

CADPAAC Corrections Reform Principles: Alcohol and Drug Treatment and Recovery System

County Alcohol and Drug Program Administrators Association of California (CADPAAC) is committed to actively participating in State efforts to improve the California Department of Corrections and Rehabilitation's (CDCR) substance abuse treatment system to address criminal activity related to chronic substance abuse and its impact on public safety and societal well-being. Effective in-prison substance abuse treatment and aftercare represents one of the State's best hopes of reducing criminal behavior, decreasing recidivism, helping relieve the state's prison overcrowding crisis, and lessening the cost to society of criminal activity related to drug use and addiction.¹

The link between alcohol and drug abuse (substance abuse) and crime is well-known. Substance abuse is implicated in at least three types of offenses: (1) offenses defined by drug possession or sales; (2) offenses directly related to drug abuse (e.g., stealing to get money for drugs), and (3) offenses related to a lifestyle that predisposes the drug abuser to engage in illegal activity (e.g., through association with other offenders or with illicit markets).² To break this link and decrease recidivism rates, research has demonstrated treatment is successful and cost-effective. But no single treatment is appropriate for all individuals; treatment should be "matched" and tailored to the patient's particular problems and needs.³ Additionally, good outcomes are directly related to length of participation in treatment. For residential or outpatient treatment to be effective, participation must be at least 90 days, and a longer duration of treatment is often needed.⁴ Untreated substance abusing offenders are more likely to relapse to substance abuse and return to criminal behavior. This can bring about re-arrest and re-incarceration, jeopardizing public health and public safety and taxing criminal justice system resources.⁵

Treatment offers the best method to stop this cycle of substance abuse, crime, and re-incarceration. A 7 percent reduction in long-term recidivism among the 9,200 inmates now receiving in-prison substance abuse treatment would result in 640 fewer inmates returning to prison and a savings of nearly \$40 million in reduced custody and criminal justice costs, in addition to increased public safety.⁶ To this end, the Office of Inspector General recommends that representatives from a broad political spectrum and substance abuse treatment experts remake the CDCR's substance abuse treatment system to effectively provide treatment to California's offender population in order to reduce drug abuse and related criminal activity and to improve public safety.⁷

As participants and contributors in this corrections reform process, CADPAAC believes an effective substance abuse treatment system encompasses the following principles:

Administration

- A committed partnership between the State and local entities to provide treatment to California's offender population that values local input in decision-making.

- A blended State-local substance abuse treatment system. The State substance abuse service system should be integrated into existing local systems, rather than creating a duplicate, parallel system.
- Clearly defined agreements between the State and local governments regarding roles, responsibilities, goals, and objectives in collaboration.
- A system of accountability among partner agencies and defined consequences for non-performance.
- Inclusion of the Alcohol and Drug Treatment and Recovery Field (AOD) in county and regional partnerships that link offenders to services that support self-sufficiency, reduce re-incarceration, and improve public safety. The AOD Field are the front-line experts in alcohol and drug treatment.
- Local authority for program planning and administration to complement the unique characteristics and needs of the 58 California counties and to promote innovation.
- A communication mechanism among all partner agencies.

Treatment

- The perspective that drug addiction is a brain disease that affects behavior and is a chronic relapsing condition that requires long-term relapse management programs and aftercare.
- Incentives for inmates to seek substance abuse treatment. Completing treatment could be a condition of eligibility for work assignments. Offenders could earn discharge from supervision for the completion of established goals, such as maintaining employment, going to school, completing drug treatment, or other goals that would reduce recidivism, and no parole violations.
- Prompt access to treatment in-prison and post-prison, within two weeks.
- Treatment that lasts at least 90 days in order for the offender to produce stable behavioral changes to avoid drug use and criminal behavior.
- Rehabilitation that maintains ties to an offender's community. For example, visiting can positively impact inmate behavior, and research shows a strong positive relationship between parole success and maintenance of family ties while in prison.
- An integrated treatment approach for offenders with co-occurring drug abuse and mental health problems. Offender populations and those with substance abuse problems have high rates of mental health problems. Individuals with either a substance abuse problem or a mental health issues should be assessed for the other.
- Use of a standardized assessment tool, such as the Addiction Severity Index and Adult Chemical Abuse Screening to determine the level of offender's substance abuse problems.
- Tailored services that fit the needs of the individual, are culturally appropriate and gender-specific, and address factors associated with criminal behavior.
- Targeted services. Offender's program needs are identified at designated times: (1) at reception to modify risk factors for recidivism; (2) six-months before earliest release date to address service needs for addiction, which will help define the terms and conditions for release; (3) when offender returns to the community to determine the supervision and

services the offender will experience; and (4) at discharge from parole supervision to plan for aftercare.

- Use of medication-assisted treatment in-custody for drug addiction (Methadone or Buprenorphine) and co-occurring mental health problems and a seamless transition to community-based medication-assisted treatment upon release.
- A range of support services for drug abusing offenders who are living in or re-entering the community to prevent and treat serious, chronic medical conditions, such as HIV/AIDS, hepatitis B and C, and tuberculosis.
- Continuity of care in the community for offenders re-entering their communities--one year of primary treatment followed by six months of continuing care. Offenders who complete in-prison treatment should have a referral for continuing outpatient treatment in the community, including an initial appointment prior to release. A case manager/probation or parole officer should arrange treatment prior to offender's release.
- Compliance of correctional supervision requirements among treatment providers.

Personnel

- The Alcohol and Other Drugs Treatment and Recovery Field as the authority in alcohol and drug treatment issues.
- A qualified, trained, and well-paid addiction professional workforce, in-prison and post-prison, who can recognize substance abuse, assist in finding treatment, and provide encouragement and pressure to remain in treatment. They understand the nature of relapse, support the goals of treatment, and help change the culture of resistance to it. This includes police, prosecutors, and judges, and correctional officers.
- Documentation of partner agencies' responsibilities and an understanding of their limitations in providing substance abuse treatment to parolees and probationers.

Funding

- A funding allocation methodology that addresses unused funds and future funding reductions and is endorsed by all stakeholders.
- Dedicated and sustained funding for counties to implement anti-recidivism programs and expand local capacity, rather than a redirection of existing resources.
- Flexibility in the use of funding, so counties can address their unique needs toward reducing recidivism.
- State investment in local programs and initiatives to supplement State anti-recidivism efforts. Examples include:
 - *Adult probation services*, using the Juvenile Justice Crime Prevention Act (JJCPA) as a model, to provide an array of intervention, prevention, and supervision services for adult offenders.
 - *Juvenile crime prevention and intervention programs* through support for the JJCPA initiative as a strategy to improve public safety.
 - *Mentally ill jail diversion programs* to promote long-term stability in mentally ill offenders and those with co-occurring disorders and divert appropriate offenders out of the criminal justice system.

- *Alcohol and drug treatment and diversion programs*, given that a majority of inmates in the state and local system struggle with addiction--a primary factor in their criminality.
- *Inmate reentry programs* that transition inmates from prison into the community with services that can help them improve their educations, get jobs, find housing, obtain photo ID's or driver's licenses, and treat mental health problems or addictions. The State should expand programs under SB 618 (Speier), such as the San Diego Reentry Project, which use evidence-based methods, including comprehensive pre-sentence assessments, in-custody treatment, targeted case management, and individualized life plan development. This is a shift in the way nonviolent felony offenders are managed, treated, and released into their communities.
- *Local detention facilities* to address crowding and early releases.

Evaluation

- Clearly defined program goals and objectives that are communicated to State and local agencies.
- An evaluation plan to determine the impact of substance abuse treatment programs on recidivism, including key indicators for process evaluation and evaluative criteria for outcome evaluation.
- Standardized data collection to accommodate the reporting and statistical needs for implementation of treatment in offender re-entry.
- Monitoring of treatment providers according to federal, State, and county laws, regulations, ordinances, and contracts using a standardized monitoring instrument in order to provide quality treatment services to participants.

Comprehensive substance abuse treatment is essential to breaking the drug-crime-recidivism cycle. CADPAAC encourages CDCR to work in partnership with the Alcohol and Drug Treatment and Recovery Field to build an effective substance abuse treatment system for California's offender population with the goals of successful rehabilitation, reduced crime, and improved public safety.

¹ Office of the Inspector General, State of California, "Special Review into In-Prison Substance Abuse Programs Managed by the California Department of Corrections and Rehabilitation," February 2007.

² National Institute on Drug Abuse, "Principles of Drug Abuse: Treatment for Criminal Justice Populations," September 2006.

³ Same as above.

⁴ Same as above.

⁵ Same as above.

⁶ Office of the Inspector General, State of California, "Special Review into In-Prison Substance Abuse Programs Managed by the California Department of Corrections and Rehabilitation," February 2007.

⁷ Same as above.