



# FLORIDA ADULT S.T.O.P. PROGRAMS:

Screening, Assessment,  
Treatment and Evaluation  
for Drug Involved Offenders

## EXECUTIVE SUMMARY

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## Adult STOP Program Proposal

### EXECUTIVE SUMMARY

The 1989 Florida Legislature enacted the Serious Targeted Offender Program (STOP) to select populations of offenders, identified as exacerbating Florida's problem of prison overcrowding. The Florida Mental Health Institute (FMHI) was designated to recommend a state of the art design to target adult, drug-dependent offenders whose criminality is causally linked to drug abuse.

Following the mandates of the STOP legislation and the Joint Legislative Management Committee, FMHI designed screening, assessment, treatment, quality assurance and evaluation programs to implement the adult STOP legislation.

Primary considerations in developing this proposal were:

- \* Reducing crime in Florida.
- \* Developing a cost-effective approach to intervening in the lives of drug-dependent offenders with severe problems and a range of needs.
- \* Making use of what has been shown to be effective in the clinical and research literature.
- \* Exploring new treatment techniques to keep the state on the leading edge of treatment innovations with drug-dependent offenders.
- \* Developing a more intensive treatment approach for drug-dependent offenders than is currently available through outpatient treatment in the community.
- \* Providing alternatives to prison for those drug involved inmates not appropriate for less restrictive community alternatives.
- \* Diverting offenders from Florida's overcrowded prisons who are amenable to treatment.

- \* Effectively utilizing scarce community supervision resources by targeting offenders whose criminality is attributable to drug dependence.
- \* Providing a mechanism to guarantee at least the minimum time in treatment sufficient to expect lasting therapeutic impact.
- \* Building on the effective strategies already developed by the Florida Department of Corrections.

The FMHI approach also considered the program design in the context of Florida's current treatment efforts in the community and current treatment efforts in the Florida Department of Corrections (DOC).

### Current Treatment Efforts

Florida's efforts to address the problems of drug abuse and crime are impressive but have not kept pace with the need for treatment. Community efforts are not only extensive but currently reflect many aspects of state of the art approaches. However, these efforts are largely inadequate as they are overwhelmed by the magnitude of demand and the complexity of the problem. Many people motivated to seek services are unable to gain timely admission to programs or are unable to pay for expensive private treatment programs. Others with drug problems lack the motivation to change, despite the destructiveness of the drug problem, as they do not perceive or appreciate the likelihood of criminal justice sanctions until too late.

While the Department of Corrections has implemented an extensive five-tier program, the treatment efficacy is severely limited by an overcrowded system that cannot be structured by an individual's treatment needs, but rather is driven by the system's needs to match sentence with crime and to release inmates to relieve overcrowding. With continuing Federal court intervention restricting the number of inmates in the system, most of Florida's offenders are serving smaller portions of their sentences. As current drug treatment experts agree, effective treatment programs share several tenets: 1) recovering from drug addiction requires fundamental cognitive and behavioral changes in the drug-

dependent person, 2) treatment efforts must begin with intensive and long term interventions separated from the temptations of continued drug use and 3) an intensive first stage of treatment must be followed by extensive support and aftercare activities.

Florida's prison system is limited in its treatment efficacy by the following characteristics:

1) most inmates needing drug treatment who are amenable to intervention efforts are not in DOC's custody for sufficient time to accomplish the necessary initial objectives of breaking the cycle of drug dependence, 2) drugs are readily available within most prison communities which reduces treatment effectiveness, and 3) Florida's corrections system can not provide for the necessary followup surveillance or aftercare services necessary to maintain positive drug treatment outcomes. (Under current Florida law the vast majority of Florida's inmates return to the community without parole supervision.) Consequently, the three characteristics of effective treatment are not capable of implementation in a prison-based treatment approach under current Florida law.

### Target Treatment Population

Currently more than 87,000 offenders are under community supervision of Florida's probation and parole system. Of these, 69,200 are probationers which includes an overwhelming majority that are seen as drug-dependent. Florida lacks structured, secure, and effective drug treatment programs for offenders with chronic drug abuse problems. Drug treatment programs are needed that provide for the safety of the community and that include systematic sanctions for continuing drug involvement e.g. "do drugs, do time." Such programs should work to motivate persons to deal with the root of their criminal activity, their need for drugs.

FMHI's STOP program design targets probationers and persons under community control status who are not effectively managing their drug dependence, who are not able to address their problems within the available community programs under traditional probation supervision and who do not

require relocation to prison if a more secure alternative is available to the courts. The intent of this proposal is to target probationers who without a STOP program face revocation of probation and transfer to a DOC institution.

Florida's current approach lacks a secure alternative between community outpatient treatment and Florida's prison system. This alternative should be available to the courts for drug-dependent offenders assessed by treatment professionals as: 1) amenable to treatment, 2) not conducive to lesser restrictive community alternatives and 3) not requiring commitment to the Department of Corrections prison system.

Such a program should operate to treat the drug-dependent offender and also to protect the community, while reserving prison beds for those presenting a danger to the community and not amenable to drug treatment. Such an approach will provide both primary diversion for incarceration by avoiding the first commitment to DOC, and secondary diversion by diverting drug-dependent offenders from criminal careers who would otherwise begin a revolving door association with Florida's prison system. Correct assessment procedures would prevent net widening and reserve the STOP program for probationers at high risk of revocation of probation and disposition to a Florida prison bed.

### Treatment Approach

The proposed adult STOP program design includes screening, assessment, and an intensive 18 month treatment program that includes a six month residential program in a secure STOP facility (Phase I), followed by a three month reentry residential program (Phase II), followed by at least nine months of intensive outpatient treatment and supervision in the community (Phase III).

### Assessment Program

Assessment for the STOP program will include multitiered screening designed to select offenders whose criminal activity is directly linked to habitual drug use and who are amenable to drug treatment. The initial stage of assessment involves probation officers or judges who screen for eligibility using criteria described in CS/CS/HB 1810. Eligible candidates are assessed after referral for a more extensive evaluation by a community assessment provider. This assessment using objective instruments, determines which offenders are amenable to, and would benefit from treatment in the STOP program and who, without a STOP program, would likely be revoked from probation and be transferred to prison. The assessment program will target offenders for whom less restrictive community drug treatment has been unsuccessful, or for whom needed drug treatment is unavailable in their community, and who do not present evidence of serious mental illness, violent or disruptive behavior. The final assessment report issued by the provider will guide the probation officer and court in modifying terms of probation to admit an offender to the STOP program. Admission to the STOP program requires a recommendation to admit a probationer to a STOP facility.

Specific goals of the STOP assessment program include:

1. Identification of probationers that are likely to benefit from drug treatment due to an early onset of drug abuse and dependence and a pattern of intense and/or chronic drug use.
2. Identification of individuals who present the greatest risk of recidivism to the criminal justice system due to a history of crime attributable to drug abuse.
3. To discourage admission of violent offenders and/or sex offenders who present an unreasonable threat to the community if diverted from a prison bed to the STOP program.
4. To prevent admission of drug-involved offenders who can be treated in a less restrictive program.

5. To provide diagnostic information and psychosocial history to identify potential behavior problems and other need areas for treatment staff that should be assessed in more detail during program intake and treatment planning.
6. To identify probationers who would be committed to a Florida Correctional Institution if not for assessment as eligible for the STOP program.
7. To provide a timely and informative report to probation officers and the court describing STOP eligibility status and recommendations for drug treatment.

Assessment will be provided by a vendor under contract to the Department of Corrections. Due to the potential conflict of interest of treatment providers selecting clients for admission to the STOP program, the STOP legislation requires that assessment providers not be the same vendors who provide treatment.

#### Treatment Program

The proposed adult STOP program requires a minimum of eighteen months of participation and is divided into three phases:

- \* Phase I: Six months of intensive residential treatment in a modified therapeutic community located at a STOP institution. Phase I institutions will house up to 140 probationers in a 20 bed intake unit and three 40 bed residential units.
- \* Phase II: Three months of employment experience and transition work in a community residential, reentry setting. Phase II facilities will house up to 40 probationers.
- \* Phase III: Nine months of supervised community outpatient treatment that decreases in intensity as the probationer responds to treatment and becomes established in the community.

Treatment Goals. Underlying the STOP Program are the basic assumptions that drug abuse is a major health and social problem in Florida; that crime in Florida and its social costs are unacceptably severe; that drug abuse exacerbates the crime problem; that treatment of substance abuse can be effective; and

that treatment of drug-dependent offenders is a crucial part of the solution to the drug and crime problem in Florida. With those assumptions, the STOP Program offers the following goals:

1. Reduction of criminal recidivism.
2. Reduction of substance abuse (with abstinence as the goal for each individual offender).
3. Development of employment skills and attainment of employment by STOP clients.
4. Development of a positive peer support network and on-going participation in services to maintain treatment gains.
5. Enhancement of education, self-care, and parenting skills to improve role functioning such as employee, spouse, or parent.

Treatment Facilities. STOP treatment facilities (Phase I & II) will be designed to accomplish the dual purposes of providing security for the community and effective drug treatment programming for drug involved offenders. STOP facilities will be designed and sited by the Department of Corrections with guidance from the STOP advisory board regarding specific program needs for STOP activities. Phase I facilities will provide a secure locked environment in which the institutional walls serve as perimeter security. Phase II facilities will allow for restricted access to the community. Twenty-four hour security will be provided by vendor program staff at all Phase I and II facilities.

Entry and exit from the facility will be electronically monitored and will be supervised by unarmed program staff. As the STOP clients are under probation status, the purpose of security is to control and monitor entry and exit, not to physically prohibit escape. Escapes will be considered violations of conditions of probation. For probationers participating in Phase I of treatment, the controlled movement represents a significant restriction of liberty in comparison to other probation programs. STOP is a restrictive alternative to incarceration, but is not the equivalent of prison. Security procedures will be supervised by probation staff from the Department of Corrections.

Phase I STOP institutions include an intake unit with a capacity of up to 20 probationers and may include as many as three treatment units housing up to 40 probationers per unit. Phase I treatment



units may be designed for co-ed programming, according to the need for treatment slots within the judicial circuit. A Phase I STOP institution will house a maximum of 140 probationers. Phase II STOP facilities will house up to 40 probationers and will also be designed so that females may be sequestered from other offenders in a section of the facility and allow for co-ed programming. These facilities should be co-located on Phase I STOP institution sites whenever possible to promote continuity of casemanagement and treatment services and to maximize access to employment and educational opportunities in the community. STOP facilities are deemed inappropriate for probationers with more than routine health care needs.

Treatment Interventions. All STOP offenders are required to complete a series of core treatment activities in accordance with the provisions established by Florida Statute, Chapter 953. Primary treatment interventions include general group counseling, relapse prevention, treatment of criminal thinking errors, development of daily living skills, drug testing, self-help groups, individual counseling, drugs and AIDS education, and restitution planning. Comprehensive educational and vocational rehabilitation program includes a range of skill development opportunities to enable each STOP offender to obtain skills commensurate with his/her interests and abilities. Primary educational and vocational interventions include assessment of academic and vocational skills, basic literacy intervention, GED completion, vocational training, and employability skills training.

### Phased Implementation

The recommended implementation of the adult STOP program requires a five year plan to bring STOP into operation on a statewide basis. The first year involves developing requests for applications to advertise to the potential STOP vendors. A competition for designation as a STOP vendor will occur for Phase I-III activities, assessment services and training of STOP vendors. FMHI

is recommended to work with the Department of Corrections to pre-qualify proposals, provide technical assistance to vendors, develop quality assurance procedures and protocols and develop program evaluation procedures and protocols. One judicial circuit will implement the STOP program the first year; two circuits with high incarceration rates will implement the STOP programs the second year. Based on a needs assessment conducted by DOC an implementation plan to implement STOP statewide will be adopted and implemented in years 3-5.

### Quality Assurance

To ensure quality and appropriateness of service delivery within the STOP program, Quality Assurance staff will conduct four major monitoring activities: Utilization Review (UR), Client Care Monitoring (CCM), Quality Appropriateness Monitoring and Evaluation (QUAME) and Staff Development. The guidelines for these activities are in accordance with those that are required by the Joint Commission for the Accreditation of Health Organizations (JCAHO), and are widely accepted as mechanisms through which the highest standards of care may be achieved.

#### Utilization Review

The purpose of the UR is: (1) to ensure the appropriate use and efficient scheduling of STOP program resources, specifically those of STOP Program facilities and community treatment sites, (2) to assist in the maintenance of high quality care at all STOP facilities and other sites where vendor services are provided. UR requires that admission and discharge criteria and length of stay norms for the STOP program be established and an objective review undertaken.

The UR will be conducted at least monthly during the first year, and quarterly thereafter by FMHI Quality Assurance Review Teams. This will consist of a review of a sample of not less than 10%

of randomly selected files for those probationers admitted and/or discharged during the given quarter, and a random sampling of extended stay decisions and discharge plans effected during the given quarter.

#### Client Care Monitoring

The purpose of CCM is to ensure that quality clinical services are delivered through regular reviews of treatment plans, appropriate reviews of difficult cases, and timely and appropriate crisis management. CCM meetings should be held regularly and attended minimally by the Unit Supervisor and staff most familiar with the probationers case. If a CCM issue arises affecting the security of STOP program staff, of STOP participants, or the STOP facility, DOC custody staff at that facility shall be involved in all related CCM meetings. The agenda for the CCM meetings will be set by the Unit Supervisor in consultation with project staff and will vary, but will be prioritized.

Depending on the nature of the cases and problems presented, in-service needs will be identified by staff. All decisions will be appropriately documented. All documentation related to the CCM is confidential and should be handled accordingly. Decisions affecting probationers should be recorded in the progress note section of the probationer's clinical record.

#### Quality Appropriateness Monitoring and Evaluation

The purpose of QUAME is to evaluate the appropriateness of essential aspects of care provided to STOP probationers. The essential question to be answered is "has the right service been provided to the right client at the right time?". The focus of the review is on staff performance as service deliverers, not on client problems (see CCM). Methods of review will include monitoring of QUAME records, as well as random (at least monthly) site visits during which services will be observed directly.

### Staff Development

STOP assessment and treatment staff will be independent vendors, contracting with the Department of Corrections and after pre-qualification of proposals by FMHI. Such vendors must be licensed by HRS but will be reviewed by FMHI for compliance to the STOP design. However, initial training and orientation will be provided through FMHI or another qualified vendor. These training activities will be attended by all STOP program staff. The STOP program advisory board will review and recommend a program of training for treatment provider staff during the first year of program implementation that is consistent with the STOP treatment approaches and interventions.

### Program Evaluation

Program evaluation is an ongoing component of the STOP program and serves a vital function in examining the effectiveness of STOP drug treatment interventions. Effectiveness is examined through data collected at all Phases of STOP: 1) screening, 2) assessment, 3) treatment intake, 4) treatment services, 5) reentry, 6) community followup, and 7) after termination from STOP, and is assessed by measurable outcomes that include criminal behavior, relapse to drug use, employment, and payment of victim restitution. Information from offender interviews is supplemented with comprehensive clinical assessment of drug and alcohol dependence, and psychological, social and physical impairment. Treatment outcomes are compared for offenders entering treatment with varied patterns of drug abuse and levels of psychosocial impairment who have received varied types and durations of treatment. The STOP program evaluation utilizes a range of methods, procedures, and instruments developed in federally-funded longitudinal studies of drug treatment outcome. Instruments used in these studies have been extensively field-tested and have been found to be both accurate and reliable. Adoption of standard data collection strategies and formats enhances the potential for comparison between STOP

offenders and large samples examined in other settings, including several criminal justice populations to be examined in the national multi-site Drug Abuse Treatment Outcome Study (DATOS) project.

Primary goals of the STOP evaluation program are as follows:

1. To determine the effectiveness of the STOP program in reducing criminal behavior, arrest and commitments to the Florida prison system.
2. To examine the cost effectiveness of the program relative to the costs of institutional commitment and community supervision.
3. To evaluate the community adjustment of STOP offenders in areas of employment, involvement in treatment, and use of other community services.
4. To assess improvement made by offenders over the course of treatment in areas of skills development, emotional functioning, and motivation.
5. To identify offender characteristics that are predictive of positive outcomes during and following STOP treatment.
6. To determine whether STOP assessments and treatment interventions are provided as intended, according to curriculum treatment manuals, and other treatment provider guidelines.
7. To examine changes in the treatment program that occur over time.

Program description, progress in implementation of the adult STOP programs and the cost effectiveness of meeting the STOP program goals will be addressed in the annual STOP report to the Governor and legislature as required in the STOP legislation. The goal of the evaluation is to provide social policy decision makers with the available empirical documentation to maximize the utilization of state resources to meet established state needs.