposure combined with the level of contraband that I have addressed previously, have become a synergy of violence, victimization, and increased criminalization within HCF's population. I've been told that these same attitudes are seeping back to Alaska.

The Wildwood RSAT functioned in complete seclusion from the negative influences of the general prison population. The Arizona program also strove to isolate participants and succeeded in minimizing its resident's exposure to the negative influences of general population, which included prisoners from other states. At HCF there is not even the pretense of effort in support of the RMTTC, to minimize if not eliminate the "convict code" within the therapeutic environment. At HCF, those in treatment are fully exposed to the peer pressures of general population. At HCF, not only do the negative pressures and attitudes pervade the treatment environment daily, but in the past, gang soldiers have been sent into the treatment community to carry out assaults. In the free world, this would be analogous to trying to run a rehab out of a crack house. It seems to me, that either the treatment program or its participants are being set up to fail by both Alaska and GEO.

As reported by the ACLU of Alaska<sup>1</sup>, Alaska DOC has a dismal record of enforcing the terms of its out of state contracts, so why should HCF be concerned about the quality of addictions treatment it provides? Until DOC is prepared to put some teeth in its contract compliance monitoring, things will remain the same. Without quality rehabilitative programs, not only does risk of recidivism increase, the children of the incarcerated also become more at risk to join or replace their parents in prison. The foreseeable hazards associated with not acting to correct the failure to support the RMTTC and programs like it, are just too large a risk to society. The combination of staff fatigue and the intrusion

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<sup>11</sup> "Rethinking Alaska's Corrections Policy; AVOIDING AN EVERYDAY CRISIS" March 2010, ACLU of Alaska.

of the general population's "convict and criminal codes," are slowly pushing the RMTC to the tipping point where it will cease to be functional.

It is well past time that both DOC and GEO pull their heads out of their posteriors and institute steps to shore up the RMTC, lest it continue down the slippery slope that is now on. Successful examples of what can be done are well documented in the Arizona and Wildwood programs.

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