

Drug and Alcohol Service Delivery in the PADO

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Reentry and Specialized Programs

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Good morning Chairman Erickson, Chairman Hughes and Members of the Senate Public Health and Welfare Committee. Thank you for the opportunity to testify here today and discuss the services offered through the Department of Corrections specific to the drug and alcohol needs of our offender population.

The population of the Department of Corrections increased from 46,700 inmates to over 49,000 from September to December 2008. This sudden inflation was the result of the parole moratorium established in response to a series of violent crimes committed by parolees during 2008. With our current population totals exceeding the projections for 2010, the need to reduce recidivism and divert low risk, non-violent offenders is paramount. Recently, legislation was enacted providing additional sentencing alternatives for low risk offenders. These diversionary programs coupled with our existing institutional services provide a full spectrum of substance abuse and addiction treatment for incarcerated offenders.

In 2008, 10,783 inmates were received through our Diagnostic and Classification centers at SCI-Camp Hill (males) and Muncy (females). During the initial classification process, a comprehensive battery of assessments is completed on every inmate to determine risk to the public and treatment needs. The DOC utilizes the Texas Christian University (TCU) drug screen and assessment instrument to determine the severity of the drug and alcohol needs of the offenders. From the inmates received at our diagnostic centers in 2008, 63% were assessed as having a substance abuse or dependency problem significant enough to warrant treatment. Substance abuse treatment needs are determined through the TCU score in conjunction with supporting collateral evidence of a substance abuse problem gauged from the inmate's criminal and social history.

Following the assessment phase of the classification process, and based on the assessment tool results; appropriate treatment programs are then recommended for the offender. Based on the TCU score and the severity of the substance abuse or dependency, a recommendation is made for either inpatient or outpatient treatment services. For those inmates without a history of drug or alcohol abuse or dependency, AOD treatment services are not offered.

The Department has recently expanded the realm and availability of our AOD services. Over 2,000 beds are now dedicated for inpatient AOD treatment services across our 27 correctional institutions. The inpatient programs or Therapeutic communities (TC) are the most intensive form of drug and alcohol treatment offered by the Department of Corrections. At present, we have 41 drug and alcohol therapeutic communities; at least

one located at every state correctional institution. In 2008, over 4,300 inmates were enrolled and successfully completed a six-month Therapeutic Community program. An evaluative study begun by Temple University in 1998, tracked two-thousand inmates for seven years upon their release from prison. The study concluded that those inmates who assessed as needing intensive AOD treatment and actively participated in a Therapeutic community while incarcerated succeeded at greater rates on parole than inmates assessed as needing intensive treatment and failing to participate. After seven years post incarceration, therapeutic community participants had a 42% lower recidivism rate than recommended non-participants. Concluding, participation in therapeutic communities can have a significant positive impact on reducing recidivism and enhancing public safety.

As is prevalent, substance abuse or dependency issues are often coupled with other challenges creating additional barriers to treatment. To target as many offenders as possible while providing effective treatment, the Department offers five different types of therapeutic communities. These varying treatment options allow populations that may otherwise not be provided treatment the opportunity to address serious substance abuse issues and takes steps to address their addictions. Limited English Proficiency (LEP) individuals have the opportunity to participate in the Hispanic TC located at SCI Camp Hill. Bi-lingual treatment services for this therapeutic community are contracted through Genesis House, Inc. Additionally, two therapeutic communities are open to provide substance abuse and mental health services for both male and female offenders. These therapeutic communities specifically address the dual diagnosis needs of inmate participants. Drug and Alcohol treatment specialists in conjunction with institutional psychology staff provide the inpatient services for this population.

Most inmates participate in a six-month therapeutic community program. However, special circumstances dictate referrals to an accelerated three-month program for those inmates with short minimum sentences or parole violators returned for substance abuse related violations. All therapeutic communities, regardless of duration, follow a three-phase, evidence-based philosophy that incorporates the "Principles of Effective Correctional Intervention". These principles place a strong emphasis on addressing crime-producing needs such as antisocial attitudes, beliefs, values, and associates. The cognitive-behavioral approach of the curriculum united with the total immersion concept of the therapeutic community, allows offenders to combat addictive behaviors in a controlled environment. With the continued growth of the inmate population and influx of offenders with substance abuse issues; the need for more therapeutic communities has become evident. Five additional inpatient communities are slated to become operational before the end of 2009. This TC expansion will provide an additional 231 beds dedicated to AOD inpatient treatment.

As previously mentioned, 42% of our newly received inmates assessed as needing intensive inpatient treatment services. Another 21% however assessed at a lower rate of substance abuse according to the Texas Christian University (TCU) drug screen. While assessment scores indicate AOD treatment would be beneficial, the intensity of a therapeutic community is not necessary to have a positive impact on these offenders.

In response to this intermittent programming need, the DOC offers Outpatient and Intensive Outpatient programs. The overall expectation of the Outpatient program is to provide an inmate with the opportunity to change his/her attitude and behavior toward the use and abuse of alcohol and other drugs. Through the Outpatient program, inmates are provided the tools to effectively deal with recovery and relapse issues while pursuing better interpersonal skills, emotional stability, and adjustment toward a law-abiding life. Over 4,400 inmates participated in outpatient or intensive outpatient programs in 2008. Similarly, over 2,300 parole violators participated in the parole violator outpatient program since their 2008 return. This program, only moderately different than the other outpatient programs focuses more on identifying factors that contribute not only to the initial relapse but returning to prison overall.

In April 1998 and subsequently in July 2007, the Department opened SCI-Chester, located in Delaware County and reopened SCI-Pittsburgh in Allegheny County. Both institutions are dedicated drug and alcohol treatment facilities with the combined capacity to house and treat approximately 2,700 inmates. Dedicated facilities with the majority of the inmate population actively participating in treatment and rehabilitation services are rare. Professional staff use the Social Learning Model as the treatment modality to emphasize successful substance-free reintegration into the community, self-responsibility, and personal change. Inmates are further encouraged to participate in Alcoholics Anonymous, Narcotics Anonymous, and other 12-step recovery meetings at the dedicated facilities and at all other institutions across the state.

With our rapidly growing population, it continues to be a challenge to provide meaningful and effective treatment services. We take our responsibility to change offender behavior very seriously. Across our 27 institutions, we dedicate 148 employment positions to drug and alcohol treatment specialists. State and federal funding provides for the majority of the treatment services throughout the institutions. Additional funding is provided through the Pennsylvania Commission for Crime and Delinquency (PCCD) in the manner of a Residential Substance Abuse Treatment (RSAT) grant awarded for the sole purpose of providing drug and alcohol treatment services. Grant monies in concert with our budgetary allotment permit the contracting of additional specialized AOD services both inside the institutions and in the community. During 2008, the Department transitioned from the Gaudenzia group to Community Education Centers, Inc. (CEC) for the AOD contract services at both SCI-Chester and Pittsburgh. Community Education Centers, Inc. provides inpatient therapeutic community services at both dedicated institutions and outpatient services at nine other facilities. A portion of the contract provides transitional treatment for offenders re-entering the community from a specialized institution. These transitional services are invaluable for the successful reintegration of offenders into society.

The Bureau of Community Corrections, within the DOC oversees fourteen state-run community corrections centers and 38 contract facilities across the Commonwealth. Community Corrections Centers (CCC) are vital instruments providing support to inmates during their initial reentry into the community. CCC's provide offenders with employment assistance, vocational or education guidance, safe affordable transitional

housing, and a variety of counseling opportunities, both individual and group, specific to the on-going treatment needs of the offender. Community Contract Facilities (CCF) are privately run centers, contracted through the Bureau of Community Corrections, that often specialize in drug and alcohol rehabilitation or other diversified treatment services. Due to the frequent lack of resources in many rural areas across the state, contract facilities provide treatment options that may otherwise not be available for the transitioning offender. Contracts currently exist with community treatment facilities, which are licensed through the Department of Health's Bureau of Drug and Alcohol Programs (BDAP), to provide 45 to 90 day inpatient substance abuse programming for resident offenders. Likewise, paroled offenders with co-occurring mental health and substance abuse disorders may be placed in community residential facilities which provide intensive, inpatient dual diagnosis treatment. The community residential facilities, also licensed through BDAP, offer variable lengths of stay ranging from 28 day short-term placements to longer-term care options. The vast majority of all community-based programming, provided by or contracted through the DOC is founded upon the principles of the therapeutic community model. Our hope is that community corrections centers and contract facilities ease the transition between incarceration and community by ensuring continuity of care and providing on-going treatment services for paroled offenders.

The last topic I would like to discuss today is the State Intermediate Punishment (SIP) program. Implemented in 2005, the State Intermediate Punishment program was in response to concerns about the link between substance abuse and crime. The overall goal of the program is to enhance public safety through a period of incarceration while at the same time reducing recidivism through intensive substance abuse treatment. SIP was designed as a sentencing alternative to divert low level drug offenders from long term incarceration. Offenders are admitted to SIP through a multi-stage selection process beginning with the court's determination of the offender's program eligibility based on the statutes and sentencing guidelines. Assuming the offender meets the eligibility requirements; upon motion of the District Attorney and agreement of the defendant, before sentencing the court will commit the offender to the DOC for a comprehensive assessment to evaluate the offender's treatment needs and amenability to treatment. Within 60 days of the commitment, the DOC will provide a treatment recommendation to all vested parties. If the recommendation is positive thus recommending participation in SIP and all parties are still in agreement, the court will sentence the offender to a flat 24 month SIP sentence. SIP is a four-phase sentencing program consisting of a minimum of 7 months confinement in an SCI; during which the first four months are spent in a therapeutic community. The inmate then moves to the community corrections phase of the program for a minimum of two months to participate in community-based therapeutic community. Phase 3 of the SIP program involves a minimum of 6 months of outpatient addictions treatment in a CCC, CCF, or at an approved transitional residence. The balance of offender's sentence is served and supervised in the community.

Since the inception of the SIP program in May 2005 through September 30, 2008, 1,631 offenders have been court referred to the DOC for an SIP evaluation. Of those

offenders, 75% or 1,218 have been sentenced to the program. As of September 2008, 242 offenders have graduated from the SIP program, completing their 24 month flat sentence. Although these numbers are promising, the SIP program is vastly underutilized throughout the state. Since the program's inception, from May 2005 through September 2008, an estimated 7,162 offenders admitted to the DOC met the basic statutory requirements for SIP eligibility, but only 23% were referred for a program evaluation. With six-month and one-year reincarceration rates 9% and 16% lower for SIP graduates than non-SIP offenders coupled with the fiscal savings of \$6,101 per SIP participant; the benefits of the program are apparent.

Acknowledging the underutilization of the program, but recognizing the positive impact, Act 81 of 2008 was passed in November expanding and modifying the existing State Intermediate Punishment program. The changes now allow the Department of Corrections to seek sentence modification for offenders who meet the SIP criteria and were not originally referred to the program by the court. As of December 31, 2006, there were only 270 inmates participating in the SIP program; promisingly as of November 30, 2008 there were 865 participants; an increase of 220%.

If utilized as intended, the State Intermediate Punishment program could have a substantial impact on recidivism rates, cost savings, and the prison population. Based solely on SIP resentencing, our population projections reveal a reduction of 260 inmates by the end of 2010. Furthermore, assuming approximately 90% of the September 2008 SIP participants go on to graduate, as is consistent with current graduation rates, the Commonwealth could realize an additional cost savings of approximately \$16.8 million.

Issues associated with substance abuse and dependencies are widespread. DOC population statistics indicate from 2000 to 2008 an increase of almost 12% in the number of non-violent offenders incarcerated. Front-end diversionary programs such as State Intermediate Punishment and intensive treatment modalities such as therapeutic communities are promising ways of combating recidivism, reducing substance-abuse related crimes, and providing cost savings for the Commonwealth. The Department of Corrections will continue to provide quality treatment programs striving to have a positive and lasting impact on those inmates battling substance abuse issues; but most importantly enhancing safety for the citizens of Pennsylvania. I will be happy to answer any questions at this time. Thank you.