

# Reentry Drug Courts

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## Reentry Drug Courts

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Sincerely,

Judge Jeff Tauber  
Director

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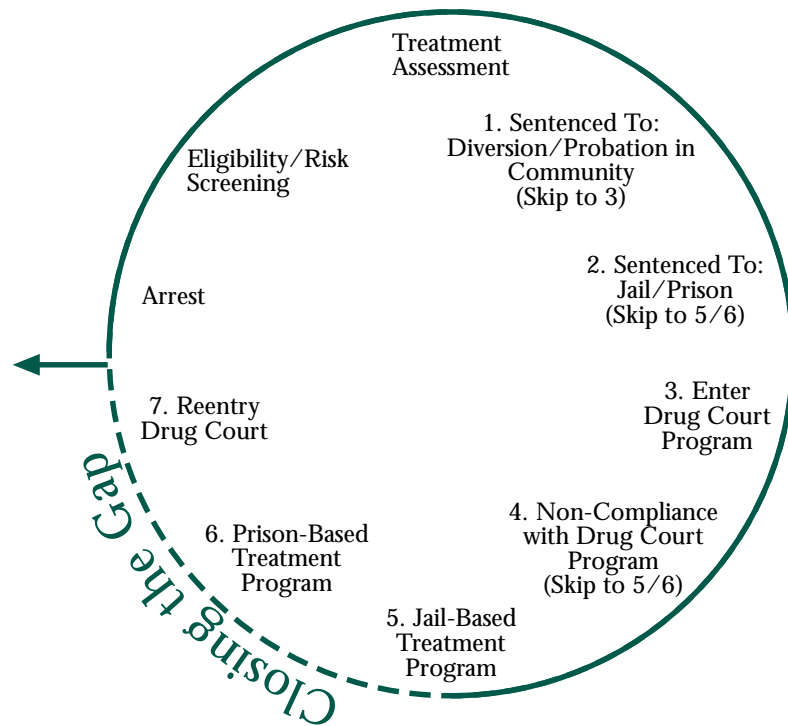
## INTRODUCTION

Reentry drug courts are a relatively new concept. First introduced by National Institute of Justice Director Jeremy Travis during a speech at the 1998 National Corrections Conference in Los Angeles, reentry management strategies and reentry courts are defined as the means by which all offenders (not just drug users) could be reintegrated into communities once released from correctional facilities. Because reentry drug courts already exist at the local jail levels across the country, the National Drug Court Institute (NDCI) decided to explore this concept for state prisoners as well.

With that in mind, NDCI convened a two-part series of focus groups in Washington, D.C., addressing jail and prison-based reentry drug courts. The first, held on April 11-12, 1999, brought together jurisdictions already involved in jail reentry programs: Los Angeles, CA; San Bernardino, CA; Fort Lauderdale, FL; and Evanston, WY. The second focus group, held on May 6-7, 1999, brought together drug court practitioners, corrections personnel, and policy makers from Missouri, Florida, Oklahoma and Nevada, who were in the process of developing prison-based treatment linkages with reentry drug courts.

The opportunity that reentry drug courts present at this point in time is extraordinary. With parole no longer available in many states, the ability to monitor individuals released from state prison is waning, while recidivism rates remain unacceptably high. Yet, each year, nearly 500,000 inmates alone are released from state prison and returned to communities throughout the country. A reentry drug court could facilitate, monitor, supervise and rehabilitate offenders as they are released and accepted back into the community.

This monograph explores the benefits of the two types of reentry drug courts identified by the focus groups: jail-based reentry drug courts and prison-based reentry drug courts.



### Closing the Gap in the Circle of Intervention

(i.e. where an offender becomes involved in supervision and rehabilitation in a drug court).

### *Closing the Gap*

Originally, drug courts focused on diversion and post-plea programs that were designed to work exclusively with the individual offender living in the community (providing supervision and rehabilitative services at the front end of the circle). More recently, drug courts have focused on supervising offenders who have been released from custody after violating probation and serving relatively short terms in jail. There has been little emphasis placed on the back end of the circle, those offenders originally sent to jail or prison for substantial periods of time. Any rehabilitative effort has generally waited until the offender has left confinement and is in the community, if it is provided at all.

Reentry drug courts present a workable approach to closing the “intervention gap” that exists for those drug-using offenders sentenced to such substantial terms of jail or prison. Reentry drug courts provide a mechanism for the successful reintegration of the serious drug-using offender back into society. This is done by keeping offenders engaged in corrections-based treatment and court-based monitoring throughout their custody term and once released, providing a continuity of appropriate treatment and court-based accountability in the community.

**Importantly, a reentry drug court is just one part of a drug court program (that often involves a single drug court judge and staff) that may work with divertees, probationers and other targeted drug-using offender populations. With nearly 600 drug courts in existence, they provide a ready pool of effectively run, structurally sound, team-based programs suited to work with this reentry population.**



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## REENTRY DRUG COURTS AND JAIL-BASED TREATMENT

During the NDCI jail-based treatment focus group, participating jurisdictions created a mission statement defining the mission of reentry drug courts for offenders sentenced to jail:

**Reentry drug courts are courts that begin when the offender enters a jail-based treatment program. The offender is involved in regular judicial monitoring, supported through recovery, and ultimately prepared for reentry into the community. This team-based approach supports jail-based treatment values, monitors accountability, provides rewards and penalties, and prepares the offender for reentry at a community-based drug court program session.**

A key element in this mission statement is the concept that the reentry court's involvement begins at the onset of the offender's jail term and continues beyond the date of custodial release. The drug court is a logical mechanism that can help support an offender's successful return to the community, as it provides a combination of incentives, structure, services, accountability and ongoing supervision. By providing the same level of focus and coordination at both the front-end (traditional post-plea) and the back-end (reintegration from jail) of the circle, reentry drug courts effectively close the gap in the circle of intervention.

### *Defining Jail-Based Treatment*

"Reentry" accurately sums up the distinct approach of drug courts involved with jail-based treatment programs. From the time an offender enters a jail-based treatment program, he or she is being prepared for reentry into the community as a responsible citizen.

Treatment for drug court participants sent to jail should be viewed in two phases: an in-custody treatment phase, followed by a community supervision phase. Even when the offender's jail term ends, the treatment program and the purview of the drug court continue. Upon an offender's release from jail, he or she would enter a drug court program. While there, the offender would transition into an outpatient treatment program where he or she would likely remain for up to one year. During the year, the offender would be supervised by the drug court team lead by the drug court judge.

Through jail-based treatment, an offender begins the process of personal change through comprehensive substance abuse treatment. Jail-based treatment prepares offenders for reentry into the community by providing them with the tools necessary for a non-criminal, drug-free, life style, thus reducing the risk of relapse and increasing public safety within the community.

Allowing offenders to simply sit out their prescribed time in jail is to waste limited time and resources. Conducting treatment while offenders are incarcerated makes efficient use of their time and the funds required to secure, house, feed, and provide them with required medical care.

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### ***Who Should be Eligible for Jail-Based Treatment?***

In most jurisdictions, an offender must be drug tested and assessed for eligibility in a drug court, jail-based treatment program. Eligibility criteria might include factors such as drug history, physiological history, and risk of violence or escape. Of course, the number of available beds also determines which offenders are accepted. Although in the future, all drug-using offenders who receive a jail sentence as a condition of probation in lieu of prison may be required to enter such a system, at the present time, finite resources may limit the number of individuals who are assessed as eligible for jail-based treatment.

One example of a jurisdiction with such a system is San Bernardino County, California. There, drug court staff, jail staff and jail-based treatment personnel classify incoming offenders shortly after arraignment. The offender's drug history is reviewed, and a bio-psycho-social assessment is administered to determine appropriateness, amenability, and motivation for in-custody treatment. If the offender qualifies for the program, a detailed treatment plan is developed by the in-custody treatment staff based on needs identified in the assessment.

Similarly, the Oklahoma County Drug Court team is now working with the Oklahoma Department of Corrections Probation and Parole Division to provide a pre-assessment to offenders, prior to sentencing, to determine their level of need or to distinguish dynamic factors in the offenders' lives that tie them to criminality. The pre-assessment identifies which offender needs to participate in specific treatment programs existing within the department of corrections once incarcerated.

### ***Drug Court and Jail-Based Treatment Programs***

Treatment programs are intensive, and eligible participants generally have far more demands made of them while in custody than do other inmates (e.g., they are usually in classes or counseling much of the day and they must submit to daily drug tests). For example, in the Los Angeles County Jail, a 90-day, in-custody treatment component requires intensive treatment in separate drug court modules for seriously addicted men and women. Programs offer daily contact with treatment staff through individual treatment planning, substance abuse counseling, group and individual counseling, crisis intervention, alcohol and drug education, health education, anger management, domestic violence seminars, life-skills training, relapse prevention, acupuncture, 12-step meetings, alumni groups, vocational and job training, and sober living placement. Failure to comply with conditions of the program result in sanctions imposed by the drug court judge.

**In Uinta County, Wyoming, drug court defendants serving jail-time are brought before the drug court judge every two weeks. Jail-based treatment personnel submit reports on the offenders' response to the program. The judge quizzes them directly on what they have achieved. If the judge believes they that have demonstrated progress, he often reduces the time remaining on their sentence.**

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Another example of an intensive treatment jail-based treatment program is in San Bernardino County, California. There, jail-based treatment staff issue report cards throughout the course of each counseling component. Offenders' attitudes, motivation, use of time, and ability to stay on task are all reported to the drug court judge. Offenders receive a certificate upon successful completion of each component. Those certificates become valued mileposts on their road to recovery.

### ***The Value of Linking Jail-Based Treatment with the Drug Court Process***

Linking jail-based treatment with drug court will benefit communities. These programs make productive use of offenders' time while giving them a head start in their own treatment and rehabilitative process, resulting in the release of stable individuals into the community. Without this approach, many offenders sentenced to an initial jail term might wait weeks or even months before their substance abuse problems are addressed, if at all. These offenders would "do their time," returning to the community without treatment, and in some cases, in a worse condition than when they were arrested. On the other hand, jail-based treatment programs, especially those under the direction of a drug court, provide a higher level of accountability, while keeping participants engaged in treatment, which is the primary objective of drug courts. Offenders understand that their conduct and participation are subject to judicial sanctions even while they are incarcerated, thus compelling them to strictly adhere to program requirements. Jail-based treatment program participants are more likely to comply with treatment regimens, remain clean and sober while in the program, and stay with their program. Such compliance, even if it is externally motivated at first, can be a recipe for success.

One other important reason to link jail-based treatment with a drug court is that jail-based programs can treat drug court participants who are waiting for a bed in an inpatient facility. All too often there is a waiting period for individuals who are in need of acute care. Through jail-based treatment, the offender can be placed in a structured environment, preventing him or her from relapsing or reoffending.

There are numerous benefits as well for jails participating in reentry drug courts. Jail-based treatment programs enhance the level of inmate control and accountability. Inmates whose time is structured are less likely to cause disturbances and more likely to adjust to incarceration. Another benefit in this collaborative approach with a reentry drug court is the linkage it fosters with other community institutions to broker support services upon the offender's release. For example, the reentry drug court treatment and case-management staff is in place the very day the offender is released, directing them to employment opportunities, mental health counseling, and community support groups. Uinta County, Wyoming has taken this collaboration a step further by having its jail-based treatment staff follow the same systematic, offender-specific treatment modality as the treatment agency in the community. This allows offenders to exit the jail-based treatment program, while maintaining their progress in the treatment program, and enter the community-based program through a more "seamless" transition phase.

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## *The Role of Drug Courts in Jail-Based Treatment*

In general, reports demonstrate that drug court programs are having a profound affect on in-custody participants. This can be attributed to the judge's ongoing supervision and to the direct relationship that offenders have with the judge and the drug court staff. Typically, the reentry drug court judge hears the offender's initial plea (or tries the case), then remains involved with the participant during the jail phase of the program by seeing them in drug court hearing throughout their custody. While offenders may initially fear (or resent) the judge, this relationship often changes. As the jail-based treatment progresses, offenders learn to see the judge as an ally in their recovery. Typically during this process, the offender's motivation shifts from simply wanting to avoid sanctions that the judge may impose, to actively seeking the judge's approval. Respect for the judge develops and a desire to please the judge often replaces the initial feelings of fear.

Equally important are the relationships that often develop between the offender and jail staff, treatment professionals, and even arresting officers. In a drug court, offenders are constantly reassured that staff members are willing to help them break the cycle of addiction and criminal behavior that brought them into jail. For example, in Uinta County, Wyoming, many former offenders now work with the same law enforcement officers who arrested them by mentoring new offenders coming into the drug court.

Regular drug court appearances, while the offender is in the jail-based treatment program, are important to maintaining the momentum of the program. Drug court appearances before the judge give the jail-based treatment participant an opportunity to receive feedback from the treatment staff and court as to their progress, or lack thereof. In urban jurisdictions, the large number of offenders in jail-based treatment programs may limit the number of appearances before the drug court judge between sentencing and reentry. In smaller jurisdictions, appearances before the judge may be more frequent.

Also, when an offender appears before the same drug court judge throughout his or her term in jail-based treatment, the judge becomes better acquainted with the offender's progress and is in a better position to impose sanctions for non-compliance. These sanctions, which may include extended monitoring, increased jail time, or delayed release, serve as immediate "reality checks" to remind offenders that there are consequences for their negative behavior. The judge also can reward compliance by offering the most powerful incentive of all—reduced jail time. By remaining sober and demonstrating positive behaviors, offenders can, in a controlled fashion, "earn their way out of jail." Overall, positive behavior becomes a strong motivator for offenders to comply with their programs.

Comprehensive pre-release planning should be conducted well in advance of an offender's release. These plans address issues such as sober-living, employment, and mobility deficits. Arrangements should also be made for aftercare services for the offender, providing continuity in the offender's substance abuse treatment program as well as medical or psychological services that may be needed.

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### ***Transition to Community-Based Drug Court Program***

Offenders who successfully complete a jail-based treatment program are released into the community by the drug court judge during a reentry hearing, often referred to as “graduation.” The offender is “dressed out” in civilian clothes, and family members are encouraged to attend so that they can be among the first to welcome the offender back into the community. The reentry hearing is often a deeply emotional event and is usually accompanied by applause, affirmation, and celebration. The judge encourages the new probationer to continue on the road to sober living and provides him or her with clear instructions about where and when to report for supervision, community-based treatment, aftercare services, and future drug court status hearings. Appropriate transition planning is critical to the success of the reentry process.

**In San Bernardino County, California, on the day that a jail-based treatment participant is graduating and being released from jail, a drug court staff member accompanies the offender to the community treatment program immediately after his or her appearance at reentry drug court, to ensure contact is made and treatment continues uninterrupted.**

For a full description of the San Bernardino, California, Uinta County, Wyoming, Los Angeles, California and the Broward County, Florida jail-based treatment programs, see Appendix A.



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## PRISON-BASED TREATMENT AND REENTRY COURTS

Those offenders who are in state prisons are another population appropriate for a reintegration mechanism such as a reentry drug court. At the present time, offenders who are incarcerated in state prisons generally fall outside of the jurisdiction of drug courts. With the diminishment of parole throughout the country and the growing interest in reentry courts, however, drug courts increasingly are seen as providing an important structure through which drug-involved offenders can exit a state correctional system.

**Nevada has already taken steps to address prison-based treatment and reentry courts by passing legislation to implement a pilot program under which 150 prisoners will be released six months early on the condition that they participate in drug court for a minimum of a one-year period. Other jurisdictions are likely to follow suit (see Appendix B).**

Missouri currently has one reentry drug court and more are in the planning stages. Buchanan County, Missouri has been operating an adult felony diversion drug court since October of 1997. There, the drug court team realized that some of the drug court participants were not responding to the routine drug court model. Thus they were terminated from the program and sent to the department of corrections under a 120-day judicial review statute. Sentencing under this statute allows the court to maintain jurisdiction and requires the offender to attend an institutional treatment program. The judge allows those offenders who have failed the diversion drug court to enter the reentry drug court once they have completed mandatory prison time.

### *Elements of Prison-Based Reentry Drug Courts*

As with many drug courts, a reentry drug court judge typically takes the plea (or tries the case) at the front end. This results in the drug-using offender being sentenced to prison for a pre-determined period of time to participate in a prison-based treatment program. At the back-end, after serving his or her sentence, the participant would be required to fulfill a probationary period in the reentry drug court. The reentry drug court will maintain a sense of continuity, structure, and stability to which the inmate grows accustomed while in the prison-based treatment program. Importantly, reentry drug courts, as an extension of a drug court system, will utilize existing drug court programs within a given state. Participation should be mandatory for all inmates who meet the eligibility criteria.

Split sentencing, while not an option in many states, is an important pre-condition for most offender involvement in a reentry drug court. Under split sentencing, the convicted felon is returned to the reentry court's jurisdiction for further supervision, monitoring, and treatment after completing a portion of their prison sentence. If split sentencing is not permitted, there may be no legal basis for reentry drug courts (except for those prisoners defined later as Population I).

**In the Kalamazoo, Michigan Drug Court, a parole officer collaborates on the drug court team. Though there is no official statutory authority, the drug court monitors department of correction parolees as part of its regular drug court docket.**

Following release, the reentry drug court will continue to hold the offender accountable through regular drug testing, electronic monitoring, frequent probation/parole contacts, active case management, and home visits. The reentry drug court also will link the offender with transitional services including treatment and aftercare to help make reintegration into the community successful. Aftercare programs will reinforce the specific life skills and therapeutic responses that the offender learned in prison-based treatment.

### *Defining the Population*

Reentry drug courts serve two populations of offenders who are convicted of drug-related offenses. Population I consists of individuals sent to prison for a relatively short period of “shock incarceration” or a “judicial review” of 30-120 days, with the expectation that they will be returned to the court’s jurisdiction for continued supervision and treatment under the auspices of the court’s probation services. Only non-violent, multiple felony offenders are likely to be eligible for Population I.

Population II consists of individuals who are sentenced to prison for one year or more under a split-sentence. This population includes the most serious drug-using criminals.

### *Classification*

In both populations, drug court staff conducts a comprehensive, front-end risk and needs assessment for every offender, immediately after arrest, to determine the nature and extent of the individual’s substance abuse problem and whether the individual is suitable for prison-based treatment programs. Information gained through the assessment will be entered into an “automated booking system” accessed by all relevant institutions and personnel involved in the case (e.g., drug court, jail, department of corrections, treatment providers, and others). For example, the Oklahoma and Florida Departments of Correction have each developed “automated booking systems” designed to communicate assessment and other offender information to several agencies. This system allows data from the drug court’s initial assessment of the offender to be shared and provides a fast track through reception centers and into a state facility having appropriate and relevant treatment services. Otherwise, the offender ordinarily would be assessed by multiple agencies, on multiple levels, taking months to get through reception and classification and wasting valuable therapeutic and rehabilitative time.

Initial risk and needs assessments are to be used to design treatment plans and prepare preliminary sentencing recommendations for individuals in both Population I and Population II. Individuals who meet the eligibility criteria for Population I will receive a community or minimum classification in a facility with low-level security. Classification of Population II will be more traditional and will depend upon the severity of the crime, risk of escape, and identified treatment needs while greatly taking public safety into consideration.



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## ***Case Management***

The reentry drug court model stresses close collaboration between institutional personnel and the community case manager or probation/parole officer. These individuals are integral members of the institutional treatment team who work closely to ensure continuity of treatment services. They will be required to have specialized skills and knowledge in the areas of substance abuse and case management.

### **Population I**

An institutional case manager for Population I participants is responsible for ensuring that the inmate has been placed in the appropriate facility where treatment services are initiated immediately. The case manager ensures, through regular drug testing, that the inmate remains sober. Given the short incarceration period for Population I, an institutional case manager's primary focus is on release planning and ensuring that arrangements are made in the community for services appropriate to the individual.

The community case manager or probation/parole officer attends periodic status reviews within the correctional facility and has face-to-face meetings with the inmate. This innovative approach to community case management enables rapport to be established between the community case manager or probation/parole officer and the inmate weeks before they are released into the community.

The community case manager or probation/parole officer serves as a broker of community services, identifying needs before the inmate is released and linking them to much needed services on the day that they are released. Such pro-active case management is ideal for offenders being released from prison, because the inmates' needs at reentry are often great.

A community case manager or probation/parole officer also serves as a conduit of information for the institutional case manager and drug court. This person updates the drug court team on the status of the inmate, level of treatment being received, services and the level of supervision needed by the inmate once he or she is released.

### **Population II**

Due to the length of sentences given to this population, the role of the institutional case manager requires traditional duties such as intake, work assignments, and visitation. For reentry drug court participants however, the case manager's role also includes the full range of duties outlined for Population I. The case manager does not get involved until further into the incarceration period, usually at the time of the pre-release planning. In addition to the duties performed for Population I, the community case manager or probation/parole officer conducts a post-release assessment for Population II inmates. This provides a precise understanding of the inmate's needs in the community once released, as his or her needs may have changed from the initial assessment which took place at the time of arrest.

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## ***Goals of Prison-Based Treatment***

Because of the difference in length of incarceration periods, treatment goals differ significantly for the two populations.

### **Population I**

Population I treatment interventions must be short-term and oriented toward resolving immediate problems. The first objectives for this population are to develop a long-term treatment plan and to get them clean and sober. In order to break the cycle of criminal behavior, cognitive behavioral therapy may be appropriate to focus the offender on his or her denial, thus beginning the process of accepting responsibility for his or her own behavior. These initial interventions prepare inmates for the drug court treatment program and introduce them to recovery groups, where they will be expected to participate throughout their reentry process back in the community.

### **Population II**

The length of the incarceration period for these participants affords an opportunity to conduct intensive therapeutic interventions. In addition to the basic goals outlined for Population I, treatment plans for individuals in this population are designed to address an array of issues identified during the initial assessment. A wide range of treatment modalities will be available to address diverse problems such as substance abuse, co-occurring psychological/personality disorders, medical conditions, literacy and educational needs, criminal thinking, vocational training, and family issues. When possible, the offender's family should be involved at a significant level to help integrate the offender back into his or her family upon release. The offender should participate regularly in relapse prevention and/or recovery groups.

A pre-release assessment is required to identify where the inmate is in the recovery process and to identify the skills that he or she has developed during the course of treatment. This information will be helpful to the drug court team, especially to the community treatment provider, in designing an appropriate treatment and aftercare plan.

The ultimate goal of the treatment process for Population II, as for Population I, is to prepare the inmate for successful reentry and reintegration into the community from which they were removed.

## ***Benefits of Linkages***

Developing a collaborative link between prisons and drug courts foster benefits to both the department of corrections and the court. For the department of corrections, this linkage provides a seamless, structured system that reduces the risk of releasing offenders into the community without a safety net, increasing the probability of an inmate's successful transition. Post-release assessments conducted by community case managers or probation/parole officers will make it easy to evaluate the success of the prison-based treatment program. Furthermore, correctional staff know that reentry drug courts will provide the continuity of services needed to ensure the inmate's success when released.

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Drug courts benefit from this linkage because it enables the program to reach a wide range of offenders, increasing their impact on the criminal justice system and, therefore, their benefit to communities nationwide. Moreover, because inmates receive treatment prior to their release, they are clean when they begin reentry drug court and better prepared to participate in drug court treatment programs in the community.

The Florida Department of Corrections, along with the Broward and Hillsborough Judicial Circuits, have received funding to provide a Comprehensive Circuit Crime Reduction Program. This program provides comprehensive drug testing, detoxification, residential services, co-occurring substance abuse and mental health disorder treatment, outpatient services, aftercare, and intensive case management services. To ensure a seamless transition from prison-based to community-based treatment, the department will provide community supervision for the reentry drug court cases and coordination of prison drug treatment and services for offenders with the special condition of reentry drug court as part of their post-release supervision order.

### *Concerns in Prison-Based Reentry Drug Courts*

As with any complex system, there are a number of issues that need to be addressed if reentry drug courts are to be successful. For example, jurisdictional authority needs to be established statewide for reentry drug courts. In most states, the judiciary does not have the legislative authority to regain jurisdiction over an offender once sentenced to the state department of corrections. Legislation would need to be passed in order for the court to serve as a reentry mechanism.

Another issue that should not be overlooked is the need for the defendant to sign a probation order at the original sentencing. This allows the drug court to immediately begin drug testing, treatment, supervision, rehabilitation services, and other aspects of the reentry program once the offender is released from prison.

The length of time between an offender's initial contact with the drug court and his or her return to the drug court at the time of reentry presents a problem that must be addressed early. As stated earlier, the relationship between the judge and the offender is one of the most powerful elements of the drug court model. Due to judicial rotation, it is not always possible, when an offender is incarcerated for a year or more to return to the reentry drug court and see the original sentencing drug court judge. In some cases, a different judge will be presiding over the reentry drug court when the inmate returns.

Finally, treatment issues must be addressed when designing reentry programs. Existing drug court treatment programs need to be modified, because many reentry drug court participants will have undergone extensive treatment in prison. At a minimum, reentry treatment programs should provide distinct tracks and phases to accommodate participants as they enter different stages in their recovery process. On the other hand, there are many inter-related clinical variables that influence the post release success of prisoners who have served multiple years incarcerated. The profile of a released inmate of this nature is complex (See Appendix D). Community treatment providers must prepare for the conflicts, emotions and deficits newly released prisoners will experience.



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# EFFECTIVE IN-CUSTODY TREATMENT PROGRAMS

## *Staff Issues*

The support of correctional officers is critical to the success of in-custody-based treatment programs. Research has shown that attitudes of corrections personnel toward inmate services and programs have a significant impact on offenders' attitudes (Taxman, et al. 1994). In order to elicit the confidence and support of correctional staff, treatment programs need to respect the institutional demands of the corrections facility. Foremost, they must never compromise security or disrupt the daily operations of the facility.

When possible, in-custody treatment staff (contracted or otherwise) should have experience working in a correctional setting. At a minimum, they must have a thorough understanding of how the facility operates and its policies and procedures for information flow, safety, and security. Treatment staff should be committed to working with correctional staff to maintain security, and they must understand "offender games," the manipulative behavior of inmates (Huddleston, 1999).

Corrections staff, on the other hand, need to understand in-custody-based treatment philosophies, how their attitudes can affect the offenders' ability to benefit from the program, and how the treatment program benefits the facility. Just as treatment staff should be trained to better understand the requirements within a correctional setting, corrections staff should receive training to develop appropriate interpersonal skills for working in a therapeutic environment.

**In Uinta County, Wyoming, the jail administrator and other jail personnel are trained in the same treatment modality used by the jail-based treatment program, allowing the jail staff to better support the treatment team.**

This type of cross-training ensures mutual understanding between the treatment and correctional staffs, whether in a jail or prison setting. Treatment staff should attend the same orientation as new correctional officers regarding policies and procedures within the facility, while corrections staff should receive training in treatment and therapeutic issues. Developing a cohesive team of correctional officers and treatment personnel requires creative leadership but is essential to the success of any correctional-based treatment program.

The Charles "Bill" Johnson Correctional Center (BJCC), within the Oklahoma Department of Corrections, demonstrates this level of commitment to coordination and cross-training. The warden, deputy warden, chief of security, correctional officers, boot camp drill instructors, chaplains, and even facility volunteers are trained in therapeutic interventions, including cognitive-behavioral treatment modalities, crisis intervention techniques, counseling skills, and therapeutic community management. Correctional officers, whether assigned to the kitchen, yard, boot-camp, or a specific housing unit, are aware of each inmate's behavior and how it reflects where they are in the recovery and therapeutic process. Every staff person is an intricate part of the treatment team, all focusing on the goal of placing a non-recidivating offender into the community. Cross-training at this level improves the overall quality of the facility, pro-

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viding an environment rich in resources and staff teamwork. Incidents of inmate misconduct such as assaults on staff, drug use, and refusal to obey staff orders have virtually disappeared at BJCC. More importantly, due to the high level of staff training and staff awareness as it relates to drug abuse issues, BJCC is drug-free, fostering a therapeutic environment and safe place to work.

### *Program Space*

The lack of appropriate space is frequently an obstacle to implementing in-custody-based treatment programs. However, this can be overcome with the creative use of existing space within a correctional setting.

In-custody-based treatment programs work best when participants are separated, as often as possible, from the general population. A segregated unit makes it possible for treatment specialists to create a therapeutic environment. Regular routines of the facility continue to be imposed, but the participating offenders understand from the outset that more is expected of them than of other inmates (Lipton, D.S, 1996; Wexler, et al, 1990).

Approaches to segregating drug court participants vary widely. Broward County, Florida's 26-bed, jail-based facility is housed within the facility, but offenders are separated from other inmates. In Los Angeles County, California, offenders participating in jail-based treatment are held in segregated pods. Those participating in treatment programs are referred to as "clients," to encourage both staff and offenders to approach jail-based treatment with positive expectations. The county will soon open a recovery center to house a 900-bed, jail-based treatment program. San Bernardino County, California, also operates a large, separate residential treatment facility for drug-abusing offenders who have been classified for minimum-security housing.

**Segregated units exist within the Missouri, Florida and Oklahoma Departments of Corrections, where each state operates institutional therapeutic communities, providing an environment of structure, intensive treatment, and accountability for drug-using offenders.**

If separate program space is not available, therapy and support groups should be conducted in the evening. This arrangement allows participants in the treatment program to keep their job assignments within the facility during the day, while keeping them busy and separated from general population during the evening.

Most state correctional substance abuse treatment programs use "open-ended" modalities, in which offenders may join or leave as their individual progress warrants. Open-ended programs are less expensive to operate and more flexible hence, they are more likely to be used where large populations need services at the same time. However, some in-custody-based treatment programs are "closed ended." In this arrangement, participants proceed through the program as a group and have only minimal contact with incoming offenders or those already in the facility. The goal is to create a strong sense of group identity among the participants in the program.

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## *Components of Effective Treatment Programs*

Effective in-custody-based treatment programs should be comprehensive and incorporate a variety of treatment modalities and support services. They should be long-term and address chronic addiction and criminal behavior. Treatment modalities frequently used in in-custody-based programs include substance abuse counseling; individual, group, and family counseling as well as cognitive-behavioral therapy (Peters and May, 1992; Peters, et al, 1993).

The nature of treatment therapies has changed within the last 20 years. More traditional therapies include psychotherapy, counseling, and reality therapy while newer therapies are behavioral and cognitive approaches. When comparing some of the traditional therapies with behavioral and cognitive approaches, the newer therapies, particularly those that focus on skill development (e.g. relapse prevention, social competency, moral reasoning, skill development, and problem-solving) tend to fare better (Taxman, 1999). The most comprehensive meta-analysis of treatment approaches and their results appear to concur with others in that cognitive behavioral and therapeutic community approaches are more likely to result in changes in the behavior of clients (Lipsey, M.W. and Wilson, D.B., 1993). A trend in the literature indicates that directive therapy, or approaches that focus on cognitions, thoughts, and attitudes, and behaviors is more likely to improve outcomes than therapies that are nondirective or that allow the offender to determine the context of the treatment sessions (Taxman, 1999).

To augment correctional-based therapeutic options, most programs also provide a wide range of support services, including twelve-step recovery programs such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).

A common problem for many offenders is that they lack the skills necessary to either earn a living or maintain basic responsibilities, such as caring for their children. Several in-custody-based treatment programs, therefore, place an emphasis on teaching life skills in addition to providing vocational training, basic education, and GED preparation classes. The Florida Department of Corrections provides several life skills-based treatment options for offenders, from money management and personal finance to parental and spousal skills programs.

**One of the most successful elements of the program in Broward County, Florida has been its efforts to teach young women basic parenting skills and to teach young men how to take responsibility as fathers. Offenders in Broward County, who are scheduled for release have even asked to have their sentences extended so that they can continue their jail-based life skills training.**

## *Community-Based Linkages*

Linkages with community-based treatment provides aftercare services that maintain the continuity of treatment once offenders are released from custody. For example, in Missouri, Florida and Oklahoma, the state department of corrections not only incarcerate the reentry drug court participant but also are responsible for probation services for the participant in the community. This allows each department to transfer offenders between treatment services, whether in custody or in community-based programs.

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Furthermore, because the reentry drug court maintains its jurisdiction throughout the incarcerative period, the offender has both the supervision and support required to follow treatment through to a successful conclusion. Offenders who falter can be given additional time in custody to refocus on the program.

### ***Obstacles to In-Custody-Based Treatment***

Despite the success of in-custody-based treatment programs, jurisdictions across the country cite a number of obstacles to their successful implementation. These include the lack of local and state level financial resources, policy limitations, and the lack of support from key decision-makers and the public.

### ***Financial Resources***

Lack of financial resources has limited in-custody-based treatment programs in many jurisdictions. On the local level, only 30 out of our nation's 1,700 jails report providing more than ten hours of weekly substance abuse treatment (Hughey and Klemke, 1996). Sheriffs and jail administrators do not have the financial resources required to provide meaningful treatment services in their facilities. Instead, because of the rising jail and prison populations, most correctional resources are allocated toward exorbitant construction and operational costs. At midyear 1998, the Nation's prisons and jails incarcerated an estimated 1,802,496 persons or 668 persons per 100,000 U.S. residents (BJS, 1999). In addition to exploring ways to find more money for in-custody treatment programs, discussions must center around effective alternatives like community-based drug courts, that provide viable options to incarceration and reallocating existing resources for such interventions. The U.S. Department of Justice has developed a working group to explore this and other reentry issues (see Appendix E).

### ***Nevada's Reentry Drug Court Pilot Program***

Nevada has already begun to address the area of financial feasibility of releasing inmates into the community. The Nevada Department of Corrections (NDOC) will release 150 inmates six months early into two existing drug courts (Las Vegas and Reno). Legislation has been passed for NDOC to reallocate approximately \$4,500 per inmate released into a drug court. Savings will be substantial (about \$3,500/inmate), as NDOC costs for housing and feeding minimum-security inmates is estimated at \$8,000 per year. Long-term savings are also apparent when comparing an 80% recidivism rate from NDOC to the Las Vegas and Reno Drug Courts who report only 14% recidivism rates.



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## ***Program Evaluation***

Evaluation is important to continued funding and program improvements. For example, the Florida Department of Corrections uses an automated information system to track the performance of its drug treatment services. In Oklahoma, the Department of Mental Health and Substance Abuse Services (DMHSAS) and the Department of Corrections have developed and implemented an evaluation of the effectiveness of prison-based treatment. Their performance-based measures have been essential to decisions concerning their approach to reentry drug courts.

Evaluations of drug court programs in a wide range of jurisdictions have consistently demonstrated that drug courts provide substantial economic benefits, including savings in jail costs, probation supervision, police overtime, and other criminal justice system costs. A recent cost-benefit analysis of the Portland Oregon Drug Court showed estimated savings of \$10,223,532.00 in avoided costs over a two-year period. He further estimated that the ratio of benefit to the Oregon taxpayer was \$10 saved for every \$1 spent on drug court (Finigan, 1998). Research also has demonstrated that drug treatment is extremely cost effective for populations similar to those served by drug courts (Belenko, 1998).

## ***Lack of Support from Key Stakeholders***

Many prosecutors, public defenders, judges, and law enforcement officials, overwhelmed by their present caseloads and populations, have been hesitant to try new approaches, such as in-custody treatment programs. Compounding this situation is the prevailing belief among many that treatment is not effective and offenders should be punished, not treated, for the crimes that they commit.

The success of drug courts and in-custody treatment depends on the support from each key stakeholder. Advocates for drug courts and in-custody-based treatment must provide the scientific data already available to convince key stakeholders that these programs are effective in reducing recidivism, generating cost savings, protecting public safety, and benefiting all involved (Belenko, 1998).

## ***Public Perception and Resistance***

Jurisdictions across the country have found that the public often does not know about or appreciate the effectiveness of drug courts or in-custody treatment programs. They often become strong supporters when they learn that these programs are actually curtailing drug use, reducing crime and producing productive citizens. They see the potential long-term savings when they compare the expense of housing offenders, which is at a all-time high of 22 billion dollars per year nation-wide for adult prisons (Stephan, 1999), to the costs of operating effective treatment programs. In Broward County, Florida, the drug court and sheriff's department conducted focus groups to gain a better understanding of the public's perception of jail-based treatment and the reasons behind any resistance. The information provided during such focus groups helped design effective media and other communication strategies to address the public's concerns.

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Local newspapers can generate much needed publicity. Broward County, Florida invited a journalist to follow offenders through the drug court and jail-based treatment process. Initially, the journalist thought that jail-based treatment was “soft on crime.” His opinion changed, however, once he observed, first-hand, how rigorous the program was. His report reflected his newfound awareness, his appreciation of the program, and the success of the offenders who he followed through the program.

The ability of the drug court judge to influence public perceptions should not be underestimated. Some drug court judges make public appearances a regular part of their work. Events such as a speech to the police chiefs’ association, attendance at a business luncheon, or an appearance on a local television talk show are golden opportunities to inform the public about drug court and jail-based treatment programs.

For a full description of the Missouri, Florida and the Oklahoma statewide reentry initiatives, see Appendix C.

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## CONCLUSION

Reentry drug courts are a new innovation with extraordinary potential for reducing criminality and drug usage in a cost-effective manner. Developing collaborative relationships between correctional institutions, reentry drug courts, and correction-based treatment professionals increases the opportunities for successful outcomes in treating offenders.

Open communication should be established from the outset so that each team member understands the needs and priorities of the others, while allowing each to focus on a common goal. That goal is to develop a reentry process to successfully transition inmates into society while providing the necessary safeguards to protect the community.

**While this monograph has focused on the subject of reentry drug courts, it should be clearly stated that the expertise, experience and competencies demonstrated here can be equally applied to the development of general reentry courts (reentry drug courts that do not specialize exclusively on the drug-using offender).**



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## APPENDIX A

### *Highlights of Existing Drug Court and Jail-Based Treatment Linkages*

#### **San Bernardino County, California**

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In addition to its detention center, the San Bernardino County Sheriff's Department operates the Glen Helen Rehabilitation Center (GHRC), a minimum security residential treatment facility for jail inmates. The facility is aimed at drug-abusing offenders who have been classified for minimum security housing. Classification procedures are used to determine the "risk" that an inmate may pose while housed at the facility. Using information from the offender's criminal history, arrest and drug and alcohol history, variables such as violence, stability, escape risk, gang affiliation, substance abuse, and current conviction are tallied via a point system to determine where the inmate will be housed. Once classified to GHRC, the offender is assessed for deficits, matching the offender's needs with treatment and educational services as well as job assignments.

The San Bernardino and Redlands Drug Courts have a unique relationship with the jail-based program. The court clerk notifies jail staff of the drug court referral. Drug court defendants are then placed into jobs within the facility that allow for attendance in all program groups and classes. Drug court defendants receive a multi-modal approach to services at GHRC that include substance abuse counseling, AA and NA support groups, anger management, parenting, life skills, basic education, literacy and GED classes, as well as a wide range of vocational classes.

After ten weeks of intensive treatment, the jail staff assesses each participant based on attitude, motivation, use of time, and tasks accomplished. These assessments are provided to the drug court judge prior to status hearings. At this time, the drug court judge either orders the defendant to continue treatment at GHRC, orders him or her released and referred into a community inpatient program, or orders him or her released and referred to outpatient services. In each case, the defendant will remain in the drug court program, monitored by the judge.

A 1995 impact evaluation of the San Bernardino program showed a significant reduction in recidivism of treated versus non-treated comparison groups.

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## Uinta County, Wyoming

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The Uinta County drug court and the Uinta County Sheriff's Office have successfully implemented a jail-based treatment program for serious, repeat offenders or those who have failed at, or walked away from, other treatment programs. The jail-based treatment program is designed for a post-sentence disposition where the defendant receives a six-month sentence and immediately enters the six-week jail-based treatment program. While in the jail-based treatment program, the defendant appears in drug court once per week for status hearings. Once the defendant completes the jail program, they appear in drug court for a sentence reduction hearing and is referred to intensive outpatient counseling and continued drug court supervision through the five-phase system. Requirements are gradually reduced until graduation.

A unique aspect of the Uinta County drug court program is that the jail-based treatment program personnel and the community aftercare treatment providers utilize the same systematic, offender-specific treatment modality, allowing for a true continuum of care once the offender is released from custody.

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## **Los Angeles County, California**

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The in-custody drug treatment and drug abuse resistance education programs in the Los Angeles County Jail provide a program bridge to the 11 adult drug courts currently in operation. A drug court module for men is set aside at the Century Regional Detention Facility, complete with space for meetings, acupuncture, and counseling. This module is isolated from the general population of the jail. A similar, separate facility for women inmates exists in a different facility. A private, licensed drug treatment provider operates the in-custody drug treatment programs.

The most recently implemented drug court in Los Angeles County is the Sentenced Offender Drug Court. It requires completion of a mandatory 90-day, jail-based treatment program phase (Impact Program), in addition to any previous period of incarceration served as a condition of the initial grant of probation. The target population for this program includes probationers with severe drug addiction and repeated criminal justice system involvement. The purpose of the in-custody component is to accommodate incarcerative sentences as well as to provide the first three months of treatment in a secure environment. Unique to this in-custody program is that transitional housing is made available to appropriate participants who do not have safe and sober living accommodations in the community.

A preliminary cost benefit analysis of the program showed a savings to the county through utilization of the in-custody treatment program.

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## **Broward County, Florida**

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The Alternative Treatment Against Crack Cocaine (ATACC) program is a 26-bed, intensive drug dependence treatment program located in the Fort Lauderdale City Jail, pursuant to a contractual agreement with the county. It is a 90-day program that provides the most intensive level of treatment on the continuum of care. It has been used by many of the criminal judges for defendants that have serious substance abuse treatment issues but have not been eligible for drug court due to having non-qualifying offenses or previous non-qualifying convictions. The program provides five hours daily of group therapy, weekly individual counseling sessions, nightly AA/NA meetings, and extensive homework which is turned in every morning. The treatment orientation is based on a reality therapy model with a strong 12-step basis and emphasis on community cohesiveness, with appropriate rewards and sanctions.

Because the ATACC program has been established as an effective means for the most difficult of populations, the Broward County Drug Court utilizes the program as the most intensive level of care after other, less intrusive means have failed. The drug court also refers those defendants to the program who are sentenced to a jail term prior to drug court, to get a head start in treatment. The drug court continues to monitor a participant's progress while in the program and then serves as a reentry mechanism when he or she is released.

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## APPENDIX B

**Senate Bill No. 184-Committee on Finance  
(On Behalf of Clark County)  
February 15, 1999  
Referred to Committee on Finance**

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### *Summary*

Provides that certain prisoners may be assigned to custody of division of parole and probation of department of motor vehicles and public safety to participate in program of treatment for abuse of alcohol or drugs and makes appropriation to Second Judicial District Court and Eighth Judicial District Court (BDR 16-2620).

AN ACT relating to programs of treatment for abuse of alcohol or drugs; providing that certain prisoners may be assigned to the custody of the division of parole and probation of the department of motor vehicles and public safety to participate in a program of treatment for the abuse of alcohol or drugs; making an appropriation to the Second Judicial District Court and the Eighth Judicial District Court for the continuation of their programs of treatment for abuse of alcohol or drugs by certain persons; and providing other matters properly relating thereto.

Nevada Senate Bill No. 184-Committee on Finance, Nevada, 1999.

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## **Nevada Prison Release Program Description**

### ***Goal***

The goal of the Prison Early Release Pilot Program is to reduce the prison population by providing an intensive supervision and treatment program for eligible candidates in order to rehabilitate the individual, thereby, breaking the cycle of crime and recidivism associated with drug use.

### ***Program Description***

The drug court programs target non-violent offenders who have serious addictions to substances. Participants are required to attend a minimum of one year of intensive out-patient treatment and regularly scheduled court appearances the drug court judge, along with the district attorney, the public defender or contracted private attorney, treatment provider and the parole officer work together to monitor the progress of the participant. Reports on drug test results, attendance, and participation in treatment are reviewed with the participant at each court appearance. Encouragement is provided to those who are making progress in the program. Lack of progress or non-compliance results in the application of a series of graduated sanctions including increased judicial supervision, increased frequency of treatment, house arrest, and short-term incarceration.

### ***Eligibility Criteria***

In order to be eligible, the candidate must:

1. Be a non-violent offender
2. Have no more than two felony convictions
3. Have been determined to be addicted to substances
4. Be amenable to treatment
5. Have established a position of employment or be enrolled in a program for education or rehabilitation

Exclusions to eligibility include:

1. Not eligible for parole or release from prison within a reasonable period
2. Has recently committed a serious infraction of the rules of an institution of the department of prisons
3. Has not performed the duties assigned to him/her in a faithful and orderly manner
4. Conviction for a sexual offense
5. Has escaped or attempted to escape from a correctional institution
6. Has been convicted solely of DUI offense

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### ***Drug Court Participant***

The participant must agree to reside in Clark or Washoe County as a condition of his/her early release and be subject to the contempt powers of the district court for any violation or misconduct while in the program. The participant will be supervised by the division of parole and probation and must comply with all normal and special terms as set forth by the division, including residing in approved housing. The participant must agree to appear in court before the drug court judge.

### ***Department of Prisons***

The department of prisons will identify potential eligible candidates for early release into the drug court Program and will identify the jurisdiction to which the candidate will be released. The names of eligible candidates will be forwarded to the drug court judge for review and approval prior to release.

### ***Division of Parole***

The division of parole will provide the supervision that it normally would for a participant including notification to the controlling authority of any violations jeopardizing the participant's status in this program without regard to drug court performance. The supervising officer will confer with the drug court judge prior to removing any participant from the program. The supervising officer will be invited to attend each court session involving a participant and to provide any pertinent information as appropriate. Office space at the treatment provider's site will be made available for division use in accessing the participant and information of his/her progress in the program. Pursuant to a waiver of confidentiality, all participant records of attendance and drug tests will be made available to the supervising officer.

### ***District Court***

The district court will provide the participant with the same supervision and mentoring currently given to all drug court participants. This will include court appearances as determined by the judge no less than once per month. The drug court judge will monitor participant progress toward rehabilitation and educational or vocational achievement and help the participant succeed by using incentives and graduated sanctions. Court administration also will be responsible for regular progress reports on the implementation of the pilot program.

### ***Drug Court Attorneys***

The district attorney's office participates as a member of the drug court team in helping monitor the progress of the participant. The deputy district attorney is also responsible for ensuring that proposed candidates do not violate the eligibility criteria established for this program. In Clark County, the public defender represents all drug court participants in every drug court appearance in Washoe County, a contracted private attorney provides representation. Each is responsible for executing the drug court agreement with each participant and providing an orientation to the program.



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## APPENDIX C

### *Highlights of Statewide Reentry Drug Court Initiatives*

#### **Missouri**

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##### *Existing linkages between the department of corrections and drug courts in the state*

Missouri currently has one drug court that has begun a reentry drug court and others are in the planning stages. Buchanan County, located north of Kansas City, has been operating an adult felony diversion drug court since October of 1997. The drug court team realized that some of the drug court participants were not responding to the routine drug court model, so those participants were terminated from the program and sent to the department of corrections under section 559.115 RSMo., a 120-day judicial review statute. Sentencing under this statute allows the court to maintain jurisdiction and requires the person to attend an institutional treatment program. Once the person has successfully completed the institutional treatment program, the court releases the person on probation and places him or her in the reentry drug court. The judge allows those who have failed the diversion drug court to enter the reentry drug court. While the reentry drug court is considered voluntary, the judge will not release the offender unless he or she volunteers to go into drug court.

##### *Existing prison-based legislation in the state*

Missouri has had statutory regulations on prison-based substance abuse treatment since 1990. Three institutional sentencing alternatives that are compatible with reentry drug courts and allow the court to maintain jurisdiction in the case are the post-conviction drug treatment program, 120-day institutional treatment program, and the long term court ordered substance abuse program.

##### *Unique prison-based treatment programming in the state*

There are treatment programs or substance abuse counselors located in each of the 20 prisons. The range of treatment is from the 120-day treatment center to a long-term therapeutic community. All offenders are assessed using the Multidimensional Addictions and Personality Profile (MAPP), which identifies substance abuse severity. Appropriate programming is provided to those who are not sentenced to the regular treatment programs.

##### *The impact of prison-based treatment programming in the state*

There have been two studies completed on the impact of prison-based treatment. One study was on the 120-day institutional treatment center and the other was on a therapeutic community.

In 1998, a study was completed focusing on criminal behavior changes for 175 men who participated in the Boonville Treatment Center. Participants' behavior was compared prior to, and after, treatment. The arrest rate of the research group lowered 78%

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from the 18 months prior to treatment to the 18-month-period after treatment. Arrests were lowered from 2.32 in the 18 months prior to treatment to .70 arrests in the 18 months post treatment. The research group achieved a 5% recidivism rate for 30 months after treatment, which is significantly lower than other high need offenders, whose failure rate on supervision in Missouri ranges from 40% to 82%.

The Center for Social Research at Southwest Missouri State University completed a study of offenders who received treatment at the long-term treatment center at Ozark Correctional Center (OCC) in 1997. Information was based on self-reports of over 430 offenders. Twenty-four percent of offenders reported being arrested more than once in the year following their release and 11% reported being involved in criminal activities since their releases. A year after release, 17% reported using illegal drugs in the past three months, and 16% reported drinking alcoholic beverages in the past month. Sixty-two percent of offenders sought outpatient treatment since their releases from OCC.

### ***Screening and assessment systems within the department of corrections in the state***

When an offender enters the Missouri Department of Corrections, he or she takes a Multidimensional Addictions and Personality Profile (MAPP) that measures the frequency of substance abuse and related common personal adjustment problems. The MAPP is a self-report measure and is designed to differentiate between those people who are experiencing significant substance abuse problems in their daily lives and those people who are not. This is done by measuring the frequency of the occurrence of the behaviors associated with substance use. One unique aspect of the MAPP is its emphasis on personal adjustment issues. Guilt, depression, suicidal tendencies and deteriorating adaptation skills can be identified. The MAPP can assist in the identification of behavioral disorders or emotional disturbance, help develop individual or group educational and intervention programs, document progress resulting from intervention and collect data for research purposes. The MAPP is especially useful in making decisions regarding areas for treatment emphasis as well as determination of the appropriate level of treatment intervention.

Inmates who have been in the department of corrections more than three years receive a Prison Inmate Inventory (PII) for assessment. The PII is a self-reported substance abuse screening instrument.

The Department has created a “booking” system for the placement of all offenders into its over 2,800 designated institutional substance abuse treatment beds. Primarily, probation and parole officers in response to court and Parole Board orders make referrals. Screening referral forms are completed and entry is made into a statewide tracking system to “reserve” a bed. Upon arrival in a departmental reception and diagnostic center, those offenders stipulated or ordered to an intensive treatment center are confirmed in the booking system for a bed or are “booked” for one at that time. Inmates are processed in a similar but separate booking and tracking system. The Department currently is working on a new consolidated system.

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### ***The specific drug-use issues in the state***

Missouri has historically had problems with marijuana since it is easily grown in the state and even grows wild in some areas of the state. Missouri is also noted for Anheuser-Busch brewery in St. Louis and the laws governing alcohol offenses reflect that influence. Crack cocaine, heroin and PCP are prevalent, however the most destructive drug to the state has been the production of methamphetamine. For two years, Missouri was ranked number one in the nation for methamphetamine lab seizures. Special legislation has passed making it a felony to possess certain chemicals and quantities of other chemicals known to be used in the manufacturing of methamphetamine. This new wave of drugs has seriously effected the southern part of Missouri because of the rural nature and lack of knowledge about the drug. Special task forces have been established to stop the production of methamphetamine in Missouri.

### ***Drug courts and how they may serve as a reentry mechanism in the state***

It is anticipated that Missouri will grasp the concept of reentry drug courts with great enthusiasm. It is important that good information reach the communities about reentry programs in a timely manner so that good practices will be part of the system. The only concern that the department of corrections has is that some of the courts may order persons into institutional treatment who would normally not have been sent. It may be used in lieu of probation and outpatient treatment.

Some of the discussions that Missouri officials have had with judges indicate that the reentry drug court track will be made mandatory for release from prison. Other issues beside substance abuse have been identified as a critical element to the reentry piece such as housing and employment assistance and family reunification. Most of the judges plan to keep the program the same length as the pre-prison drug courts. There may be more people graduating in a shorter length of time.

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## Florida

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### *Existing linkages between the department of corrections and drug courts in the state*

In Florida, felony drug courts currently review pre-conviction (pre-trial) or post-conviction (drug divisions) 3rd degree felony drug possession cases. These make-up approximately 22% of all felony dispositions in the state. National statistics indicate that about 80% of the felony adult population on community supervision or incarcerated have a substance abuse problem and that substance abuse has a direct correlation with their criminality.

On June 30, 1998, the Florida Department of Corrections had an inmate population of 66,280, and a community supervision population of 144,733 felony offenders. During fiscal year FY1997-98, the department provided transitional services to approximately 23,000 of those offenders and substance abuse services to approximately 21,000, with marijuana as the primary drug of choice across all populations. Only 35% of the inmates released from prison during FY1997-98 had post-release supervision: 17.7% had probation, and 18.9% had conditional release.

### *Existing prison-based legislation in the state*

From FY 1980-81 to FY 1990-91 the prison-based offender population doubled, while the increase of incarcerations with drug convictions as the primary offense increased from 900 to 12,119. In 1987, to counter the increasing flow into the state of offenders with drug related crimes the department, in response to legislation, established a comprehensive continuum of substance abuse treatment services as an integral component of its rehabilitation efforts.

### *Unique prison-based treatment programming in the state*

The services provided by the department range from prison-based primary prevention/education to intensive residential therapeutic community drug treatment and aftercare/relapse prevention. Ongoing semi-annual monitoring of each of the 100+ prison-based programs ensures that they are functioning at peak efficiency and within standards established by the department.

### *Screening and assessment systems within the department of corrections in the state*

The department's revised screening/placement process for the first time will incorporate recommendations from sentencing authorities into a needs and risk assessment for each offender. This will allow mandated treatment to be implemented with selective inclusion of offenders with different substance abuse histories and varying degrees of severity of addiction and level of risk to public safety. This should also allow the department to effectively match available resources with identified treatment needs based on an automated selection of system data. The department currently has available 3,160 treatment slots per year - 1,681 residential and 1,480 intensive, outpatient.



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### ***The specific drug-use issues in the state***

For many years Florida, by virtue of its geographical location and extensive shoreline, has been widely viewed as a major importation point for the majority of cocaine and other drugs being smuggled into the United States. Barry R. McCaffrey, Director of the Office of National Drug Control Policy, has designated two regions in Florida as High Intensity Drug Trafficking Areas (HIDTAs). In 1990, South Florida received this designation for Broward, Dade and Monroe Counties and all municipalities therein. With over 500 miles of coastline, this state is considered the crossroads for all air and sea traffic from South America and the Caribbean. Customs reported a 14% increase in seizures for the first three-quarters in 1997, with cocaine the most frequently seized drug. At least 232 drug trafficking organizations operate in this area. Central Florida was designated as a HIDTA in 1998.<sup>1</sup>

### ***Drug courts and how they may serve as a reentry mechanism in the state***

In Florida, there has been a “gap” in linking community-based services with in-custody drug treatment. Since many crimes are committed to support continued drug use, the drug courts will begin to target third degree felons with non-drug crimes as their primary offense. These may include burglaries, robberies, and other crimes that, on the surface, are not typically associated with drug use. There is growing evidence to show that when prison-based substance abuse treatment is followed by post-release/relapse prevention services, recidivism rates significantly decrease.

For the past year the department, in cooperation with the Broward and Hillsborough Judicial Circuits, has been seeking allocations to pilot a Comprehensive Circuit Crime Reduction Program (CCCRP). Through the reentry drug court, the treatment program will provide a comprehensive continuum of graduated services to include: screening and assessment upon arrest, drug testing, detoxification, residential services, co-occurring substance abuse and mental health disorders treatment, outpatient services, aftercare services, and intensive case management services to offenders being released from state prison.

To ensure a seamless transition from prison-based to community-based treatment programming, the department will provide community supervision for the drug court cases and coordination of in-prison drug treatment and transition services for offenders committed to the department from those drug courts that have a split sentence with the special condition of reentry drug court as part of their post-release supervision orders.

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## Oklahoma

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### *Existing linkages between the department of corrections and drug courts in the state*

The existing linkage between prisons and drug courts in terms of reentry are in the beginning stages of establishment. The Oklahoma County Drug Court team is setting up a reentry process using a split sentencing format (i.e., a portion of the offender's sentence will be in confinement, while the remaining portion of that sentence is suspended on a probation status outside of confinement). Upon the return of the offender into the community on a split sentence through a reentry drug court, the reentry drug court program will be mandatory, keeping the remaining portion of the offender's sentence as an incentive for completion of the program.

To date, approximately 50 offenders have been recommended to participate in a specific treatment program and be returned to the supervision of the reentry drug court upon completion of their period of confinement (on a split sentence). These offenders will be placed on a separate docket, but will use the same guidelines as the existing drug court program.

### *Existing prison-based legislation in the state*

Currently, Oklahoma has no clear mandate giving the drug court judge authority over these re-entering offenders. However, an interest has been indicated to support enabling reentry drug court legislation during the next legislative session, beginning in January of 2000. A joint, Oklahoma House of Representatives and State Senate interim study has been requested, focusing on the effectiveness of Oklahoma drug courts, since the inception of the Oklahoma Drug Court Act of 1997. Reentry drug courts are being considered as part of this study.

### *Unique prison-based treatment programming in the state*

The Department of Mental Health and Substance Abuse Services (DMHSAS) in partnership with the department of corrections recently implemented several institutional-based, Residential Substance Abuse Treatment Programs (RSAT). This partnership has yielded funding for the holistic substance abuse treatment initiative through an RSAT grant and the DMHSAS. Three of these programs developed therapeutic communities within DOC facilities.

The Substance Abuse Division of the DMHSAS in partnership, with the department of corrections, is providing or contracting for substance abuse treatment in 13 additional facilities. Employees of DMHSAS provide some of these services, while others have contracted with private, not-for-profit treatment providers. This project has been developed as a two-phase initiative, the first is through RSAT. The second includes DMHSAS funding for outpatient substance abuse treatment for DOC probationers and parolees as a condition of release. This aftercare and reintegration program provides a continuum of services to offenders when they are released to the community, provided that they remain under the supervision of the department of corrections.

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In Oklahoma, the Drug Offender Work Camp is a large drug-free therapeutic community environment focusing on changing criminal and substance abusing behaviors. One of those programs is Charles E. “Bill” Johnson Correctional Center (BJCC), located in Alva, Oklahoma. BJCC is currently working with the Oklahoma County Drug Court team to support reentry drug courts throughout the state.

### ***Screening and assessment systems within the department of corrections in the state***

The Oklahoma County Drug Court team has asked the Oklahoma Department of Corrections (DOC) to provide a pre-assessment of reentry drug court defendants. The criteria for the offenders will be much the same as those in the current drug court system, focusing on non-violent substance abusing offenders. The assessment includes, the Level of Service Inventory, Revised (LSI-R) and the Adult Substance Use Scale (ASUS). The level of need, or the dynamic factors in the offender’s life that ties them to criminality, is measured and prioritized. The level of risk, or the prediction of recidivism and the disruption that has been caused by alcohol and drug use, is also measured. With combining selected components, it is then possible to place offenders into appropriate programs of change within the department of corrections.

### ***Drug courts and how they may serve as a reentry mechanism in the state***

Currently, one reentry program exists providing holistic substance abuse treatment combined with close judicial monitoring, incorporating the key components of the drug court program for successful completion. Additionally, the reentry proposal is a cost-effective avenue to address substance abuse and recidivism, while respecting the importance of public safety in communities. Drug courts have proven to be a successful method of providing non-violent drug abusing offenders with a continuum of care and a solution to the increasing devastation brought about by drug abuse and crime. Reentry drug courts promise to provide treatment rather than continuing in the same unending cycle with little or no opportunity for substance abuse treatment.

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## APPENDIX D

### Psycho-Social Profile of Newly Released Prison Inmates

- 1/ Post-release shock and disorientation (no fixed bearings)
- 2/ Lack of continuity/follow through (flaky behavior)
- 3/ Suppressed hostility (seething rage and undifferentiated hate)
- 4/ Lethargy: often extreme social withdrawal and psychological denial
- 5/ Deep-based depression (frequently chronic)
- 6/ Financially destitute with a growing sense of anxiety and desperation
- 7/ False expectations and illusions on a multitude of personal and social levels
- 8/ Intense range of fears: personal failure, social and vocational rejection, etc.
- 9/ Severe alienation (man from Mars): often intense, long-term social isolation
- 10/ Cultural shock: cannot relate or adapt to social change and tempo of life
- 11/ Poor to non-existent problem-solving and conflict resolution skills
- 12/ Engulfed in the prison value system: kindness is weakness
- 13/ Personal and cultural inferiority complex (“branded and banished”)
- 14/ Compulsive neurotic behavior: minimal stability (addictive mentality)
- 15/ Hunger for instant gratification: “All I want is EVERYTHING NOW”
- 16/ Poor self-esteem/hungry for approval (often resistant to disapproval)
- 17/ Compulsive drive to “catch up and catch back”: extreme impatience
- 18/ Confused and frustrated sexual roles, values and identities
- 19/ Emotionally and perceptually distorted view of self and others
- 20/ Limited employment-related skills: out of touch with current market needs
- 21/ Frequently displaying self-destructive attitudes and actions (“bad attitude”)
- 22/ Forceful, aggressive responses to ego-threatening occurrences
- 23/ A fragile vulnerable grip on life itself!

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## APPENDIX E

### **Summary of U.S. Department of Justice 1999 Reentry Efforts**

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#### ***Reentry Working Group***

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP) has recently established a reentry working group. It is chaired by Assistant Attorney General Laurie Robinson and includes representatives from OJP bureaus and program offices involved in reentry issues--including National Institute of Justice (NIJ), Bureau of Justice Assistance (BJA), Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office for Victims of Crime (OVC), the Corrections Program Office (CPO), Drug Courts Program Office (DCPO), and the Executive Office for Weed and Seed (EOWS)--as well as the National Institute of Corrections (NIC), Bureau of Prisons (BOP), and the Office of Community Oriented Policing Services (COPS).

The working group is developing strategies for improving the way that communities manage and support offenders after release from prison. The approach involves addressing public safety issues, as well as providing a continuum of reentry programs that begin during incarceration and continue throughout the critical months following release. The group meets to discuss OJP's ongoing reentry efforts, which involve a broad range of reentry management models, and ways of coordinating the efforts across OJP bureaus and program offices, as well as with BOP, and COPS.

#### **The Office of Justice Programs' reentry efforts include:**

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#### ***Reentry Court Initiative***

The reentry court concept draws on the drug court model-- using judicial authority to apply graduated sanctions and positive reinforcement and to marshal resources to support the prisoner's reintegration. The goal is to establish a seamless system of offender accountability and support services through the reentry process. Central to all efforts is developing strategies to do a better job in tracking and supervising offenders upon release using a case management approach, preparing communities to address public safety concerns, and providing the services that will help offenders reconnect with their families and the community. These services include employment, counseling, education, health, mental health, and other essential services that support successful reintegration.

#### ***Reentry Partnerships Project***

The NIJ, CPO, EOWS, and COPS are working collaboratively on a project designed to strengthen the working relationships among corrections, law enforcement, and the community to prepare for and manage the reentry process. In May of 1999, state correctional administrators from several sites met with DOJ representatives to discuss reentry challenges and approaches to drawing law enforcement and the community into the process. Site representatives discussed the profiles of returning offenders to their communities, existing reentry efforts, and approaches to building the necessary collabora-

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tions to support reentry. Preliminary concept papers have been received from a number of jurisdictions interested in exploring this approach to reentry management. In October 1999, teams from each site will participate in a meeting at OJP to discuss reentry challenges and their proposals. For additional information, contact Cheryl Crawford at NIJ, 202/514-6210, or Phil Merkle at CPO, 202/305-2550.

### ***Intensive Aftercare Program***

The Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Intensive Aftercare Program (IAP) is designed to assess, test, and disseminate information on intensive aftercare program. The goal of the IAP model is to reduce recidivism among high-risk juvenile offenders who have been confined in secure residential facilities. Demonstration sites include Norfolk, Virginia; Denver, Arapahoe, and Jefferson Counties, Colorado; and Clark County, Nevada. For additional information, contact Thomas Murphy at OJJDP, 202/353-8734.

### ***Youthful Offender Demonstration Projects***

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Department of Labor's (DOL) Employment and Training Administration have developed a comprehensive strategy to deliver educational, training and employment opportunities for at-risk youths. As a result of this collaboration, DOL has recently funded Youthful Offender Demonstration Projects. This initiative involves three distinct approaches designed to provide meaningful educational and vocational programming to at-risk and adjudicated delinquent youth: 1) Model Community Projects, located in large, urban communities of high poverty, and where comprehensive community-wide approaches addressing the needs of youth have already been established. Services include a combination of gang prevention and suppression and alternative sentencing targeting youthful offenders, gang members, and youths at risk of becoming involved in gangs; 2) Education and Training for Youth Offenders Initiative, located in medium-sized cities with high poverty and high crime. Services include providing school-to-work educational and training within juvenile correctional facilities and aftercare and job placement services as youths return to the community; and 3) Smaller Community-wide Projects. These projects will work with local youth service providers to develop linkages that will strengthen the coordination of prevention and recovery services for youthful offenders.

OJJDP is funding an independent evaluator to design and conduct a process evaluation and feasibility study of two of the Education and Training for Youth Offenders Initiative Programs. For further information on Department of Labor (DOL) grants, please contact Beverly Bachemin at DOL, Education and Training for Youth Offenders Initiative Programs, 202/219-5472. For additional information on the OJJDP process evaluation and feasibility study, please contact Dean Hoffman at OJJDP, 202/353-9256.

### ***Targeted Juvenile Reintegration***

The Office of Juvenile Justice and Delinquency Prevention is collaborating with the Boys and Girls Clubs of America to implement a pilot project called "Targeted Reintegration." This project is designed to provide Boys and Girls Club services to

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youths in residential placement using trained Boys and Girls Club staff. The goal of the project is to encourage youths, upon reentry into the community, to become involved in Boys and Girls Club sponsored activities. The initiative is currently being piloted in three sites--St. Paul, Minnesota; Jacksonville, Florida and Clark County, Nevada. Services to youths in residential care provided by Boys and Girls Club staff include recreation, life skills, job readiness training, tutoring, and other services. Club staff build relationships with the youth and encourage them to attend the club upon their release. The staff also work closely with institutional staff and probation officers to stay informed and share information about the youth's progress. For additional information, contact James Burch, at OJJDP, 202/307-5914.

### ***Las Vegas Weed and Seed Reentry Project***

The Executive Office of Weed and Seed is working with state and local officials in Nevada to develop a reentry demonstration project in Las Vegas. The goal of this Weed and Seed project is to put in place a continuum of services beginning in the institution and which follow the inmates to their home communities. The reentry program will use carefully designed interventions for released offenders that take advantage of all available resources. The goal is to enhance public safety by reducing criminal victimization by this high risk group, as well as to improve the quality of life of their home communities. A working group which includes the Nevada Director of Corrections, the Nevada Director of Parole Supervision, the Clark County Social Services Director, a representative from the Nevada Assembly, residents representing community-based organizations in the Weed and Seed area, and the Las Vegas Weed and Seed Coordinator is collaborating with EOWS staff to design the reentry demonstration. For additional information, contact Nancy Ware at EOWS, at 202/616-1152.

### ***BJA FY '99 Open Solicitation Program***

Through its FY '99 Open Solicitation Program, the Bureau of Justice Assistance (BJA) will give state, local, and tribal governments the opportunity to compete for funds to support projects that address innovations in offender reentry. Priority will be given to proposals that address issues of defendant/offender post-incarceration reentry to communities. This may include the use of technology, non-traditional resources, and other approaches to monitor and correct the behavior of individuals under the supervision of the criminal justice system. It is anticipated that the submission deadline for the FY '99 Open Solicitation Program will be sometime in late November or early December of 1999. To obtain a copy of the solicitation, please contact the BJA Clearinghouse at 1-800-688-4252 or visit the BJA website at [www.ojp.usdoj.gov/BJA](http://www.ojp.usdoj.gov/BJA).

### ***American Probation and Parole Association Project***

BJA is also working with the American Probation and Parole Association (APPA) on a project to increase the understanding of effective offender supervision practices for probation and parole professionals, particularly in rural areas. The APPA is concentrating on programming strategies, cognitive behavioral programming for offenders, promising practices in community justice, as well as issues specific to the sites receiving the training. For additional information, contact Richard Sutton at BJA, 202/616-3214.

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### ***Incarcerated Fathers Initiative***

The Bureau of Justice Assistance is involved in a project with the Vera Institute of Justice called the Incarcerated Fathers Initiative. The project addresses issues relating to fathers in prison and programs to strengthen their relationships with their children and families. The Vera Institute of Justice, located in New York, is gathering information and will report findings on programs operating within correctional and penal institutions that have been specifically designed for inmates who are fathers. The project will address the implications of father-oriented programming operating in community-based settings, with particular attention paid to those interventions serving men recently released from prison or jail. The project is designed to provide guidance in the development of program models and interventions for incarcerated fathers in diverse jurisdictions and institutional settings. The study will also look at the relationships between incarcerated fathers and their children, spouses, partners, and communities, as well as to criminal recidivism. The project also involves conducting a comprehensive assessment of a select number of prison and community-based programs targeting offenders who are fathers. The 12-month study will conclude with a discussion of the implications for planning prison and community-based interventions for fathers who are incarcerated or in post-release supervision status. For additional information, contact Tahitia Barringer at BJA, 202/616-3294.

### ***Redhook Community Justice Center***

With funding support from BJA, the Justice Center, located in Brooklyn, New York, allows defendants to move expeditiously through the criminal justice system, while enabling them to access a wide range of services to assist in preventing their further criminal action. In addition to adjudicating cases, defendants, victims, and community members will be able to access a range of services offered at the Redhook Community Justice Center. Some services that will be offered include job training, medical care, legal services, family violence counseling, drug treatment, mediation, and victim services. The Justice Center also works with the AmeriCorp Project to assist in community development. For additional information, contact Jeanne Santos at BJA, 202/514-5440.

### ***Guidelines for Victim-Offender Mediation and Dialogue***

Over the last three years, the Office for Victims of Crime (OVC) has funded the Center for Restorative Justice and Mediation at the University of Minnesota to conduct a project entitled, "Guidelines for Victim-Offender Mediation and Dialogue." Through this project, training and technical assistance and related materials have been developed addressing victim-sensitive, victim-offender mediation and dialogue. Victim-offender mediation is being used increasingly across the country, and it often maintains a strongly dominant offender orientation in the same way as does the traditional justice system. Focusing primarily on the offender, however, can be unhelpful or even harmful to the victim. This project is designed to help practitioners balance the focus in a way that protects and nurtures the victims of crime who wish to meet face-to-face with their offenders. The project has produced a training manual, national survey findings from 6 programs, a national program directory, several monographs and a videotape, and has provided training seminars for victim service providers and technical assistance for two state department of corrections' victim-offender mediation programs. For additional information, contact Susan Laurence at OVC, 202/616-3573.

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### ***Community Impact Panels***

The Office for Victims of Crime is cosponsoring with the Bureau of Justice Assistance a grant to the Fund for the City of New York to enable the Midtown Manhattan Community Court to conduct Community Impact Panels. The panels bring offenders convicted of “quality of life crimes” together with community residents who describe the impact of the crimes on their lives. This offers residents/victims a chance to participate in the justice system in a meaningful way and also helps offenders better understand the consequences of their actions. For additional information, contact Susan Laurence at OVC, 202/616-3573.

### ***Restitution: Promising Practices Initiative***

The Office for Victims of Crime is also sponsoring a project entitled, “Restitution: Promising Practices Initiative.” The project, which is conducted by the APPA, is examining the existing obstacles to the effective management of restitution and identifying and describing a variety of promising approaches used in the criminal and juvenile justice systems to establish and enforce orders of restitution and to ensure that victims receive the payment. For additional information, contact Susan Laurence at OVC, 202/616- 3573.

### ***Identifying Federal Programs to Support Returning Offenders***

OJP is developing a list of federal resources that can help support state and local reentry programs. Plans include meeting with representatives from DOL, HUD, HHS, DOT, Agriculture, Education, and other federal agencies to draw them into our discussions as we move forward. For additional information, contact Judy McBride at OJP, 202/307-593.

### **The National Institute of Corrections’ reentry efforts include:**

#### ***Transition from Prison to the Community Program***

The National Institute of Corrections’ Transition from Prison to the Community Program will assist two states in developing a coordinated, three-prong approach to effectively transition offenders from prison to the community. The recipient of an NIC cooperative agreement will work with prison officials, parole decision makers, and field supervisors to coordinate their independent activities toward developing a smooth and effective process to improve offenders’ post-prison adjustment in the community and enhance public safety. The participating states will develop and implement a coordinated strategy that involves prison programming, release decision making, and community supervision. For additional information, contact Kermit Humphries at NIC Community Correction Division, 800/995-6423, x 136.



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