

***EFFECTIVE ALCOHOL AND SUBSTANCE ABUSE TREATMENT FOR
SHORT-TERM INMATES IN A COUNTY CORRECTIONAL SYSTEM
-- THE MONROE COUNTY MODEL --***

The Monroe Correctional Facility Chemical Dependency Program, Monroe County, New York, operates under the direction of Monroe County Sheriff Patrick O'Flynn.

Selection and Analysis of the Problem

During the early 1990s, leaders in Monroe County, New York, recognized the significance that alcohol and other drug abuse had in both the occurrence of crimes and the correlated rates of incarceration. The community, long known for cooperativeness between business, health care and public safety, sought to impact the level of substance abuse and related crime and violence through a number of interventions. Included were the formation of a Greater Rochester Fights Back coalition, the development of a well-recognized Drug Treatment Court, and in 1994, the formation of an intensive Chemical Dependency Treatment Program at the Monroe Correctional Facility for locally sentenced inmates. Experience has now shown that appropriate programming can address the paramount community problem of substance abuse while persons are incarcerated and, thereby, reduce jail recidivism rates while improving community safety.

Baseline data indicated that approximately eighty percent of those incarcerated for misdemeanors, lower level felonies and violations of probation were jailed in part, or fully, as a result of substance abuse. A review of jail intake data represented only part of the situation, as many of those brought into custody did not acknowledge substance use for a number of reasons. Instead, we sought through structured interviews by specialized staff to ascertain the penetration of substance abuse in the locally sentenced population. The most recent (January 2003) of a number of studies where trained human service staff provided structured interviews to over 180 short-term sentenced inmates indicates the following:

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| Sample size: N =184 random, including a proportionate numbers of males, females and minors | |
| Those for whom substances, including alcohol, directly effected their being incarcerated by being under the influence | 79% |
| Those for whom substances, including alcohol, effected their incarceration indirectly through lifestyle behaviors, stealing or property crimes to get high, prostitution for drugs, etc. | 12% |
| Total alcohol/drug causation | 91% |

The initial challenge was to find a way to impact this extraordinarily high rate of substance abuse and addiction in the incarcerated population to reduce the associated criminal behaviors. There were no existent outcome studies for any other local jail based interventions and no recent data on re-arrest rates for incarcerated individuals post-release. The perception was that somehow more could be done to reduce re-arrest and re-incarceration rates. The Office of the Sheriff turned to professionals in the community to assess the efficacy of current applications in community based treatment. What they found in short was that a rather extensive network of outpatient and some inpatient programs were operating, with apparent positive success and some demonstrated outcomes.

The inmate population in the Monroe Correctional Facility is comprised of those sentenced to a year or less, actually serving two thirds of the sentence. Included are misdemeanants and some low level felons. There are more males than females, found at a ratio of ab~ut four to one. A growing subpopulation of minors are included, with clearly many more males than females. Most of the inmate population have multiple offenses, many with very lengthy criminal histories; the array of alternative to incarceration programs and strong efforts by Probation/Community Corrections seem to often keep one time or occasional offenders under supervision in the community. The population is mixed socio-economically although weighted toward the unemployed and seasonal workers, and toward the lower socioeconomic stratum. African Americans predominate the population at 55%, Caucasian non-Hispanic at 45%, while 10% are Hispanic.

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Initially, benchmarking was attempted with other county jails and correctional systems across the state with very limited results. Smaller facilities had either no substance abuse interventions at all, or had agencies provide evaluations to be utilized for referral to treatment prior to sentencing. One county had an outpatient contract agency that provided three group sessions per week and referrals post release to about a dozen locally sentenced inmates, a very small group from the standpoint of the close to four hundred locally sentenced inmates in Monroe County.

A review of the New York State Department of Corrections identified some programs operational in the prisons for those nearing the end of their sentence or being considered for Parole. These Alcohol and Substance Abuse Treatment Programs (ASAT, CASAT) had some demonstrated effectiveness, but were based more on a "boot-camp" model. Although there were some positive elements in the structure provided in these programs, much of the design did not fit the locally sentenced population as well. Additionally, in our reviews of these programs, there were apparent shortcomings in the effective transition of releasees back to the community.

Ultimately, an intensive model Chemical Dependency Program was developed for implementation in the County Corrections System and currently operates under Sheriff O'Flynn. Specialized staff members were hired who possessed a high level of experience in the provision of chemical dependency treatment in community based agencies. An innovative and catered design was engineered to fit the population in the County facility and to accommodate other facility and scheduling needs.

Program Philosophy and Implementation

Whereas the primary function of the criminal justice system is to ensure the safety of the public through the containment or reduction of crime, the focus of chemical dependency treatment is to improve the overall health of the community by reducing the incidence of problematic alcohol and other drug abuse. We have found that work in these different areas can occur copascetically by taking into account the reality that many persons fall within both realms.

Historically, criminal offenders have been viewed from a variety of perspectives, most of which describe the criminal as being socially deviant, as having personality problems or as being otherwise impaired. Understanding the offender's behavior largely as a function of alcohol or other drug addiction, where appropriate, may allow more successful intervention into the cause of criminal behavior and yield improved results. Key understandings about addiction are:

- First, many people who experience the effects of mood altering substances find them pleasurable. Particularly, those abusing or addicted to substances find the state of intoxication to be exceptionally pleasurable compared to being abstinent. During the later stages of addiction the perceived need to stay high is accentuated by pending withdrawal. People make significant changes only when the threshold of pain exceeds the threshold of pleasure. The person addicted to chemicals will continue to use at least until the pain of the addiction exceeds the positive reinforcement of the drug. This condition is exacerbated by the process of denial, where the person is biologically and psychologically driven to get high, and will dramatically change their thinking to support this. To begin to change, one must make the connection between the substance use and the negative consequences they experience, as generalized psychological pain alone will not precipitate change in chemical use or related behaviors.
- Second, hopelessness pervades the experience of the addict. Many of those addicted to substances wear the scars of years of failure, rejection, loss and shame. In some cases this predates and may even have precipitated the chemical use. For others, the abhorrent and destructive patterns that occurred as a result of the addiction have caused a tremendous amount of pain that could not be negotiated in a state of intoxication or within a lifestyle of avoidance, irresponsibility or denial. Although the intensity of emotions is often sedated or altered by the chemicals, feelings of ,hopelessness, helplessness and desperation permeate the addict's experience.
- Third, motivation for change occurs when the desire to feel better is accompanied by the hope

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that the individual can actually attain a healthier and happier state of being. Critical to the success of Alcoholics Anonymous and other 12 step programs is the notion that people can and do get better if they work the program. These spiritual meetings are filled with testimonies and anecdotes describing those who have lost everything and been involved in horrendous activities prior to achieving sobriety. The clear message to the listener is that one can recover, no matter how sick or how far down the ladder they have gone. All chemical dependency treatment approaches capture to a greater or lesser extent, the same message.

An advocacy is being made toward re-conceptualizing some of the activities of the law enforcement and criminal justice system as providing a positive response to an opportunity for effective intervention into substance abuse. Intervention is essentially the process of interrupting an otherwise predictable course of behavior - in the case of addiction, this behavior is to continue to use substances to the point of early death, often reaping pain and destruction in it's path.

If a defendant is given the option of receiving treatment or going to jail, this may serve as an enticement to getting into treatment. This basic understanding is infused into many alternatives to incarceration programs and has shown positive success in reducing court recidivism and subsequent arrests. Given the chronic nature of addictions, responses are certainly not ensured from one singular intervention; and, in fact, multiple systemic responses must often be provided to facilitate "re-intervention," the periodic and repeated challenge to unhealthy or self-defeating chemical abuse. This need for multiple interventions may be particularly fitting for the criminal justice population, many of whom are more progressed in the addiction process, or may have more difficulty in learning from experience due to other psychological complications.

Recovery is the exception to the rule. The explanation used most often in self-help circles is that it is a miracle, the largely inexplicable and greater culmination of a sequence of events, usually initiated by some sort of personal crisis. Incarceration and other sanctions are profound negative experiences that may precipitate the crisis necessary to create motivation. The recovery process is then most effectively influenced by prolonged exposure to certain principles, to the alternative of living "by the program." If a substance abuser is abstinent this exposure is likely to have an effect .. While incarcerated, the addict is likely to slow or break the cycle of addiction by virtue of enforced abstinence. In this environment, some become teachable in ways that cannot be achieved outside of jail. For a number of chemically dependent individuals, jail signifies a real "bottom," the point at which the pain and consequence of the addict's chemical use are at a point even greater than the pleasure of chemical use.

What Works

Based on data, observations, and concerns about increasing rates of incarceration, the intent was to implement an alcohol and drug treatment program for short term sentenced inmates who would soon be returning to the community and if untreated, would likely recommit crimes and ultimately be rearrested.

The Monroe Correctional Facility Chemical Dependency Program was initiated in 1994, and has since expanded with the addition of highly skilled, specially trained staff allowing for the provision of treatment applications to a broader range of inmates. This intensive treatment program is specially designed to impact the root cause of much crime in a positive way and results in reduced criminal behavior, increased public safety, and lowered jail recidivism.

The program has evolved and matured since its inception to the point of servicing over 500 inmates per year including adult males, females, minors and a few Parole violators. The operations occur in or around five open housing areas with between thirty and sixty inmates in each. A number of adjacent group rooms and offices accommodate the staff and volunteers. Over a hundred groups occur per week with a tremendous variety of concentrations. The groups and meetings are run by staff of the Sheriff's Office or by some of the over two dozen agencies and volunteers assisting the facility efforts. Activities are coordinated by some of the full time staff members including the Director of Inmate Drug and Alcohol Programs. Continuous assessment occurs to ensure consistency in approach with

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the above referenced philosophy and compliance with the operational model.

The Monroe County program owes a great deal to volunteers as well who provide supportive counseling and some aspects of case management, who perform evaluations on site, and who run the A.A. and N .A. meetings as adjuncts to the other program elements. Through special grant funding, two major school districts and a community substance abuse treatment agency provide staff to do case management and individual counseling for the program, as well as delivering a drug education curriculum.

How It Works

The following components are integral to the Chemical Dependency Treatment Program:

- Screenings and Transfers - Inmates appropriate for and able to benefit from the program must be identified and slated for program involvement. The program operates best as discreet units with inmates housed separately from non-program inmates. This allows for ready availability of those in the program and encourages interaction and discussions about recovery outside of the designated activities.
- Evaluations - An activity that captures a full accounting of the impact of chemical abuse on the inmate's life. This is not only an insight provoking experience for the inmate but a chance for the counselor to make decisions about the specific components of the in-house program which would be advantageous for the inmates' recovery. The evaluation summary is used as a spring board for referrals to community aftercare.
- Individual Counseling - During individual counseling inmates are shown new ways of behaving, adjusting to stress and setting attainable, positive life goals. This process can only be initiated during the jail stay, as it is a lengthy one of turning around long established behaviors and patterns of thinking and feeling.
- Group Therapy - This is the central vehicle for precipitating change in the behaviors and attitudes of the chemically dependent inmate. During group, each member identifies problem areas and receives input from others regarding similar situations and plausible solutions. The group setting is particularly impactful in clarifying and confronting problematic lifestyle decisions and providing accountability to the inmates.
- Chemical Dependency Education - During the psycho-educational sessions inmates are encouraged to learn about the disease of addiction and begin to understand their behavior in the context of negative, harmful, and destructive patterns. Alternatives are introduced and individuals are encouraged to identify specific plans of action.
- Self Help - Alcoholics Anonymous, Narcotics Anonymous and other meetings are invaluable as they provide a link to the meetings existing in the community. Volunteers are often available to carry their experience and hope into the correctional setting. Inmates serious about their recovery can elicit contacts and sponsorship through these volunteers. These 12 step programs are the basis of most successful recovery programs today and some inmates have had experience with these groups in the past.
- Drug Screening - Regular random testing of urine for a full band of substances helps to ensure inmate's abstinence and deters involvement by those who are not serious about the program. This also ensures that the incidence of chemical use in the treatment program is lower than the rest of the facility, lending credibility to the program. Screens should be observed closely as many inmates know how to alter the sample and produce negative results. Positive urine screens are grounds for confrontation and possible discharge from the program in addition to other sanctions.
- Specialty Program Development - Groups and activities can be developed for special populations such as Hispanics, HIV positive, and those convicted of multiple larcenies or theft charges. Special programming can also include relapse prevention groups for those having been through multiple prior treatments, and personal inventory groups for those in need of significant behavioral change

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in order to function in society. In addition, the program in Monroe County has a cultural issues group, young adults groups and transition groups.

- Treatment Planning and Release Plan - Length of stay in the program is variable and typically comprises the remainder of an inmate's local sentence. Sixty to ninety days appears to be the optimum length of time to be involved in the program, although there is evidence that longer stays are beneficial to young participants. Less than thirty days can allow for some stabilization of the inmate's abstinence and the development of a release plan, but does not allow for full involvement in the program as many of the elements take more time to engage. In this context, treatment planning activities guide the flow of inmates through the treatment process including a special emphasis on the post release plan and referral back to agencies or self help meetings in the community.
- Case Management and Referral - While in this period of stabilization and as the inmate breaks the active cycle of their addiction and enters early recovery, emphasis is placed upon the importance of continuing treatment in the community where they will be faced with activating many of their decisions. These could include changes in their living situation, their social group and activities, returning to school, finding and keeping gainful employment and practicing honesty and self sufficiency.
- Full Coordination with Security Staff in the implementation of milieu therapy - This describes the interactions that occur between inmates and between inmates and staff outside of the formal program activities. There is a clear advantage to housing program inmates in a common area to promote the development of a recovery-focused environment. This evolution is dynamic and involves periodic setbacks as new inmates enter the unit. Probably the most powerful component of residentially based treatment, the power of one addict helping another, is unparalleled. The status of the milieu should be continuously monitored and checked between security staff and counseling staff to encompass activities and conversations that occur during off hours.
- Full Integration of Behavioral Consequences and Positive Reinforcement in conjunction with Security Staff and Vocational Development Specialists - It is important that there be the option of negative consequences levied such as loss of good time or administrative segregation for behavioral difficulties. This allows for successful treatment and positive results with some persons previously thought of as not treatable due to problematic behaviors. Special efforts are also directed to providing reinforcement for inmates who excel in the program by allowing involvement in outside work programs. Some receive the services of a Job Developer and may be placed at a work release site. Referrals can be initiated to job development programs and outside educational release programs.

Showing That It Works

In order to determine program effectiveness and identify areas in need of continuous improvement, baseline demographic information was collected and summarized. Over 500 non-discreet inmates per year have received treatment since 1996, the year that some expansion of the program occurred. Males, females and minors have all been represented in the treatment program.

In the study of human behavior, data for program evaluation typically falls into two categories:

* Process data - this is the most common method of evaluation and includes numerical statistics on such things as numbers of groups facilitated, educational sessions provided, numbers of inmates in attendance at activities, and can include financial information such as cost of program per inmate. Subjective accounts about a treatment experience are acceptable in process data reviews. For example, there were evaluation forms filled out by inmates and family members, probation staff and others describing their impressions of the program activities.

* Outcome data- this would include information on numbers or rates of re-arrests or reincarcerations, percentages of released program participants who are employed, percentages who are abstinent from chemicals or have reduced their intake and numbers who followed through or are active in post

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release treatment in the community. Generally, the most sought after data is outcome data concerning re-arrest rate and recidivism. Secondly, figures on 6, 12 and 24 month employment levels and chemical use are of interest. Ideally, a control group or comparison of those similar in presenting characteristics that are not involved in the program is advantageous to the validity of the study, yet is a costly endeavor.

Additional anecdotal information or subjective data through phone contact or post release evaluation forms can also be revealing. This would include impressions of changes in behavior and activities sometime after release from the facility and the program.

From the inception, the Chemical Dependency Program was developed as an outcomes-driven design. Significant and favorable results were identified each year since the inception of the program. A third six-month post release outcome study was conducted in 2001 with those who had been involved in the program. A random sample was examined in regards to re-arrests during the six months immediately post release and compared with a control group of inmates who left during the same time period. The re-arrest rate for the control group (N=81) inmates was 43%, virtually identical to that of a study done three years prior (42%). The treatment group (N=62) experienced re-arrest in 16% of the cases, a significantly reduced rate. The earlier study yielded a six-month re-arrest rate of 25% for the treatment group.

Findings indicate that exposure to quality alcohol and other drug treatment during incarceration reduces subsequent arrests by half or more. Preliminary results indicate that the reduction in re-arrest rate does sustain comparatively over time, so savings in terms of expenses and public safety are significant and lasting.

Final Thoughts

Near the end of 2001, we developed a discreet program for the minors. The numbers of incarcerated youth continues to increase with mounting concern in the community about this population. The Rochester/ Monroe County Drug Summit has identified the large numbers of youth involved in illegal drug trade and distribution, as well as violent crime and homicide. This special program places most of the minors in their own unit and involves specially selected deputies working in conjunction with school and counseling staff to guide the highly structured unit. Groups and activities are age appropriate and incorporate increased numbers of agencies and religious organizations from the community.

A concern often identified during the initial stages of development is that of "widening the net," or adding inmates to the jail census specifically because treatment was available in the jail that may not be so accessible in the community. There was fear that persons may be sentenced for the program in lieu of other community-based programs. Analysis of the population in the program thus far has not supported these fears. Some inmates are instructed by their judge that they need to enroll in the program as part of their sentence, but it appears that in almost all cases, other options have been attempted before sentencing and referral to the jail program. It is conceivable that some sentencing may have occurred in lieu of referral but we found no indication of this in discussions with inmates, public defenders or from review of files. It appears, therefore, that judges are prone to attempt community-based treatment alternatives to incarceration before giving jail time regardless of the existence of the program and that census is not increased as a result of having the program.

Overall the Chemical Dependency Program at the Monroe Correctional Facility stands as an innovative, unique and responsible mechanism to address the overarching problems of alcohol and other drug addiction. By providing intensive and focused applications in the jail setting, this program has been instrumental in changing the destructive lifestyles of many, and reducing the resultant crime and accompanying violence in our community.

******* *This paper is dedicated to recognize the tireless, devoted, and impassioned work of the following Office of the Sheriff staff members: Victoria Laneri, Dan Perna, Patricia Williams-McGahee, Mary Jo Carbonaro, Gwen Randall, Amy Fromm, and Rahsaan DeLain.*