

HCR

11

FISCAL NOTE

STATE OF ALASKA
1999 LEGISLATIVE SESSION

BILL NO. HR 11

Revision Date: 4/28/99
Title: SUBSTANCE ABUSE TREATMENT FOR OFFENDERS

Dept. Affected _____
BRU _____
Component _____

Sponsor: Representative Fred Dyson
Requester: _____

Component Serial No. _____

Expenditures/Revenues (Thousands of Dollars)

| OPERATING EXPENDITURES | FY 00 | FY 01 | FY 02 | FY 03 | FY 04 | FY 05 |
|------------------------|------------|------------|------------|------------|------------|------------|
| Personal Services | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Travel | | | | | | |
| Contractual | | | | | | |
| Supplies | | | | | | |
| Equipment | | | | | | |
| Land & Structures | | | | | | |
| Grants & Claims | | | | | | |
| Miscellaneous | | | | | | |
| TOTAL OPERATING | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

| | | | | | | |
|----------------------|--|--|--|--|--|--|
| CAPITAL EXPENDITURES | | | | | | |
|----------------------|--|--|--|--|--|--|

| | | | | | | |
|------------------------|--|--|--|--|--|--|
| CHANGE IN REVENUES () | | | | | | |
|------------------------|--|--|--|--|--|--|

FUND SOURCE (Thousands of Dollars)

| | | | | | | |
|----------------------------------|------------|------------|------------|------------|------------|------------|
| 1002 Federal Receipts | | | | | | |
| 1003 GF Match | | | | | | |
| 1004 GF | | | | | | |
| 1005 GF/Program Receipts | | | | | | |
| 1037 GF/Mental Health | | | | | | |
| 1091 Designated Program Receipts | | | | | | |
| TOTAL | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

Estimate of any current year (FY98) cost: _____

POSITIONS

| | | | | | | |
|-----------|--|--|--|--|--|--|
| Full-time | | | | | | |
| Part-time | | | | | | |
| Temporary | | | | | | |

ANALYSIS: (Attach a separate page if necessary)

Prepared by Rep. Fred Dyson  _____
Co-Chair _____
House HESS _____

Phone _____
Phone _____
Date _____

(7)

JUSE COMMITTEE REPC

Date Referred to Committee: April 26, 1999

FURTHER REFERRALS:

Judiciary

Date of Committee Action: 4/29/99

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HCR 11

HOUSE CONCURRENT RESOLUTION NO. 11

SUBSTANCE ABUSE TREATMENT FOR OFFENDERS

Relating to substance abuse treatment for offenders in the criminal justice system.

recommends it be replaced with the following committee substitute _____ the same title a new title

additional referral to _____ Committee attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) _____

APPROVES PREVIOUS: (Dept/Date) _____

fiscal note(s) _____

fiscal note(s) _____

zero fiscal note(s) _____

zero fiscal note(s) _____

| SIGNING WITH RECOMMENDATIONS | DP | DNP | NR | AM |
|------------------------------|-------------------------------------|-----|----|----|
| <i>Paul Ryan</i> | <input checked="" type="checkbox"/> | | | |
| <i>John Doyle</i> | <input checked="" type="checkbox"/> | | | |
| <i>John Doyle</i> | <input checked="" type="checkbox"/> | | | |
| <i>John Doyle</i> | <input checked="" type="checkbox"/> | | | |
| <i>John Doyle</i> | <input checked="" type="checkbox"/> | | | |
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CHAIR'S SIGNATURE *Paul Ryan*

John Doyle



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REPRESENTATIVE FRED DYSON

HCR 11 Sponsor Statement

"Relating to substance abuse treatment for offenders in the criminal justice system."

Alaskans pay a high price when quality treatment services are not available. These significant impacts increase community hospital costs, court costs, policing and entitlement programs for the delivery of health and social services. They also increase needs for greater capacity in Alaska's correctional facilities.

Studies within the Department of Corrections show that alcoholism and other drug abuse interfere with efforts to rehabilitate offenders. They cite national data that indicate over eighty percent of offenders were either under the influence of alcohol or other drugs when they committed offenses or their addiction contributed to their criminal behavior.

At present, some treatment or education is offered in each correctional facility in the state. No prison provides services to all prisoners who need or want the service. Nor does any prison provide a continuum of services to the prison population. In addition, there are 27 treatment beds in community treatment programs set aside for prisoners after release from correctional facilities. These beds do not meet current needs. This contributes to recidivism by those who cannot receive treatment upon release.

HCR 11 encourages that efforts within the criminal justice system and at the legislative level be spent on responding to substance abuse with the goal of reducing recidivism.

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ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE
Draft Resolution on Treatment In the Criminal Justice System

Position Paper

The Advisory Board has maintained an interest in ensuring that all Alaskans have access to quality treatment services. The Board is keenly aware of the high price Alaskans pay when quality treatment services are not available. These significant impacts increase community hospital costs, court costs, policing and entitlement programs for the delivery of health and social services. They also increase needs for greater capacity in Alaska's correctional facilities.

In the fall of 1997, the Advisory Board asked 1,000 "key informants" in Alaska to indicate their level of agreement with the following statement:

Those incarcerated for criminal offenses related to the abuse of alcohol or other drugs should receive appropriate treatment before release from prison.

Seventy-nine percent of the 521 respondents answered with strong agreement, seventeen percent somewhat agreed, five percent somewhat disagreed and three percent strongly disagreed. This was one of the most agreed upon responses of the fifteen questions that were asked on this survey.

Studies within the Department of Corrections show that alcoholism and other drug abuse interfere with efforts to rehabilitate offenders. They cite national data that indicate over eighty percent of offenders were either under the influence of alcohol or other drugs when they committed offenses or their addiction contributed to their criminal behavior.

With these issues in mind, and strong consensus of survey respondents, the Advisory Board seeks to engage the Alaska Legislature in a dialogue on ways to address this significant continuing problem. It is at the heart of the Advisory Board's recently drafted Alaska State Plan for Alcoholism and Drug Abuse Services, **Results Within Our Reach, 1999-2002**. The primary desired result is: **Alaskans life free from the negative consequences of alcohol and other drug use.**

At present, some treatment or education is offered in each correctional facility in the state. No prison provides services to all prisoners who need or want the service. Nor does any prison provide a continuum of services to the prison population. In addition, there are 27 treatment beds in community treatment programs set aside for prisoners after release from correctional facilities. These beds do not meet current needs. This contributes to recidivism by those who cannot receive treatment upon release.

The Advisory Board, the Department of Health and Social Services, the Department of Corrections and the Alaska Mental Health Trust Authority are currently developing a

pilot program to provide a complete continuum of care for female offenders at the Hiland Mountain Prison. This program is funded by a federal grant and a small matching grant from the Alaska Mental Health Trust. In addition, the Department of Corrections, the Division of Alcoholism and Drug Abuse and the Advisory Board have developed a protocol to follow these women and provide services after release.

There is no method for determining how many prisoners are in need of service. There is no method in place to determine the effectiveness of the treatment in reducing criminal recidivism. It makes sound fiscal sense to spend money on treatment for offenders only if that treatment reduces recidivism.

Any action plan that will reduce recidivism and reduce prison costs must have the following components to meet legislative intent for outcome based funding:

- We must measure "the baseline." This is the number of persons entering the corrections system with alcohol or other drug problems. This screening should be part of the classification process for all prisoners. This will establish the universe of people needing services.
- We must offer appropriate treatment to those who screen-in with substance abuse problems.
- We must measure the recidivism rates for this population after release from prison to determine the effectiveness of the treatment
- We should only continue funding of this effort if the recidivism rates drop.

Don Dapceвич, Executive Director
November 1998

CURRENT DRUG ALCOHOL TREATMENT SERVICES AVAILABLE IN THE CORRECTIONS SYSTEM IN ALASKA

Currently some drug alcohol treatment is available in all of the thirteen correctional institutions in Alaska. Following is a summary of those services available in Alaska:

Drug/alcohol Education: Provides inmates with education, clinical assessments and referrals to treatment after completion of sentences. These services are available in the following institutions:

Ketchikan
Mat-Su Pretrial
Point Mackenzie
Sixth Avenue
Yukon Kuskokwim

Education with introduction to Treatment: Provides inmates with education and an introduction to treatment. It does not include a complete outpatient program but does introduce inmates to a treatment regimen. These services are available at:

Cook Inlet pre-trial
Fairbanks Correctional Center

Outpatient Services: Provides of four phases of treatment; assessment, education, primary care and aftercare. The services are tailored to the inmate "turnaround" with more intensity of services for those who are available for the services for longer periods of time. These services are available at:

Anvil Mountain
Lemon Creek
Meadow Creek
Palmer
Spring Creek
Wildwood
Arizona Detention Center

Residential Services: Residential services include intensive treatment that is provided on a continuing, daily basis. It is intensive and provides a full continuum of care including psychological counseling, nutrition, education, and an introduction to support group activity. This program provides services for women only. This program was initiated in 1998 and has a connection with continuing care provided through the "links" program, which follows inmates after discharge through the cooperation of community programs. This program is available at:

Hiland Mountain Prison (for women only)

Do these programs address existing needs?

In 1997 these programs provided 1,577 clinical assessments, 1,681 inmates received education programs and 807 received outpatient services. The Hiland Mountain project is expected to provide services to 64 inmates at any given time.

We do not know what percentage of need these programs are addressing because we do not do assessments on all prisoners. If Alaska's experience is similar to the rest of the country, 70-85% of inmates are in need of treatment services (from reports from the National Center on Addiction and Substance Abuse) and our services were provided to 13% of the inmates.

How do we close the gap between services provided and service need?

In a perfect world we would simply allocate enough resources to meet the need. This is obviously not within the realm of possibility so what can be done?

- **We need to determine if the services that we provide are effective.** We need to determine whether those who participate in treatment re-offend less than those who do not participate in treatment do. The department of Corrections, the Division of Alcoholism and Drug Abuse and the Advisory Board could collaborate to examine the efficacy of the treatment provided
- **We need to determine the persuasiveness of need for treatment.** Some methodology must be put in place to assess the need for treatment among inmates as they enter the prison system. This would require limited resources.
- **We need to broaden the scope of availability of services.** We should examine the possibility of re-engineering the treatment delivery system, possibly trading "hard" prison beds for "soft" community institutions beds with treatment components of service. We should examine alternative treatment delivery systems that would centralize treatment services at fewer institutions that would offer more intensive services.