Substance Abuse Treatment Recommendations

2007 Report to the Legislature

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Legislative Directive

Minnesota Session Laws 2006, Chapter 260, Article 4, Section 17, directs the commissioner of corrections to:

(a) ….make recommendations to:
   (1) improve the availability of prison-based substance abuse treatment programming and related services; and
   (2) better ensure that offenders released from prison receive appropriate community-based substance abuse treatment and services.

   These recommendations must include an estimate of the financial costs associated with implementing them.

(b) The commissioner shall recommend changes in prison-based programs or release plans to improve the postprison release outcomes of:
   (1) inmates who are directed to complete prison-based short term substance abuse programs; and
   (2) inmates who fail the prison-based substance abuse programs they start.

This report is submitted pursuant to the legislative direction.

Improve Availability of Substance Abuse Treatment Services

The Minnesota Department of Corrections (DOC) currently has more than 800 chemical dependency (CD) treatment beds – primary, pretreatment, and aftercare. They are located at every custody level except 5, at both adult/juvenile and male/female facilities. This number includes a new 24-bed program at the Minnesota Correctional Facility (MCF)-Moose Lake. The DOC is planning an expansion of this program by an additional 24 beds during FY07. The DOC is also anticipating an expansion of the Challenge Incarceration Program at the MCF-Willow River, which is slated to add 30 beds by the end of FY07 with room for expansion of an additional 60 beds as resources become available. As a result of these expansions, the department expects to have 899 CD beds by the end of FY07 and 971 beds at the end of FY08.

Over the past year, the department made the decision to move away from short-term treatment and focus its resources on primary treatment for the purpose of improving post-release outcomes. This change also follows implementation of the department's risk/needs treatment prioritization system that gives priority to offenders designated as having moderate to high risk/needs – a group that requires more comprehensive treatment. Treatment outcome information contained within the Office of the Legislative Auditor's February 2006 report provides relevant back-ground for this decision. However, in making this shift, the department lost some annual treating capacity due to the increased treatment duration (from three to over six months) and the fact that long-term treatment is individualized, making it more staff-intensive to provide.

In planning for actual needs for CD treatment capacity, the following assumptions apply:

- Approximately 85 percent of new commit offenders are directed to CD treatment.
- Approximately 3,500 new commit offenders and probation violators with a long enough sentence to complete long-term CD treatment enter prison each year.
- Approximately 3,000 of these offenders are recommended for treatment and receive a treatment directive.

- The department currently has sufficient resources to offer treatment opportunities to approximately 1,800 offenders annually (this is somewhat reduced from FY06 for the reasons noted above).
- Every 100 primary treatment beds require 9 corrections program therapists, 2 licensed mental health supervisors, 1 assessor, and 1 administrative support position (the addition of program security staff may also be required, depending on the site).

Using the assumptions above:

- The department calculates that it needs approximately 1,200 additional primary treatment beds in order to offer treatment to all offenders with a directive to treatment **and** to offer at least two additional opportunities to those who fail to complete earlier treatment attempts.
- Based on the staffing needs above, every 100 primary treatment beds will cost the department $1.1 million annually. This includes salary and non-salary costs for treatment staff.
- Therefore, the annual cost for the additional treatment staffing needed to provide opportunities for all offenders with sufficient sentence lengths to complete long-term substance abuse treatment would be $13.2 million. This figure does **not** include the annual cost of providing security staff (which is site-specific) or one-time costs for physical space (construction or remodeling).

The availability of programming space is an issue that must be addressed when estimating the cost of additional treatment beds. If the department expands CD programming, appropriate programming space must be identified. That may mean either remodeling existing or constructing new space.

The majority of the department's primary treatment beds are at custody level 3 facilities. Therefore, many of the expansion beds should be targeted to custody level 4 offenders. For this reason, the department will need predesign funding to determine the associated costs of constructing or remodeling programming space.

As indicated above, the department has proactively moved away from short-term treatment to improve post-release offender outcomes. However, approximately 2,100 release violators are returned to the department each year, and substance abuse is a common direct and contributing factor in those release violations. A short-term "targeted" treatment model would provide offenders an opportunity to prevent additional violations and subsequent incarcerations. Costs associated with the addition of treatment programming are similar to those reported for primary (long-term) treatment above.

Enhance Transitions to Community Treatment

Not all offenders will be offered or complete substance abuse treatment while incarcerated due to the insufficient number of treatment beds or treatment failure. For these cases, transition services during incarceration to facilitate referrals to community-based interventions are prudent and have the potential to reduce recidivism and reincarceration. The DOC supports adding release planning services during incarceration to assist in this process and includes a proposal in the following section. However, a system of effective and timely referrals of offenders to community-based substance abuse treatment programs requires coordination among a complex

and diverse group of state, county, and private agencies that individual release planners are unlikely to navigate successfully without broad-based, interagency planning and coordination. For this reason, the department also proposes creation of a work group to address the systems coordination needed to accomplish the goal of effective treatment services referrals at offender release. Suggested participation could include the DOC, the Minnesota Department of Human Services, county corrections, social services, and community substance abuse treatment providers. Issues to address that are highlighted in the Legislative Auditor's Report include:

- Timely completion of Rule 25 Assessments.
- Ensuring adequate release planning for offenders not receiving a treatment offer or not completing treatment before being released from prison.
- Ensuring sufficient resources available within the Consolidated Treatment Fund to fund all needed offender treatment. This is critical given offenders' lack of financial resources on release.
- Ensuring sufficient community substance abuse treatment resources of the needed duration, intensity, and location.

Release and Reintegration Initiatives

Current DOC Initiatives

Successful reentry is a public safety priority across the country, as 95 percent of offenders are eventually released from prison with approximately two-thirds reincarcerated. Research has demonstrated that good reentry programs can substantially reduce offender recidivism.

In Minnesota, 6,000+ offenders are released each year. The DOC has implemented transitional/reentry psychoeducational programming to better prepare offenders for successful return to the community. Offenders participate in reentry programming in their last six months before release. Programming includes finding and seeking employment, living under supervision, family reunification, securing community services, acquiring identification, and addressing physical/mental health issues. In FY06, the department provided reentry classes for 3,058 offenders.

In 2005, the department created the Minnesota Comprehensive Offender Reentry Plan (MCORP), a strategic initiative between invested state agencies, the courts, and the community in order to plan and oversee a statewide offender reentry approach.

Changes in Treatment and Release Planning to Enhance Treatment Outcomes

The DOC has taken proactive steps to improve offender substance abuse treatment outcomes. As noted above, the department has shifted its current resources to long-term treatment. Additional strategies include hiring CD release and reintegration specialists to provide comprehensive release planning and hiring a volunteer coordinator to work with community organizations to provide transition assistance to those offenders who have completed a prison-based program.

Release planners have begun providing specialized assistance related to community-based CD resources and reintegration into the community for offenders who are completing treatment in the department. The release planner assesses the transition needs of the offender at the beginning of treatment. Near the end of the treatment process, the release planner provides specific

programming related to release and reintegration and develops a release plan with the offender in cooperation with the offender's case manager and agent. The release plan includes information related to housing, employment, abstinence support services, aftercare treatment and/or halfway house placements, and mental health intervention needs. In securing ongoing treatment and/or specialized housing, the release planner assists in obtaining consolidated treatment funds. When the offender also struggles with Serious and Persistent Mental Illness, release planners who specialize in this area provide additional assistance.

While the department is in the earliest stages of implementing substance abuse-specific release planning services to some offenders completing treatment, we are encouraged with the early results of this initiative and recommend expanding these services for all offenders completing treatment as well as for those offenders who do not complete treatment prior to release. Because this is such a new endeavor, the department is not in a position to provide a reliable estimate of what resources would be needed to provide all offenders with substance abuse problems released each year with adequate transition services. Any estimate would need to include a clear definition of the scope of the duties of these positions, and this should be done in coordination with other affected agencies (as above). For instance, these positions could be used to complete Rule 25 evaluations prior to release, which would facilitate community-based treatment funding. Finally, an estimate of the need for these positions is affected by the extent to which additional treatment services are available within the department.

Data Collection Enhancements

The department has also implemented several enhancements to its CD program data collection as well as refinements in its CD programming. A key component has been implementation of the Chemical Dependency Program Evaluation Project (CDPEP). The purpose of this evaluation project is to assess the overall performance and operation of DOC facility CD programs. The process has two phases: a process evaluation and an outcome evaluation. The process evaluation investigates program resources and activities, and the outcome evaluation will link program activities to short-term program activities and long-term outcomes. The CDPEP provides information on CD programs, areas of excellence, and areas of needed improvement.

Program enhancements in the past year also include implementation of a program priority referral process based on risk/needs assessment, conversion of treatment beds from short- to long-term to improve effectiveness with higher risk/needs offenders, increased utilization of motivational interviewing treatment strategies, increased utilization of release and reintegration specialists, and coordination with county resources on release.

Summary of Recommendations

1. ***Replace short-term treatment with long-term, individualized treatment.***

   The department has already initiated this change. Over the last year, the department has shifted almost all of its CD treatment services to long-term, competency-based programming that meets or exceeds community standards. At intake into a program, an offender receives a comprehensive assessment to identify the individual's motivation, needs, and risk factors that will be addressed as part of the individualized treatment program. Consistent with best practices, programming includes not only psychoeducational components but also extensive group and individual treatment that targets the factors identified in the initial assessment period.

2. Provide subsequent treatment offers to offenders who fail treatment.

Offenders who are offered treatment more than once do have some success. Therefore, dependent upon additional resources, the DOC would recommend that some offenders be given additional treatment offers after an initial treatment failure.

3. Ensure that offenders complete pretreatment components.

The competency-based model permits the use of pretreatment components and motivational interventions that are likely to increase the success rates of offenders who are in CD treatment. By identifying offender-specific needs in the assessment process, interventions that can facilitate success (such as mental health treatment) can be undertaken before the offender begins primary treatment. Since the programming is not time limited, individual pacing enables successful completion.

4. Expand release and reintegration services to offenders who participate in CD treatment.

As noted above, release planners provide specific programming related to release and reintegration and develop a release plan with the offender in cooperation with the case manager and agent. The release plan includes housing, employment, abstinence support services, aftercare treatment and/or halfway house placements, and mental health intervention needs. In securing ongoing treatment and/or specialized housing, the release planner assists in obtaining consolidated treatment funds.

The department is in the early stages of implementing this service and does not yet have the necessary experience to provide a sound estimate of resources needed to provide release planning for all offenders with substance abuse problems. In addition, the scope of these positions should be clarified in the context of interagency discussions. Should resources be made available, the DOC would recommend as an interim step that 10 new substance abuse release planning positions be created. The department would need approximately $687,500 to fund the cost of salaries for these additional staff. Non-salary costs associated with these staff would be approximately $60,000.

5. Expand aftercare components of CD treatment.

The DOC has hired a volunteer coordinator to work specifically with community-based programs to provide services to offenders who successfully complete treatment and are housed in DOC minimum-custody facilities. This effort will help establish positive relationships between offenders and community-based organizations before the offender is released, increasing the likelihood of successful transition to community services.

6. Convene a broadly-based interagency substance abuse work group.

The purpose of this work group would be to identify and address barriers to an efficient and effective statewide system of substance abuse services available for offenders released from the DOC. Details regarding the purview of this work group are previously listed in the body of this report.

The department further recommends that any expansions in services be implemented on a gradual basis to allow for the limited availability of qualified professional staff and appropriate facility space.