

STAR White Paper *2011*

Offender Reentry and Substance Abuse

Prepared by:

- Chris Deason, Center for Women in Transition
- Cynthia Hygrade, Missouri Board of Probation and Parole
- Madeline Adams, St. Louis Healthy Marriage Coalition
- Karen Jones, Missouri Department of Social Services, Children's Division

Cite as a: *White Paper on Offender Reentry and Substance Abuse in Missouri Prepared by the St. Louis Alliance for Reentry (STAR) 2011*

Research/Media Contact: info@stlreentry.org or 314-534-0022

www.stlreentry.org



This paper is one of a series completed by STAR. Other papers on a variety of ex-offender topics may be accessed at www.stlreentry.org.

OFFENDER REENTRY AND SUBSTANCE ABUSE

The majority of offenders in the United States have issues related to substance abuse. Approximately 70% of inmates in state and local prisons abuse drugs regularly, compared with approximately 9% of the general population (1). However, only about 15% of incarcerated substance abusers receive treatment, and even fewer participate in community treatment when they are released (2). According to the Missouri Department of Corrections (DOC), Division of Offender Rehabilitative Services, substance abuse screening of offenders reveals 82% of the offenders have a moderate to severe problem (3).

The recidivism rate is highest among offenders with substance abuse issues. Between 2005 and 2009, 83% of the offenders released on parole had documented substance abuse issues. Of this 83%, 21% were returned to prison within 6 months of their release. The recidivism rates rises to 35% after 12 months, 50% after 2 years, and 59% of offenders within 3 years are returned to prison (4). This is often after community-based alternatives have been exhausted (5).

Offenders with substance abuse issues have particularly high death rates and face mental health challenges. A recent study found that in the first two weeks following release, offenders were 13 times more likely to die than people in the general population. Drug overdose accounted for 70% of these deaths (6). Over 70% of prisoners with serious mental illnesses also have a substance abuse disorder (7). The prevalence of substance use disorder in prisoners with schizophrenia is 50%, bipolar 60%, and post-traumatic stress 60-80% (8).

Promising practices exist in Missouri as it takes steps to improve access to services. Research shows that treatment can work for drug abusing offenders, even when it is entered involuntarily. Studies demonstrate that community-based treatment during aftercare can cut drug abuse in half, reduce criminal activity, and significantly decreases arrests (9). Drug Courts are effective in coordinating these aftercare programs during the supervision of offenders with substance abuse issues. Missouri incorporates all of these aspects when dealing with offenders who have problems related to substance abuse, as highlighted below.

Offenders with substance abuse service needs in Missouri are assigned to DOC treatment programs through the Courts and Parole Board. Probationers who fail treatment in the community and who are at-risk of revocation of their probation status may be ordered to a prison-based treatment center. Upon successful completion, the offender is returned to the community. Men ordered by the court are assigned to participate in one of several short term substance abuse programs at the Boonville Correctional Center, Cremer Therapeutic Community Center, Fulton Reception and Diagnostic Center, Western Reception, Diagnostic and Correctional Center, and Farmington Correctional Center. Women are assigned to the Women's Eastern Reception, Diagnostic and Correctional Center in Vandalia. All non-Court mandated offenders arriving at DOC facilities receive, among other tests, a screening to determine the history, if any, of substance dependence. The Screening for Alcohol and Chemical Abuse (SACA) tool is used to measure the severity of mood altering substances. The scale rates offenders responses from 1 to 5, where 1 indicates no apparent substance abuse dependence and 5 indicates a severe dependence. Based on their scores, offenders are assigned to

appropriate treatment program. The assessments will also enhance the continuity of substance abuse services from prison to the community.

The following provides a brief description of the various types of substance abuse treatment programs offered throughout Missouri's facilities:

- **Short-Term Substance Abuse Treatment** is provided at institutions located at Boonville, Fulton, St. Joseph, Farmington, Chillicothe, and Vandalia. Short-term treatment consists of approximately 84 to 120 days in a structured program including substance abuse education, cognitive skills development, group counseling, and peer support groups. The programs also provide a variety of focused therapeutic interventions including behavior contracts and offender management teams for those who have difficulty adhering to program rules and expectations.
- **Long-Term Substance Abuse Program** provides 12 to 24 months of intensive treatment designed to address chronic and severe substance abuse programs. All of the long-term programs meet program certification standards of the Department of Mental Health's Division of Alcohol and Drug Abuse. The program's main emphasis is treatment provided in a therapeutic community setting to foster recovery from substance abuse and criminal behaviors. The courts may sentence offenders to participate in this program. The Board of Probation and Parole may also order incarcerated offenders to participate in this program. When an offender is close to completing the program, a report prepared by parole staff is submitted to the sentencing judge or the Board outlining the offender's progress in the program, and a final decision regarding release is made. This program is provided for men at Ozark Correctional Center, Maryville Treatment Center, Northeast Correctional Center, Farmington Correctional Center, and for women at the Chillicothe Correctional Center and at the Women's Eastern Treatment Center.
- **The Offenders Under Treatment Program** is a 180-day program, established by statute that provides assessment, employability, and life skills, educational, and vocational guidance, substance abuse education, and the development of viable release plans. Once an offender is eligible, the Missouri Board of Probation and Parole is notified and determines if the offender will be assigned to the program. Upon successful completion of the program, the offender may be eligible for release on parole. This program is provided for men at the Western Reception, Diagnostic and Correctional Center, Farmington Correctional Center, Maryville Treatment Center and women at the Women's Eastern Reception, Diagnostic and Correctional Center.
- **Board Six-Month Substance Abuse Treatment Program** is a 6-month treatment program designed for parole violators and others who are ordered by the Board of Probation and Parole to complete treatment during the last 6 to 18 months of their incarceration. This program is available for males and is provided in an institutional therapeutic community setting. Adherence to program rules and successful participation in treatment services is required for successful completion of the program. The program emphasizes recovery from substance abuse and criminal behavior. This program is provided at the Western Regional Treatment Center, Maryville Treatment Center, and Farmington Treatment Center.
- **Parole Return Relapse Program** is an intensive 30-bed program for paroles who have successfully completed Institutional Treatment Center programming within the past 2 years and who have returned to a prison on a technical violation. Offenders are screened and may be mandated by the Board for assignment to this program. This program is provided at the Fulton Reception, Diagnostic and Correctional Center, and the Chillicothe Correctional Center.
- **Partial Day Treatment Program** is a 10-week program. The intermediate program has both voluntary and mandatory participants who receive substance abuse education and group counseling, with weekly individual counseling. The program is currently located at Western Reception, Diagnostic and Correctional Center and the Chillicothe Correctional Center.

Released offenders can access several community treatment options. The DOC partners with the Department of Mental Health's Division of Alcohol and Drug Abuse to provide effective treatment services in the community for offenders and continuity of care from institutions to treatment programs and recovery support services in community settings. The Division of Offender Rehabilitative Services' Substance Abuse Services Unit has developed strong links with community providers to establish priorities through joint planning and program development. All offenders on supervision are expected to undergo random urinalysis or other types of drug testing.

Missouri law requires screening assessments for offenders on probation. The R.E.A.C.T. program was created by Missouri law to assess offenders sentenced for drug crimes to determine if substance abuse or mental health treatment is needed. The assessment is forwarded to the offender's probation officer. If it has been determined that treatment is necessary, offender's probation officer will arrange services through approved community treatment centers. This program is administered by the Department of Corrections and Mental Health. Fees for the program are the responsibility of the offender.

Housing options exist in the community for offenders with substance abuse issues who cannot return to families. Offenders who are to be released on supervision are required to submit a home plan after release to be approved by the Board of Probation and Parole. DOC managed transitional facilities that provide structure and supervision, non-profit transitional homes that provide part or full time supervision, and community organizations that assist with finding and paying partial rent are available.

1. National Institutes of Health (2007). *Fact Sheet: Addiction and the Criminal Justice System*. Retrieved December 16, 2010 from www.nih.gov/about/researchresultsforthepublic/addiction/pdf.

2. National Institutes of Health (2007).

3. Missouri Department of Corrections (2010). *Profile on the Institutional and Supervised Offender Population on June 30, 2009*. Retrieved October 1, 2010 from www.doc.mo.gov

4. MRP Steering Teams (2009). *Updated Baseline Outcome Results & Sentencing Country Analysis Releases July 1, 2004 to June 5, 2009*. Retrieved December 20, 2010 from: doc.mo.gov/documents/mrp/BaselineResults.pdf.

5. MRP Steering Teams (2009).

6. National Institutes fo Health (2007).

7. National Reentry Resource Center (n.d.). *Reentry Facts*. Retrieved October 1, 2010 from <http://nationalreentryresourcecenter.org/facts>.

8. Lewis, C.E., MD. (n/d). *Dual Diagnosis*. Power Point

9. National Institutes of Health (2007).