

Results of Criminal Justice Inquiry

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Overview of Findings

This inquiry finds that much of the population served by substance abuse agencies is often involved with and referred from criminal justice agencies. Single State Authorities (SSAs) report that they spend a significant portion of their Federal and State resources on those referred from criminal justice agencies.

In recognition of this interrelatedness, SSAs report that they enter into many different types of collaborative activities with criminal justice agencies, such as re-entry initiatives, probation and parole programs, drug courts, and treatment within correctional institutions.

The large majority of SSA respondents indicated that have developed positive collaborative relationships with criminal justice agencies.

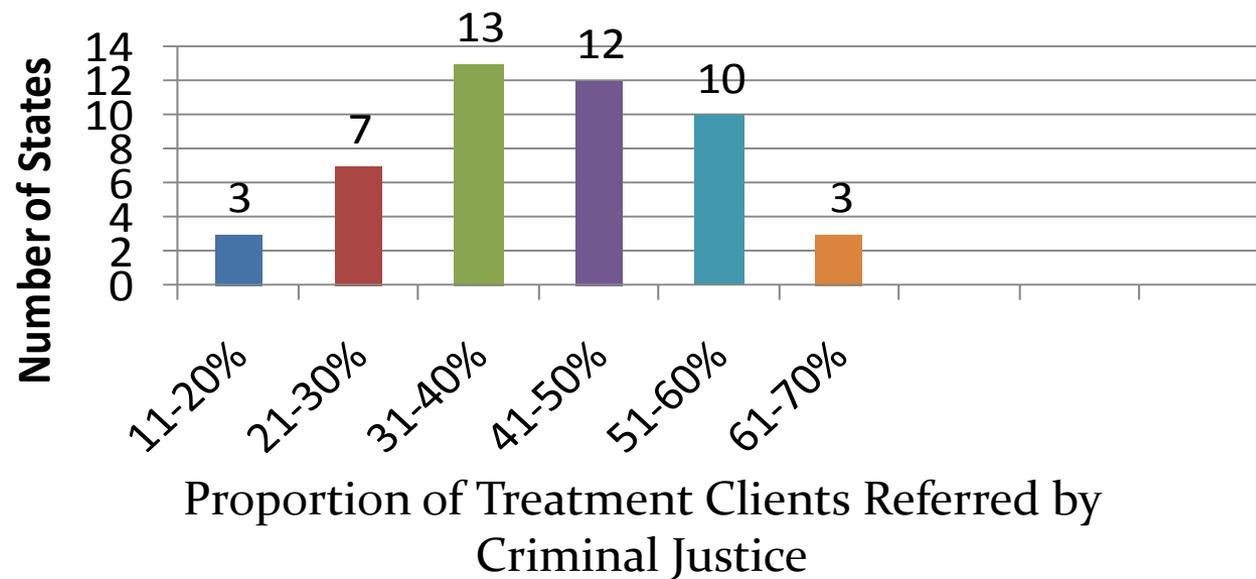
Populations that have had difficulty gaining access to treatment and barriers to collaboration are also explored, in the hope that these collaborative relationships can continue to improve.

Background and Methodology

- NASADAD represents the SSAs who administer and manage public substance abuse treatment and prevention systems.
- The NASADAD Criminal Justice Committee distributed an inquiry to its membership to explore the ways in which the SSAs collaborate with State criminal justice agencies.
- Forty-four States responded, with many also providing descriptions of collaborative programs and formal written agreements. Subsequent to distributing the inquiry, NASADAD became aware of other collaborative initiatives and these have been included in this summary.

Inter-Relatedness of the Two Systems

Substance abuse agencies receive a significant number of referrals from criminal justice agencies. SSAs were asked to estimate the percentage of cases referred from the CJ system from the total served, and some SSAs interpreted the question in a literal way and some in a broad sense, but the median response (12 SSAs) was between 40-49%. This matches 2006 results from the Treatment Episode Data Set (see below) where the median for the 51 States and Territories was 41.1%.



Funding Associated with Treating the Criminal Justice Involved Population

SSAs were asked to estimate the percentage of Federal Block Grant funds spent on CJ populations. Of the 27 SSAs that provided an estimated percentage, their answers ranged widely and the most common response (for 7 SSAs) was that the State spent 41-50% of Block Grant funds on criminal justice populations.

SSAs were also asked to estimate the percentages of their General Revenue Funds spent on CJ populations. Of the 21 responses, the most common response was 41-50% (5 States) and 51-60% (5 States) of General Revenue Funds spent on CJ populations.

Department of Justice Initiatives that Provide Funding for Substance Abuse Treatment

The Department of Justice funds a number of programs that provide substance abuse treatment. The Edward Byrne Memorial Justice Assistance Program (Byrne/JAG) supports a broad range of activities to prevent and control crime. Residential Substance Abuse Treatment for State Prisoners (RSAT) Program supports residential substance abuse treatment programs in State and local correctional and detention facilities. SSAs were asked if they received funding for substance abuse treatment through these programs.

Regarding Byrne/JAG funds, 21 SSAs (48%) said no, 12 SSAs (27 %) said yes, and 11 SSAs did not know: 4 SSAs reported that the funds were used for drug courts; 2 SSAs reported that their Byrne/JAG funds had expired but that the States had taken over the funding of those programs; 1 SSA noted that treatment is a priority area of JAG in the State.

Regarding RSAT funds, 26 SSAs (59%) said no, 12 SSAs (27%) said yes, and 5 SSAs (11%) did not know.

Most States Do Not Think There are Significant Barriers to Collaboration

When asked if there were significant barriers to collaboration with CJ agencies, 26 (59%) responded no, 18 (41%) said yes.

In those 18, barriers highlighted were:

- Funding – 6, e.g., too much funding is through fees, which is not stable, and Byrne funds are not controlled by SSA; Dept. of Corrections contracts directly with providers and pays higher rates than SAPT Block Grant or Medicaid which increases wait times for those receiving BG or Medicaid funds; funding is inadequate to cover all the populations in need of services and there is little to no braiding of funding streams; expanded levels of incarceration have lead to the building of prisons in rural areas, with the result that many facilities are distant from treatment providers.
- Differences in philosophies, culture – 6; In addition, 4 States singled out judges who prescribe from the bench , pre-determining the length of stay in treatment and making idiosyncratic decisions that hamper efforts to provide consistent and client-based State-wide services.
- Coordination of services between institution and community – 3; e.g. lack of definitions and protocols to address substance abusers entering the CJ system and then re-entering the community without treatment and support systems in place.

Types of Collaborations

SSAs report a variety of collaborative activities with CJ agencies, with 12 noting their participation on planning councils and 14 on inter-agency task forces (4 participating in both). When asked if their collaborative partnerships could serve as examples that other States could study and learn from, 26 (59%) said yes.

36 SSAs (82%) report having a position in their State tasked to work with CJ agencies and/or to develop specific programs for adult and adolescent populations involved with CJ agencies—32 within the AOD agency, 8 within another agency, and 2 with a person in both agencies.

SSAs collaborate with CJ agencies in a wide variety of activities, focusing on particular populations or particular points of intersection between the two systems:

There are Many Different Types of SSA and CJ Collaboration

- 38 support a reentry program for substance abuse services for offenders being released from prison or jail.
- 24 have initiatives that focus on those in correctional settings with co-occurring disorders.
- 19 collaborate with drug court programs, 4 administer all of the State's drug court substance abuse treatment services.
- 21 collaborate with probation/parole programs.
- 8 collaborate in DUI/DWI programs: 2 note that all screening and assessment tools must be approved by the AOD agency; 1 manages a web-based system for tracking DUI offenders' treatment compliance.
- 8 collaborate in prevention activities.
- 8 collaborate in programs that provide alternatives to jail or prison; 1 of these, as well as 4 additional States, also participate in Treatment Alternatives for Safer Communities (TASC) which provides comprehensive recovery management services for offenders.
- 8 describe programs focused on women offenders.
- 7 provide training to CJ agencies, e.g., 12-hour general curricula for CJ agencies; a specialized docket network; 2 provide training in crisis intervention.
- 2 share management of a treatment facility for incarcerated offenders.
- 2 collaborate in faith-based initiatives.

Coordination of Clinical Standards and Reporting

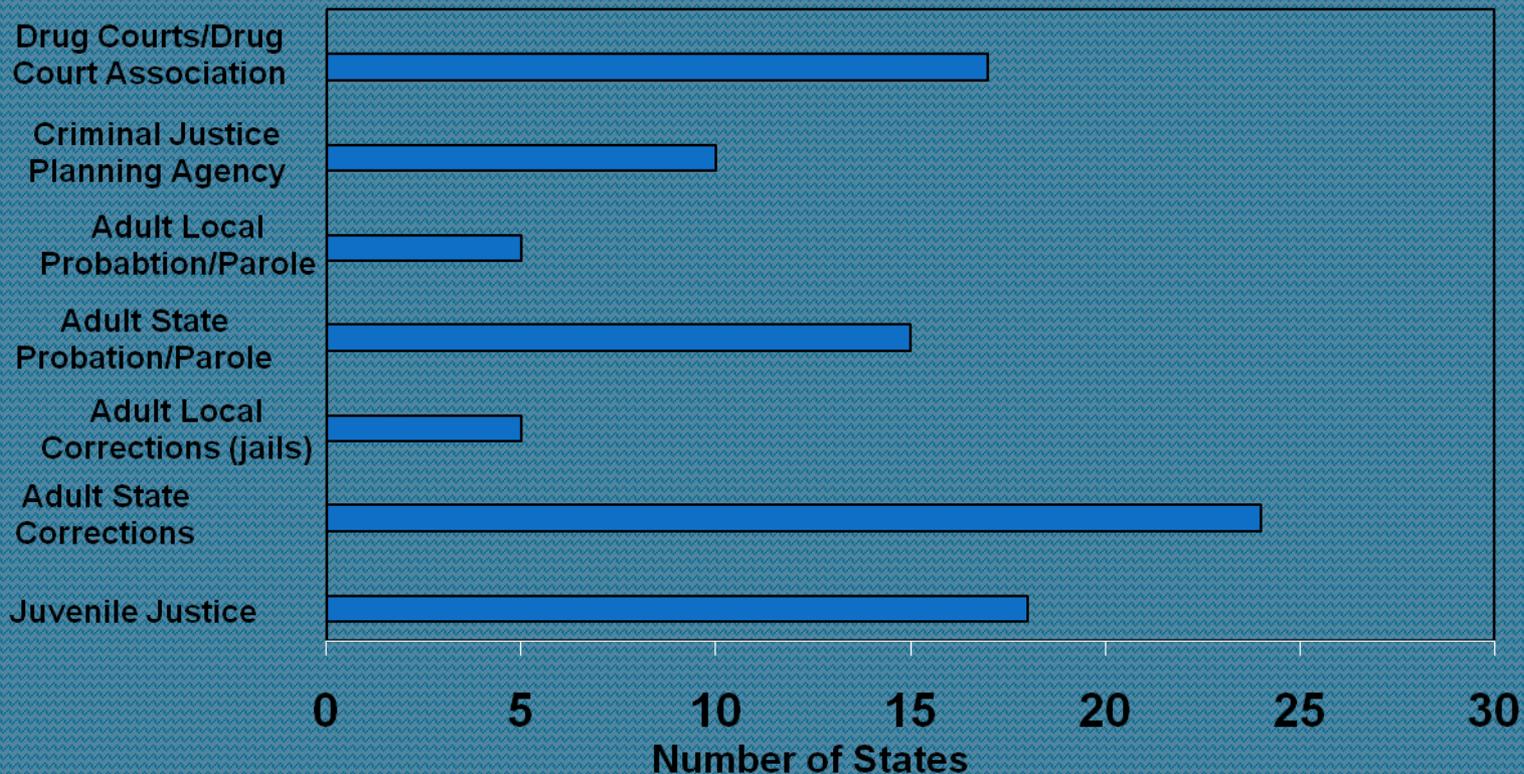
Asked if treatment services within State Depts. of Justice/ Corrections are required to meet State AOD licensing/ accreditation standards, 23 (52%) responded no (but this issue is currently under discussion in 1 State and in another State, Juvenile Justice programs are required to meet standards), 20 (45%) responded yes, and 1 State requires that those standards be met in only one jointly operated facility.

Regarding standards within local DOC departments, similarly 24 (55%) responded no and 20 (45%) responded yes (3 States do not have local DOC departments).

Asked if the State DOC participated in AOD agency client level data systems, the majority said no (28 or 64%); 15 (34%) said yes. However, 4 States are working on developing this capacity. Even fewer Depts. of Juvenile Justice/Corrections shared client-level data; 34 (77%) said no and 8 (18%) said yes.

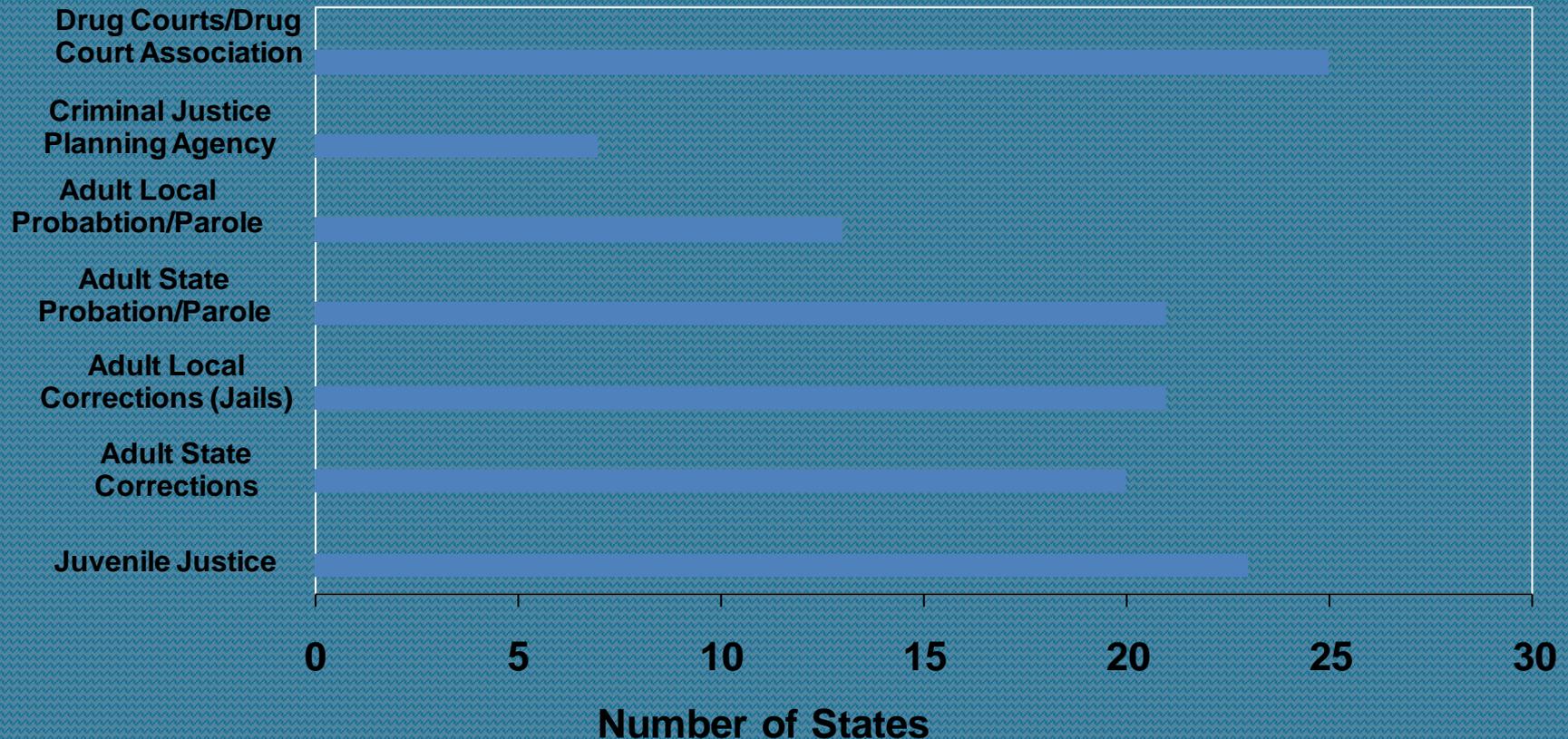
Many State AOD Agencies have formal written agreements with criminal justice agencies. More than half of responding States (24 out of 43) have agreements with adult State corrections.

Agreements between State AOD Agencies & CJ Agencies



In most States, criminal justice agencies have formal written agreements with local providers. Over 20 States have agreements between their local providers and four out of the seven types of criminal justice agencies.

Agreements between Local Providers & CJ Agencies



Types of Offenders With Particular Difficulty Gaining Access to Substance Abuse Treatment

Respondents were asked if any segments of their CJ population had particular difficulty gaining access to substance abuse treatment: 28 SSAs (64%) said yes and 16 (36%) said no.

In their comments, respondents singled out:

- Co-occurring populations – 6 SSAs, with 3 noting problems in terms of residential treatment
- Offenders in rural areas or on reservations – 5 SSAs
- Sexual offenders – 5 SSAs
- Re-entering inmates connecting with community programs – 4 SSAs
- Violent offenders – 2 SSAs
- Women with dependent children – 2 SSAs, 1 noting residential treatment.
- Juveniles – 2 SSAs
- Inmates who are incarcerated – 2 SSAs
- Inmates in jails – 2 SSAs
- Minority populations, particularly Latino – 1 SSA
- Inmates needing Medication-Assisted Treatment – 1 SSA
- Inmates needing transitional housing – 1 SSA

Two SSAs noted that while State-level initiatives had been collaborative, more work remains at the local level between law enforcement/county jails and behavioral health providers.

One SSA noted that, while there were no significant barriers, the sharing of electronic data and protected health information had been problematic.

Conclusions

SSAs report that a median of 40-49% of their referrals come from CJ agencies and that their States spend about this share of their SAPT Block Grant funds and general revenue funds on criminal justice populations.

The majority of SSAs report positive collaborative relationships with CJ agencies, through formal written agreements as well as a wide variety of collaborative initiatives.

About half of the SSAs report that treatment services in State and local Departments of Correction are required to meet SSA licensing standards.

The majority of State Depts. of Correction (64%) and State Depts. Of Juvenile Justice/Corrections (77%) do not participate in State AOD agency client level data systems.

In addition to these areas for improvement, a number of SSAs report that efforts could focus on creating stable funding streams for CJ populations that have difficulty accessing substance abuse treatment and efforts to bridge the different philosophies of the two systems. Through greater communication and coordination of services, the two systems can address the substance abuse problems of the populations they share.

Acknowledgements

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