

SUBSTANCE ABUSE TREATMENT PROGRAMS AT THE CORRECTIONS CENTER OF NORTHWEST OHIO

Appropriate treatment helps to prevent recidivism among offenders. This holds true at the Corrections Center of Northwest Ohio, which opened in 1990.

The Corrections Center of Northwest Ohio (CCNO) is the first regional corrections center of its type in the United States, and the first regional jail to be built in the State of Ohio. It serves as a model not only in terms of its correctional programming and design, but also in terms of the level of intergovernmental cooperation that has been achieved by the six member jurisdictions. As a result, the Corrections Center is one of the most cost-effective correctional facilities in the State of Ohio.

CCNO is a 642-bed direct supervision facility that is located in Stryker, Ohio. CCNO houses offenders who are sentenced and those who are waiting to be sentenced. The facility houses community (work release, community service), minimum, medium and maximum-security inmates. CCNO provides detention services for the counties of Defiance, Fulton, Henry, Lucas and Williams and the City of Toledo. CCNO serves a total of 17 municipal courts, 14 common pleas courts and 2 municipal court magistrates. CCNO offers two separate and unique substance abuse treatment programs. They are New Beginnings and Choices (dual diagnosis).

Program History

By 1995 it was clear that a high percentage of offenders were being incarcerated who had alcohol and other drug related offenses. Statistics indicated that at least 80 percent of all offenders were being incarcerated for alcohol and/or drug related offenses. A decision was made to expand chemical dependency treatment services within the facility. CCNO contract with Five County Alcohol Drug Program (Five County) to provide the treatment services. Five County is a non-profit organization, certified by the Ohio Department of Alcohol and Drug Addiction Services, that provides chemical dependency treatment to the counties of Defiance, Fulton, Henry and Williams. Initially, Five County provided one full-time counselor. After CCNO secured funding from a Byrne Memorial grant, treatment services were expanded.

New Beginnings

An in-house chemical dependency treatment program entitled New Beginnings was implemented. Five County provided three full-time counselors, one full-time outreach coordinator, one part-time counselor (20 hours) and one part-time clerical staff (20 hours). The Ohio Credentialing Board certifies all clinical staff for Chemical Dependency Professionals. One full-time counselor serves as the program coordinator and provides supervision to other staff. The Five County staff are required to attend a 40-hour CCNO pre-service security training as well as attending the weeklong biannual in-service training. Training includes self-defense, cell entry, and gang training, etc. This facilitates the counselors being accepted as members of the CCNO team. Two of

the Five County staff are certified as instructors in the corrections officer certification training program. Treatment referrals come through the courts, medical staff, unit case managers, classification officers, other security staff and self-referral. A waiting list is maintained and names are taken on a first come, first serve basis. Exceptions are made to the waiting list if an inmate is court ordered or they have a short sentence. At the beginning of the assessment session program rules, structure, expectations and the need to abide by CCNO rules are clearly defined. Also stated are the potential consequences for the inmate if they choose not to abide by the program rules. Once an inmate has had a comprehensive assessment completed, they are placed in Phase I of the program, providing that they are appropriate for treatment. The Ohio Department of Alcohol and Drug Addiction Services, Protocol for levels of care, are used to determine appropriateness for treatment. The protocols are used as a guide to determine the severity of the problem, and the recommended level of treatment. Below is a general description of the treatment activities during Phase I:

- Group counseling four days per week for 2.5 hours each group. Individual counseling to review the primary treatment plan, homework assignments, etc.
- Focus is on the addiction cycle, relapse prevention, the 23 steps, spirituality, anger management, family systems, physical effects, etc.
- Inmates are required to attend at least four AA meetings per week.
- Attendance at Life Skills class on Wednesday morning.
- Mandatory recreation for New Beginnings participants in the morning.
- GED classes and other programming are encouraged.
- Must be minimum level of security.

Phase I will last for five weeks and groups are open-ended so that an inmate can begin group at any point. Upon completion of Phase I, if the inmate remains on the unit, and they are a productive group member, they may remain in group if they so choose. An inmate will move into Phase II of the Program after successful completion of Phase I. Phase II is the continued care phase (aftercare). Inmates may receive continued counseling for the remainder of their stay. Counseling is conducted in either a group setting once per week or individual counseling if they are unable to attend group. The focus in Phase II is on relapse prevention, post release plans and dealing with any current issues both inside and outside of the facility.

Phase III is the linkage post treatment phase. Prior to release from the facility, the inmate will meet with the outreach coordinator to determine post treatment and housing needs. The Outreach Coordinator contacts the appropriate treatment provider in the inmate's home community and secures an appointment time and date. The Outreach Coordinator will also help to secure housing needs if the inmate is in need of shelter. In addition to the New Beginnings program, outreach services are provided to the CCNO general population. New Beginnings staff also function as the link for Intensive Supervised Probation Program (I.S.P.) which operates out of the Toledo Municipal Probation Department.

Since 1996, the New Beginnings Program has provided treatment to a total of 2,023 inmates. Of the participants, 1,318 were men and 705 were women. Breakdown by ethnicity is 1,132 Caucasian, 710 African American, 171 Hispanic and 10 other. The average age for both the men and the women is just over 30 years of age. The average educational level for the men is 10.8 years and for the women it is 10.5 years of education. The average number of previous incarcerations for the men is 5.3 times. The average number of incarcerations for the women is 3.1 times.

Drug use trends indicate that the drug of choice among male inmates is alcohol followed by marijuana and then crack cocaine. The rate of use of alcohol and crack among women is almost identical. Marijuana is the next most commonly abused drug for the women. Of the offenders who participated in the New Beginnings program an average of 21 men a year had received sanctions for CCNO rule violations, while the women average 9 per year.

Since 1995, 20 percent of the inmates who entered the program were re-incarcerated at CCNO. This is compared to 55 to 70 percent of the general population. Of the 20 percent who were again incarcerated 66 percent had not completed Phase I of the program. Some of the reasons are administrative release by the courts, end of sentence, removed from the program due to discipline problems and voluntary withdrawal from the program. It should also be noted that staff reports that some inmates are re-incarcerated to serve sentences on old warrants and not due to new offenses. The total number of inmates who fall in to this latter group is unknown due to data not being formally collected for this.

Choices

In 1997, the New Beginnings program began collecting data on the number of program participants who had been previously diagnosed as having a co-existing psychiatric disorder of bi-polar, major depression and schizophrenia. From 1997 through 1999 an average of 45 percent of the female participants, and 18 percent of the male participants were identified as having been diagnosed as also having a major psychiatric disorder. It was also noted, that 13 percent of the facilities general population were receiving psychotropic medications. This information resulted in a yearlong process to develop a dual diagnosis program. The meetings were held between CCNO staff, Five County and First Call for Help staff. First Call for Help is a local provider of emergency psychiatric services. A Byrne Memorial grant was received to start a dual status program in 2000.

The Choices program provides a psychiatrist for four hours per week. The psychiatrist provides psychiatric evaluations, determines the inmate's diagnosis and prescribes medication. The psychiatrist also conducts periodic med-somatic checks.

A psychiatric nurse also provides 24 hours of services under the Choices grant. The psychiatric nurse completes a diagnostic assessment and performs periodic med-somatic checks. The psychiatric nurse facilitates groups which cover topics regarding

medication and how it interacts with alcohol and illicit drug use, medical aspects of psychiatric disorders, etc. It is also the responsibility of the psychiatric nurse to track the medication supply and order additional medication as needed.

The following is an outline of the Choices program that was developed to provide treatment services to dually diagnosed inmates.

- The referral process is the same as the New Beginnings Program.
- Once an inmate has been assessed by a Certified Chemical Dependency Counselor and or a licensed Social Worker, they would be referred to the Psychiatric nurse for a diagnostic assessment.
- If the inmate is stable and group appropriate at that time, they would begin group.
- If they were not stable, the inmate would not begin group until being seen by the psychiatrist and stabilized using appropriate interventions.
- Eligible inmates may be housed in both minimum and medium security level units due to the nature of some of the psychiatric disorders and security classification.
- After examining different treatment models, it was decided that the program needed to be an integrated approach. The staff of all three organizations must work together as if they were one organization. CCNO contracts with Five County who in turn subcontracts with First Call for Help.
- Phase I of the Choices program is five weeks in length. Inmates are in group four days per week. However, for this population, group length is limited to one hour so that the inmates would not begin to lose focus in the group and feel overwhelmed.
- Groups are primarily didactic in nature. Information is presented in an integrated manner regarding chemical dependency issues and psychiatric disorders. Phase I is intended to confront denial and move the inmate towards an understanding of both disorders and the inter-relatedness of them. Chemical dependency staff, mental health staff, and the psychiatric nurse facilitate groups. All staff is trained and has experience in working with dual diagnosed inmates. Individual sessions are conducted during Phase I, by both the chemical dependency professional and the mental health professional. The psychiatric nurse and the psychiatrist make regular med-somatic checks.
- There is a separate medication budget, which allows the program to assess the new more expensive psychotropic medications. The psychiatrist also works closely with the pharmaceutical representatives to obtain samples to help to offset the cost of the medication.
- Inmates are required to attend Life Skills programming on Wednesday and Friday.
- Recreation, spiritual programming by volunteers, GED and other programming are encouraged.
- Phase II is continuing care. This is done both individually and in group. Inmates may receive services for the remainder of their sentence. Medication

compliance continues during Phase II. The focus of treatment in this phase is on relapse prevention and developing post release recovery plans.

- Another program goal is to quickly identify offenders who are serving misdemeanor sentences due to their dual diagnosis. As a result, we begin the linking process (Phase III) sometimes during Phase I. The goal is to stabilize the offender and give them a strong emotional foundation to build on and give the courts the opportunity to release offenders early from the facility. Inmates are linked to programs that are capable of providing treatment in an integrated fashion. A referral packet is sent to the community provider which includes copies of the initial treatment plan, diagnostic assessment, findings of the psychiatrist, MAST assessment survey, discharge summary, a copy of the release of information, and a linkage follow up letter with an envelope that is addressed and has a stamp.
- The CCNO electronic monitoring program may be used as a step down process for some inmates with a stabilized home environment.
- Inmates are released with a two-week supply of their medications.

Community mental health agencies are surveyed concerning appointment compliance upon release. Data for the first ten months of the program are as follows:

- 60 percent of the linkage follow up letters have been returned indicating that 85 percent of those offenders had kept their initial appointment in their home community.
- Recidivism rate stands at 12.67 percent. Three of the offenders had returned to serve time on old offenses that occurred prior to treatment and not new offenses.
- 13 of the 19 recidivates were released prior to completion of Phase I. Seven of the inmates were released prior to any linkage being made.
- 1.8 percent of the men had previous mental health treatment versus two percent of the women.
- 2.1 percent of the men had received previous chemical dependency treatment versus 2.8 percent of the women.
- Average number of previous incarcerations for the men is 10.8 times versus 7.2 times for the women.
- Seven men and seven women have received sanctions for rule violations.
- Drugs of choice for both the men and women are alcohol, marijuana and crack cocaine.
- This population has a higher incidence of heroine use versus the New Beginnings population.
- Average educational level for both the men and women is the tenth grade.
- Only twelve men and ten women were employed prior to incarceration.
- Nine men were receiving SSDI while ten women were receiving SSDI benefits.
- Average age for the men is 35 versus 34 for the women.

- Bi-polar disorders and major depression are the primary psychiatric disorders for the men followed by schizophrenia and then anxiety disorders.
- Bi-polar disorders and major depression are the primary psychiatric disorders for the women followed by anxiety disorders and then schizophrenia.
- A total of 150 inmates have been served to date, 74 men and 76 women.

Conclusion

The success of the New Beginnings program and the early success of the Choices program demonstrate the value of treatment in a corrections setting. Treatment, which is appropriately matched to the inmates needs, does help to reduce recidivism for the facility. Providing treatment for chemically dependent and dual diagnosed inmates helps security to better manage the population. For programming to be successful, it is essential that the administrators, security staff and treatment staff all be able to work together as a cohesive team. It is necessary that a systems approach be utilized to create this level of cooperation. It is important that treatment staff be included in all of the required staff training as both participants and as presenters. Cognitive behavioral therapy, reality theory and the 12 Step program approaches are all effective in working with this population.

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