

# Attachment EE - Grant Application RSAT Aftercare

## Residential Substance Abuse Treatment (RSAT)

for State Prisoners Program

CFDA #16.593

### Statement of the Problem

The Maryland Department of Public Safety and Correctional Services (MDPSCS) initiated a Residential Substance Abuse Treatment (RSAT) program in 1996. Since that time, MDPSCS has expanded treatment capacity and currently operates five prison-based modified therapeutic community (TC) programs with the capacity to treat over 1000 offenders annually. The prison-based TC programs provided by MDPSCS are operated through contracts with community providers who have proven experience providing specialized programs for offenders with substance abuse disorders.

Drug treatment is related to positive outcomes in reducing drug-related criminal behavior and reducing the risk of recidivism among drug-involved offenders. Prison settings commonly provide TCs as the primary treatment model available to substance involved offenders (Substance Abuse and Mental Health Services Administration [SAMHSA], 2005). SAMHSA suggested that the intensity of TC programs makes it the preferred model of treatment for substance involved offenders.

Participation in prison-based substance abuse treatment has been found to have a significant impact on reducing recidivism among offenders with histories of substance abuse and drug-related offenses (Hiller, Knight, & Simpson, 1999; McMurrin, 2007; Mitchell, Wilson, &

MacKenzie, 2007; Pearson & Lipton, 1999; Pelissier, Motivans, & Rounds-Bryant, 2005).

Studies of the effectiveness of the modified TC model have shown a significant reduction in recidivism for treated offenders (Hiller, Knight, & Simpson, 1999; Knight, Simpson, & Hiller, 1999; Prendergast, Hall, Wexler, Melnick, & Cao, 2004; Welsh, 2007).

A prison environment is highly structured and does not simulate life in the community such as the inmate will confront on release. Acclimation to the prison environment may result in the offender feeling overwhelmed with everyday decision-making in the community. Stress is often a contributing factor in return to drug use and offenders may turn to drugs to deal with problems and challenges that become relevant upon release from prison. Therefore, it is anticipated that program participants will require further treatment and continuing support following release to the community.

While participation in prison-based TC programs has been shown to reduce recidivism, effectiveness is greatly enhanced when aftercare is provided. Wexler, Melnick, Lowe, and Peters (1999) found that offenders who completed a prison-based TC program and aftercare were less likely to recidivate than offenders who completed the TC with no aftercare. In addition, participation in a continuum of treatment that spans the time of incarceration through community reentry has consistently shown more positive outcomes (Inciardi, 1996; Knight, et al.,1999; Martin, Butzin, Saum, & Inciardi, 1999; Wexler, Melnick, Lowe, & Peters, 1999). Inciardi reported that offenders who participated in a continuum of drug treatment had lower rates of recidivism than those who completed only the institution program.

The MDPSCS has adopted a treatment philosophy focused on successfully preparing offenders to return to their communities. As substance abuse treatment has generally been cited as a primary tool in combating criminal behavior, such programs are at the heart of a Re-entry

effort. The goal of MDPSCS is to schedule offenders for treatment during the final phase of their sentence prior to release. The reality is that offenders often complete one of the TC programs with a period of time to remain incarcerated. Approximately 55% of offenders completing the MDPSCS TC programs have remained incarcerated for greater than 60 days after completing the program.

To maximize prison-based treatment effects, MDPSCS seeks to partner with community providers to develop a continuum of care that includes prison-based aftercare services for offenders who complete the TC and institution outreach to begin the process of preparing the offender for re-entry. The improved ability to ensure continuity of treatment from institution to community is likely to replicate study findings that treatment gains in prison programs will not be undermined (Field, 1998). Linking the institutional and community phases of treatment will have a greater impact on the recovery of the alcohol and drug-involved offender and lead to more positive outcomes.

### Target Population

The target population for this grant is offenders in Maryland who complete a prison-based therapeutic community program during their period of incarceration. MDPSCS administered the Texas Christian University Drug Screen II to 5,345 sentenced offenders in calendar year 2009 and approximately 35,000 urine drug screens were tested. MDPSCS currently has the capacity to treat approximately 1,300 offenders annually in the TC programs with a treatment completion rate of approximately 83%. Based on current trends, approximately 600 offenders are likely to participate in prison-based aftercare with institution outreach on an annual basis. Inmates with greater than 30 days from the date they complete the TC until their

anticipated release date will be considered for participation in the aftercare program. Inmates who are eligible for pre-release status and can be transferred to a pre-release facility will be placed into the pre-release aftercare program. Further, approximately 500 additional offenders who will be released within a short period after treatment completion are likely to benefit from institutional outreach and establishment of the necessary linkages to community services.

### Program Description and Implementation

The provision of prison-based substance abuse treatment is an integral part of preparing a substance dependent offender for reentry which includes continued treatment in the community. It is important that the offender receives the message that institutional treatment is the beginning of the commitment to treatment and recovery. The goals of the proposed services include:

1. Substance dependent offenders will transition from institutional treatment to community based treatment.
2. Substance dependent offenders who enter community based substance abuse treatment upon release will remain in treatment until completion of the program.
3. Participation in a continuum of substance abuse treatment that spans incarceration through community re-entry will result in a significant reduction in drug use and recidivism.

The services proposed for this grant will begin when an offender completes a Residential Substance Abuse Treatment (RSAT) program. MDPSCS proposes to enhance its prison-based residential treatment programs through addition of staff to provide coordination of aftercare and community re-entry. In addition, MDPSCS intends to provide outpatient aftercare services

within the correctional system for offenders who remain incarcerated after completion of the residential programs.

An aftercare treatment coordinator will be assigned as the primary contact for the prison-based residential treatment program staff. The aftercare coordinator will perform case management functions to ensure a smooth transition from programs into the community, including connecting offenders with Parole and Probation Agents, who will assist in the development of discharge plans to be followed upon release to the community. Collaboration with community treatment providers will be the central focus to increase the likelihood that substance dependent offenders will successfully re-enter the community and that the incidence of relapse and criminal behavior will be reduced. The aftercare coordinator will link the offender with the necessary community resources and track the offender's progress in the community.

Responsibilities of the aftercare coordinator will include:

- Work with prison-based treatment providers and community providers to assess the re-entry needs of the offender.
- Coordinate community services for the offender prior to release and make referrals for ancillary services such as employment, vocational training, medical treatment, and family support.
- Monitor offender progress and community treatment retention.
- Function as a member of a multidisciplinary team which will include the aftercare coordinator, the probation/parole agent, the community substance abuse treatment provider, and other service providers that may be working with the offender.

The aftercare coordinator will be notified when an offender is within one month of program completion. At that time, the aftercare coordinator will meet with the offender and the

TC treatment staff to develop an aftercare plan. The plan for offenders completing the TC program will consist of two options.

First, offenders who are to be released after completion of the TC will develop an aftercare plan which includes an appropriate level of community based substance abuse treatment. The aftercare coordinator will initiate contact with a community substance abuse treatment provider and coordinate continuation of treatment in the community. A multidisciplinary team will determine the appropriate level of community substance abuse treatment based on the American Society of Addiction Medicine (ASAM) patient placement criteria. The ASAM patient placement criteria are the most widely used guidelines nationwide for determining appropriate level of treatment services. Maryland regulations for certification of substance abuse treatment programs require the use of the ASAM criteria for making decisions regarding admission to specific levels of care. The TC treatment provider, aftercare coordinator, community treatment provider, and parole or probation agent will be included in determining the most appropriate community treatment services for each individual offender.

The aftercare coordinator will collaborate with community treatment providers to evaluate each offender's treatment plan and ensure that it meets the needs of the offender. The individualized treatment plan will address educational and employment assistance, mental health treatment, healthcare, social support services, family outreach and counseling, and other fundamental life-maintenance issues as appropriate. The aftercare coordinator will ensure that the parole or probation agent has a copy of the discharge plan and will include the agent as appropriate in the treatment process.

Coordination with the parole or probation agent is considered an integral component of the continuum of care into the community. The aftercare coordinator will work with the parole or

probation agent to provide follow up case management and ensure that the offender attends appointments scheduled with community treatment and service providers. Communication between the aftercare coordinator, the parole/probation agent, and the community treatment provider is essential to monitoring the progress of the offender.

The Substance Abuse and Mental Health Services Administration (SAMHSA, 1998) recommends the use of incentives and sanctions as a part of community supervision. Responding to non-compliant behavior is essential in fostering offender accountability and protecting public safety. SAMHSA recommends innovative and creative sanctions that are matched to specific behaviors by severity. In addition, it is important that the methods used for incentives and sanctions are understood and agreed upon by the treatment provider and the parole/probation agent. Therefore, decisions regarding appropriate incentives and sanctions for each offender will involve the aftercare coordinator, the community treatment provider and the parole/probation agent. In addition, the offender will be advised of the incentives and sanctions that will be put into place.

The second group of offenders will include those who complete the TC program, but are not scheduled for immediate release. Again, the aftercare coordinator will work with the TC treatment staff to develop an initial aftercare plan for the offender. In addition, the aftercare coordinator will work with institutional case management staff to evaluate the offender's appropriateness for pre-release classification and transfer to one of the state's pre-release facilities. Once an offender is transferred to the pre-release center, the aftercare coordinator will meet with treatment staff at the pre-release center to develop a treatment plan for each offender.

MDPSCS proposes to establish outpatient aftercare programs in the pre-release facilities for offenders who complete the TC programs. The pre-release aftercare program will serve to

maintain a treatment regimen until the offender is ready to be released to the community. The pre-release aftercare program will focus on retaining the information and skills the offender has learned during participation in the TC treatment program and preparing the clients for their transition back to their families and communities. Once the initial treatment plan is developed, offenders will participate in one treatment group per week and will meet with the substance abuse counselor for at least two individual sessions per month. In addition, offenders will be encouraged to participate in self help groups to include SMART Recovery, 12 Step Programs, faith-based programs, and other self-help support programs.

The pre-release outpatient aftercare treatment groups will utilize a cognitive behavioral (CBT) approach to support the CBT interventions and reinforce the abstinence and recovery coping skills the offender received in the TC treatment program. In addition, the aftercare program will focus on relapse prevention, refusal skills, and development of a peer group that is supportive of recovery. Family relationships will be discussed with an emphasis on developing and maintaining healthy relationships. The substance abuse counselor will identify positive or potentially positive family relationship and encourage family involvement in the recovery process. An offender will be reported to have completed the aftercare program upon release and successful entry into a community treatment program.

Once an offender is within one month of release from the pre-release facility, the aftercare coordinator will be contacted to schedule a transition planning meeting. Ideally, the transition planning team will include a representative from the community treatment provider and the parole/probation agent with the goal of identifying and securing a treatment slot prior to return of the offender to the community. The aftercare coordinator will provide follow up case management to ensure that the offender attends appointments scheduled with community



substance abuse treatment providers. Again, the aftercare coordinator will collaborate with community treatment providers to evaluate each offender's treatment plan to ensure that it meets the needs of the offender. Coordination with the parole/probation agent and community service providers will continue in the community as previously described.

### Pre-release Aftercare Program

The pre-release aftercare program will consist of one 90 minute group per week and at least two individual sessions per month. Group participants will complete homework assignments between group sessions to be shared in group. Group and individual counseling will focus on strengthening recovery skills acquired in the residential programs and beginning preparation for re-entry to the community. In addition, ongoing assessment of the offender will take place in individual sessions with treatment plan revisions to address any changes in the offender's situation. Medical and mental health needs will be addressed through services provided to offenders within MDPSCS medical and psychology departments.

The aftercare program will incorporate topics and processes which are consistent with the offender's experience in the residential program. The aftercare program will be designed based on a belief that substance abuse treatment requires an approach designed to attend to all major aspects of the individual's lifestyle, criminal thinking, values, and behavior. In addition, clinical strategies will incorporate those recommended by SAMHSA (2005) in working with substance dependent criminal justice populations.

### *Life Skills*

The aftercare program will be designed to address offender social and life skill deficits. Group sessions will focus on strengthening problem solving skills acquired through participation in the residential program. Other sessions will address basic life skills such as time management, money management, job search strategies, stress management, health, nutrition, and wellness. In addition, the aftercare program will address social skills such as building healthy relationships, communication and assertiveness, and conflict resolution.

### *Criminal Thinking*

The aftercare program will continue to build on the cognitive-behavioral interventions incorporated into the residential programs to identify and correct criminal thinking errors and develop pro-social thoughts and behaviors. Groups will include role playing exercises that focus on self-monitoring and self-regulation. The aftercare program will stress individual responsibility and accountability and the importance of a positive peer support group. In addition, offenders will continue to work on using recovery skills to get through difficult situations without engaging in criminal behavior.

### *Anger Management*

MDPSCS residential programs include anger management groups in their curriculum and the aftercare program will continue to monitor and address how feelings of anger are managed. Aftercare groups will enhance anger management skills with a continued focus on the relationship between thoughts, feelings, and behaviors. Groups will include role plays to incorporate problem solving, decision making, conflict resolution, and self-monitoring in assessing and responding to anger in an appropriate manner.

### *Family Relationships*

Family involvement and positive family relationships can be a good source of stability for the offender in recovery. The aftercare program will include outreach to family members who have been identified as resources for support. To the extent possible, appropriate family members will be included in the treatment and re-entry process. In addition, unhealthy family relationships will be identified strategies for dealing with family relationships that may be a source of stress and relapse trigger. Parenting and reintegration into the family system will be included in group and individual counseling sessions.

### *Relapse Prevention*

Relapse prevention and recovery planning will be a central focus in the aftercare program. Offenders will continue to work on identifying relapse issues and improve relapse prevention skills. Each offender will develop a personal relapse prevention plan. Group counseling will include development and rehearsal of cognitive-behavioral strategies for effectively dealing with relapse. Relapse prevention programming will emphasize personal responsibility and self-regulation. Individual relapse warning signs will be identified and specific self-control strategies will be developed. Each offender will identify personal strengths and support resources to be included in their relapse prevention plan.

### *Re-entry Planning*

Each offender in the aftercare program will develop an individualized re-entry plan. The re-entry plan will include areas that need continued focus in community treatment programs.

Offenders will identify housing options and develop a plan for housing that will be supportive of recovery. Offenders who are eligible for work-release will be assisted in obtaining employment that can be maintained after release. Offenders who have not had the opportunity to participate in work release will identify employment resources and develop a plan for accessing those resources. Transportation resources in the community will be identified that can assist the offender in getting to job interviews, community treatment programs, parole/probation reporting, and other appointments in the community. The probation/parole agent and community service providers will be included in development of the re-entry plan.

#### Data Collection and Performance Measures

The outcomes and performance measures for the proposed project will be consistent with the goals of the proposed program. The program will prepare offenders for reintegration into the community by incorporating re-entry planning activities into the prison-based residential treatment programs. In addition, the program will provide a continuum of care that spans incarceration through re-entry. The aftercare program will assist the offenders and their communities through the re-entry process. Through aftercare programming and re-entry services, drug use and recidivism will be significantly reduced.

Data will be collected by the aftercare coordinator through regular contact and communication with the parole/probation agent and the community provider. The aftercare coordinator will maintain a database to include information pertaining to offenders who were assisted with transition into the community and offenders who entered the aftercare program. The database will include date of completion of the residential program, date of entry into the aftercare program and/or the community treatment program, date that the offender completed the

community treatment program, and when appropriate, the date that an offender dropped out of the aftercare or community treatment program.

Offenders in the aftercare program at the pre-release centers will have random urine drug testing at least once per week. Pre-release staff will report positive drug test results to the aftercare coordinator. Offenders who are released will be drug tested according to the scheduled required by the parole/probation agent and according to the requirements of the community treatment provider. Through regular contact and communication with the parole/probation agent and the community treatment provider, the aftercare coordinator will be advised of positive drug test results. The aftercare coordinator will record positive results in the offender database. The database will be used to report the following performance measures:

1. The number of offenders who completed the residential program and were released to transition directly into a community treatment program.
2. Of the offenders who completed the residential program and entered community treatment, the number who remained drug-free while in the community treatment program.
3. The number of offenders who entered the aftercare program after completion of the residential program.
4. The average length of stay in the aftercare program for those completing the program.
5. The number of offenders who successfully completed the aftercare program.
6. The number of offenders who dropped out of the aftercare program.
7. The number of offenders who were terminated from the aftercare program.
8. The average treatment cost per offender for the aftercare program.

9. Of the number of offenders who entered the aftercare program, the number who remained drug-free during the aftercare program.

Recidivism data will be obtained through the Maryland Criminal Justice Information System (CJIS). Recidivism has been defined as the commission of a crime at any point after receiving sanctions or an intervention (National Institute of Justice, 2008). In addition, for those offenders who remain under parole/probation supervision, arrest data can be obtained through the parole/probation agent. For purposes of this project, recidivism will be defined as subsequent arrest after completion of a treatment program. The following measures will be used to report on outcomes related to recidivism:

1. Of the offenders who completed the residential program and were released to a community program, the number that remained arrest free during participation in the community treatment program.
2. Of the offenders who completed the residential program and were released to a community program, the number who remained arrest free for 1 year following release from the community program.
3. Of the offenders who completed the residential program and participated in the aftercare program before entering a community program, the number who remained arrest free during participation in the community treatment program.
4. Of the offenders who completed the residential program and participated in the aftercare program before entering a community program, the number who remained arrest free during 1 year following release from the community program.

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