[CONCEPT PAPER]

Creating the Best Fit Substance Abuse Service Delivery Model for AB 109 Clients

Date: December 5, 2011

Solano County Health and Social Services

Promoting Healthy Tomorrows

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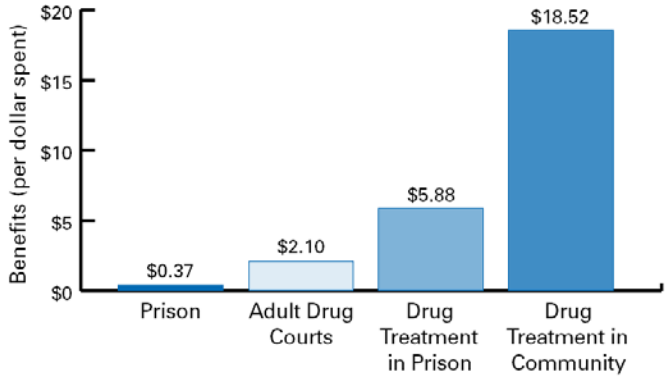
Overview

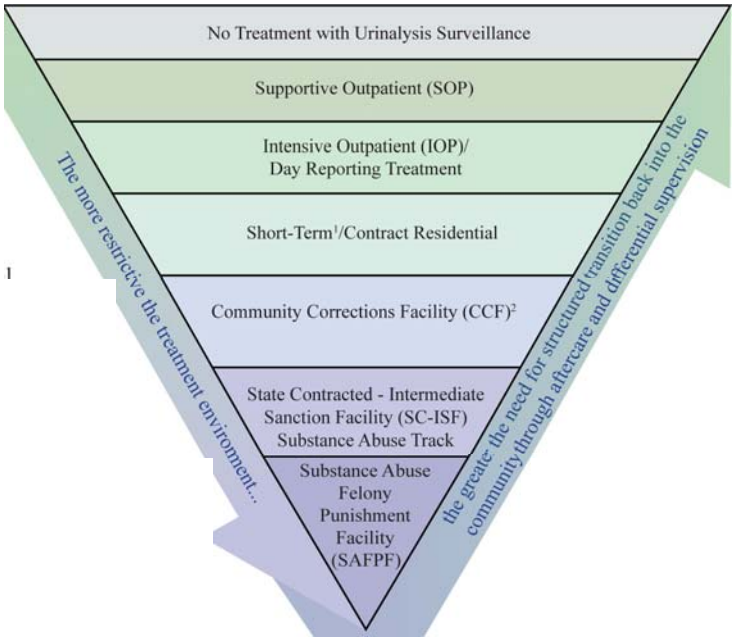
Researchers have been building a substantial body of evidence in regards to reentry behavioral health services for more than 30 years. A review of the latest studies shows that while an average 85 percent of inmates have a history of substance abuse issues, only 25 percent need intensive treatment, and 30-40 percent may benefit from less intensive treatment (Belenko, Peugh, 2004). Some factors are now emerging to determine how programs best support reentry clients and reduce recidivism. A comparison of residentially treated probationers to those who were not treated revealed a substantial decrease in recidivism in particular to felony arrests in the treated population (Perez, 2009). A Washington State based study found that community based treatment, often voluntary, is more cost effective than in-custody treatment, often involuntary, or incarceration without treatment (see box below). How effective then is legally ordered residential treatment? A meta-analysis of 139 studies found that in-custody Court ordered treatment showed no effect, Court ordered community based treatment showed a slight effect on recidivism, and voluntary treatment showed a significant effect (Parhar, Wormith, Derkzen & Beauregard, 2008). Evidence shows that recidivism must be achieved through focus on addressing criminogenic needs, which requires a special substance abuse treatment model for offenders. Motivation alone however seems to play a minor role. A study of 500 probationers showed how readiness training motivating probationers to attend to court ordered treatment did not show conclusive evidence of producing lower treatment dropout rates than treatment without training (Sia, Dansereau & Czuchry, 2000). One large scale random controlled study of 406 treated probationers shows that social functioning improves modestly during the first 90 days of treatment. Criminal history is a better predictor for recidivism: both criminal history and treatment dropout are correlated with recidivism. Hostility toward imposed treatment was found to be the greatest predictor for treatment dropout. However, data did not show an association between social functioning and recidivism in either outpatient or residential treatment (Hiller, Knight, Saum & Simpson, 2006). Case management seems to make more of a difference: a meta-study of available research on re-entry services found that wrap around case management including employment services, housing placement and family reunification results in higher treatment completion rates. (Listwan, 2008). A more significant predictor to recidivism than social functioning is aftercare, the linkage between residential and outpatient treatment. A comparative evaluation of national program data for residential treatment concluded

Community-based drug treatment provides bigger returns than prison.



Sources: Aos, Steve, Marna Miller, and Elizabeth Drake. 2006. *Evidence-based public policy options to reduce future prison construction, criminal justice costs, and crime rates.* Olympia: Washington State Institute for Public Policy. http://www.wsipp.wa.gov:

that residential treatment dropouts result in significantly higher recidivism than outpatient dropouts (Hiller, Knight & Simpson, 2006). An explorative study of the California Treatment Expansion Initiative showed high correlation between length of stay and recidivism for in-custody, residential and aftercare treatment revealing a significant success rate for aftercare (Burdon, Messina, Prendergast, 2004). A replicative experimental study of several other research projects confirmed that ex-prisoners in the high risk cohort recidivated less after receiving residential treatment (Wexler, Melnick, Cao, 2004). Aftercare resulted in significantly lower recidivism in lower risk clientele. Substance abuse treatment also was found to more effectively reduce recidivism and increase motivation to resist drug use when combined with cognitive behavioral therapy in a continuum of care linking in-custody and community based treatment, as reported by the independent evaluators "Cognitive Enhancements for Treatment of Probationers" serving 420 probationers in Texas (Hiller, Knight, Simpson, 2006). In particular, community based programs closely linked to in-custody treatment are more successful than community based programs without that linkage (Aos, Miller & Drake, 2006).



Substantial evidence ties motivation for recovery to gender based issues: for women, dealing with trauma underlying substance abuse significantly increased their participation in aftercare and reduced recidivism by 67 percent compared to non-gender based treatment (Messina, Grella, Cartier & Torres, 2010).

In Solano County, Dr. Covington's evidence based model "Helping Women Recover" has been in use since January 2011 and so far resulted in a 2 percent recidivism rate for 85 women. A gender based approach for men is not yet evidence based but has shown promising results in a pilot project: it focuses on men's relational needs and social functioning (Covington, Griffin & Dauer, 2011).

Substance abuse treatment for offenders differs from that for non-offenders. In the "Swift and Certain Sanctions Model", a graduated sanctions grid is the backbone to treatment completion. The "Hawaii Opportunity Probation with Enforcement (HOPE)" uses a widely published sanction grid with a short turnaround between violation and sanction, where bench warrants are immediately served for absconders. (Petersilia, 2011). In a randomly assigned experimental study of 493 subjects, HOPE probationers had 13% positive drug tests compared to 46% of the control group and 21% recidivated compared to 47% in the control group (Hawken & Kleiman, 2008). When this model is combined with intensive aftercare structured through a Risk-Need-Responsivity Model, the return on investment can be $2.54 to $11.48 for every dollar spent (Aos, Miller & Drake, 2006).

In summary, treatment models that aim to meet these outcomes: (a) linking in-custody to community treatment, (b) providing high intensity aftercare based on case management and voluntary participation, and (c) enforcing swift and certain sanctions, will reduce recidivism more successfully compared to other models.

What service model corresponds best to current research findings?

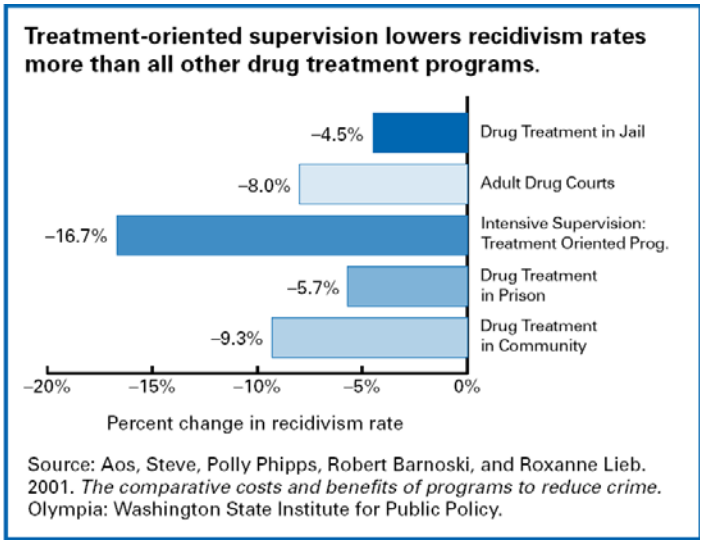
⇒ "Effective programs include therapeutic communities for drug addicts and substance abuse programs with aftercare for alcoholics and drug addicts; cognitive behavioral programs for sex offenders; and adult basic education, vocational education, and prison industries for the general prison population. Each of these programs has been shown to reduce the recidivism rate of program participants by 8–15 percent. Even with these relatively modest reductions in subsequent recidivism, these programs pay for themselves in terms of reducing future justice expenditures." (Petersilia, J., 2003)

Given the cited research and resource scarcity, the most effective substance abuse and behavioral health treatment model for the justice system will be a continuum of care linking in-custody and community based treatment. It will be based on voluntary participation of high risk offenders to achieve maximum treatment completion. Intensive case management in aftercare will aim to reduce recidivism. Assessments and interventions will be evidence based and gender informed to format effective treatment and case management plans.

A review of successful programs in Texas, Arkansas, Georgia, New York and California identified three common traits for Substance Abuse treatment:

First, an operations manual is supported by all participating agencies to delineate client flow through multiple placement levels: residential and outpatient treatment, rehabilitation, intensive case management, recreation, employment, on-the-job training, day reporting, housing and transportation fold into one Continuum of Care Service Plan backed by swift, certain and progressive sanctions. The plan links substance abuse treatment options to concurrent risk and needs assessments, creating a service funnel (see page 3). There is a strong focus on transition planning and seamless services supported by well planned aftercare: discharge planning and risk assessment starts immediately after placement.

The second trait is intensive substance abuse treatment aftercare in connection with a day reporting center where case managers provide treatment oriented supervision and referrals to employment, housing and vocational services. The center provides motivational counseling, using certified addiction counselors, Matrix (an early recovery model based on cognitive behavioral intervention) and a relapse prevention skill building program. Intensive supervision in treatment oriented programs has proven to successfully reduce recidivism:



The third part is establishing a therapeutic community in-custody and in-community. Released inmates are supported by peer mentors and alumni from the surrounding community. Mentoring is based on modeling behaviors, voluntary participation, motivational counseling, swift and certain sanctions, supported by gender based risk and needs assessments (Helping Women Recover). Released inmates find positive connections in a community of alumni. Some therapeutic communities were found to reduce recidivism by 33 percent compared to their State average.

Which components are in place in Solano County?

Some components of the three successful models in Texas, Georgia, and San Mateo County are already in place in Solano County: evidence based practices (EBPs) include:

- Addiction Severity Index (ASI) risk assessment
- Women's Risk and Needs Assessment (WRNA), the University of Cincinnati gender responsive risk assessment
- motivational interviewing,
- certified addiction counselors,
- Matrix, and
- Helping Women Recover, Dr. Covington's Curriculum.

The federal Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence Based Programs and Practices lists 56 programs for substance abuse treatment categorized by outcomes. Of these, 37 EBPs match the outcomes mentioned in this paper's "Overview". Of the 37 EBPs, eight are already implemented in Solano County. However, not all providers use these EBPs in Solano County. In order to form a comprehensive, sanction-backed system, EBP treatment standards must apply to all providers.

Which components should be added to Solano County's services?

Health and Social Services staff conducted a best fit analysis of those EBPs listed on the National Registry which are not yet implemented in Solano County and recommends to add the following four practices to the Solano County Service Delivery System: Alcohol Behavioral Couples Therapy: This therapy module aims to eliminate mutually reinforcing criminogenic and substance abuse behaviors in couples. The therapy objective is family reunification. Men's compliance with treatment increases when a focus on restoring family ties is added to the treatment plan. This practice focuses on treatment compliance, family violence reduction, and children's psycho-social functioning. This treatment module would reduce Solano's recidivism rate among male participants. Broad Spectrum Treatment and Naltrexone for Alcohol Dependence: This 3 to 6 month program uses cognitive-behavioral therapy in combination with pharmacotherapy. Motivational Enhancement Therapy, community reinforcement and 12 step approaches provide the framework. The National Reentry Resource Center recommends broad spectrum treatment to avoid health complications during withdrawal (Jackson, 2011). Withdrawal symptoms are an unnecessary complication in alcohol and opiate treatment. Eliminating it through adequate medication allows clients to focus on treatment outcomes. This would reduce recidivism in Solano County. Contracts, Prompts, and Reinforcement of Substance Abuse Disorder Continuing Care (CPR) is an aftercare intervention supported by self help support groups, cognitive - behavioral intervention, contracts, written and telephone prompts and social reinforcers such as certificates and letters. This module has proven to be a highly effective behavior change catalyst in Day Reporting Renters and would fit into the Solano Service Delivery model. Texas Christian University Mapping-Enhanced Counseling uses graphical visualizations to focus on critical issues for recovery: "Information maps" communicate important ideas for recovery, "guide maps" identify risk behaviors that need to be avoided, and "free style maps" are drawn in session to capture clients' emerging goals. Activities are sequenced based on treatment manuals and lessons learned in services to over 20,000 clients. Other California programs have successfully implemented this module to reduce recidivism and establish an in-custody and community based therapeutic community.

Conclusion: Implement AB 109 substance abuse treatment in two phases starting January 2012

Given the fact that six of the ten recommended EBPs are already established in Solano County, Substance Abuse treatment for AB 109 clients should be implemented in two phases:

Phase 1: Utilize the current system for nine months to place AB 109 clients and build capacity for phase two. Solano Probation Department staff is currently using evidence based risk and needs assessments to place clients in the following programs: no treatment with urinanalyis surveillance, short term outpatient, intensive outpatient and aftercare, Continuum of Care model pictured on page 3. In this model, risk assessments place the majority of clients in the first category: no treatment with urinanalysis surveillance. The lowest number of clients falls in the category "involuntary treatment in county jail".

Treatment providers will continue using those evidence based practices already established in Solano County. Judging from current referral volume, Solano should expect a total of 55 client placements for treatment during phase one. A funding allocation model shows that $123,485 will be sufficient to cover the cost of treatment. The Health and Social Services Department (H&SS) should maximize State AB 109 funding to draw federal Medicaid dollars for eligible clients. A funding model for phase one is attached to this paper.

Phase 2: Build a therapeutic community supported by EBPs, sanctions, and a shared operations manual. It is recommended that the Community Corrections Partnership Executive Committee establish a subcommittee that meets starting January 2012 to determine the ongoing future structure of substance abuse treatment under AB 109. While the current structure of substance abuse treatment is sufficient, the requirements of AB 109 differ from the norm: treatment is now directly aimed at reducing recidivism and linked to a sanction grid.

Therefore, the subcommittee should consider HSS' recommendations outlined in this concept paper and discuss the following questions:

- ⇒ Consider HSS recommendations to add four EBPs as required for treating AB 109 clients.
- ⇒ Develop a plan to link in-custody to community treatment in order to build a therapeutic community.
- ⇒ Establish guidelines to place clients in high intensity aftercare based on case management and voluntary participation.
- ⇒ Develop guidelines for treatment providers support and use the CCP sanction during treatment grid to impose swift and certain sanctions.
- ⇒ Develop guidelines to CCP participating agencies to develop an operations manual for substance abuse treatment and placement, which includes placing substance abuse clients in a day reporting center.
- ⇒ Develop a funding model based on actual experience of substance abuse referral and placements during phase 1.

An implementation plan for phase 2 is attached to this concept paper.

The CCP subcommittee should be allowed nine months to create a new structure and implement it. Outcome measures should measure recidivism and treatment completion rates for each treatment subgroup. Implementation of Phase 2 should be completed in September 2012. Funding levels should be determined based on the client volume documented during the first nine months.

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Attachments:

1. AB 109 Substance Abuse treatment phase 1 funding allocation model
2. Substance Abuse treatment for AB 109 clients: implementation plan