United States General Accounting

134260

GAO

United States
General Accounting Office
Washington, D.C. 20548

Human Resources Division

B-245738

September 20, 1991

The Honorable John Conyers, Jr.
Chairman, Committee on Government Operations
House of Representatives

The Honorable Frank Horton
Ranking Minority Member
Committee on Government Operations
House of Representatives

Our nation's war against drugs has stepped up law enforcement activities and resulted in an increasingly greater number of people entering prison. You expressed concern that many of these inmates with drug abuse problems will not receive treatment while in prison.

At your request, we determined whether state prisons are providing drug treatment and arranging for aftercare services once inmates are released.[1] We obtained information on the

- number of state inmates with substance abuse problems who need drug treatment and the number who receive it,[2]
- provisions for drug treatment by state prisons and arrangements for continuous care or aftercare for inmates upon their release, and
- obstacles to providing drug treatment in state prisons and some solutions to address them.

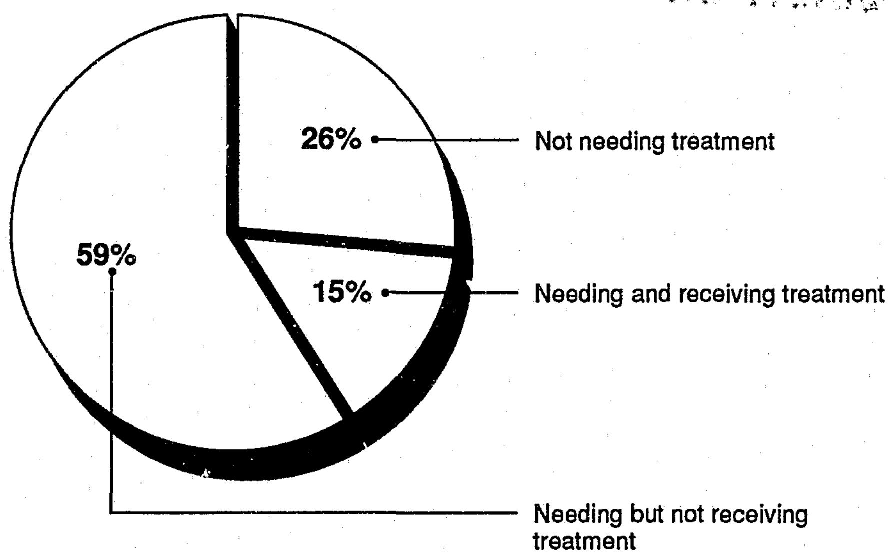
Results in Brief

Nationwide, over 500,000 of the 680,000 state inmates may have substance abuse problems, but state prisons can provide drug treatment to just over 100,000. (See fig. 1.)

[1] We address the issue of drug treatment in federal prisons in Drug Treatment: Despite New Strategy, Few Federal Inmates Receive Treatment (GAO/HRD-91-116, Sept. 16, 1991).

[2] Substance abuse problems include the abuse of drugs, alcohol, or both.

Figure 1: State Inmates Needing and Receiving Drug Treatment, Nationwide (1990)



Many state prisons attempt to optimize their treatment capacity by targeting their more intensive treatment to those inmates nearing release. Even so, many inmates are released without receiving any drug treatment services. Recognizing the need to enhance their prison drug treatment services, the five states we visited are either expanding or improving their prison treatment programs. Services available in these programs were mixed—ranging from drug education, self-help, and professional counseling programs to more intensive residential treatment programs[3] and programs that include aftercare upon release.

The challenges for states to enhance prison drug treatment services are numerous. They include (1) limited funding for providing treatment services, (2) security considerations, and (3) difficulties in assuring the availability of aftercare. To address these, the states we visited have found some approaches to be effective, but prison officials said that they need more information and assistance from the federal government on implementing effective prison treatment programs. Cognizant federal officials with whom we spoke acknowledged the states' need and reported plans to aid them in their efforts.

[3]In prison, the more intensive residential treatment programs provide living quarters and treatment facilities for participating inmates. These quarters are separate from the general inmate population.

Scope and Methodology

We determined (1) the extent to which state prisons provide drug treatment to inmates with substance abuse problems, (2) the types of treatment services provided and planned, and (3) the availability of aftercare services for released inmates. To do this, we analyzed the results of recent national studies on drug treatment services for prison inmates. (See app. I for descriptions of key national studies and their methodologies.) We also met with federal officials from the Office of National Drug Control Policy (ONDCP) and from agencies within the Departments of Justice and Health and Human Services (HHS) who are responsible for assisting state drug treatment efforts for inmates. In addition, we spoke with nationally recognized experts in both the criminal justice and drug treatment fields to obtain their perspectives on the need for and availability of drug treatment in state prisons.

To obtain a more in-depth understanding of the actual treatment services provided, we visited five states: Louisiana, Michigan, New York, Washington, and Wisconsin. We chose these five to provide a mix across a number of variables, including the percentage of arrests that are drug-related, incarceration rate per 100,000 residents, and geographic location.

In each state, we met with criminal justice officials to determine (1) the drug treatment services currently available and planned for state inmates with substance abuse problems and (2) obstacles to the provision of treatment services. We also visited one prison within each state to verify treatment practices and elicit the views of prison staff and inmates on treatment barriers. At each prison, we interviewed prison officials as well as treatment staff and obtained relevant prison treatment policies and manuals. We also interviewed inmates undergoing treatment and reviewed their files.

We did not attempt to identify the drug treatment services available at jails in each state. We conducted our review from March 1990 to May 1991 in accordance with generally accepted government auditing standards.

Background

In the past decade, state prison populations have more than doubled. This has been due in large part to the increase in drug-related convictions that has resulted from a nationwide effort to reduce the use of illegal drugs in this country. In turn, this has contributed to the overcrowded conditions in many state prisons. In addition, the National

Criminal Justice Association reports that "the drug-dependent offender problem continues to worsen with no foreseeable end."[4]

As early as 1989, the President's National Drug Control Strategy recognized the opportunity that incarceration presents for providing drug treatment, and designated such treatment as a high priority in 1991. In addition, such groups as the National Task Force on Correctional Substance Abuse Strategies (the NIC Task Force) formed by the National Institute of Corrections within the Department of Justice, recommended that prisons provide a range of treatment services. These could be provided within intensive residential programs, with inmates housed separately from the rest of the prison population, or on an outpatient basis, with inmates residing with the general prison population. Services could include drug education; self-help services, such as Alcoholics Anonymous or Narcotics Anonymous; and individual and group counseling services.[5]

There is a general scarcity of evaluation research on "what works" in prison; however, some prison program elements contributing to successful treatment outcomes have been identified. For example, the NIC Task Force identified the importance of intensive residential treatment programs for inmates with more serious substance abuse problems. They noted:

> "In general, the more firmly entrenched an offender is in terms of addiction and criminal lifestyle, the greater the intensity of services and supervision needed to begin the process of rehabilitation."[6]

The task force also points out the importance of aftercare services, which help keep inmates from returning to drug use after their release from prison. Aftercare can include treatment services, such as professional counseling provided on an outpatient basis and drug-use monitoring (for example, urinalysis), as well as referrals to self-help programs. Without aftercare, the NIC Task Force asserts, gains from prison treatment may be lost and released inmates may return to drug

[4]Treatment Options for Drug-Dependent Offenders: A Review of the Literature for State and Local Decisionmakers, National Criminal Justice Association, U.S. Department of Justice, Bureau of Justice Assistance, February 1990, p. 1.

[5]Intervening With Substance-Abusing Offenders: A Framework for Action, The Report of the National Task Force on Correctional Substance Abuse Strategies, U.S. Department of Justice, National Institute of Corrections, June 1991, pp. 27-39.

[6]Intervening With Substance-Abusing Offenders, p. 33.

use.[7] (For information on federal agencies responsible for assisting states with providing drug treatment in prison and on available federal funding to states for this effort, see app. II.)

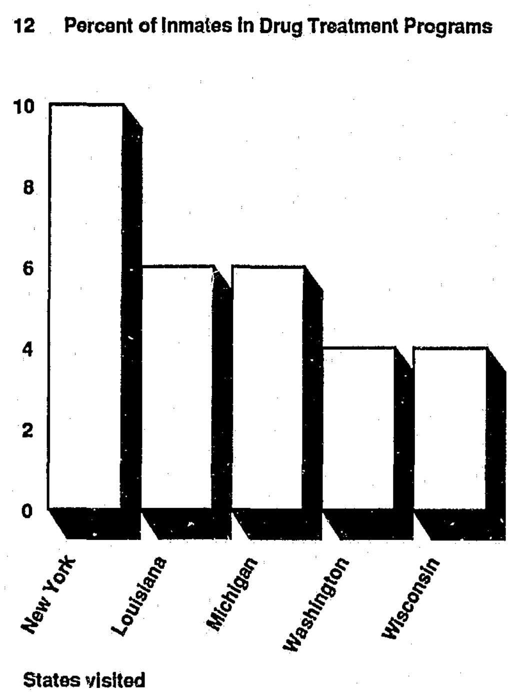
Source: Copyright 1989, Michael Soluri Productions, Michael Soluri, Photographer.

[7]Intervening With Substance-Abusing Offenders, pp. 34, 35, 42, and 55.

Few State Inmates Receive Drug Treatment in Prison

Of the nation's 680,000 state inmates, more than 500,000 may have substance abuse problems. National data show that fewer than 20 percent of them are receiving any type of drug treatment in prison.[8] Many states report that they provide treatment to as many inmates as they can, but lack the capacity to handle the large numbers of inmates with substance abuse problems.[9] As shown in figure 2, in the five states we visited, no more than 10 percent of inmates were in any type of drug treatment, although estimates of the percentage of inmates with substance abuse problems ranged from 70 to 85 percent within each state.

Figure 2: Inmates in Drug Treatment Programs in Five States (1990)



Source: The Corrections Yearbook 1990 (data reported as of January 1990).

[8]See The Corrections Yearbook, Adult Prisons and Jails-1990, Criminal Justice Institute, 1990, pp. 2,3, and 48; Intervening With Substance-Abusing Offenders, p. 29; and States' Policies and Practices in Developing and Providing Treatment for Drug-Dependent Offenders-A Final Report of the Joint National Criminal Justice Association/National Governors' Association Project on Treatment Options for Drug-Dependent Offenders, National Criminal Justice Association, U.S. Department of Justice, Bureau of Justice Assistance, September 1990, p. 2.

[9]See States' Policies and Practices, p. 26; and "Promising Approaches to Drug Treatment in Correctional Settings," The National Conference of State Legislatures, August 1989, p. 2.

State Targeting of Intensive Treatment

Many state prisons, including those in the five states we visited, target their intensive treatment services to inmates nearing their release dates.[10] This is because of the prisons' limited capacity for treating inmates. But even with this strategy, many state inmates are released without receiving intensive treatment. For example, prison officials in Wisconsin estimated that 70 percent of the approximately 3,000 inmates released in 1990 needed intensive residential treatment, but less than 40 percent of them could receive such treatment. Louisiana's new residential treatment program has an initial capacity to treat 140 inmates over a 2-month period or 70 inmates per month. However, Louisiana's prison staff estimate that 250 seriously addicted inmates are released every month—more than triple the number of inmates that can receive treatment.

State Prisons' Efforts to Enhance Treatment

Services available in state prison programs are mixed—ranging from drug education, self-help, and professional counseling programs, to the more intensive residential treatment programs and programs that include aftercare for released inmates. Many states, including the five states we visited, are attempting to enhance their drug treatment programs—expanding existing treatment and offering new services. For example, Washington gradually expanded its outpatient education and counseling services from 7 prisons in 1985 to 23 in 1990, and Michigan expanded its program from 4 in 1988 to 16 prisons in 1990 and has recently begun to fund aftercare services in the community.

For more details on prison drug treatment services provided in the five states visited, see appendix III.

Challenges to Treatment Efforts

State prison officials said they face a number of difficulties in enhancing treatment for their inmate populations. These include:

- Inadequate funding for state prison drug treatment programs.
- The need to reconcile security considerations with the need to provide treatment.
- The lack of coordination and funding to provide aftercare.

[10]Intensive drug treatment is defined differently across states. In Wisconsin and Louisiana, intensive treatment is defined as intensive residential treatment where inmates are separated from the prison population. Washington defines intensive treatment as outpatient counseling services provided on a regular basis; New York and Michigan define intensive treatment as the entire continuum of treatment, from counseling on an outpatient basis to intensive residential treatment.

To address these obstacles, state correctional departments have found some approaches to be effective, such as (1) coordinating with state substance abuse agencies to secure funds for prison programs; (2) providing training to corrections staff on the benefits of drug treatment; and (3) improving coordination with parole agencies and community-based treatment providers or providing direct funding to ensure the availability of aftercare services for released inmates.

Funding Problems

State prison officials told us that inadequate funding inhibits some plans to enhance treatment programs. Several sources of funds are available for prison drug treatment. Prison treatment programs, however, must compete with community-based treatment programs for these funds. As one study reports, this competition also takes place in a constrained state budgetary climate and with varying levels of commitment to drug treatment programs by state policymakers.[11]

Although prison drug treatment is designated as an activity eligible for funding under the Justice block grant, states have allocated small portions to drug treatment. As shown in table 1, the 50 states allocate a very limited percentage of the Justice block grant to prison drug treatment programs.

Table 1: States' Allocation of Justice Block Grant Funding for Drug Treatment in Prisons (As of April 1991)

Dollars in millions

Fiscal year	Total Justice block grant funds	Portion states allocated for prison drug treatment[a]	Percentage allocated
1987	$178	$5.2	2.9
1988	56	1.4	2.5
1989	119	2.2	1.8
1990	395	14.8	3.7
Total	**$748**	**$23.5[b]**	**3.1**

[a]State awards can include aftercare.

[b]Total does not add due to rounding.

Source: Correspondence from the Department of Justice to GAO, dated May 20, 1991. Justice notes that under the Justice block grant states can make awards over a 3-year period; additional awards can still be made from the 1989 and 1990 grants that are not reflected above.

[11]States' Policies and Practices, pp. 29-30.

States can also use HHS's Alcohol, Drug Abuse, and Mental Health Services (ADMS) block grant funding to provide treatment in prison. However, we were unable to determine the proportion of ADMS funds states allocate for prison treatment programs.[12]

To address problems with obtaining funds for prison drug treatment programs, two states visited have improved coordination between the correctional and substance abuse agencies. As a result, they were able to use ADMS block grant funds to get drug treatment programs started in prisons. Michigan did this through a 1987 interagency agreement to create the correctional department's Substance Abuse Services Unit; its function is to design, implement, and monitor correctional drug treatment programs. Louisiana's correctional department also coordinated with the state substance abuse agency and obtained ADMS funds to place drug treatment coordinators in every prison during 1990.

Correctional Concerns and Treatment Goals Need to Be Reconciled

Prison drug treatment programs must balance such correctional concerns as punishment and security considerations against the treatment needs of inmates.[13] Overcrowded conditions in many state prisons aggravate this balancing as the availability of prison space to house and treat inmates is scarce.

The difficulty of balancing correctional concerns with treatment goals is also reflected in the differing views of correctional staff[14] and drug treatment staff about incarceration. Correctional staff often view the basic purpose of incarceration as punishment; treatment staff may view incarceration as an opportunity for rehabilitation. Prison inmates told us that correctional staff often view them as individuals incapable of change. On the other hand, treatment staff may not fully recognize the importance of security concerns. The NIC Task Force also reports on this

[12]Under the ADMS block grant, states report annually to HHS on their use of funds. We reviewed 1989 ADMS state reports and found that state allocations of federal funds for prison drug treatment could not always be determined. States are not required to use a standard format in preparing their ADMS reports; consequently, data on ADMS fund allocations for prison drug treatment were not comparable between states or not available.

[13]Security considerations include controlling inmates' conduct when they enter prison and during their stay. Prison space is used to manage inmate populations in accomplishing these security objectives.

[14]Prison staff assigned to institutional management and security.

problem and states that drug treatment programs must contribute to institutional security.[15]

The states we visited have tried various approaches for resolving overcrowding problems and conflicting staff views about incarceration. For example, New York has built prison annexes specifically designed to house drug-dependent inmates in a treatment setting. In addition, New York and Michigan have trained their correctional staff in substance abuse issues and the benefits of treatment.

Aftercare May Not Be Available for Inmates Once Released

Aftercare may be less available for released inmates than for the general population. Community-based treatment providers may prohibit or restrict the number of ex-offenders in their facilities. Because most released inmates do not have the resources to afford private programs, they also must compete for limited public treatment slots. Another problem with ensuring aftercare for released inmates is inadequate coordination and exchange of treatment information between prisons and community-based treatment providers and parole offices. The NIC Task Force reports that this problem exists in many state prison treatment programs.[16]

The five states we visited have taken a variety of approaches to deal with aftercare problems. For example, Wisconsin, Michigan, and New York directly fund aftercare services for some released inmates. All five states also are working to improve communication and coordination with local treatment providers and parole officers and encourage released inmates to participate in self-help programs. Self-help programs are reported to offer two advantages—wide geographic availability and no cost.

State Officials Say More Federal Guidance Needed

State officials we interviewed expressed a need for more information from the federal government on how to develop and implement effective prison treatment programs. This information would allow the states to learn from the experiences of other states as well as from the results of federally sponsored research. The lack of such information hinders states' ability to enhance existing drug treatment services and overcome obstacles in doing so. State officials also told us that they need more

[15] Intervening With Substance-Abusing Offenders, pp. 8, 28, and 39.

[16] Intervening With Substance-Abusing Offenders, p. 35.

guidance from the federal government on implementing effective drug treatment programs in prisons. For example, Louisiana officials told us they did not know where to go to learn about the results of ongoing and recently completed federally supported evaluations of prison treatment programs. Michigan and New York officials described the need for an information clearinghouse so that advances in prison drug treatment developed at the federal and state level could be shared.

These state concerns were reflected by the NIC Task Force, which emphasized the importance of helping states to replicate specific components of treatment programs, such as how to more effectively arrange for aftercare services for released inmates. The task force also has stressed the importance to states of gaining access to information from federal demonstration and evaluation projects as well as other state efforts to provide drug treatment in prisons.

We shared state concerns with cognizant federal officials from agencies within both the Departments of Justice and HHS and from ONDCP. They, too, recognized the states' need for more assistance and reported plans to aid them in their efforts. For example, NIC's deputy director told us that the recently issued task force report, which was sent to over 9,000 recipients, is an attempt to provide states with information on effective prison treatment strategies. An acting director within HHS's Office for Treatment Improvement also told us that, in addition to sponsoring technical conferences bridging the criminal justice and treatment fields, plans exist to issue a contract involving six states that will provide hands-on guidance on how to define the roles and responsibilities of the respective fields in addressing the treatment needs of all drug-dependent offenders. An ONDCP representative told us that ONDCP has a working group consisting of various federal agency representatives to coordinate their respective activities, which include prison drug treatment issues.

Conclusion

As a consequence of our nation's war against drugs, states face the challenge of providing drug treatment to the large numbers of prisoners with substance abuse problems. State prisons have the capacity to provide treatment to fewer than 20 percent of the estimated 500,000 inmates in need. States acknowledge this problem and recognize the need to expand and improve their prison drug treatment services. However, their efforts are challenged by funding constraints, limited prison space, and a need for improved coordination between prison treatment programs and community-based aftercare treatment providers and parole offices.

Despite these challenges, the states we visited are expanding and improving their prison drug treatment services. However, the states need more guidance on how to develop and implement effective treatment strategies in prison. More federal assistance and leadership from both Justice and HHS agencies is needed in this regard. As new knowledge is gained about effective prison treatment approaches and techniques—whether based on federally sponsored research or individual state efforts—it is important that it be shared. The cognizant federal agencies are beginning to address this need.

As requested, we did not obtain written federal agency comments on this report. However, we shared the states' concerns about the need for more federal guidance with cognizant Justice and HHS officials to obtain their perspectives and incorporated them where appropriate. We also discussed the individual state prison drug treatment descriptions that are provided in appendix III with a representative from each state we visited.

As arranged with your office, unless you publicly announce its contents earlier, we plan no further distribution of this report until 30 days after its issue date. At that time, we will send copies to the appropriate congressional committees, the Attorney General, the Secretary of Health and Human Services, the Director of the Office of National Drug Control Policy, as well as state prison officials at the five states we visited. We will also make copies of this report available to others upon request. If you have any questions about this report, please call me on (202) 275-6195. Other major contributors to this report are listed in appendix IV.

Mark V. Nadel

Mark V. Nadel
Associate Director, National and
Public Health Issues

Contents

Abbreviations

ADMS	Alcohol, Drug Abuse, and Mental Health Services
AIDS	acquired immunodeficiency syndrome
HHS	Department of Health and Human Services
NIC	National Institute of Corrections
ONDCP	Office of National Drug Control Policy

National Data Sources on Prison Drug Treatment Programs

Document	Targeted population	Data-gathering method	Relevant information
The Corrections Yearbook 1990	a	Survey of state and federal adult prison systems in the United States and Canada.	Number of inmates in drug treatment programs as of January 1, 1990. Drug testing policies for inmates and employees.
Intervening with Substance-Abusing Offenders: A Framework for Action	b	Two survey efforts: (1) Descriptive surveys of selected model drug treatment programs for offenders. (2) Survey of all state prison systems.	Recommended approaches to planning, implementing, and managing prison drug treatment programs. Presents goal statements specific to assessment, programming, linkages, and accountability.
"Quarterly Survey: Substance Abuse Treatment Programs," Corrections Quarterly Summary, Vol. 9, First Quarter 1990, National Institute of Corrections, U.S. Department of Justice	a	Brief survey of state and federal correctional agencies in the United States and Canada.	Proportions of inmates needing treatment who receive it, methods of identifying inmates who need treatment, coordination of this information with treatment, and types of prison drug treatment programs current or planned.
State Prison Inmate Survey, 1986, Bureau of Justice Statistics, U.S. Department of Justice	a	Structured interviews of a sample of state prison inmates.	Inmate substance abuse histories correlated with demographics and criminality. Participation in drug treatment programs in and out of prison.
"Treatment Options for Drug-Dependent Offenders" National Criminal Justice Association for the U.S. Department of Justice	b	Survey of state substance abuse agencies and officials at all levels of the criminal justice system.	Three products: (1) Literature review examining public policy issues affecting treatment of drug-dependent offenders. (2) Directory of selected treatment programs identified by states as successful. (3) Final report provides issues that affect the operation, financing, and use of treatment programs; governments' approaches and experiences providing treatment programs for drug-dependent offenders; and an analysis of pertinent policy.

[a]Targeted to inmates only.

[b]Targeted to all offenders.

Federal Funding for Implementing State Prison Drug Treatment Programs

Two departments within the federal government, Justice and HHS, provide assistance to states to develop and implement prison drug treatment programs.[1] Federal support for drug treatment services in state prisons is primarily funded through block grants, administered by these departments.[2] The block grants are awarded to designated state agencies, such as a criminal justice agency in the case of Justice block grant funds or a substance abuse agency in the case of HHS block grant funds.

These state agencies then allocate the federal block grant funds within certain federal guidelines among a variety of eligible activities, including prison drug treatment programs. States also use their own funding sources and rely on federal funding support to varying degrees.

States may use funds from the Justice block grant for 21 different law-enforcement-related activities, including drug treatment. States use funds from HHS's ADMS block grant for community treatment programs as well as prison and other criminal justice treatment programs. In addition, Justice and HHS have discretionary grant funds to (1) directly support states in their drug treatment efforts in prisons and (2) provide training and technical assistance.[3]

ONDCP is responsible for coordinating and overseeing the implementation—by Justice, HHS, and other federal agencies—of the policies, objectives, and priorities established under the President's National Drug Control Strategy. This strategy has encouraged states to use Justice and HHS block grant funds to make drug treatment services more available in prisons. States have also been encouraged by HHS to consider the treatment needs of prison inmates when applying for HHS block grant funds. In its 1991 ADMS grant application guidelines, HHS recognized state inmates as a critical population in need of drug treatment, and it advised states to consider inmates' treatment needs when developing statewide treatment plans.

[1]Responsible agencies within Justice are: the Bureau of Justice Assistance, the National Institute of Justice, the Federal Bureau of Prisons, and the National Institute of Corrections. HHS agencies are the Office for Treatment Improvement and the National Institute on Drug Abuse.

[2]In fiscal year 1990, Justice awarded $395 million under the Edward Byrne Memorial State and Local Law Enforcement Assistance Program; and HHS awarded $895.6 million to the states under the Alcohol, Drug Abuse, and Mental Health Services (ADMS) block grant.

[3]In fiscal year 1990, the Bureau of Justice Assistance had $49.6 million in total discretionary grant funds (of which about $20.9 million was to support activities earmarked by the Congress); none of these funds were awarded to states to provide drug treatment in prison. (See the House Committee on Government Operations' report, Bureau of Justice Assistance Discretionary Drug Treatment Programs: The Great Disappearing Act, House Report 101-983, Nov. 19, 1990, pp. 12-15.) The Office for Treatment Improvement had about $64 million in fiscal year 1990, of which it awarded $2.5 million to support state prison drug treatment programs.

Elements of Prison Drug Treatment Programs in Five States

To conduct our review of the drug treatment programs at the five state prison systems visited, we developed a comprehensive list of treatment elements that have been shown to contribute to program effectiveness. These elements served as a framework for our work and are used to characterize the prison drug treatment services provided at each state. The descriptions below refer to the status of the programs as of the time of our site visits. We visited the state programs from August to December of 1990.[1]

Research specific to providing drug treatment in the prison setting and to address the unique needs of the offender population is scarce; however, sufficient evidence has been developed to support replicating certain prison treatment program components to enhance treatment outcomes. For example, research data suggest that more entrenched and chronically addicted inmates need to be treated in an environment separate from the general inmate population and ensured aftercare treatment upon their release from prison. Because the National Institute of Corrections Task Force Report[2] incorporates available research data on effective prison treatment programs to develop recommended prison treatment strategies, we relied on it extensively to develop our list of treatment elements. In using these elements, we sought to provide comparable data on the prison drug treatment services at the five states and at the individual prisons visited.

For each state, we characterize the total population, the number of inmates in each state's prison system, the percentage of arrests that are drug-related, and each state's incarceration rate. For each of these categories, we compared data from the states we visited to the national average for all 50 states.[3]

[1]The prisons we visited are: The Dixon Correctional Institute, Jackson, Louisiana; the Scott Regional Correctional Facility, Plymouth, Michigan; the Mount McGregor Correctional Facility, Wilton, New York; McNeil Island Correction Center, Steilacoom, Washington; and, the Drug Abuse Correctional Center, Kempster Hall, Winnebago, Wisconsin.

[2]The Department of Justice's National Institute of Corrections (NIC) formed a Task Force on Correctional Substance Abuse Strategies to study treatment options for the offender population. The task force contained the expertise of federal and state agency officials as well as drug treatment and criminal justice experts and conducted two survey efforts (see app. I). In June 1991, it issued a report, Intervening with Substance-Abusing Offenders: A Framework for Action, that contains recommended treatment strategies that addressed six goals.

[3]As used in this report, the national average does not include the District of Columbia or the U.S. Territories.

Table III.1: Selected Data on States Visited

	Estimated total population (millions)[a]	Estimated number of state inmates[b]	Percent of arrests that are drug-related[d]	Incarceration rate per 100,000 residents[e]
Louisiana	4.4	14,000	7.7	379
Michigan	9.3	33,000	7.2	324
New York	18.0	55,000	12.3	270
Washington	4.8	8,000	6.9	134
Wisconsin	4.9	7,000	2.5	134
Average for all 50 states	4.9	12,192[c]	6.4[f]	240

[a]U.S. Bureau of the Census (population data as of July 1, 1989).

[b]State inmate population size as of the time of our visit (Sept.-Dec. 1990).

[c]The Corrections Yearbook 1990 (data on state inmates as of Jan. 1, 1990).

[d]FBI Uniform Crime Reporting 1988 (data on arrests that are drug-related for 1988).

[e]The Corrections Yearbook 1990 (data on incarceration rates reported for 1989).

[f]Data available for all states except Florida and Kentucky.

Louisiana

Louisiana has a state population size that is below the national average. As of December 1990, its correctional department had about 14,000 inmates in 13 prisons, and seven work release facilities that are run by private contractors. The percentage of arrests that were drug-related was close to the national average, and the incarceration rate was the highest in our sample at 379 inmates per 100,000 residents in 1989, and is among the highest in the nation. In addition to prisons, the Louisiana correctional department also administers both the probation and parole functions. Only first and second time offenders are eligible for parole; prison officials estimate about 50 percent of the state inmates are eligible for parole.

Encouragements to Treatment

A major incentive for the inmates who are eligible for parole to participate in prison drug treatment is the opportunity for early release. Officials at the prison visited told us that they also encourage all inmates to improve themselves by addressing their individual needs through participation in available programs, such as drug treatment. In turn, inmates are granted longer visiting hours and an opportunity to hold a banquet attended by the inmate's family.

Identification of All Treatment Needs—Screening/Assessment

The drug treatment needs as well as other health, educational, and vocational needs of all inmates are identified based on a comprehensive interview conducted upon their admittance to the prison system. No formal drug treatment screening instruments are used at this point, but the interviewing psychologist or social worker may recommend an incoming inmate for drug treatment. More in-depth assessments of inmate drug dependencies using standard screening questionnaires, such as the MacAndrew Scale and a version of the Michigan Alcohol Screening Test modified to include drugs, are planned to be conducted at each prison by substance abuse coordinators. In addition, substance abuse counselors at the new residential treatment facility planned to assess an inmate's treatment needs using a standard screening questionnaire. However, the screening instrument had not been prescribed at the time of our visit.

Matching Inmate Needs With Treatment Type

Louisiana's prison system does not match its drug treatment services according to the severity of the inmates' drug dependencies. However, subsequent to our prison visit, the substance abuse coordinator at the Dixon Correctional Institution reported that she had begun to segregate inmates into two treatment groups based on alcohol or drug abuse.

Individual Treatment Plans

Based on an assessment of each inmate's needs upon intake, Louisiana's prison system develops an institutional treatment plan designed to address identified deficiencies, including drug treatment needs. To address an inmate's drug treatment needs specifically, Louisiana plans to require that separate individual treatment plans be developed for all inmates who participate in outpatient drug treatment counseling and education services as well as the intensive residential treatment program.

Separate Treatment Setting

The available self-help programs at each prison are provided on an outpatient basis. Drug treatment counseling and education services that are planned to be provided by the newly hired substance abuse coordinators also are planned to be available on an outpatient basis only. The new residential treatment program is planned to be offered in a building in a location separate from the prison facility.

Length of Treatment

At the time of our visit, the duration of the planned outpatient prison drug treatment counseling and education services to be provided in each prison had not been determined. The residential treatment program was scheduled for a 2-month period for about 40 hours per week.

Timing of Intervention

Self-help groups are available to all inmates at any time during their incarceration. The point in time during incarceration when the new prison substance abuse counseling and education services will be offered to inmates had not been determined by prison system officials at the time of our visit. The new residential treatment program is planned to target only eligible inmates when they near their release dates.

Staffing

Professional

Each prison facility is staffed with one substance abuse coordinator who is responsible for designing and implementing substance abuse education and counseling services for inmate treatment needs. This person must possess, at a minimum, a bachelors degree and become a state-certified substance abuse counselor within 1 year of being hired. The mental health professionals at each institution, in addition to their other psychological counseling duties, will assist the substance abuse coordinators with individual substance abuse counseling, as needed. Like the facility substance abuse coordinators, the residential treatment program staff are subject to state licensing requirements.

Role Models (Such as Ex-Offenders and Ex-Addicts)

The state prison and state substance abuse officials told us that ex-addicts make very good counselors, and that priority is given to these people in interviewing. However, the officials did not indicate whether any of the substance abuse coordinators in the prisons, or the drug treatment counselors at the residential program are ex-addicts. They also told us that ex-offenders are precluded from professional employment under state civil service requirements. However, both ex-addicts and ex-offenders are used extensively as volunteers in the self-help groups.

Components of Treatment

All prison facility treatment programs other than self-help groups were still in the process of being developed. However, seven of the facilities' program plans we reviewed included such elements as group lectures and counseling, drug education, audiovisual presentations and prerelease and aftercare planning. Self-help groups are also available. The planned residential treatment program will consist of two phases: one that emphasizes issues of substance abuse denial and antisocial behavior through indiv:dual and group counseling sessions, and a second phase that focuses on community reintegration, including employment assistance and contacting community-based treatment services.

Source: Copyright 1989, Michael Soluri Productions, Michael Soluri, Photographer.

Drug-Free Environment

Urine Testing

Louisiana's prison system does not have a standard drug-testing policy for substance abuse treatment participants or for the inmate population in general. However, most of its prisons report conducting both random urine tests and tests for suspicion of drug abuse.

Treatment Designed for Populations With Special Needs

The drug treatment targeted to a special needs population is that for women inmates. The women's prison, like the men's, has a substance abuse coordinator who is designing and implementing a drug treatment program. However, the residential treatment program is only targeted to male inmates.

Aftercare Upon Release

Louisiana's prison system does not have a formal linkage with either the parole offices or with community-based treatment providers to ensure that released inmates receive aftercare treatment. However, at the time of our visit, the corrections substance abuse coordinator was attempting to improve the transfer of information from the prison to the parole agents. The substance abuse coordinators in each prison, counselors in the residential program, and parole agents provide information to inmates on aftercare services available in the local communities.

Program Evaluation

Outcome evaluations were planned for both the new drug-counseling and education services provided at the individual facilities and at the residential treatment program, once it goes into operation. The evaluation of the nonresidential treatment services will look at changes in inmate behaviors upon release, such as substance abuse, employment, and recidivism. The evaluation of the residential program will compare inmates who have participated in the program with similar inmates released from the general population of inmates.

Michigan

Michigan's population is nearly double the national average. Its correctional system has one of the largest inmate populations in the nation at over 33,000 inmates. Inmates are in 30 prisons, 16 prison camps, and 24 work release centers. The percentage of arrests that were drug-related was above the national average, and the state's incarceration rate was fairly high at 324 inmates per 100,000 residents. The Michigan correctional department administers the state's prisons and the probation and parole functions.

Encouragements to Treatment

The chance for early parole is the main incentive for inmate participation. Prison officials also reported that payment by the prison system for community-based treatment for released inmates on parole status is an incentive for participating inmates.

Identification of All Treatment Needs—Screening/Assessment

Upon entry to the prison system, the corrections staff reviews the presentence investigation, which assesses an inmate's background and all his/her needs, and record indications of substance abuse problems. In addition, comprehensive interviews are conducted by psychologists, psychiatrists, and social workers to assess inmate needs, and a record is made of a self-admission or family history of substance abuse. Once inmates have been referred to treatment at the facilities, the counselors of the drug treatment programs use various standardized screening forms, such as the Addiction Severity Index, Drug Abuse Screening Test, or Diagnostic Impression Worksheet to further assess inmate treatment needs.

Matching Inmate Needs With Treatment Type

The Michigan prison system does not match drug treatment services according to the severity of inmates' drug dependencies. However, inmates in work release centers[4] who test positive twice for drugs are sent to a residential treatment program in the community run by private contracted service provider. This is based on the assumption that these inmates need more intensive treatment.

Individual Treatment Plans

Although the prison system prepares institutional treatment plans for inmates that address all of their needs, a separate drug treatment plan is developed for inmates participating in outpatient treatment. For inmates participating in the private community residential program, the program's counselor works with the inmate to develop both short-term and long-term goals.

Separate Treatment Setting

Most drug treatment services are provided on an outpatient basis by a number of private drug treatment service providers contracted by the prison system to provide drug treatment counseling and education at many of the facilities. Sixty to 70 residential treatment program beds per year are available for inmates in a private community program. The officials said they plan to increase the number of available residential beds to 500 per year. These inmates may be placed with offenders, such as those on parole and, in certain cases, nonoffenders.

[4]In prison systems, work release centers are the lowest security institutions. Inmates typically are allowed to leave the facility to work in the community, but must remain at the institution at all other times. In Michigan, inmates within 1 year of release reside at these facilities.

Length of Treatment

Outpatient drug-education and counseling services are provided for inmates by the contracted service providers 3 hours per week for 3 months. The outpatient treatment program plans to offer up to an additional 6 months of treatment for released inmates while they are under parole supervision. Treatment provided for inmates in the private community residential program also lasts about 3 months. The drug education/readiness program provided by prison staff at about 20 prisons lasts from 5 to 20 weeks, depending on inmate turnover.

Timing of Intervention

Inmates must be within about 2 years of their release to be eligible for treatment services, either outpatient or residential. Inmates may participate in the less intensive drug education/readiness program and self-help groups at any time during their incarceration as long as these programs are offered at the facilities in which they live.

Staffing

Professional

All drug treatment services, except the drug education/readiness program, are provided through contracted private drug treatment service providers. All contracted service providers must be licensed by the state and meet state substance abuse standards. Generally, drug treatment counselors have either a bachelors or masters degree with related experience. Paraprofessionals may also be used if they have related experience. The drug education/readiness program uses correctional staff specially trained for this drug-education course.

Role Models (Such as Ex-Offenders and Ex-Addicts)

Ex-addicts and ex-offenders hired for professional positions are required to have 2 years of sobriety, 2 years out of the institution, and counseling experience. Also, inmates who complete a peer counselor course offered by the prison system may assist correctional staff in the education/readiness program.

Components of Treatment

The education/readiness program is a drug-education and discussion program, provided only in the prisons. It aims to move inmates to a stage of readiness to enter the more intensive outpatient treatment by the private contracted service providers, predominantly at work release centers and prison camps.[5] This contracted outpatient treatment provides group therapy and discussion sessions and two sessions of individual counseling. Topics covered include abstinence, relapse prevention, self-esteem, acquired immunodeficiency syndrome (AIDS), and life-goal development. Participating inmates are also strongly encouraged to attend self-help groups. The outpatient model is also planned to provide an aftercare component for released inmates on parole. The limited available residential treatment includes the same components as the outpatient treatment.

Drug-Free Environment

Urine Testing

Michigan prison officials told us that urine testing is legislatively mandated for all state inmates. Inmates in prisons and camps undergo monthly random testing. Inmates in work release centers have mandatory testing twice a month. All inmates participating in the private contracted outpatient treatment are tested once for drugs.

Treatment Designed for Populations With Special Needs

The special population that is targeted for drug treatment is women. Contracted outpatient counseling and education treatment is provided in women's facilities and is similar to that provided to the men. However, there is more emphasis on parenting, family therapy, and child and sexual abuse. There is also a new drug treatment program for incarcerated substance-abusing women who are pregnant.

Aftercare Upon Release

In Michigan, parole officers and drug treatment counselors serve as a referral source for released inmates. The Michigan prison system, however, funds aftercare treatment in the community for all released offenders willing to attend. At the time of our visit a mechanism to capture and transmit the necessary data to the parole officer was not developed. However, the prison system was working with the contractor hired to conduct its treatment program evaluation to develop the information systems for this purpose.

[5] Prison camps are minimum security institutions. In Michigan, they house inmates within 2 years of release.

Program Evaluation

The prison system has hired a contractor to conduct a comprehensive evaluation of the drug treatment counseling and education services provided by the private contracted service providers. The evaluation will look at changes in recidivism, substance abuse, behavior infractions (such as drug use, fights, or any other prohibited activity), and other concerns. At the time of our visit the contractor was in the process of developing computer data bases to capture the necessary information to track participating inmates through the system.

New York

New York is one of the most populous states in the country. It also had the largest inmate population of all states in our site visits. It had about 55,000 inmates as of December 1990 in 64 state prison facilities. The incarceration rate is close to the national average, and the percentage of arrests that are drug-related is the highest among the five states and among the highest in the nation. Unlike the other four states we visited, the New York correctional department is administratively separate from both the parole and probation departments.

Encouragements to Treatment

The main incentive to enter drug treatment is the greater likelihood of parole. Prison officials also suggested that the guaranteed aftercare treatment in the community may be an incentive for inmates entering the new Comprehensive Alcohol and Substance Abuse Treatment program.

Identification of All Treatment Needs—Screening/Assessment

Upon entry to the prison system, inmates are assessed for overall needs, such as vocational, educational, health, and other needs. As part of this process, inmates are routinely screened for substance abuse problems using a standardized screening questionnaire (Michigan Alcohol Screening Test) and other interview instruments. Corrections staff at the reception center also review the presentence investigation and other file information, including self-admissions by the inmate, for indications of substance abuse. Once an inmate is at a prison facility, a corrections counselor conducts more intensive screening for substance abuse needs through more in-depth interviews and review of file information and self-admission of abuse histories.

Matching Inmate Needs With Treatment Type

The New York prison system does not distinguish inmates based on level of substance abuse for the purpose of matching inmates with drug treatment specific to the severity of their drug dependencies. Because almost all New York prisons have an Alcohol and Substance Abuse Treatment program, inmates participate in the drug treatment program available at the institution to which they are sent.

Individual Treatment Plans

At the reception center, the prison system develops an institutional treatment plan to address overall inmate treatment needs. At the residential Alcohol and Substance Abuse Treatment programs, a treatment counselor solicits input from the inmate and keeps progress notes on inmate participation. A program committee, consisting of treatment counselors, corrections counselors, and security staff, meets regularly to determine an inmate's additional needs and goals.

Separate Treatment Setting

The Alcohol and Substance Abuse Treatment programs are offered in both outpatient and residential settings. At prisons with a residential Alcohol and Substance Abuse Treatment program, existing prison buildings are designated specifically for inmates participating in drug treatment. In contrast, the new Comprehensive Alcohol and Substance Abuse Treatment program is provided in drug treatment annexes specially designed and constructed for this purpose.

Length of Treatment

The duration of treatment varies depending on the Alcohol and Substance Abuse Treatment program in which the inmate participates. The residential Alcohol and Substance Abuse Treatment program's length varies from 3 to 6 months for a minimum of 15 hours per week, depending on the prison. The outpatient Alcohol and Substance Abuse Treatment programs lasts 6 to 9 months for at least 5 hours per week. The in-prison portion of the new Comprehensive Alcohol and Substance Abuse Treatment program lasts 6 months. However, after that time, participating inmates continue treatment in a transitional component, such as a work release center, for 6 more months. The remainder of the program occurs while on parole supervision, for about 6 months.

Timing of Intervention

Inmates who are closest to release have priority for the Alcohol and Substance Abuse Treatment program. Prison officials told us that 95 percent of participating inmates are within 1 year of release. For the new Comprehensive Alcohol and Substance Abuse Treatment program, inmates must be within 18 to 24 months of their release dates to participate. In addition, self-help groups are available to all inmates at all facilities regardless of their time of release.

Staffing

Professional

The New York prison system predominantly hires drug treatment counselors with masters or bachelors degrees plus related experience to provide drug treatment services. Program assistants act in a similar capacity, but do not have a college degree. They are supervised by drug treatment counselors.

Role Models (Such as Ex-Offenders and Ex-Addicts)

In the residential program, most of the treatment staff were both ex-addicts and ex-offenders who serve as both counselors and role models for the inmates. Also, inmates hold peer counselor staff positions and can function as role models for inmates newer to the program. The program also invites volunteers who are ex-offenders and ex-addicts to chair their self-help group sessions.

Components of Treatment

The predominant treatment offered in the prison system is the Alcohol and Substance Abuse Treatment program. It is based on the principles of the 12-step treatment model, used by such groups as Alcoholics Anonymous. These principles teach individuals how to build a life based on sobriety. Treatment is provided through audiovisual presentations, lecture and discussion sessions, group counseling, and individual counseling, as needed. Topics covered include addiction, pharmacology, AIDS, honesty and self-control, behavior patterns, self-esteem, stress management, and family issues. The residential Alcohol and Substance Abuse Treatment program visited also uses therapeutic community concepts, such as self-government and confrontation groups. Officials report they use these therapeutic community concepts, to the extent possible, at all residential and outpatient programs. The new Comprehensive Alcohol and Substance Abuse Treatment program includes similar elements to the residential Alcohol and Substance Abuse Treatment program, but has added two components: community transition and guaranteed aftercare drug treatment services in the community upon release.

Drug-Free Environment

Urine Testing

All inmates in the prison system are tested randomly and for suspicion of drug abuse. Inmates, however, are not tested separately as part of the drug treatment program.

Treatment Designed for Populations With Special Needs

The New York prison system targets drug treatment to a number of special populations. Not only do all women's prisons have an Alcohol and Substance Abuse Treatment program, but there is also a special drug treatment program for addicted women who are pregnant or mothers of newborn infants. Shock incarceration programs that involve rigorous physical activity and intensive regimentation and discipline are targeted to first offenders under 30 years old. A shock incarceration program is also provided to women. Also, there is a veterans treatment group, and some Spanish-speaking counselors for Hispanic inmates.

Aftercare Upon Release

Generally, the parole department provides some funds for community aftercare treatment. However, parole agents usually only provide community treatment referrals for released inmates. The New York prison system has recently coordinated with the New York parole department to implement the new Comprehensive Alcohol and Substance Abuse Treatment program that aims to improve the prison system's aftercare linkages. Inmates have individual treatment plans that follow them from in-prison treatment to a guaranteed aftercare treatment slot in the community. The parole department will fund the aftercare phase of treatment.

Program Evaluation

The New York prison system conducts outcome evaluations on selected programs that compare recidivism of program participants to the general inmate population. A comprehensive evaluation has also been conducted of the shock incarceration programs, and one is planned for the new Comprehensive Alcohol and Substance Abuse Treatment program. Process evaluations are systematically conducted on all programs through monthly reports, site visits, and program audits.

Washington

Washington's state population size is close to the national average. The state inmate population, however, is below the national average, with about 8,000 inmates as of September 1990. Inmates are in 23 facilities, including prisons, camps, and work release centers. The percentage of arrests that were drug-related was just above the national average, and the incarceration rate was one of the two lowest in the five states we visited, at 134 inmates per 100,000 residents as of 1989, close to half of the national average. The correctional department in Washington administers prisons, parole, and probation. Prison officials told us that Washington's sentencing laws were changed so that all inmates entering the prison after 1984 are no longer eligible for parole.

Encouragements to Treatment

For inmates sentenced before 1984, parole is the main incentive to participate in drug treatment. Inmates sentenced after 1984 are under a new sentencing system and are ineligible for parole. These inmates, however, are still eligible to earn "good time." This is time off, automatically received if inmates do not have any behavior infractions in prison. The treatment counselor told us that this is not as strong an incentive as early parole. Officials also reported that possible reclassification to a lower security level is an incentive.

Identification of All Treatment Needs—Screening/Assessment

Upon entry into the prison system, inmates are assessed for overall needs, such as health, educational, and vocational needs. Any indications of substance abuse are also recorded. Once inmates have been referred to drug treatment, they are screened and assessed by the contracted service provider through interviews and the use of various standardized screening questionnaires, including the Michigan Alcohol Screening Test, the Drug Abuse Screening Test, and the chemical dependency profile. Other institutional and criminal records are also considered.

Matching Inmate Needs With Treatment Type

The Washington prison system does not match inmates to different types of drug treatment based on the severity of their drug dependencies. However, the state prison officials told us that if they had the resources they would like to provide more intensive residential treatment for inmates with more severe substance abuse problems.

Individual Treatment Plans

Institutional treatment plans are developed that assess overall inmate programming needs. Inmates participating in drug treatment develop separate individual treatment plans with the help of the treatment counselor. These plans are specifically geared to their drug treatment needs. The treatment plan outlines specific inmate problem areas, and objectives to resolve these problem areas are established. The inmate's progress is monitored as he/she moves toward these objectives.

Separate Treatment Setting

Treatment services are provided in a classroom setting on an outpatient basis within the confines of the institution.

Length of Treatment

The length of treatment (group and individual therapy provided on an outpatient basis) is about 15 hours per week over a 6-week period.

Timing of Intervention

Inmates within 2 years of release are eligible for treatment, but those closest to their release dates have priority. Inmates may attend self-help groups at any time during their incarceration.

Staffing

Professional

All drug treatment services are provided through private treatment providers contracted by the prison system. The treatment counselors are certified by the state substance abuse agency. In order to be certified, the counselors must have completed course work in substance abuse and annually earn continuing education credits. The counselors must also have had practical experience.

Role Models (Ex-Offenders and Ex-Addicts)

Many drug treatment counselors providing services in the Washington prison system are ex-addicts or ex-alcoholics themselves. Inmates told us that they relate better to counselors with such experience. The treatment officials said that while they have employed ex-offenders in the past, none are currently on staff.

Components of Treatment

Inmates participate in group and individual therapy on an outpatient basis. Topics covered in these therapies include stress and anger management, problem-solving, goal-setting, assertiveness, communication, family dynamics, drug/alcohol information, progression of addiction, recovery, sexuality, AIDS education, grief and loss, nutrition, pharmacology, reality therapy, self-esteem, motivation, relapse prevention, and spirituality. Participating inmates also attend self-help groups.

Drug-Free Environment

Urine Testing

Urine testing is conducted randomly on all inmates. In addition, inmates must submit to a test when they are transferred between minimum security institutions, when there is suspicion of use, and after unescorted leave or family visiting.

Treatment Designed for Populations With Special Needs

Treatment provided for special needs populations is targeted to women and Hispanic groups. At the time of our visit, treatment services designed for these groups had just been arranged through a new contract.

Aftercare Upon Release

No formal mechanism assures that inmates receive aftercare drug treatment in the community upon release. Parole agents provide referrals, but no public funding is available for released offenders. An interagency agreement was in process that would provide some legislative funding for treatment of released offenders deemed unemployable due to their addiction.

Program Evaluation

The state prison officials provided us with two drug treatment program evaluations, one published in 1986 and one published in 1988. Both evaluations examined changes in inmate infraction rates, recidivism, and substance abuse patterns. In addition, the latter evaluation included results of participant feedback about the drug treatment services they received.

Wisconsin

Wisconsin has a state population equal to the national average. The state inmate population is below the national average and was the lowest in our site visits, with about 7,000 inmates as of November 1990 in 19 facilities. The percentage of arrests that were drug-related was among the lowest in the nation and its incarceration rate was also among the lowest in the five states, at 134 inmates per 100,000 residents. The functions of prisons, parole, and probation are all administered by the correctional department.

Encouragements to Treatment

The predominant incentive for drug treatment is an improved chance for parole. State prison officials estimate that less than 5 percent of the inmates would volunteer without the parole incentive. Reclassification to minimum security for inmates entering the Drug Abuse Correctional Center is also an incentive. Social workers at the center also cited the additional attention received from the social workers, less correctional staff, and more activities off the grounds of the prison.

Identification of All Treatment Needs—Screening/Assessment

Upon entry to the prison system, a battery of screening instruments is used to determine both the severity of substance abuse dependence and the level of inmate criminality.[6] Based on the results of these assessments, inmates with moderate to severe substance abuse problems may be assigned to one of three residential programs at the Drug Abuse Correctional Center.[7] Once at the center, a substance abuse counselor interviews the inmate and may readminister one of the criminality questionnaires, if necessary. Based on clinical judgment, the counselor may redirect the inmate to a Drug Abuse Correctional Center program different than originally assigned.

Matching Inmate Needs With Treatment Type

Wisconsin has implemented a system to match inmate drug treatment needs with the appropriate treatment type. Inmates are directed to different treatment programs based on the level of their criminality, the severity of their substance abuse problems, and the type of substance abused—alcohol or other drugs. Inmates with moderate to severe substance abuse problems are designated for one of three programs at the Drug Abuse Correctional Center. Inmates with both a severe substance abuse problem and high degree of criminality are assigned to the Drug Abuse Treatment Unit. Those inmates who are not yet seriously entrenched in the criminal lifestyle are further differentiated based on the salience of their alcohol dependence versus drug dependence—the Drug Intervention Unit for drug abusers, and the Alcohol Treatment Unit for alcoholics.

Individual Treatment Plans

Upon entry to the prison system, an inmate's health, educational, and vocational needs are assessed and an institutional program plan is developed. However, inmates participating in the drug treatment programs have separate individual treatment plans specific to their drug treatment needs. Each of the three programs has unique treatment plan procedures. Inmates in the Drug Abuse Treatment Unit work with the

[6]The instruments used to determine the severity and type of substance-abuse problems are the Alcohol Dependence Scale and the Offender Drug Use History Questionnaire. The instruments used to determine the level of inmate criminality are the Client Management Classification Interview Questionnaire and/or the Minnesota Multiphasic Personality Inventory. The Wisconsin prison system differentiates inmates into two criminal levels. Inmates with a high level of criminality are deemed to lack acceptable social values and are seriously entrenched in the criminal lifestyle, demonstrating a long-term pattern of involvement in criminal activities. Inmates with a low level of criminality, in contrast, are usually steadily employed, established in the community, and have minimal offense histories.

[7]The three residential treatment programs are the Drug Abuse Treatment Unit, the Drug Intervention Unit, and the Alcohol Treatment Unit.

treatment counselor to develop very intensive treatment plans. Goals, and progress toward them, are reviewed every 30 days. Inmates in the Alcohol Treatment Unit also work with their treatment counselor to develop a treatment plan, using a work sheet that is updated regularly. While the Drug Intervention Unit does not use a formalized treatment plan document, treatment counselors keep notes on inmate progress.

Separate Treatment Setting

Inmates participating in drug treatment programs at the Drug Abuse Correctional Center are housed apart from the general prison population.

Length of Treatment

At the Drug Abuse Correctional Center, treatment length varies depending on the assigned program. The Drug Abuse Treatment Unit program lasts 6-12 months, depending on inmate progress, and is 48 hours per week. The Alcohol Treatment Unit program is fixed at 8 weeks and the Drug Intervention Unit program lasts 10 weeks. The latter two programs provide treatment 40 hours per week. A separate drug-education program is offered at another correctional facility and lasts 6 weeks for 30 hours per week.

Timing of Intervention

To enter one of the programs at the Drug Abuse Correctional Center, inmates must be 1 year from their release dates and be eligible for minimum security. A drug-education course at another facility is available to its residents throughout their incarceration, as are self-help groups at all facilities.

Staffing

Professional

Wisconsin has no certification requirement for substance abuse counselors in the prison system. Most substance abuse counselors are social workers with a bachelors or masters degree. At the time of our visit, the Drug Abuse Correctional Center was seeking to hire a full-time psychologist for inmates who have additional needs and to provide crisis intervention.

Role Models (Ex-Offenders and Ex-Addicts)

A few of the social workers are ex-addicts or ex-alcoholics, but state policy prohibits the hiring of ex-offenders. In the Drug Abuse Treatment

Unit, inmates more advanced in the program function as peer counselors.

Components of Treatment

The Wisconsin prison system has centralized its treatment programs at the Drug Abuse Correctional Center. Three separate programs are housed here, and the most intensive of them is the Drug Abuse Treatment Unit, which addresses the criminal personality[8] as well as the substance abuse problem. Inmates participate in group therapy and individual counseling. Topics covered include drug education, role-playing, assertiveness, stress management, conflict resolution, value clarification, sexuality, and job counseling. The program makes use of intensive therapeutic-community tools, including confrontation sessions and punishments (such as wearing a sign that publicizes the inmate's negative behavior). The inmates gain privileges as they progress through the program. The two other programs at the Drug Abuse Correctional Center—the Alcohol Treatment Unit and Drug Intervention Unit—cover similar topics. However, because they are less intensive, they are not as customized to individual needs. An outpatient drug-education course is also available at one of the correctional facilities.

Drug-Free Environment

Urine Testing

Five percent of the inmate population is randomly selected and tested weekly. Inmates are also tested for suspicion of drug use.

Treatment Designed for Populations With Special Needs

The Wisconsin prison system provides a number of drug treatment programs targeted to special-needs populations. It provides two women's drug treatment programs and has recently implemented two new programs: a special drug treatment program targeted to learning disabled inmates and a shock incarceration program for nonviolent offenders under 24 years old.

[8]The system bases its drug treatment programs on research that examined the causes of criminal behavior in individuals. They determined that certain individuals have unique traits that make up a criminal personality. The researchers also presented techniques they developed for eliminating criminal behavior from these individuals. The "criminal thinking" component of the Wisconsin prison system's drug treatment programs is based on these techniques and specifically addresses the thinking patterns of the seriously entrenched offender.

Aftercare Upon Release

While no formal aftercare linkage with parole officers or community treatment programs is in place for the prison treatment programs, all Drug Abuse Correctional Center social workers are assigned catchment areas where they network with local parole agents. Also, aftercare expectations are laid out in an assessment memorandum detailing inmate participation in treatment and recommendations for continued care. The correctional department funds a number of intensive day treatment programs for released offenders, and provides parole offices with limited funds to purchase services for inmates released to communities that do not have specialized day treatment programs.

Program Evaluation

According to state officials, no formal evaluations have been conducted on the prison system's drug treatment programs. However, a private organization received federal funding to conduct an evaluation of one of the women's programs, but as of August 1991 it had not been completed. In addition, the Department of Justice funded the publication of a monograph providing information, including recidivism rates, on the Drug Abuse Treatment Unit. However, an independent evaluation was not conducted; information and statistics provided in this monograph were obtained from one of the program social workers. Also, the state legislative audit bureaus plan to conduct a process evaluation in the near future.

Major Contributors to This Report

Human Resources Division, Washington, D.C.

Janet L. Shikles, Director, Health Financing and Policy Issues, (202) 275-5451
Rose Marie Martinez, Assistant Director
Nancy J. Donovan, Assignment Manager
William J. Carter-Woodbridge, Editor

New York Regional Office

Ruth L.R. Levy, Regional Management Representative
Patrice J. Hogan, Evaluator-in-Charge
Wendy Bakal, Site Senior
Jeremiah F. Donoghue, Technical Advisor

Ordering Information

[illegible]

U.S. Government Printing Office
P.O. Box [illegible]
[illegible]

Orders may also be placed by calling [illegible]

United States
General Accounting Office
Washington, D.C. 20548

Official Business
Penalty for Private Use $300

First-Class Mail
Postage & Fees Paid
GAO
Permit No. G100