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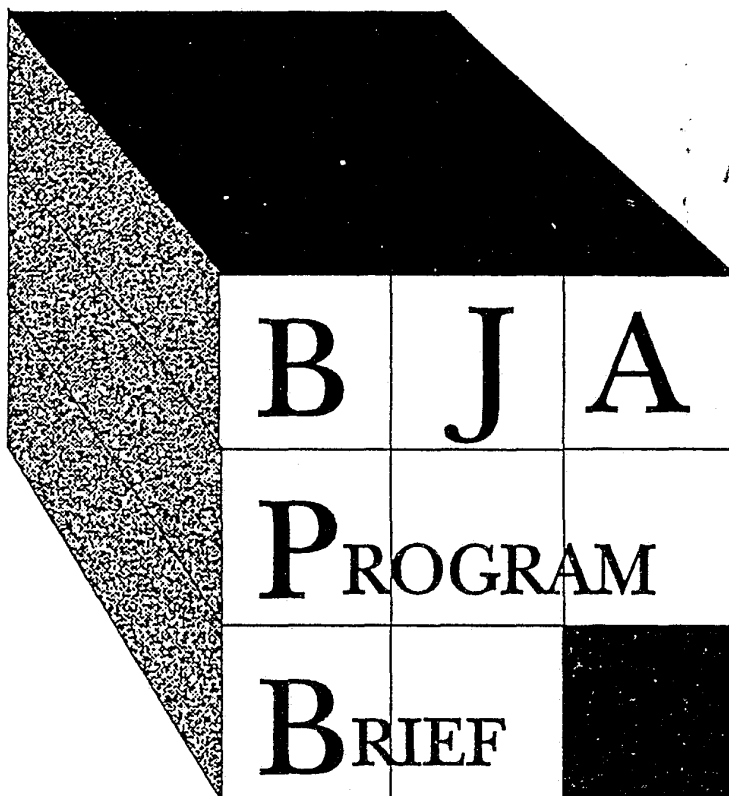
U.S. Department of Justice
Office of Justice Programs

Drug Treatment in the Jail Setting: A National Demonstration Program

NCJRS

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Drug Treatment in the Jail Setting: A National Demonstration Program

[REDACTED] November 1991

A Program Brief to be published
by the Bureau of Justice Assistance

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The Program Brief was authored by Dudley Bush of Corrections Research Institute, Kansas City, Missouri, Captain Frank Hecht of the Pima County Sheriff's Department, Tucson, Arizona, Martin LaBarbera of Martinez, California, and Dr. Roger Peters of the University of South Florida's Department of Law and Mental Health, Tampa, Florida. Judy Owens and Peter Harakas, also of Corrections Research Institute, edited the Program Brief and provided administrative support.

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Program Brief: Drug Treatment in the Jail Setting: A National Demonstration Program

I. Introduction

A. Overview

In 1987, the American Jail Association (AJA) obtained grant funding from the Bureau of Justice Assistance (BJA) to conduct a project entitled **Drug Treatment in the Jail Setting: National Demonstration Program**. The goals of the project were to reduce drug abuse, criminality, and jail overcrowding by establishing model jail-based drug treatment demonstration programs in several metropolitan jails.

Later that year, the Bureau of Justice Assistance awarded \$300,000 in grants to Hillsborough County (Tampa), Florida, and Pima County (Tucson), Arizona, to establish model drug treatment programs in their jails. In 1988, Congress appropriated additional funding for substance abuse treatment and the BJA funded a third national model in Cook County (Chicago), Illinois.

In addition, the American Jail Association was awarded \$290,000 to meet the following project objectives:

- Conduct a survey of the nation's jails in order to identify meaningful drug treatment programs and to update a study previously completed in the 1970s by Newman and Price,
- Develop two pilot projects that would incorporate a comprehensive model for jail and community drug treatment for drug offenders,
- Disseminate, through documentation and host visits, information on successful project components from the model jails to other jails throughout the country, and
- Conduct preliminary research on what proved successful in reducing drug abuse and recidivism rates through the combination of institutional and community drug treatment.

This program brief will describe the products of the work conducted by the American Jail Association and of the three model jail-based drug treatment sites. It will outline the expected and unexpected benefits of the model jail-based drug treatment programs. This brief will encapsulate the critical elements of jail-based treatment and describe the role of the jail in rehabilitation. AJA's activities in support of jail-based drug treatment will be highlighted. A more detailed description of the three model treatment sites will document the critical issues in support, space (facility), staffing, treatment modality, and efficacy. Finally, the program brief will offer some thoughts on the future direction of funding for jail-based drug treatment, including a list of reference sources and materials for program development.

This program brief will introduce BJA's "Drug Treatment in the Jail Setting" demonstration program, its goals, its accomplishments, and how other jails can benefit from this program. The intended audience will include (but not be limited to) the following: sheriffs, jail administrators, judges, county attorneys, treatment staff, governors' task forces on drugs, legislatures, community groups, the media, and the police.

B. Role and Benefits of Jail-Based Drug Treatment

The general issue of the efficacy of jail-based treatment will not be discussed here except to state that evidence from the three model drug-treatment sites strongly supports the hypothesis that drug treatment reduces the extent and length of offender reinvolvement in the criminal justice system and reduces the level of drug use post-release. A more thorough discussion of this topic can be found in Evaluation Findings from the National Model Demonstration In-Jail Treatment Program: Final Report, Peters *et al.*, 1991.

What is germane to this program brief is the question, "why jail programs?" Fundamental philosophical differences often exist among jail administrators, sheriffs, drug treatment professionals, etc., regarding the role of programming. One attitude that presents a common stumbling block to achieving support is the view that drug treatment "coddles" inmates and is not punitive enough. This notion is frequently at the root of philosophical differences about the role of corrections. Those who view the role of corrections as having a rehabilitative responsibility and those who view corrections' role as custody and control may still find some common ground. Certainly, one goal of both treatment programming and of custody management is the same: more responsible, mature inmate behavior. If drug treatment can deliver this benefit to corrections staff, it has succeeded from a custody standpoint. If, in addition, it can deliver to the community an ex-offender

who is less apt to become reinvolved in drug abuse and criminal activity, so much the better.

What are the benefits of drug treatment programming in jails? Programming offers benefits to four significant areas:

- the jail environment
- the correctional staff
- the inmate
- the community

Within the **jail environment**, offender drug treatment programs can reduce tension, noise, stress, vandalism, graffiti, and result in fewer inmate write-ups and incidences. Treatment programming tends to reduce the facility's exposure to liability.

Among **correctional staff**, offender drug treatment programs can promote greater job satisfaction through the development of a more professionalized role for the officer as inmate manager (not just as jailer), improve the working environment, reduce job stress, and provide for improved officer safety through fewer assaults, fewer threats to officers, and fewer inmate fights.

Also, treatment programs offer correctional staff a greater sense of officer accomplishment and control because it promotes a proactive rather than reactive management and allows for control of the internal environment in addition to control of the external perimeter. Officers gain added inmate management tools because programs structure inmate time, program staff provide an additional set of eyes and ears, and program involvement promotes responsible inmate behavior. And when previously treated offenders do return to incarceration, it is generally with a more responsible attitude.

For the **inmate**, jail programs break the in-custody criminal social cycle. Jail programming makes jail a less dehumanizing experience. For example, programming interrupts the "predator-prey" syndrome. As a result, inmate goal-oriented behavior is promoted, in contrast to just "killing time." Programs establish an expectation of responsible behavior, and inmates tend to live up to this expectation. Inmate assaults are significantly reduced.

Within the **community**, jail is seen as an opportune time to intervene in alcohol and drug dependence. Jail provides detoxification services and medical and psychological stabilization. When even temporarily free of addiction, inmates begin to consider new goals. The use by corrections of criminal sanctions as "constructive coercion" increases the motivation for treatment. Community providers, many of whom have ignored the jail in the past, now find jail programs to be efficient catchment areas for clients.

Families of offenders often see jail as an opportunity for the offender to get help and as a welcome reprieve from chaos and domestic violence. Families may take this opportunity to consider their own options.

The community benefits from the reduced recidivism that accompanies offender jail treatment when followed by a conditional release plan that includes community treatment. Those individuals who do recidivate show a tendency toward longer non-criminal periods and less severe offenses.

In summary, jail-based drug treatment has the potential to deliver many benefits to the correctional institutions, the staff, and the community, as well as to the inmate.

C. Critical Elements of Jail-based Treatment

It has been found that, at minimum, the following vital factors are present in successful drug treatment for offenders.¹

- Facility, staff, programmatic and administrative resources that are sufficient to support the level of drug treatment programming offered within the jail. Inadequate resources in any of these areas are likely to produce unsatisfactory outcome/benefit results.
- Assessment of offenders' needs and the risks they pose to the facility. Wherever possible, offenders should be matched with the level of treatment, supervision, and control that is appropriate to each.
- A range of drug treatment services, from self-help models, educational models, and outpatient models to residential/milieu models.

- Programming that coincides with anticipated length of jail incarceration. Jail-based treatment is seen as an ideal treatment **intervention**, but because of its brevity, it can not be considered as a complete treatment regimen.
- Sensitivity regarding cultural and ethnic issues of the offender population. Drug treatment programs and staff must address these issues in order to produce relevant treatment outcomes.
- Housing offenders who are receiving treatment in separate and isolated treatment pods (sometimes referred to as "residential" treatment programming). This isolation removes offenders from the predator-prey environment of the general population and allows for the development and support of pro-social behavior and attitudes.
- Incentives and sanctions that increase the offenders' motivation for treatment.
- More comprehensive post-release linkages with community treatment providers via a case management or TASC model. These linkages will improve treatment outcomes.
- A strong coordinated approach to drug treatment, involving both corrections staff and drug treatment staff.
- Cross-training for corrections, drug treatment staff, and all administrative personnel.

II. Goals of the National Program

A. Introductory Remarks

Central to the goals of the national demonstration program was the development of more effective models of jail-based drug treatment intervention that could accomplish the following:

- reduce the level of chemical dependency for the offender
- reduce the length and/or frequency of future incarcerations
- reduce the level or frequency of criminal activity, post-release

If models for jail-based drug treatment of proven worth could be developed, they could be replicated in whole or in part in other jurisdictions. This was the central mandate for the American Jail Association: to assess the status of jail-based drug treatment nationally, to provide technical assistance to the model sites, to help in the replication efforts, and to conduct preliminary research on the efficacy of the three model programs.

B. Status of National Jail-Based Drug Treatment Programming (Survey Summary)

In 1990, AJA surveyed over 1,700 jails in 48 states to evaluate the extent of in-jail drug treatment services. The survey evaluated the scope of in-jail drug treatment programs in 1987. Despite the prevalence of drug abuse among inmate populations and a growing awareness that untreated drug abusers have a negative impact on all segments of society, most jails did not have adequate drug treatment services. Of the 192,000 inmates constituting the average daily population of all jails surveyed, only 6.7% were enrolled in drug treatment programs. The corresponding figure for all jails with drug treatment programs was only 13%, yet most estimates placed the percentage of inmates who needed drug treatment services at 60-80%.

The absence of drug treatment services was particularly striking in smaller jails: only 15% of jails housing fewer than 50 inmates reported any type of drug treatment services. It is unlikely that these smaller jails are somehow exempt from the influx of new arrestees with substance abuse disorders. The survey identified a clear need for smaller jails to

begin forging links with community drug treatment providers or to hire in-house staff to provide at least minimal treatment interventions, such as drug education and group counseling.

The survey indicated that most jails that provided drug treatment programming also had other, seemingly related, components in place. In general, jails with drug treatment programs were larger, provided a continuum of adjunctive support services (such as screening, urinalysis, training, collection of assessment data), were oriented toward development of programs for inmates and staff (e.g., employee assistance), and were more innovative regarding inmate management (e.g., direct supervision). The survey did not attempt to assess whether adjunctive or innovative systems preceded, were concurrent with, or were subsequent to the development of in-jail drug treatment programming. In general, jails that were committed to a program of drug treatment services appeared to have developed a broad range of support services for drug-involved inmates.

Fewer than 20% of all jails surveyed reported a drug treatment program involving paid staff. The following results suggest that many of these programs are inadequate to meet the needs of drug-involved inmates:

- 75% do not provide group therapy, drug education, transition planning, or referral to community drug treatment agencies,
- only 30 programs (2% of all survey respondents) provide more than 10 hours per week of treatment activities,
- programs average only three paid staff, and
- only 12% of the programs isolate participants from the general inmate population.

Another 10% of jails sampled provided a drug treatment program staffed entirely by volunteers. It is unlikely that these programs are able to provide more than minimal professional staff supervision or quality control or develop a therapeutic treatment milieu of sufficient intensity to achieve lasting behavior change among inmates released from the program. Unfortunately, programs relying on volunteer services are more common among metropolitan jails, in which the need for structured and intensive treatment programs may be the greatest.

Most jails surveyed did provide basic adjunctive services such as medical and drug abuse screening, and drug abuse training for corrections officers. However, very few jails offered detoxification services, and, for many offenders, the lack of detoxification is likely to prevent meaningful involvement in treatment. Despite the presence of adjunctive services such as drug abuse screening or detoxification, the lack of additional drug treatment services is likely to undermine the recovery of most drug-involved inmates.

The profile that emerged from the AJA survey indicated great diversity among the country's in-jail drug treatment programs. Even among the sample of jails of over 2,000 inmates, programs varied tremendously in the scope of services offered, the number of paid staff, and the program budget. However, survey results describing the components of in-jail drug treatment, the number of hours of weekly activities, and levels of staffing strongly suggest that even among many of the more comprehensive programs, treatment services are not comparable to those possible in community-residential or intensive-outpatient programs.

The lack of transition planning/case management services (available in only 8% of jails) is cause for concern. The impact of other in-jail services may be significantly reduced if there is a lack of planning for follow-up treatment in the community. Critical activities such as meeting a new community program counselor, setting an initial appointment for aftercare treatment, and planning for transportation to outpatient treatment sessions are all essential in ensuring that the offender's commitment to maintain abstinence, use of coping skills, and other gains made during in-jail treatment are not lost following release from jail.

A guide of recommended standards is needed to help jail administrators and treatment staff to develop and provide effective drug treatment services. These standards might address recommended staffing patterns and credentials, evaluation and quality assurance procedures, and staff training. Standards may be disseminated through inclusion in such publications as Standards for Health Services in Jails (National Commission on Correctional Health Care), Federal Standards for Prisons and Jails (U.S. Department of Justice), the Jail Resource Manual (U.S. Department of Justice, National Institute of Corrections), and publications of the American Jail Association and the American Correctional Association. Efforts to enhance existing programs, or to initiate new programs, may be hindered by the absence of comprehensive in-jail programs in many areas. Jails would benefit from consultation with staff from public and private drug treatment agencies, from state human services agencies, and from other sources to

identify a plan for developing new drug treatment services. Administrators may wish to develop an advisory board of community members, local drug treatment coordinators, and correctional staff to assist in program planning.

Technical assistance and consultation in staff training, treatment curriculum development, and assessment and evaluation are of critical importance to agencies jails developing new jail-based drug treatment programs, particularly those with no existing services. Without this support, it is likely that jails will continue to take disjointed approaches to program development, will continue to rely on volunteers, and may neglect key program components, such as thorough screening and assessment, group counseling, and transition planning.

Jails currently planning or developing programs are encouraged to take advantage of technical assistance currently available through the American Jail Association model demonstration program and through the National Institute of Corrections Jail Center. Additional support in developing new in-jail treatment programs will be provided by the Office for Treatment Improvement, U.S. Department of Health and Human Services, during the next several years.

The costs involved in operating an in-jail drug treatment program are quite modest. At an average program cost of \$83,574 per year, jails rated as having comprehensive programs provided drug treatment services for seven hours a week (per inmate) for an average of 65 inmates. These services included drug education, group counseling, transition planning, and referral to community agencies. This average program cost translates into \$3.5 per day, per inmate, above and beyond the ordinary cost of incarceration.

It should be noted that the level of treatment intensity provided by seven hours of program activities is not adequate to meet the needs of drug-dependent inmates with a chronic history of cocaine or heroin abuse. It is estimated that a desirable level of drug treatment services for 65 inmates would include the following staffing pattern: one program coordinator, four treatment counselors, one transition/case management counselor, and several volunteer assistants. This staffing pattern would facilitate a greater variety of treatment activities and more intensive weekly programming - perhaps up to 20 hours per week, or almost three times the amount of activities occurring within an average comprehensive in-jail program, according to the AJA survey. This recommended staffing pattern would require approximately \$165,000 in personnel costs and approximately

\$30,000 in additional expenses for staff training, travel, consultation, and materials. The total cost for this enhanced in-jail drug treatment program amounts to \$195,000 or \$8 per day, per inmate. When compared to the \$50-60 basic daily expenditure per person for residential treatment in state-subsidized public facilities, in-jail treatment programs appear to be extremely cost effective.

C. Technical Assistance in Program Development and Model Replication

Technical assistance under the BJA grant was provided by the AJA to facilities wanting to replicate one of the models or improve an existing program. Consultants were sent on-site for several days to provide this assistance in the form of invited reviews, program design, or training of staff. Originally, training sessions were conducted three times a year by the AJA at each site to allow interested jail administrators and their staffs to see how the model site programs worked first hand. Because of the tremendous interest, and to facilitate lower travel costs for participants, the AJA began offering the training sessions near pockets of interest. One-day briefings and five-day intensive training sessions were offered at the model sites for teams representing a county or sheriff's office. All training and technical assistance activities were provided at no cost to the participants.

Since the grant began, the American Jail Association has conducted 31 workshops at major conferences attended by 955 people. Fourteen additional two- and three-day sharing sessions were attended by 231 treatment personnel from 100 facilities in 43 states. Full and partial replications of the models continue. The AJA surveyed the 300-plus people who had received training or technical assistance under the grant since this project began so that the effects the project had on the implementation of meaningful drug treatment programs in our nation's jails could be ascertained. The following lists are part of a preliminary report on this 1990 AJA survey.

The following agencies have fully replicated our model program:

Bexar County Adult Probation Department
San Antonio, Texas (Hillsborough County model)

Bibby Resolution
New York City Department of Corrections
New York, NY (Pima County - modified)

Bibby Venture Facility
New York City Department of Corrections
New York, New York (Pima County - modified)

Central Texas Parole Violator's Facility
San Antonio, Texas (Hillsborough County model)

GMDC - Rikers Island
New York City Department of Corrections
New York, New York (Pima County - modified)

Jacksonville (Duvall County s.o.)
Jacksonville, Florida (Hillsborough/Pima mix)

Nueces County Adult Probation Department
Corpus Christi, Texas

New Mexico State Prison
Santa Fe, New Mexico (Pima County model)

Palm Beach County Sheriff's Office
West Palm Beach, Florida (Pima County model)

R.J. Donovan Correctional Facility
San Diego, California (Pima County model)

Riverview Probation Office
Riverview, Florida (Hillsborough County model)

San Mateo County Jail Facility
San Mateo, California (Pima County model - modified)

Santa Clara County Department of Corrections
San Jose, California (Pima County model)

Vera Institute (four New York City programs)
New York, New York (Hillsborough County model)

Wards Island Facility
New York City Department of Corrections
New York New York (Pima County - modified)

Wayne County Sheriff's Department
Richmond, Indiana

The following agencies started programs or made changes in programs using components of several models as a direct result of technical assistance provided through the AJA:

Alcohol/Drug Council of North Carolina
Durham, North Carolina

Arlington County Sheriff's Department
Arlington, Virginia

Charlotte County Sheriff's Office
Ft. Charlotte, Florida

City of St. Louis Medium Security Institution
St. Louis, Missouri

Dallas County Jail
Dallas, Texas

Danville Correctional Center
Danville, Illinois

Department of Corrections
Cranston, Rhode Island

Department of the Navy Corrections
Washington, DC

Jail Project
Jamesville, Wisconsin

Lee County Alcohol, Drug, and Mental Health
Lee County Sheriff's Department
Ft. Myers, Florida

Los Angeles County Sheriff's Department
Los Angeles, California

Maricopa County Adult Probation
Phoenix, Arizona

Montgomery County Department of Corrections
Rockville, Maryland

Morris County Correctional Facility
Morristown, New Jersey

Multnomah County Jail
Portland, Oregon

Onondaga County Jail
Syracuse, New York

Pinellas County Jail
Clearwater, Florida

Washington County Detention Center
Hagerstown, Maryland

Washtenaw County Jail
Ann Arbor, Michigan

The following agencies planning a program (or changes to a program) as a result of technical assistance provided through the AJA:

Androscoggin Sheriff's Department
Auburn, Maine

Broward County Government
Ft. Lauderdale, Florida

Campbell County Sheriff's Office
Gillette, Wyoming

Collier County Sheriff's Office
Naples, Florida

Dakota County Jail
Dakota City, Nebraska

Fairfax County Alcohol and Drug Court
Fairfax, Virginia

Fresno County Jails
Fresno, California

Guilford County Government
Raleigh, North Carolina

Hampden County Sheriff's Department
Springfield, Massachusetts

Hudson County Department of Corrections
Jersey City, New Jersey

Indian River County Sheriff's Office
Vero Beach, Florida

Lexington/Fayette County Jail
Lexington, Kentucky

Maricopa County Sheriff's Office
Phoenix, Arizona

Naval Consolidated Brig
Charleston, South Carolina

New Arizona Family
Chandler, Arizona

Norfolk County Sheriff's Department
Dedham, Massachusetts

Nothrehab Facility
Seattle, Washington

Palm Beach County Stockade
Loxahatchee, Florida

Prince William/Manassas Regional Detention Center
Manassas, Virginia

San Francisco Sheriff's Department
San Bruno Facility
San Francisco, California

Sangamon County Jail
Springfield, Illinois

Santa Cruz County Sheriff's Department
Santa Cruz, California

Snohomish County Corrections
Everett, Washington

TASC of Maricopa County
Phoenix, Arizona

Washoe County Sheriff's Department
Reno, Nevada

In addition, Hillsborough County Replication Packages were made available to assist agencies to develop their own programs. Most requests for the Hillsborough County Replication Package resulted from participation in the grant-sponsored training sessions at the Hillsborough County model site. A total of 93 agencies obtained Replication Packages from that program. The package includes all lesson plans, waiver forms, and other materials necessary to implement a similar program.

In addition to continuing the regional training sessions and private host visits of each model, AJA staff worked with requesting agencies by assisting them to obtain state block grant funds. As much as seven million dollars went unspent in 1990 in the area of substance abuse, primarily because state agencies did not know how to spend it. AJA staff also provided technical assistance to develop local support for drug abuse programming in jails. Assistance was provided under the grant for the development of linkages to community treatment and aftercare resources.

III. Overview of Treatment Models

The establishment of a meaningful jail-based drug treatment program is not an easy task. One reason is that jail populations are very transient. The average length of stay is only 30 days, yet many offenders need years in treatment programs to achieve long-term results. The short time an offender spends in jail makes effective program design difficult. Another difficulty often faced with the jail-based program is securing a physical environment that is conducive to meaningful treatment. As discussed in the critical issues section, housing, security features, staffing, etc., make program space and time difficult to find.

Yet jail is clearly an opportune time for drug-treatment intervention with the drug-dependent offender. It is in jail that the point of crisis may be the most intense for the offender, and the potential for receptivity, greatest. It is also here that treatment services are available for the offender who could not otherwise afford treatment.

For these and other reasons, the development of effective, cost-effective, and implementable jail-based drug treatment models is extremely important. The three BJA grant-funded agencies developed distinctive programs reflective of each agency's unique needs. As these programs developed, changes were made as staff continued to learn what worked and what did not. Problem areas were documented to help other jails avoid the pitfalls of wasted time and resources.

The Pima County, Arizona, model treats approximately 50 sentenced male and female offenders for an average length of six months. Treatment is contracted to an outside therapeutic community agency, Amity, Inc. Treatment is provided in a direct supervision pod. Following release, offenders are referred to a full-time residential facility or to other less intensive levels of community treatment, based on availability and inmate needs.

The Hillsborough County, Florida, model treats approximately 50 offenders in a 30-day relapse prevention program. The program was designed for pretrial offenders but is currently serving 80% sentenced offenders. Relapse prevention treatment is provided by counselors who are employed by the Sheriff's Office. Post-release follow-up for this model is especially critical as the treatment is so short. Currently, the Treatment Alternative to Street Crime (TASC) program provides linkages to community treatment resources.

The Cook County, Illinois, model provides treatment to approximately 220 men and 30 women. Treatment is provided by Gateway and Cermak health service counselors. Treatment is of the therapeutic community type, with housing in five 40-man dorms. Referral is provided via a subcontract with TASC. Inmates are in the jail treatment program for approximately five months. Most are pretrial offenders; however, pretrial participants who are sentenced to county time may remain in the program.

Amity/Pima County Jail Model

A. Background

The Amity/Pima County Jail Project began operation in November 1987 serving 18 inmates], and subsequently tripled in program capacity to fifty inmates. Over 200 inmates completed the program in the first 18 months of operation. The Sheriff's Department contracted with an outside treatment provider, Amity, Inc., to provide in-jail treatment services in a new direct supervision facility. Because the program was housed in a direct supervision facility, the goal of both treatment and corrections was to make inmates responsible for their own behavior and to treat them respectfully as mature adults. The Sheriff's Department had a reputation for innovation, having opened one of the first direct supervision jails in the country in 1984. Linking the treatment and correctional mission was accomplished by the selection of dual on-site program coordination: one program coordinator each from corrections and treatment was selected to jointly manage the program. This unique system of co-coordination required intensive communication and careful selection of leadership, but has provided many dividends. Increased communication and shared ownership of the program have minimized staff manipulation by the offenders in the program.

B. Program Description

1. Treatment Philosophy

The Pima County program's mission is to work in conjunction with the officers of the Medium Security Addition and provide substance abuse education and counseling services that are consistent with the philosophy of Amity's teaching and therapeutic communities. Amity's therapeutic community approach is largely educational. Substance abuse is viewed as a manifestation of severe alienation from self, society, and family. The re-education does not simply focus on the negative history of individuals but

encompasses improved communication skills, abstinence from illicit substances, employability, understanding of personal history, and successful development of support networks.

2. Program Goals and Objectives

The Amity/Pima program includes clear and measurable program objectives. They are:

- a. to provide information about the program and about rearrest statistics to all inmates at their orientation to the jail
- b. to conduct the intake interview and administer a battery of standardized evaluation instruments upon admission into the program
- c. to provide treatment services of multiple types to program participants
- d. to identify and contact inmates' "significant others"
- e. to encourage significant others to participate in family support groups and to keep them informed about the program
- f. to identify, contact, and coordinate with community agencies that will be available to provide services to the inmates after their release from jail
- g. to document the treatment process through weekly progress notes, monthly case reviews, and questionnaires regarding the participants' perceptions of the effectiveness of specific activities
- h. to readminister the evaluation instruments during the last week of incarceration, three months after release from jail, and at the conclusion of the aftercare component
- i. to assist in the identification and placement of inmates in community support groups or treatment programs as needed
- j. to evaluate the effectiveness of the program on an ongoing basis

- k. to demonstrate that at least 80% of all treatment and correctional staff expressed satisfaction in the program via a program evaluation questionnaire administered annually
- l. to demonstrate a minimum 5% reduction in rearrest rates for program participants
- m. to demonstrate a minimum 5% reduction in substance abuse recidivism rates
- n. to demonstrate expressed satisfaction in the program by at least 70% of all inmate participants on a program evaluation questionnaire administered during the last week of incarceration
- o. to demonstrate a minimum 5% increase in the involvement of program participants in community services following release from jail, as documented at the three-month follow-up
- p. to demonstrate a minimum 10% decrease in the average number of documented problem behaviors for program participants while in jail
- q. to demonstrate a statistically significant improvement on personality and psychological measures between intake and follow-up evaluation points

3. Program Structure

The Amity/Pima program was designed on a therapeutic community model. Each inmate is assigned a primary counselor immediately upon acceptance to the program. This counselor works with the inmate to determine an initial set of treatment objectives and describes the inmate's progress in weekly reports. Treatment objectives are reviewed and changed each month or as needed.

4. Program Services

Hours Per Week

Group Treatment:	35
Individual Counseling:	5
Specific Modality Treatment:	7
Other Skills Management: (stress management communication)	7
Drug Education:	7

Education (GED):	1
Vocational Training:	40
Mental Health/Psychiatric Counseling:	0
Family Counseling:	7
Aftercare Planning/Case Management:	2
Other Services:	<u>1</u>

Total/Average Per Inmate: 112

5. Screening/ Assessment

Upon entering the Pima County adult detention system, each inmate is questioned regarding substance abuse (e.g., history, drug of choice, frequency, and dosage). Offenders demonstrating a substance abuse problem are recommended for inclusion in the program provided they are sentenced to the custody of the Sheriff. As part of the orientation to the adult detention center, offenders are given information about the substance abuse treatment program. The classification team reviews each offender's classification file and potential participants are interviewed by the program coordinators. Inmates not identified in the screening process may self-refer by writing a letter to the program coordinators describing why they wish to be considered for program placement. Final placement decisions are made jointly by the treatment and corrections team. Within 72 hours of selection, the offender is given an intensive intake interview and orally completes a thorough psychosocial history covering personal demographics and history, family, education, employment, criminal and drug behavior, etc.

Within the first week, the offender completes a battery of standardized assessment instruments, including the Rosenberg Self Esteem Scale, the Beck Depression Inventory, and the Shortened Manifest Anxiety Scale. These instruments are subsequently given during the last week of incarceration and three months after release. In addition, each offender completes the Addiction Severity Index, the MOOS Correctional Institutions Environment Scale (1981), the Self-Report Measure of Success, and the Staff Program Evaluation. These assessment tools provide valuable clinical information as well as mark changes across time that can be linked to treatment success.

Both male and female offenders are eligible for the program. The male offenders are housed in a direct-supervision pod; the female offenders (due to their smaller numbers) are housed in the general female population. During program hours, the female inmates

are transferred to the male treatment area, where joint treatment services are held. The average inmate stays in the program for six months.

6. Gatekeeping Function

In order to preserve the goals and objectives of the Amity/Pima program, some selectivity must be maintained in program admissions. In addition to the formal screening processes, the program's co-coordinators have the final decision regarding who enters treatment and who stays. As the program developed, meetings were held with local judges and other members of the criminal justice system. The purpose of the meetings was to inform the judges as to which sentencing options would best allow inmates to take advantage of the program. (An anticipated difficulty had been that judges would sentence offenders to the treatment program without the input of the program, an arrangement that has proven unsatisfactory in other jurisdictions, where unwilling and unmotivated participants have damaged treatment programs.) By maintaining a gatekeeping function, the program maintains program integrity.

7. Drug Testing

Drug testing is not a component of the program and is employed only when an offender is suspected of substance abuse. When drug testing is indicated, it is conducted by the Probation Department and not the Sheriff's Office.

C. Transition (Aftercare) Linkages

Upon release from incarceration, participants are assisted in finding the necessary treatment or support groups available in the community. Program counselors, aftercare coordinators, and probation officers work together to develop an aftercare plan, along with recommendations to the probation department regarding possible conditions of probation. Linkages have been developed with both Adult Probation and Intensive Probation Supervision Departments to provide continuity following release from incarceration.

D. Staffing

1. Program Staff

The Amity/Pima program operates with five full-time corrections officers, two program coordinators and three treatment counselors. The primary clinical and education staff includes individuals who have histories of substance abuse and criminality who have

successfully reoriented their lives. In addition to providing services, these individuals serve as positive role models for those who are engaged in the struggle to change. Counselors are either certified alcohol/drug counselors or are certifiable. They are thoroughly screened by Amity and confirmed as clinically qualified. The Sheriff's Department then conducts a criminal check. Treatment personnel may have a previous criminal history, but must have completed all probation requirements and not be under any correctional supervision. Recovering addicts must have demonstrated a substance-free lifestyle for at least two years.

Corrections officers are carefully selected to work within the treatment unit. They must show a willingness to work on the unit; have a good understanding of the relationship between program goals, objectives and security; demonstrate flexibility and good judgement; and have excellent working skills in interpersonal communications.

2. Staff Training

Four days of intensive cross-training of all treatment and corrections staff (including the Commander of Administration and the Director of Amity) were provided prior to program start-up. The presence of high-level officials demonstrated the support of the program from the top down. The cross-training helped address stereotyping of staff and facilitated communication and problem solving. Additional in-service training is held as needed.

E. Program Evaluation

Staff from Amity, Inc., collected assessment information within the treatment program, conducted follow-up phone interviews with offenders released from the program, and worked with parole officers to collect follow-up data regarding drug use, rearrest, employment, and involvement in treatment. Results of the evaluation showed significant changes in psychological functioning during the course of in-jail drug treatment on three of four measures. Self-esteem increased during treatment, depression decreased, and general anxiety decreased. Female participants demonstrated a slightly less pronounced, rise in self-esteem in comparison to male participants; but one that was nonetheless significant. Socialization scores did not rise for either group as might have been expected, but remained constant. In regard to outcome evaluation, preliminary results from the Amity/Pima program appear encouraging. One hundred thirty of three hundred sixty-four participants in the program were rearrested during the follow-up period. Of those arrested, 46% were arrested in the first six months after release from jail, and 51% were arrested six months or more after release.

F. Program Benefits and Obstacles Encountered

Like most correctional facilities across the nation, the Pima County Adult Detention Facility experienced chronic overcrowding. The program unit was initially designed to house 18 inmates. Given crowding concerns, officials decided to double-bunk the unit for a total capacity of 36. Program officials seized this as an opportunity to increase the program's service population. It became increasingly important to maintain a waiting list in order to minimize transition time that could increase the population in the main facility. With these measures in place, the unit did its part to relieve overcrowding in the facility.

Facility custody staff turnover was often high. The lack of continuity that resulted from new, inexperienced staff often impeded program goals and the day-to-day functioning of the unit.

Another problem was the scheduling of in-service training. Vacancies throughout the Sheriff's Department that had to be filled by overtime left little money or time for in-service training. Ultimately, program administrators developed regularly scheduled training that produced a larger pool of properly trained corrections officers.

Funding is a chronic issue for most programs and Amity/Pima was no exception. The original federal grant was scheduled to span 36 months. When the grant funding expired, a six-month period had to be covered. Funds were to come from the Sheriff's budget. However, when faced with increased costs and decreasing county support, the Sheriff's Office decided to cut program funding. Program supporters lobbied in the public media and with county officials to save the program. Ultimately, a level of funding was identified that allowed the program to continue on a smaller scale. From this it was learned that a continuous effort must be made to educate and inform local county officials and other key influence groups of the value of their drug treatment program. Even though the program was a national model site and received much national attention, it was jeopardized by a lack of local attention that contributed to subsequent funding cuts.

A major contributor to the success of the program has been the inclusion of female offenders with the male offenders in treatment. Program officials report that male and female joint participation has led to a greater degree of honesty and openness from both sexes in the group sessions. They also reported that behavioral change in the co-educational groups is greater and more rapid than in the same-sex groups.

Hillsborough County Model

A. Background

The drug treatment program at the demonstration site at Hillsborough County took form slowly, as agency administrators took the time to hire and train their own staff. The six-week treatment regimen was consolidated into one 48-bed, male-inmate, direct-supervision pod to enhance the quality and intensity of treatment. An additional 12 female participants are housed in another area. The Hillsborough County Jail is one of the largest and most innovative of the "new generation" podular, direct supervision jails.

B. Program Description

1. Treatment Philosophy

The treatment program employs a modified milieu program which focuses on a cognitive-based relapse-prevention treatment modality. The milieu is modified in that while offenders are generally housed together in the same treatment pod, general population offenders are housed in the same pod as well. Treatment emphasizes recovery from drug dependence, along with cooperation and interdependence.

2. Program Goals and Objectives

The general goals of the Hillsborough County model are to reduce criminal activity by reducing the level of drug use and the frequency of future arrests (recidivism). A primary objective is to teach the offender skills so that slips or lapses are prevented and lapses do not become full-blown relapses.

3. Program Structure

Offenders are organized into treatment groups of 8 to 12. One counselor is assigned to each group. Since recovery is a long-term process of behavior change, relapse prevention groups are designed to help addicted offenders to identify, recognize and understand their own individual antecedents to substance abuse. Antecedents might include internal and external cues, urges and cravings, relapse warning signs, and "high-risk" situations (situations that have previously led to use of a substance).

Offenders are taught specific skills for dealing with their antecedents, such as self-talk strategies, drug refusal skills, stress management, and management of emotions such as depression, anger, and frustration. Offenders are helped to build a long-term plan for

recovery, balance their lifestyles, develop alternate sources of positive reinforcement, and deal with a lapse or slip if it should occur.

4. Program Services

Three types of groups are offered to program participants:

- **Special Topic Group**
This group focuses on topics such as family issues, making amends, dealing with ambivalence, and the medical aspects of substance abuse.
- **Relapse Prevention - Level One**
This group consists of 20 sessions, 2 hours per day, five days per week. A second evaluation is conducted following completion of these sessions in order to measure skill acquisition and cognitive changes.
- **Relapse Prevention - Level Two**
For those who have completed the 20 sessions of Level One, Level Two provides the opportunity to focus on relapse prevention skills in greater depth.

5. Screening/Assessment

Before entering treatment, offenders undergo several steps of screening. First, possible candidates for treatment are identified at the time of booking through use of a special questionnaire. Then candidates' records are screened by Substance Abuse Unit staff (staff screen out those with violent charges such as murder or sexual assault, or those whose time remaining in jail is too short to take advantage of the program).

Eligible offenders undergo a second screening by Classification staff to determine their appropriateness for placement in the treatment pod. Once Classification staff approval is given, offenders are interviewed by the Substance Abuse Unit and undergo an extensive evaluation/assessment. The purpose of this evaluation is to determine each offender's treatment needs. This evaluation focuses on substance abuse factors as well as personality and intellectual functioning.

6. Gatekeeping Function

The success of the program originally designed for pretrial offenders, has prompted more judges to sentence offenders directly to a treatment program. While this has assured a steady flow of offenders for the program, it has served to weaken the program's

gatekeeping (or control of entrants) function. However, Hillsborough County, with its innovative relapse prevention programming, has shown positive treatment results in spite of direct sentencing to the program by the courts.

7. Drug Testing

Drug testing is not a component of the Hillsborough County program and is used only when an offender is suspected of substance abuse.

C. Transition (Aftercare) Linkages

Once inmates have entered treatment, notice of their program participation and recommended aftercare treatment plan is sent to the judge, public defender, state attorney and probation officer. In this manner, aftercare needs can be considered if the offender is to be returned to the community. Often, judges will order aftercare as a term of probation.

At the time of offender release from jail, community treatment agencies link with the offender to provide recommended aftercare treatment (inpatient or outpatient, 12-step support groups, frequent or random urinalysis, etc.). Recently, a Treatment Alternatives to Street Crime counselor has been assigned to the jail program on a half-time basis to conduct transition and placement services to released offenders. This frees the program counselors for additional in-program counseling and streamlines the transition process as well.

D. Staffing

1. Program Staff

Four counselors from the Sheriff's Office provide treatment to the 48 men, and one counselor is assigned to the 12 women. Counselors are certified alcohol/drug counselors and have been trained in the relapse prevention treatment modality used by the Hillsborough County Substance Abuse Unit.

2. Staff Training

In addition to the training of counselors in the relapse prevention modality of treatment, all staff working in the treatment unit pod are oriented to the treatment program. In the early months of program operation, custody staff working the treatment pod were rotated often. New officers were often assigned to the unit, adversely affecting the continuity of

custody staff. More recently, the program has developed a larger pool of trained and qualified officers, and continuity issues have disappeared. Some formal cross-training of the treatment and corrections staff was provided by the Program Director, but scheduling and overtime requirements have made this difficult.

E. Program Evaluation

With the help of the Florida Mental Health Institute, the progress of all program participants has been tracked since the program's inception. Data have been gathered on participation in aftercare, probation violations, rearrests, and relapse to drug use. Other areas of measurement include numerous psychological test instruments prior to the program, at release, and six months after release. These measures are compared to a control group of offenders who did not receive treatment.

A total of 535 offenders were referred to the program from June 1988 to January 1991. Offenders included 74% males and 26% females with a mean age of 29. As to ethnicity, 53% were black, 44% white, and 3% were Hispanic or from some other ethnic group. Of the offenders treated in the program, 63% were sentenced at the time of admission. Two-thirds were on probation or parole supervision while in treatment. Only 37% had received any kind of previous drug treatment. Program participants reported a chronic history of substance abuse: 80% reported a lifetime use of cocaine, alcohol, and cannabis, 35% had abused hallucinogens, and 15% had abused heroin, amphetamines, barbiturates or other sedatives. A substantial number (over 40%) experienced psychological problems in the month prior to admission.

Preliminary results indicated that those who are not court-ordered to aftercare were less likely to follow through with treatment after their release from jail. The greatest difference between treated and untreated offenders was observed in the first six months of release from jail. At two months following release, 33% of untreated offenders were arrested compared to only 16% of treated offenders. At six months, 58% of untreated offenders were rearrested, compared to 46% of treated offenders. The treatment effect seemed to diminish over time. It is speculated that the diminished treatment effect was influenced by the relatively small numbers of offenders who followed up in-jail treatment with community-based treatment.²

F. Program Benefits and Obstacles Encountered

As originally designed and implemented, the drug treatment program in Hillsborough County Jail was insufficiently intensive. Programming consisted of only one treatment hour per day during a 30-day period. This level of programming was found to produce little impact on behavior and attitudes of the offenders. Serious flaws existed in the linkages to community-based treatment resources for offenders completing their sentence and being released to the community.

Beginning in December 1988, the program was consolidated into a direct supervision treatment dorm. The program was strengthened by the reduction of treatment group size to 8-12 offenders and by doubling the amount of programming. The creation of the treatment milieu created a more positive environment for the offenders.

One significant advantage to accepting unsentenced offenders to the program was that at the sentencing hearing the judge could order the offender to post-release treatment and/or to full compliance with the aftercare plan.

Cook County Model

A. Background

The Cook County Jail is located in Chicago, Illinois, and is the largest single-site county jail in the free world, with an average daily census of over 7,000 inmates. Cook County was selected as the third site to receive funding from the Bureau of Justice Assistance to develop an in-jail treatment program. Prior to the BJA award, limited drug treatment services had been provided to the jail by Gateway Foundation, a private non-profit drug treatment agency. After BJA awarded the grant to Cermak Health Services (and Cermak's Department of Psychiatry), within Cook County's Public Health Agency, it became the focal point for additional drug treatment programming. In addition to caring for the mentally ill, Cermak Department of Psychiatry is responsible for the coordination and administration of the substance abuse program. Of the nearly 55,000 detainees processed through the Cook County Jail annually, an estimated 60% were found in need of substance abuse treatment.

As a result of grant funding, new program staff (County employees) were hired and a Substance Abuse Therapeutic Community (SATC) was developed with technical assistance and some staff support from Gateway Foundation. The program originally provided services to 220 men and 30 women. At the conclusion of federal funding for the program, the County continued to contract for services through Gateway Foundation to maintain the therapeutic drug treatment community. Services were expanded to approximately 280 men and 40 females in 7 male pods and 1 female living area. Programming for men and women is separate. Presently, treatment staff are Gateway employees.

B. Program Description

1. Treatment Philosophy

The Cook County SATC's mission is to provide a continuum of care services for chemically-dependent offenders based within the Cook County Department of Corrections. To that end, Cermak and Gateway Foundation designed a controlled and structured environment to introduce and motivate chemically-dependent offenders to a drug-free and responsible life style. Community-based treatment, seminars, and workshops; group and individual counseling; and educational and outside supportive services are the agents of change.

The SATC program incorporates a self-help model as an integral part of its overall treatment philosophy. Treatment is offered on a voluntary basis; clients not expressing a desire for or willingness to abide by its goals and objectives are excluded.

2. Program Goals and Objectives

The goal of the program is to prevent further drug abuse and criminal activity related to drug abuse, to reduce social and judicial costs of drug-related offenses, and to reduce the disruption of families due to incarceration. In relation to this goal, program participants are encouraged to:

- Recognize and admit their substance abuse problems
- Reach an understanding that a positive alternative to substance abuse and destructive behavior is available
- Learn self-discipline and accountability for their behavior

3. Program Structure

The Cook County SATC program was designed as a therapeutic community modality. It is directed toward creating and maintaining a controlled, structured residential environment. It operates by placing the full responsibility for each offender's behavior and attitude with the offender himself. It is designed to aid and encourage drug-addicted offenders to reconstruct their lives, establish values and principles to guide their behavior, and become emotionally mature, productive and responsible members of society. The program encourages cooperation and interdependency. It further requires all participants to maintain work duty within the jail, to maintain their living quarters in a clean and neat manner, and to attend all treatment activities.

The program provides a highly structured introduction to chemical abuse rehabilitation to those offenders who have been determined by in-depth screening procedures to need these services and be sincerely motivated to participate in treatment. The program aims to reach offenders caught in the cycle of drug addiction and criminality and introduce the values of an alternative constructive lifestyle. It is the program's aim that these principles will be incorporated into the offender's behavior upon release from incarceration.

The therapeutic community modality is provided in five forty-man dorms. Although the treatment is designed for pretrial inmates, the average length of stay in the program is five months.

4. Program Services

The SATC approach relies heavily on encounter groups to change the offender's behavior through continuing confrontations. Staff-monitored groups are designed so that each individual:

- Sees a mirror of himself
- Is pressured to change attitudes that are self-defeating
- Learns to be honest and to trust others
- Learns to express feelings with the group as a safety valve to vent feelings that cannot otherwise be released.

Offenders in SATC also attend seminars and workshops provided by counseling staff and other outside agencies.

The aim of the SATC program is to direct clients toward a community-based treatment modality that is suited to their individual needs.

5. Screening/ Assessment

Upon entering the Cook County Jail Complex, all new detainees are given a complete physical examination and psychiatric screening by the Cermak Department of Medicine and Psychiatry. At present, detainees are referred to the treatment program by the Department of Corrections staff, Social Service, the Medical Department, the Department of Psychiatry, and court order. Also, inmates can request services at any time during their incarceration. An inmate who meets minimal admission criteria is interviewed by Department of Psychiatry staff and is subsequently transferred to a temporary housing unit waiting list. This waiting period is generally three to five days. Given the severe scarcity of resources with which to treat substance abuse, the motivation level of a detainee for treatment is a consideration in screening. From a correctional perspective, every attempt is made to ensure that a safe and therapeutic environment is maintained for all program participants.

6. Gatekeeping Function

To preserve the goals and objectives of the Cook County SATC, selectivity of clients entering the treatment program is a concern. The client waiting list housing unit provides an opportunity to view a client's readiness to participate effectively within the therapeutic community milieu. If either security or treatment personnel feel an offender is not ready, and the program director concurs as the final authority, the offender will not be allowed entrance to the SATC.

7. Drug Testing

Drug testing is not a component of the program and is employed only when an offender is suspected of substance abuse.

C. Transition (Aftercare) Linkages

Follow-up referral for community treatment is provided through a Treatment Alternatives to Street Crime program. TASC subcontracts with Cermak for offender court referral and linkage to community agencies.

D. Staffing

1. Program Staff

During the period of the BJA grant, the SATC hired one coordinator to manage the treatment unit and one counselor for each of the five 40-man treatment pods. These

counselors were primarily master's-level counselors with substance abuse certification. However, a graduate degree in counseling or related field is no longer a requirement for employment as a program counselor. Following the completion of the grant, the Gateway Foundation continued the treatment effort employing its own staff. Currently seven to eight certified addictions counselors and one program coordinator provide services. Many of these individuals have a background of personal recovery from drug addiction and thus offer positive role models for offenders in the program.

2. Staff Training

Some training of both corrections and treatment staff was provided by Cermak staff and Gateway Foundation prior to and during the program's operation. Training focused on a number of areas including the roles and responsibilities of treatment and corrections and the goals of treatment within the jail environment.

E. Program Evaluation

During the period of the grant, over 300 offenders successfully completed the program. The offender population entering treatment was primarily black and hispanic. The mean age of the population was 35. Sixty percent of the offenders did not have high school diplomas. The first regular use (once a week or greater) of illegal drugs was reported at an average age of 16 years. Fifty-seven percent reported using opiates, including 30% that used them weekly. Thirty-two percent reported cocaine as their drug of choice. Alcohol abuse was reported in 32% of the offenders.

Outcome data from the Cook County Jail SATC program are reportedly forthcoming. Difficulties in obtaining confidential records for the purposes of research have hampered the data collection process. Anecdotal reports of the program's success are abundant among treatment staff and former offenders. One preliminary TASC report indicated that of 24 offenders placed in community treatment, all 24 were still actively involved in those programs six months later.

F. Program Benefits and Obstacles Encountered

The Cook County SATC brought a selected group of drug-abusing offenders into a limit-setting structure to provide programming that would have probably been otherwise unavailable to them in or out of jail. This programming was to track the offenders from

intake to aftercare and to place a select number of offenders in continued treatment in the community. This was a major program benefit.

However, there were problems and limitations that hampered the potential effectiveness of an otherwise solid program. The SATC lacked the personnel to provide effective transition of the offender to needed community lifestyle and treatment resources. Also, (and again because of personnel) most offenders were not effectively tracked in the community, and follow-up data on such items as drug-free status, employment, criminal activity, etc., were not available unless they reoffended. Although TASC case management services were available to some, in most cases they were available only when the court had mandated follow-up.

Also, for many offenders, no suitable community resources existed to meet their transitional (aftercare) needs. Offenders who had committed certain crimes of violence were not accepted to any of the transitional living programs regardless of their in-jail treatment progress.

As a result of these experiences at the Cook County SATC, it was learned that program treatment personnel should not be expected to perform transitional outplacement of graduating offenders. The Court should be encouraged to require transitional planning and outplacement participation in treatment as a condition of sentencing.

Finally, the experience at Cook County has underscored the need for an automated system of information management for each offender screened into the program. Such a system would allow greater accessibility to outcome data. Such a system might make it possible to profile successful and unsuccessful offender outcomes and make better choices when allocating limited treatment resources.

IV. Program Funding Resources

Funding sources for jail-based treatment programs vary in amount and source from year to year. The three major sources of program funding are local/regional resources, state government, and federal government. Each of these sources will be discussed briefly in turn. From the viewpoint of strategy, administrators seeking to start new programming or enhance existing programs should consider developing a wide-net approach to funding. When requests for funding are sent to federal government agencies, parallel requests can be reworked and sent to state and local funding resources. This reduces the redevelopment of proposals and increases the likelihood of ultimate success.

A. Local and Regional Funding Sources

Developing local funding options for drug treatment programs within jails requires ingenuity and patience. The following are ideas that serve to sustain a program:

- **Program design**
When start-up grant funding runs out, a program may end. By designing programs composed of several stand-alone components, such as 12-step programming, drug education, cognitive therapy, etc., the loss from funding reductions of one component will not jeopardize the entire program. This is not to say that the overall treatment program would be unaffected by the loss of one component, but some program continuity could be maintained. For example, following funding cuts in the Pima County/Amity program, the inmates in the treatment pod requested that they be allowed to continue to live together in the treatment pod. They operated 12-step groups and continued to maintain the regimen of the therapeutic community in the absence of program counselors.
- **Shared costs**
By sharing the cost of operating the program among several agencies, the burden does not become too great for any single agency. Partial funding might come from local sheriffs' inmate welfare funds, from county health services, county drug and alcohol agencies, and from county general funds.
- **Shared staff**
Jail-based programs can often reduce staffing costs by sharing staff with other agencies or other jail programs. Sharing staff with mental health programs, jail health services, or jail education services can reduce the cost to any one program.

Sometimes staff from private agencies can provide special programming at little or no cost.

- **Volunteers/Interns**

Volunteer organizations can provide both physical and human resources to supplement programming. These resources include 12-step groups, church organizations, local colleges, and civic and fraternal groups. If jail-based programs have a master's- or doctoral-level counselor or psychologist on staff who can provide supervision, they may be able to attract interns from local and regional addictions counseling, social work, and psychology programs.

- **Income generating**

Some jail-based programs have employed the jail-industry concept to generate additional operational and programming funds. Jail industries generally involve start-up funding that is not a part of the general operating budget of a jail. Local and regional foundation can sometimes provide the one-time funding needed to purchase equipment or materials for the jail industry. Inmate welfare funds might also be used for this purpose.

B. State Government

Funding from state government for jail-based drug treatment programs typically comes in the form of pass-through federal grant funding (often matched by state dollars). Many states have criminal justice planning commissions or other agencies that are aware of funding opportunities or that respond to local and county requests for program funding.

C. Federal Government

Several federal agencies make grant funding and technical assistance available to assist drug treatment programming. Federal funding tends to be program start-up funding. Jurisdictions that apply should have concrete plans for local and/or state continuation funding. If a Sheriff or community is unprepared to continue the funding of a program started under federal grant, once the grant funding ends, the program will be likely to fail. A list follows of the relevant federal agencies, their mission statements, and contact information. Again, it is wise to caution that the priorities of federal agencies change from year to year.

1. Department of Justice Programs

The major source of state and local corrections funding within the federal sector is the Department of Justice (DOJ). This agency plays a significant role in protecting citizens through its efforts for effective law enforcement, crime prevention, crime detection, and prosecution and rehabilitation of offenders. In the past, significant funding for jail-based drug treatment, training, and technical assistance has emanated from the DOJ. However, in the current cycle of funding interest and priorities, the DOJ and its many divisions have moved away from funding drug treatment enhancement efforts in favor of the enhancement of enforcement initiatives.

Another office within the Department of Justice is the Office of Justice Programs (OJP), which was established to foster the cooperation and coordination needed to make the criminal justice system function effectively. Each bureau or office within OJP retains independent authority in awarding funds to carry out the programs it sponsors. Collectively, however, these agencies constitute a single agency, the goal of which is to implement innovative programs and to foster improvements in the nation's criminal and juvenile justice systems. Within the OJP, the components that offer grant funding are the Bureau of Justice Assistance (BJA), National Institute of Corrections, National Institute of Justice, Office of Juvenile Justice and Delinquency Prevention, and Office for Victims of Crime.

2. Department of Health and Human Services

Corrections funding is also available from the Department of Health and Human Services (HHS). The 1990-91 Government Manual states that the HHS is the Cabinet-level department most concerned with people and most involved with the nation's human concerns. The Department's Public Health Service has, as part of its mission, the sponsorship and administration of programs for the development of health resources, the prevention and control of diseases and alcohol and drug abuse, and the provision of resources and expertise to the states and other public and private institutions in the planning, direction, and delivery of physical and mental health care services.

The major agency under HHS that offers corrections-related grant funding is the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). Under a recently announced (June 1991) legislative proposal, ADAMHA would be reconfigured as a service agency exclusively responsible for mental health, drug and alcohol treatment and prevention services. The agency's research components, the National Institute of Mental Health, National Institute on Drug Abuse, and National Institute on Alcohol Abuse and Alcoholism,

would be merged with the National Institute of Health. ADAMHA would be composed of the Office for Substance Abuse Prevention, the Office for Treatment Improvement (OTI), and a new Office of Mental Health Services. The restructured agency would continue to manage the ADMS block grant program.

Within ADAMHA, the Office for Treatment Improvement is primarily responsible for funding drug treatment programs in corrections settings and for providing technical assistance to new and existing programs. Currently, OTI is the best source of federal funding for these purposes. OTI will distribute approximately \$1.2 billion in ADMS block grant funds to the states in fiscal year 1991. These funds are distributed directly to the states, which then distribute the funds to cities and local governments within their jurisdictions. ADMS grants are distributed according to a formula that is legislated by Congress. The formula determines how much funding each state will receive. The fiscal year 1991 ADMS funds are targeted to expand the capacity and monitor the treatment service delivery nationwide. In addition to ADMS funds, OTI funds demonstration programs and special initiatives.

Further details appear in Table 1, taken from Grant Funding Sources, compiled by Corrections Research Institute under a Bureau of Justice grant, currently in press.

**FEDERAL
Grant Funds Available - 1991**

Funding Source	Funds Available	Contact Information
<p>Office of Justice Programs</p> <p>Bureau of Justice Assistance (BJA)</p> <p>The BJA provides financial and technical assistance to state and local units of government to control drug abuse and violent crime and to improve the criminal justice system. The Bureau is authorized to make grants for the purpose of enforcing state and local laws that establish offenses similar to those established in the Controlled Substances Act, and to improve the functioning of the criminal justice system, with emphasis on violent crime and serious offenders. BJA grants fall into two categories, Formula Grant funds and Discretionary Grant funds.</p> <p>Formula (or Block) Grant funds: States apply directly for these funds and are required to prepare a statewide anti-drug and violent crime strategy as part of their applications.</p> <p>Discretionary Grant funds: These funds are used to provide state and local criminal justice agencies with state-of-the-art information on innovative and effective programs, practices, and techniques through demonstration projects, training, and technical assistance. Discretionary Grant funds are awarded directly by the Bureau and do not require matching funds.</p>	<p>\$ 423 million (Formula)</p> <p>\$ 50 million, or 20% of the total allocation, whichever is less (Discretionary)</p>	<p>202/514-6638 (Formula/Block)</p> <p>202/514-5947 (Discretionary)</p> <p>Bureau of Justice Assistance 633 Indiana Avenue, NW Washington DC 20531</p>

Federal Grant Funds Available - continued

Funding Source	Funds Available	Contact Information
<p>Office of Juvenile Justice and Delinquency Prevention (OJJDP)</p> <p>The OJJDP is the primary federal agency for addressing juvenile crime and delinquency and the problem of missing and exploited children. The Office comprises four divisions, one of which, the State Relations and Assistance Division, oversees the formula grants program. States can receive formula grants to help implement delinquency prevention and system improvement programs. Discretionary grants are available to non-profit organizations and government entities for objectives such as programs and evaluations.</p>	<p>\$100,000 (Improving Literacy Skills in Institutionalized Juvenile Delinquents)</p> <p>\$600,000 (Incarcerations & Minorities)</p> <p>\$25-50,000 each grant (Field Initiated Program)</p>	<p>202/307-5940</p> <p>202/307-1150</p> <p>202/307-1150</p> <p>OJJDP 633 Indiana Avenue, NW Washington, DC 20531</p>
<p>Office for Victims of Crime (OVC)</p> <p>The OVC serves as the federal focal point for addressing the needs and improving the treatment of crime victims. The Office awards grants to states to compensate crime victims for expenses resulting from their victimization. Grants also are awarded to state governments to support state and local programs that provide direct assistance to crime victims and their families as well as previously underserved victim populations. Certain discretionary grants are also available to non-governmental organizations which in the past have taken the form of family support and technical assistance.</p>	<p>\$500,000 + augmentation from other OJP agencies (Discretionary)</p> <p>\$62 million available to the states for victim assistance grant funds (State Matching)</p>	<p>202/514-6444 (Discretionary)</p> <p>202/307-5947 (State Matching)</p> <p>Office for Victims of Crime 633 Indiana Avenue, NW Washington, DC 20531</p>

Federal Grant Funds Available - continued

Funding Source	Funds Available	Contact Information
<p>Office for Substance Abuse Prevention (OSAP)</p> <p>This Office provides a national focus for the federal effort to prevent alcohol abuse and other drug problems. Among many services, OSAP operates a grant program for projects to demonstrate effective models for the prevention, early intervention, and treatment of drug and alcohol abuse among high-risk youth and other target populations. The Demonstration Grants Targeting Youth at High Risk may be applied for by corrections agencies.</p>	<p>\$ 50.7 (High Risk Youth Grant)</p>	<p>301/468-2600 or 1/800/729-6686</p> <p>National Clearinghouse for Alcohol and Drug Information Post Office Box 2345 Rockville, Maryland 20852</p>
<p>Office for Treatment Improvement (OTI)</p> <p>The principal function of this Office is to provide national leadership for the federal effort to enhance approaches and programs focusing on the treatment of drug abusers as well as associated problems of alcoholism and mental illness among this population. OTI provides financial assistance to targeted geographic areas to strengthen treatment programs for drug abuse and other related disorders and administers the alcohol, drug abuse, and mental health services block grant program and the homeless block grant program. OTI also offers grants on such issues as Treatment Improvement in Criminal Justice and Waiting List Reduction Program.</p>	<p>\$ 16.8 million</p>	<p>301/443-6533</p> <p>Office for Treatment Improvement Rockwall II Building 5600 Fishers Lane Tenth Floor Rockville, Maryland 20857</p>

V. References and Resource List

The following is a list of references and resources for additional information related to the general topic of jail-based drug treatment.

A. Selected Bibliography

American Jail Association, Evaluation Findings from the National Model Demonstration In-Jail Drug Treatment Program: Final Report, June 29, 1991.

American Jail Association, ^{"Drug Tx Services in Jails: Results of a Natl Survey" Jan. 1991} ~~A Report of the Findings of a Survey of the Nation's Jails Regarding Jail Drug Treatment Programs~~, draft report, May 1990.

American Jail Association, Design and Implementation Issues for Drug Treatment in the Jail Setting, BJA Monograph (draft), October 1991.

Chaiken and Johnson, Characteristics of Different Types of Drug-Involved Offenders, National Institute of Justice, 1988.

Chaiken, In-Prison Programs for Drug-Involved Offenders, National Institute of Justice, 1989.

DeLeon and Ziegenfuss (eds.), Therapeutic Communities for Addiction: Readings in Theory, Research and Practice, Springfield, IL, Charles C. Thomas, 1986.

Hubbard et al., Drug Abuse Treatment: A National Study of Effectiveness, Raleigh, N.C.: The University of North Carolina Press, 1989.

Intervening with Substance-Abusing Offenders: A Framework for Action, The Report of the National Task Force on Correctional Substance Abuse Strategies, National Institute of Corrections, 1991.

Inciardi et al., "Obstacles to the Implementation and Evaluation of Drug Treatment Programs in Correctional Settings: Reviewing the Delaware 'Key' Experience," National Institute on Drug Abuse, paper delivered to the Technical Review on Drug Abuse Treatment in Prisons and Jails, Rockville, Maryland, May 1990.

Inciardi (ed.), The Drug-Crime Connection, Beverly Hills: Sage, 1981.

Leukefeld and Tims (eds.), Compulsory Treatment of Drug Abuse: Research and Clinical Practice, National Institute on Drug Abuse Research Monograph 86, 1988.

Platt et al., "The Prospects and Limitations of Compulsory Treatment for Drug Addiction," Journal of Drug Issues, 18 (4), 1988.

Tony and Wilson (eds.), "Drugs and Crime," Vol 13, Crime and Justice, Chicago, University of Chicago.

Wexler et al., A Criminal Justice System Strategy for Treating Cocaine-Heroin Abusing Offenders in Custody, National Institute of Justice, 1989.

Wish, "Identification of Drug Abusing Offenders: A Guide for Practitioners," paper presented at the National Academy of Sciences Workshop on Drugs and Crime, Atlanta, 1987.

B. Model Site Contacts

Pima County/Amity Model

Corrections Captain Frank R. Hecht
Pima County Sheriff's Department
P.O. Box 910
Tucson, Arizona 85702
602/ 740-2836

Hillsborough County Model

Program Manager, Substance Abuse Unit ?
Hillsborough County Sheriff's Office
County Jail Central
1201 Orient Road
Tampa, Florida 33619
813/ 247-8838

Cook County Model

Carl Alaimo, Psy.D.
Cermak Health Services
2800 South California Avenue
Chicago, Illinois 60608
312/ 890-5610

C. Federal Information Sources

National Institute of Corrections Jail Center
1790 30th Street, Suite 440
Boulder, Colorado 80301
303/ 497-6700

National Institute of Corrections Information Center
1790 30th Street, Suite 130
Boulder, Colorado 80301
303/ 939-8877

National Criminal Justice Reference Service
800/ 851-3420
Maryland and Metropolitan Washington DC: 301/ 251-5500

VI. Endnotes

1. See Intervening with Substance-Abusing Offenders: A Framework for Action, National Institute of Corrections, 1991, for a more detailed discussion.

2. For a more detailed discussion of model site evaluation findings see Peters et al., Evaluation Findings from the National Model Demonstration In-Jail Drug Treatment Program: Final Report, report submitted to the American Jail Association, June 28, 1991.