

Example 5. Missouri Substance Abuse Ad-Hoc Team Charter

TEAM MISSION:

Identify effective substance abuse treatment approaches and opportunities for the Transition from Prison to Community (TPC) Initiative Team so they can recommend strategies to improve transition practices of offenders.

TEAM SPONSOR: Transition from Prison to Community (TPC) Initiative Team

BACKGROUND:

INTRODUCTION:

Each year approximately 1500 offenders return to Missouri communities following a period of confinement in a state correctional institution. In light of the significant number of offenders who re-enter society, we must ask an important public safety related question: How do we want them when they come back? The number of individuals returned to prison in Missouri for parole violations is growing. During FY 2002, 28% (4,417) of all prison intake consisted of parole violator returns. 97% of incarcerated offenders will at some point be released from prison and return to live in communities throughout the State. Public safety is enhanced when offenders transition successfully from prison to their community. There is an increasing need for the Department of Corrections to work collaboratively with departments of state government and other stakeholders to strengthen the likelihood that offenders will transition from their period of incarceration to become productive, law abiding citizens.

A Transition from Prison to Community (TPC) model, developed by the National Institute of Corrections is providing a philosophical framework in Missouri for stakeholder agencies to promote common interests, integrate services and improve the overall offender transition process. The Department of Corrections, Department of Mental Health, Department of Economic Development, Department of Social Services, Department of Health and Senior Services and Office of State Courts Administrator participated in an inter-departmental planning meeting concerning offender transition on September 10, 2002. At that time an inter-departmental TPC steering team was formed. The steering team was charged with “managing efforts for the collaborating organizations to improve transition practices for offenders in order to enhance public safety, reduce recidivism and maximize all available resources.”

The Steering Team has identified a number of key factors that impede successful offender transition and contribute to offender recidivism and re-incarceration. Systemic based strategies must be developed around each of the key factors to improve offender transition and enhance public safety. One of these key factors is returning offenders to the community with the skills and resources necessary to stay free of substances, both alcohol and drugs.

ISSUE

The mission of the substance abuse ad hoc team is to identify effective substance abuse treatment approaches and opportunities for offenders, starting with those in-prison, and continuing in the community after release. We should identify “what works,” and also explore how to make these programs available to every offender in need.

JUSTIFICATION

Baseline Data Questions gathered through the TPC Steering Committee show that:

- 1) a continuity of treatment that starts in the institution and continues in the community seamlessly promotes success (Question 15 G);
 - 2) institutional treatment has a small but positive impact (Question 15 C);
 - 3) of all those who return to prison, 31% are returned for a new drug conviction (Question 15);
 - 4) of those offenders admitted into prison from July through November of 2002, over 50% needed substance abuse treatment that the Department could not provide (Question 15);
 - 5) for offenders released from FY 98 to FY02, 49.2% of those leaving with a substance abuse problem were returned after 3 years compared with only a 37% return rate for those leaving without a problem (Question 15 A);
 - 6) during the period FY98-FY02, 65% of offenders with a known SA problem did not enter a treatment program before first release (Question 15 B);
 - 7) the supervision outcome for those who received institutional substance abuse treatment is better for offenders who received treatment than those who did not, especially in the first year after release (Question 15 C);
 - 8) offenders with a known SA problem on release are much more likely to have an active SA problem while under supervision compared to those who left prison with no SA problem (Question 15 D);
 - 9) for offenders released from FY 98 through FY 02, 63% with a known substance abuse problem did not receive treatment either in prison or in the field (Question 15 E);
 - 10) during this same time frame, of offenders with a known SA problem, 62% successfully completed community treatment (Question 15 F);
 - 11) for offenders with known SA problems who receive both institutional and community treatment (after 30 days), only 4.7% return to prison within the first year compared with 28.3% who do not receive treatment (Question 15 G).
- About 39% of all Missouri inmates were under the influence of alcohol or drugs at the time of the sentencing offense and alcohol and/or drugs were involved in nearly half of all offenses that led to incarceration.¹
 - In FY 2002, 40.2% of all Missouri inmate admissions were due to alcohol (8.8%) or drug offenses (31.4%).²

¹ Senator Harold Caskey report to Missouri Senate: “Arresting the Overflow, Alternatives to Prison Overcrowding and Expansion in Missouri, “ 1999.

- Nearly one third of all Missouri offenders under supervision by probation or parole have been convicted of a drug offense.³
- The Department of Corrections estimates that 75% of offenders in Missouri need substance abuse services.⁴
- Treatment for drug and alcohol addiction cuts drug use in half, reduces criminal activity up to 80%, increases employment, decreases homelessness, improves physical and mental health, and reduces domestic violence, child abuse, and lost worker productivity.⁵
- In-prison treatment that is followed by a period of community-based treatment enhances results. Arrest rates and drug usage are cut at least 50%.⁶

The I concept paper presented the “need principle.” *The Need Principal holds that when “dynamic” risk factors, or criminogenic needs are effectively treated, offenders’ probability of recidivism declines. Treatment decisions should be based on individual offender’s dynamic risk factors discerned through objective assessment processes. Offenders should be re-assessed periodically on dynamic risk factors to inform decisions about changes in custody, placement, service or supervision. Dynamic risk factors include:*

- Anti-social attitudes, values and beliefs,
- Anti-social peers and associations,
- **Substance abuse**
- Educational deficiencies,
- Vocational deficiencies,
- Mental health
- Life skills and social skill deficiencies, and
- Characterological defects (anger, aggression, egocentrism, impulsivity, etc.)⁷

Dr. Alexander Holsinger was contracted to conduct an analysis of information generated by focus groups consisting of offenders and parole officers. The following information pertaining to substance abuse was pulled from that report:

- Benefits of substance abuse treatment were evident throughout findings

² Missouri Department of Corrections, May 2001, Monthly Fact Sheet.

² Missouri Chamber of Commerce (2001), “2001 Study of Missouri State Government Spending.”

² Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment: Findings from the National Treatment Improvement Evaluation Study.”

² U.S. Department of Justice, Bureau of Justice Assistance, (Dec. 1997). “Improving the Nation’s Criminal Justice System: Findings and Results from State and Local Program Evaluations.”

² Dale Parent, Liz Barnett, Abt Associates Inc., “Transition from Prison to Community Initiative-Preliminary Draft.” Page 13, prepared for National Institute of Corrections, February 27, 2002.

- Need for additional substance abuse services present in focus group data, as well as Baseline data
- Specific need cited regarding substance abuse assessment processes (Validated? Normed?)
- Recommendation to closely examine programs
 - Compare their condition to Principles of Effective Intervention
 - Other components of “What Works”
- While importance of substance abuse treatment is irrefutable in the current literature base, Program Quality is a different, more in-depth issue in need of being addressed.

CONCLUDING STATEMENT

A large and growing body of evidence points to a direct relationship between substance use and criminal behavior among offenders. An equally large body of evidence shows that “treatment works” and is a cost effective way of reducing criminality as well as providing the best opportunity for offenders to be returned to the community as useful and productive citizens.

BOUNDARIES:

- The team is to make recommendations only.
- The team shall comprise a representative sampling of the stakeholders.
- The team shall consist of no more than eight (8) members.
- The meetings shall be held in Jefferson City, Missouri.
- The meetings will be held during a period of time where there is a minimal amount of cost associated with this proposal development.

DESIRED OUTCOME: A successful project will result in...

- Reduce the number of people being returned to prison due to substance abuse problems.
 - Areas to focus on:
 - Assessment
 - Integrated services delivery (within different agencies & stakeholders)
 - Continuity of Care (may start prior to incarceration)
 - Improved access and timeliness of various of types of treatment
 - Best practices
 - Offender families

UNDESIRED OUTCOME: A successful project will not result in...

- Negative impact on public safety
- Negative impact on public perception of substance abuse services for offenders
- Duplication of efforts by the various agencies involved in the offenders treatment

ESTIMATED DATE FOR COMPLETION:

MEETING FREQUENCY & DURATION:

Date: 04-24-03
 Time: 9:00 A.M. to 4:00 P.M.
 Location: DOC Training Academy, Room 3C
 1717 Industrial Drive
 Jefferson City, MO

Date: 05-15-03
 Time: 9:00 A.M. to 4:00 P.M.
 Location: Governor's Office Building, Room 470
 200 Madison Street
 Jefferson City, MO

Date: 06-03-03
 Time: 9:00 A.M. to 4:00 P.M.
 Location: Governor's Office Building, Room 460
 200 Madison Street
 Jefferson City, MO

MEMBERS:

- Department of Mental Health/Alcohol & Drug Abuse
 - Rosie Anderson-Harper
- Division of Offender Rehabilitative Services
 - Marta Nolin
- Substance abuse community providers
 - Gene Morgan
 - Barron Pratte, Ph.D., Executive Director, SE MO Community Treatment Center
- Probation & Parole Officer
 - Joyce Nilson
 - Terri Sharp-Roney
- Parole Board Member
 - Donna White
- Department of Corrections Institutional Caseworker
 - Deborah Hager, Unit Supervisor, Farmington Correctional Center
- National Council on Alcoholism
 - Jean Roth-Jacobs

- Office of State Court Administration (OSCA)/Drug Court
 - Marie Peoples
- Kansas Parole Board Chairman
 - Marilyn Scafe

TEAM CHAIRPERSON: Gene Morgan

FACILITATOR: Blake Shaw, 1st meeting
Colleen Dowd, 2nd & 3rd meeting

RECORD KEEPER: To be determined

LEGAL COUNSEL: To be determined on an as needed bases.