

Quick Guide

For Administrators

Based on TIP 17

Planning for Alcohol and Other Drug Abuse Treatment For Adults in the Criminal Justice System



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
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Contents

| | |
|---|----|
| Why a Quick Guide? | 2 |
| What is a TIP? | 3 |
| Introduction | 4 |
| The Substance-Involved Offender | 7 |
| The Criminal Justice Continuum | 14 |
| Collaboration Between Systems | 16 |
| Staff Issues | 22 |
| Confidentiality Issues | 23 |
| Glossary | 28 |

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Based on TIP 17
*Planning for Alcohol and
Other Drug Abuse
Treatment for Adults
In the Criminal Justice
System*

This Quick Guide is based almost entirely on information contained in TIP 17, published in 1995 and based on information updated through approximately 1993. No additional research has been conducted to update this topic since publication of the original TIP.

WHY A QUICK GUIDE?

This Quick Guide was developed to accompany *Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System*, Number 17 in the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. This Quick Guide is based entirely on TIP 17 and is designed to meet the needs of the administrator for concise, easily accessed information.

The Guide is divided into seven sections (see ***Contents***). These sections will help readers quickly locate relevant material.

Some terms used in this quick guide and TIP 17 are listed on page 28 in the ***Glossary***. These terms are included to enable administrators to talk knowledgeably with staff, clients and others.

For more information on the topics in this Quick Guide, readers are referred to TIP 17.

WHAT IS A TIP?

The TIP series has been in production since 1991. This series provides the substance abuse treatment and related fields with consensus-based, field-reviewed guidelines on substance abuse treatment topics of vital current interest.

TIP 17, Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System

- Addresses concerns of a broad range of readers including clinicians, social workers, medical personnel, mental health workers, program administrators, and policymakers
- Includes extensive research
- Is a comprehensive reference for administrators on applying these methods in substance abuse treatment.

See the inside back cover for information on how to order TIPs and other related products.

INTRODUCTION

Research has shown that criminal offenders have higher levels of substance use than nonoffenders. In addition, they tend to have higher rates of drug use before becoming involved in the criminal justice system. Studies have also linked increased substance abuse with a greater likelihood of committing an offense.

Although there is increasing frustration with efforts to curb drug-related crimes, evidence has been consistent in demonstrating that alcohol and drug abuse treatment not only reduces substance abuse, but also reduces criminal activity.

Key Principles

While many view the end of one system's responsibility as the beginning of the other's, professionals in both systems now have a better understanding of the repetitive, circular nature of the interactions among the justice system, the substance abuse treatment system, and the community.

Substance abuse treatment for offenders helps the criminal justice system reduce recidivism and gives alternatives to incarceration (when appropriate). Treatment within prisons and jails may improve inmate behavior problems. Neither substance abuse treatment nor criminal justice

efforts alone are sufficient to deal effectively with substance-involved offenders.

Here are several key points to form a framework for developing recommendations to promote the reduction of substance abuse:

- Substance users are not a homogeneous group.
- Treatment works.
- A single treatment program or approach will not be successful for all offenders.
- Incarceration alone usually does little to change behavior.
- People without a stake in society may view anti-social behavior as a way to maintain a sense of power.
- Long-term reduction of drug use is dependent on changes in society's attitudes about both drug use and the justice system's role in prevention.

System Differences

The criminal justice and substance abuse treatment systems work from different incentives, values, training, and standards, but they share common goals for the benefit of society: the reduction of deviant behavior and the reduction of substance use and associated criminal activity.

- **Criminal Justice System**—exists to protect public safety with a focus on laws, procedures, and processes designed to incapacitate and punish individuals who threaten the lives and well-being of others.
- **Substance Abuse Treatment System**—has a responsibility to address the great harm that substance abuse and dependence exact on individuals, their families and friends, and the organizations and communities in which they interact. It often provides support and understanding to facilitate individual change.

For more detailed information, see TIP 17, pp. 1–3; 40–41.

THE SUBSTANCE-INVOLVED OFFENDER

Program planners should recognize that substance-involved offenders are not a homogeneous group. Differences are found, even among those people of the same age and gender who have the same cultural, ethnic, social, and economic backgrounds. Differences include

- Personality
- Patterns of substance abuse
- Health status
- Socialization
- Education
- Family
- Job training
- Urban and rural influences
- Mental functioning

Very often, their only shared characteristics include involvement with alcohol and illicit drugs and the criminal justice system.

Culture and Ethnicity

Many offenders are young male members of cultural and ethnic minority groups with low educational attainment. While many of the reasons for this disparity in racial incarceration rates are due

to factors outside the criminal justice system, evidence suggests that criminal justice practices and policies contribute to the differences. Treatment providers need to demonstrate cultural competency skills in dealing with clients of various minority groups.

Women

Women primarily enter the justice system when apprehended for nonviolent criminal activity arising from economic motives. These crimes include

- Drug dealing
- Shoplifting
- Forgery
- Larceny
- Prostitution

Most women who are incarcerated are low-income, single heads of households with dependent children. Most are unemployed prior to incarceration and a large portion come from families in which there is a pattern of incarceration over generations.

Women in all stages of the criminal justice system create a variety of special challenges. Many women who enter prison have multiple medical problems, including problems related to pregnan-

cy, HIV/AIDS and other sexually transmitted diseases, and TB. In about one third of cases, incarceration of women with children requires child protective services and other social agencies to become involved in out-of-home child placement because there are no relatives to assume child-care responsibilities.

Treatment programs in the criminal justice system should address the special needs of women by providing comprehensive services. Linkages with social service agencies and effective case management are key elements in providing the needed array of services.

Medical services for women are critical, since rates of chronic disease are higher among women entering the system than among men. Programs must address issues of victimization directly and provide women with access to shelters and legal services to enable them to gain safety. Housing and educational and vocational training are other needs that must be addressed.

HIV/AIDS

HIV must be addressed at every point of contact between the criminal justice and substance abuse treatment systems—from arrest through incarceration and parole—and across all age groups. A criti-

cal factor in the prevention of further HIV transmission in this population is HIV and risk factor education and training of personnel in both the criminal justice and substance abuse treatment systems. Assistance to offenders should be comprehensive, including

- Prevention education
- Medical and social service support
- Grief counseling
- Other psychological services

In addition, continuing care should be provided and include followup and hospice care.

Tuberculosis (TB)

Some guidelines for the prevention and control of TB in correctional facilities address

- Surveillance—screening, diagnosis, case reporting, and investigation of contacts
- Containment— isolation, treatment, and therapy to prevent TB-infected individuals from developing TB disease
- Assessment—recordkeeping, case tracking, and ongoing evaluation of compliance with procedures

It is more feasible to screen inmate populations and to ensure that they complete a course of pre-

ventive therapy or treatment than it is to carry out similar interventions in the community with high-risk populations. Both inmates and staff should receive education about TB and how to prevent it.

Co-Existing Mental Illness

A significant number of addicted offenders have lifetime histories of depression, bipolar disorder, atypical bipolar disorder, and schizophrenia. Substance abusers with mental illness who also are criminal offenders have special problems and need access to coordinated mental health services.

Transition From Institution to Community

It is important to recognize the need for offenders to make a smooth transition into the community, a process that involves identifying and addressing special needs before the offender's release from the institution. Treatment plans should be

- Biopsychosocial in nature
- Multidisciplinary in delivery
- Comprehensive in scope
- Driven by ongoing assessments
- Closely monitored

At the end of the period of incarceration, recommendations about community-based treatment programs should be incorporated into parole

plans. Sanctions regarding the offender's performance while in treatment also should be discussed in detail with the offender, appropriate community treatment program staff, and the parole officer.

For more information about the transition from institution to community, see TIP 30, *Continuity of Offender Treatment for Substance Use Disorders From Institution to Community*.

Sexual Abuse and Violence

Many substance-involved offenders are perpetrators of violent behavior and many more are victims, which can interfere with substance abuse treatment. Counseling provided in substance abuse treatment programs for offenders should focus on issues related to violence, such as

- Domestic violence
- Anger and impulse control
- History of physical and sexual abuse

Other considerations include the provision of specialized substance abuse treatment and support groups for sex offenders and assurance that confidentiality is protected.

By understanding the variations among offenders, the criminal justice and substance abuse treatment systems will be better prepared to address

the increasingly limited resources and the rising number of individuals entering the justice system.

For more detailed information, see TIP 17, pp. 17–23; 43.

THE CRIMINAL JUSTICE CONTINUUM

To plan effective strategies for collaboration, substance abuse treatment system planners, policy-makers, and providers must have a detailed understanding of the workings of the criminal justice system. Although there are Federal, State, and local differences, the criminal justice system can be viewed as a continuum, the stages of which involve personnel from various justice agencies. Major areas of criminal justice processing are

- Arrest
- Arraignment
- Plea bargaining (negotiations leading to disposition or trial)
- Diversion programs
- Trial
- Presentencing
- Sentencing
- Probation
- Intermediate sanctions
- Jails and prisons
- Parole or mandatory release

Connections must be made between the treatment and criminal justice systems at the point of arrest.

Several different categories of criminal justice system personnel can refer an individual into treatment. However, persons in the substance abuse treatment system should recognize that the source of the referral is important because it determines whether the individual enters treatment voluntarily or is mandated into treatment.

Coerced Treatment: For and Against

Several studies indicate that clients who enter substance abuse treatment because they are forced to do so by the criminal justice system make as much progress as those who enter treatment voluntarily. However, some researchers are opposed to coerced treatment on philosophical or constitutional grounds, and there are clinicians who believe there is little benefit to forced treatment.

For more detailed information, see TIP 17 pp. 25–26, and the Center for Substance Abuse Treatment (CSAT) Criminal Justice Treatment Planning Chart in TIP 17, Appendix B.

COLLABORATION BETWEEN SYSTEMS

The goals of effective collaboration should be improving substance abuse treatment for offenders, reducing recidivism, and improving public safety. The planning process should include representatives from a variety of stakeholder groups.

Conditions for Effective Relationships Across Systems

The following principles and examples apply to the criminal justice and substance abuse systems:

- Members are concerned about their own group's or system's effectiveness.
- Members have confidence in their own group or system.
- Members believe in the interdependence of the other system and their system.
- Members are willing to accept or develop a superordinate goal to link the systems.
- Members are willing to interact with other groups in other systems in coordinated joint ventures.

The following presents basic principles that have been used to effect change in a variety of organizations and systems:

- Primary leaders or their designees with system power should be enrolled in a change effort.

- The group should obtain formal endorsement from both systems' leaders if endorsement is not implicit.
- A unifying goal must be present.
- Objectives must be described.
- The group should conduct a stakeholder review.
- "Difficult" people must be included.
- Data must be collected.
- Data should be used for decisionmaking.
- System descriptions should always be made.

Plans for the expenditure of all State and local substance abuse treatment funds should be examined and compared with plans for substance abuse treatment programs. Several issues should be considered:

- Are substance abuse treatment funds being focused consistently on the stated expenditure plans?
- How can substance abuse treatment plans be changed without decreasing their effectiveness?
- Where is the flexibility in the substance abuse treatment system that can permit the channeling of funds and resources to treatment in the criminal justice system?

Memorandum of Understanding

When a substance abuse program and a criminal justice agency attempt to establish an ongoing relationship, it is best to have

- A complete discussion about the objectives of each partner
- The expectations each partner has about the obligation of the other
- Communications between the program and the criminal justice agency

For programs treating offenders, it is crucial to identify who will make certain decisions and what kinds of information will be reported. For example,

- Will the program or the criminal justice agency decide when an offender's relapse into alcohol or drug use will be handled as a violation of the conditions of probation?
- How detailed are the program's reports to the criminal justice agency?

Matters such as these should be resolved up front between the program and criminal justice agency to avoid problems later.

A memorandum of understanding (MOU) or letter of agreement should be drafted to set forth the

responsibilities agreed upon by each system.

Ongoing Issues

The criminal justice system imposes sanctions for a certain period of time, while the substance abuse treatment system works with a client for an indeterminate length of time. The challenge is to look for creative ways to apply sanctions and provide incentives for offenders to continue treatment after their involvement with the criminal justice system.

Recommendations

Specific suggestions for State action plans include

- Identifying shared populations and determining top priorities common to both systems. Attainable goals should be articulated and a jointly funded program should be established to achieve the goals.
- Requiring cross-training for substance abuse treatment, criminal justice, and public health staff.
- Developing and refining management information systems relevant to all three systems.
- Developing a system of waived offender information available to all three systems—substance abuse treatment, criminal justice, and public health. The information could be used to

improve substance abuse treatment, ideally reducing the risk of recidivism.

- Developing loose-leaf resource manuals so that new material and changes that are relevant to both substance abuse treatment and criminal justice systems can easily be added. The manuals should include descriptions of local services and contact persons.
- Publicizing successful examples of improved offender rehabilitation resulting from effective linkages between the substance abuse treatment and the criminal justice systems. Such information should be publicized on an annual basis, and preferably more frequently.
- Involving the media in publicizing issues and specific examples of substance abuse treatment and criminal justice linkages. Collaboration with the media is crucial if systemic change is to occur.
- Encouraging linkages with State, local, and private resources to maximize efficiency and effectiveness in substance abuse treatment programming.
- Encouraging case management as an important linkage activity. Combined case planning is another important tool for fostering collaboration between systems.

- Involving the community. Those involved in the criminal justice and substance abuse treatment systems should continually promote education about possible solutions to problems. Schools, churches, and community organizations should be encouraged to become involved in fostering public education and public participation.
- Investigating possibilities for federally funded pilot projects that encourage and support the criminal justice, substance abuse treatment, and public health systems to work together collaboratively.

For more detailed information, see TIP 17, pp. 56; 65–66.

STAFF ISSUES

Burnout

People who work with substance abusers in the criminal justice system experience high levels of stress, especially those who work directly with clients. As a consequence of all of these issues, staff should receive training focused on burnout and handling stressful environments. Specific topic areas might include

- Recognition of the signs of burnout in oneself and others
- How burnout affects significant others
- The role of peer support in preventing and dealing with burnout
- The importance of institutional policy and response to staff burnout
- Formation of groups within the institution to address sequelae of violent incidents
- How to de-escalate or otherwise respond to potentially violent situations
- Stress management strategies, including relaxation techniques

For more detailed information, see TIP 17, p. 72.

CONFIDENTIALITY ISSUES

Two Federal laws and a set of regulations guarantee the strict confidentiality of information about persons—including offenders—receiving alcohol and drug abuse prevention, assessment, and treatment services.

The General Rule

Federal confidentiality laws and regulations protect any information about an offender if the offender has applied for or received any substance abuse-related services from a program that is covered by the law. The rule applies from the time the offender makes an appointment with the treatment program. It is for those mandated into treatment, those who go on a voluntary basis, and also former clients or patients.

Adherence to Federal regulations does not depend on how a program labels its services. A program that calls itself a "prevention program" or "assessment program" is not excused from adhering to the confidentiality rules. It is the kind of services, not the label, that determines whether the program must comply with the Federal law.

Consent

Most disclosures are permissible if an offender has signed a valid consent form that has not expired or been revoked. Consent forms must be signed voluntarily; the offender is free to choose not to receive treatment. A proper consent form must be in writing and must contain each of the following:

- The name or general description of the program(s) making the disclosure
- The name or title of the individual or organization that will receive the disclosure
- The name of the patient who is the subject of the disclosure
- The purpose or need for the disclosure
- How much and what kind of information will be disclosed
- A statement that the patient may revoke the consent at any time, except to the extent that the program has already acted on it
- The date, event, or condition upon which the consent expires, if not previously revoked
- The signature of the patient
- The date on which the consent is signed

Information protected by the Federal confidentiality regulations may always be disclosed after the offender has signed a proper consent form. The most commonly used exception to the general rule prohibiting disclosures is for a program to obtain the offender's consent.

Special Rules About Consent Forms

Some special rules apply to consent forms when an offender comes for assessment or treatment as an official condition of probation, sentencing, dismissal of charges, release from detention, or other disposition of any criminal proceeding. The regulations require the following factors be considered in determining how long a criminal justice system consent will remain in effect:

- The anticipated duration of treatment
- The type of criminal proceeding in which the offender is involved
- The need for treatment information in dealing with the proceeding
- When the final disposition will occur
- Other information the patient, program, or criminal justice agency believes is relevant

These rules allow programs to continue to use a traditional expiration condition for a consent form when there is a substantial change in the patient's justice system status.

The rule to follow: Disclose only what is necessary, for only as long as is necessary, keeping in mind the purpose of the communication.

If you didn't already know...

The results of urine tests performed by substance abuse programs are protected by Federal regulations. However, testing conducted by criminal justice authorities or correctional facilities for the purpose of uncovering illegal drug use or monitoring offenders' (or inmates') compliance with rules against illegal drug use are not protected under the Federal regulations.

and...

Only offenders who have "applied for or received" services from a program are protected. If an offender has not yet been assessed or counseled by a program and has not himself sought help from the program, the program is free to discuss the offender's drug or alcohol problems with others. But from the time the offender applies for services, or the program first conducts an assess-

ment or begins to counsel the offender, Federal regulations govern.

For more detailed information, see TIP 17, pp. 73–75; 78; 88; and Quick Guides 7 and 12.

GLOSSARY

Assessment: Evaluation or appraisal of a candidate's suitability for substance abuse treatment and placement in a specific treatment setting.

Community reintegration planning: Preparation and strategy for each individual prisoner's release from custody.

Developmental interagency coordination: Collaboration among criminal justice personnel, treatment personnel, and public health personnel to form expert justice/treatment/public health systems.

Drug testing: Technical examination of urine samples to determine the presence or absence of specified drugs or their metabolized traces.

Intermediate sanctions: Community-based program providing increased surveillance, tighter controls on movement, more intense treatment for a wider assortment of maladies or deficiencies, increased offender accountability, and greater emphasis on payments to victims and/or corrections authorities.

Pre-release assessment: Infectious diseases risk assessment recommended for all potential parolees.

Pre-sentence hearing: Event at which the prosecutor, defense attorney, and judge meet prior to a trial to establish parameters for the trial.

Pre-trial hearing: Appearance in court before a magistrate at which bond is set or a determination is made to retain in jail or release.

Relapse prevention: Strategy to train substance abusers to cope more effectively and to overcome the stressors/triggers in their environments that may lead them back into drug use.

Treatment: Any intervention that may change behavior.

Trial: Court hearing at which a prosecutor presents a case against the defendant to show that he or she is guilty of a crime; the judge or jury decides the verdict.

Unbroken contact: Early, thorough, and substantial substance abuse treatment delivered in an unbroken manner throughout the entire criminal case-handling process, from arrest through the completion of the sentence.

For more detailed information, see TIP 17, Appendix B.

Ordering Information

TIP 17 *Planning for Alcohol and Other Drug Abuse Treatment For Adults in the Criminal Justice System*

TIP 17-Related Products

**KAP Keys for Clinicians
based on TIP 17**

**Quick Guide for Clinicians
based on TIP 17**



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Easy Ways to Obtain Free Copies of All TIP Products

1. Call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at **800-729-6686**, TDD (hearing impaired) **800-487-4889**
2. Visit CSTA's Web site at **www.csat.samhsa.gov**



Other Treatment Improvement Protocols (TIPs) that are relevant to this Quick Guide:

TIP 7, *Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System (1994)* **BKD 138**

TIP 12, *Combining Substance Abuse Treatment With Intermediate Sanctions for Adults in the Criminal Justice System (1994)* **BKD144**

TIP 21, *Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System (1995)* **BKD169**

TIP 23, *Treatment Drug Courts: Integrating Substance Abuse Treatment With Legal Case Processing (1996)* **BKD205**

TIP 30, *Continuity of Offender Treatment for Substance Use Disorders (1998)* **BKD304**

See the inside back cover for ordering information for all TIPs and related products.