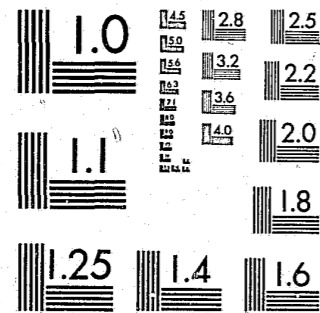


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Minnesota
Department of
Corrections

**CORRECTIONS
CHEMICAL
HEALTH
PLAN**

82296

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CORRECTIONS CHEMICAL HEALTH PLAN

A SYSTEMATIC RESPONSE TO CHEMICAL USE PROBLEMS

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October 1981

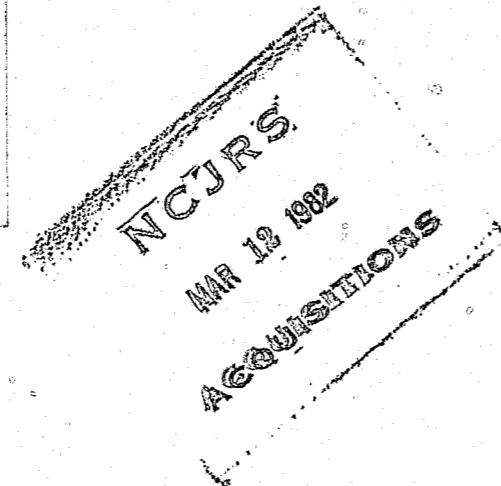


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PREFACE

The Department of Correction (DOC) Chemical Health Plan has been developed in response to the growing concern for the chemical abuse problems among departmental clients.

The purpose of this Plan is to provide the Department of Corrections with a working document which focuses on the complex needs of the chemical abusing offender in order to more effectively deliver an adequate continuum of chemical health and dependency services.

This document contains a description of: the nature of the problem, a comprehensive state-wide needs assessment, current chemical related programming, recommendations for additional/enhanced programming; and includes a detailed framework for guiding institutions in the systematic development of chemical related activities.

It is intended, that as a result of engaging in the following program planning procedure, participating institutions will acquire the internal capability to develop, implement, and evaluate chemical intervention efforts with minimal external assistance.

SYSTEM DESCRIPTION

Statement of the Problem

Concern for the chemical abusing and chemically dependent criminal justice client has increased in recent times both on state and national levels. Law enforcement agencies report growing numbers of chemical related crimes, including possession and distribution, criminal acts committed while intoxicated, and crime which generates income for the acquisition of chemicals. Court services consistently identify a large proportion of chemical related problems among offenders as data is gathered for adjudication and placement. And corrections has become aware that a large number of its clients experience significant problems with chemical misuse which influence adjustment and behavior in the correctional institution as well as in the community.

A search of Department of Corrections' files to obtain previous research findings describing the problem among its population revealed the following information:

- In 1975 a chemical dependency study was conducted at the Minnesota Correctional Facility-Stillwater (MCF-STW) which was fairly sophisticated in delineating types of users according to negative consequences experienced. Seventy four percent (74%) were beyond the "social use" level.
- In 1975, as part of documenting the need for a therapeutic community in the Minnesota Correctional Facility-St. Cloud (MCF-SCL), a survey was conducted among new admissions for a one year period. Over 80% of the total surveyed admitted to chemical abuse.
- In 1977, also to establish a need for chemical dependency programming, the Minnesota Correctional Facility-Shakopee (MCF-SHK) conducted a diagnostic review of case records and found 81% of the women experienced chemical related problems according to the study's criteria.
- In 1980, a needs assessment survey was conducted at the Minnesota Correctional Facility-Lino Lakes (MCF-LL), the Minnesota Correctional Facility-Red Wing (MCF-RW) and the Minnesota Correctional Facility-Sauk Centre (MCF-SCR). Similar findings were obtained at each institution: 75% of the residents surveyed reported having a history of negative consequences as a result of their use of chemicals; 50% reported they were high or had been using chemicals at the time they were

arrested for the crime that resulted in their current incarceration; and approximately 38% had had a professional intervention and/or been in treatment for their use four or more times.

Finally, in 1980, a survey of adult parolees released between November 1978 and March 1980 found that 50% were required to complete some type of chemical dependency programming as a condition of their parole.

Although the Minnesota Department of Corrections has initiated several treatment programs to address this problem in its institutions, funding limitations as well as other obstacles (i.e., inadequate staffing, territoriality, basic philosophical differences) have left a sizable gap in the provision of an adequate continuum of chemical health services.

In a November 1979 report to the Congress, the U.S. General Accounting Office documented similar inadequacies in drug and alcohol programming for both state and federal inmates.*

Departmental Response

The Department of Corrections currently operates several treatment programs in its institutions. (See Appendix A for a description of available programming in the respective correctional facilities.)

These programs are diverse in nature, scope and funding source. They have historically operated autonomously, without centralized coordination and have had minimal communication and interchange with one another. This resulted in a situation in which programs that operated within the same system and dealt with similar clientele did not routinely share information in such areas as resources, treatment methods, funding and placement, nor discussed common issues and problems, nor in general, benefit from the past experience of others.

* U.S. General Accounting Office Report to the Congress. "Prison Mental Health Care Can Be Improved By Better Management and More Effective Federal Aid," November 23, 1979.

Compounding this fragmentation is the fact that there are limited resources available for drug programming and, consequently, a specialized narrow focus had evolved instead of a broad-based continuum of services. Therefore, coordination among these existing programs and the necessity of accumulating comprehensive data documenting the nature and extent of the problem at each institution became essential.

To begin to remedy this situation the Department of Corrections established a chemical health and dependency programming function in order to centralize and coordinate current efforts and conduct long-range planning.

The chemical health staff are responsible for the following activities:

- Gathering data regarding the extent of departmental clients' chemical problems and assessing the needs of correctional staff who seek to enhance the provision of service to chemical abusing offenders.
- Evaluating departmental chemical dependency programs to determine if program goals are being met.
- Developing and implementing effective policies and procedures for the referral of inmates (on parole) to community programs to ensure that appropriate placements are made and the continuum of care is maintained.
- Developing and maintaining effective working relationships with federal, state and local agencies and service providers so that information regarding current program trends, theories and research can be shared and further incorporated into the department's service delivery system.
- Directing a pilot chemical health project so that a model for providing comprehensive services to corrections' clients can be demonstrated and replicated.
- Developing and implementing annual and long-range plans for the provision of prevention, education and treatment programs which relate to chemical health and dependency, so that a wide range of inmate needs are met through a coordinated service delivery system.

A coordinated approach to the provision of chemical health services based on a comprehensive planning strategy, with recommendations and action steps for implementation of programming, is essential to the development of an efficient and cost effective service delivery system.

OVERVIEW OF THE CORRECTIONS CHEMICAL HEALTH PLAN

Similar Efforts

Before beginning to design a comprehensive long range plan to provide chemical health services to corrections clients, a search was undertaken to locate similar planning efforts elsewhere in the country. The following organizations were contacted:

American Correctional Association
National Association of Criminal Justice Planners
National Association of State Alcohol and Drug Authority Directors
American Corrections Health Service Association
National Criminal Justice Reference Service
Law Enforcement Assistance Administration
National Institute on Alcoholism and Alcohol Abuse
National Institute on Drug Abuse
National Project Connection
Minnesota Crime Control Planning Board
Minnesota Department of Public Welfare Chemical Dependency Division

It was found that there does not formally exist within a state corrections department a similar planning and coordination function solely targeting the needs of their systems' chemical abusing clientele.

There are, certainly, persons who coordinate programming under which drug and alcohol efforts are subsumed, but often they function primarily as administrative heads responsible for other mental and physical health services as well.

A counterpart of our department's chemical health/dependency function was found in respective states' drug and alcohol authorities. Each state operates a Single State Agency (SSA) which is responsible for carrying out federal drug and alcohol mandates, allocating federal drug and alcohol monies, and generally coordinating the provision of a continuum of chemical services within their state. Staffing at many SSA's includes a person who conducts interface activities with the criminal justice system. Notable are Texas, Louisiana, Delaware, Ohio and the District of Columbia which employ NIDA funded criminal justice coordinators who devote full-time efforts to improve inter-agency cooperation.

Each state also operates a State Planning Agency (SPA) for state and federal criminal justice initiatives. The SSA's and the SPA's develop yearly plans to determine how the federal monies will be allocated in the upcoming year. Within each plan is an objective which details how the agency will interface with the other in order to provide better services to the chemical abusing offender.

Typical planning domains within these objectives include:

- Interagency Steering Committees
- Staff Training
- Coordinated Evaluation and Referral Systems
- Data Collection
- Urinalysis Systems
- Client Tracking Systems
- Specialized Treatment Services
- Resource Networking
- DWI Intervention Systems
- Needs Assessment

Since we could not identify a planning precedent which comes close enough to filling our particular void, and since our plan is not a response to a statutory mandate or public funding guidelines, this document will be a statement of our intended growth pattern. It will constitute a unique description of our best effort in this area and serve as a planning guide for future directions in corrections chemical health.

Mission Statement

The mission of the Department of Corrections' Chemical Health Plan is to provide the Department of Corrections with a working document which will focus on the complex needs of the chemical abusing offender in order to more effectively deliver a continuum of chemical health services.

This document contains a framework for using staff teams to help facilities systematically follow steps to initiate and manage change and ultimately solve chemical health related problems. It includes a process for providing institutions with the capability to transfer and integrate these activities into ongoing operations, promoting program continuation.

This plan will describe how to:

- Begin the ground work for the development of a program
- Mobilize staff resources
- Conduct an institutional needs assessment
- Implement appropriate actions
- Integrate program elements into the fiber of the institution
- Build effective working relationships
- Identify and utilize internal and external supportive resources
- Utilize evaluation assistance
- Monitor and modify project activities as needed

The Corrections' Chemical Health Plan is based on the assumptions that:

1. The expertise for addressing problems lies primarily within the institution but needs an additional catalyst to mobilize and focus it.
2. An institution, once in possession of planning and decision making skills, is the most effective agent in identifying and solving its own problems.
3. The total institution needs to be involved in the design, implementation and evaluation of the project since people become committed to and supportive of programs that they help develop.
4. Each institution will choose to develop a program plan based on its unique individual needs.
5. Participating institutions will acquire the internal capability to maintain chemical intervention efforts with minimal external assistance.

The ultimate goal of this planning effort is to create a useful document which will:

1. Improve management procedures and processes as well as accountability and control in order to maintain/enforce chemical health related policy.
2. Provide a focus for communication and cooperation, uniting diversified programming interests in order to improve systemwide coordination.
3. Enhance the corrections chemical health function through long range planning.
4. Identify potential planning/programming problems and allow strategies to be formulated for preventive action.
5. Improve decision making processes at all levels.
6. Solicit people's commitment to realistic action.
7. Uncover opportunities for new and better programming.
8. Allocate appropriate resources.
9. Provide better services.

Human Resource Support

In order to effectively impact a complex state-wide system such as the Department of Corrections, input and support was solicited from people in all levels of the organization as well as from persons in related areas; i.e., the courts, the community, and other state agencies.

Three groups of people were organized to aid and support the development of this plan: a steering committee of high level interagency administrators who supervise activities which interface chemical abuse and criminal justice; a community "core team" of representatives who possess specific interface expertise; and an institutional core team of staff from the correctional system who have line responsibility for supervising and conducting chemical related programming. (See Appendix B for respective committee compositions.)

These work groups, coordinated by the DOC chemical health staff, were responsible for providing direction for these efforts by identifying mutual concerns, facilitating the plan's evolution, providing sanction for and commitment to the proposed changes, and reviewing the program planning methodology developed to initiate change.

Their most direct and extensive contribution was in assessing the service gaps in the system, identifying the needs of its staff and clients, and subsequently validating the rationale for this system-wide planning effort.

ASSESSMENT OF NEED

Procedure

The work teams provided valuable assistance in determining assessment domains under which many types of identified needs could be subsumed. They also described specific needs or problems which they routinely experienced in their work setting.

This information was distilled and used to develop an assessment survey which sought to determine both current criminal justice/chemical dependency programming practices, and the programming needs from within the Department of Corrections and among agencies it routinely interfaces. Every effort was made to solicit input from a broad spectrum of criminal justice and chemical dependency areas.

The survey was distributed statewide to 150 persons representing institutional programs, community treatment programs, court services, jails, re-entry programs, and select state agencies. Survey recipients were asked to detail current efforts and identify needs in nine broad areas including: staff training, education, assessment, treatment programming, re-entry and after-care, policy, resources, evaluation and state support. The response rate approached 50%. (See Appendix C for Assessment Instrument.)

Results

The following is a summary of accumulated data:

1. STAFF TRAINING

A. Data indicated that currently:

- Staff training ranges from little or none to certification from a recognized training program and accreditation by the state.
- A majority of staff have participated in chemical dependency workshops and inservices.
- Some considered participation as a client in chemical dependency treatment to constitute training.

B. Data indicated the need for:

- Information about drug effects, theories of chemical use, and characteristics of dependency.
- Increased understanding of the treatment continuum including methods, program alternatives, and resources.
- Group facilitation skills.
- Networking with other programs and agencies.
- Learning how to better access the welfare system for placement support.

2. EDUCATION

A. Data indicated that currently:

- Client education consists of lectures, films and written materials relating to chemical dependency.
- Methods include Alcoholics Anonymous speakers, other outside resources, group therapy, and health education.

B. Data indicated the need for:

- Information about behavior patterns and consequences of chemical dependency, basic drug education, the disease process, family illness and the continuum of use.
- Information for clients on available services and treatment options.
- Information on special issues such as chemical health, youth, offenders, criminal justice, treatment alternatives.
- A central resource library in which up-to-date materials could be evaluated and stored.

3. ASSESSMENT

A. Data indicated that currently:

- Assessment procedures lack a uniform, systematic approach.
- Most assessment is subjective evaluation guided by a questionnaire.
- Assessment may also include various interviews, and casefile reviews as well as using outside agencies for assessment expertise.

B. Data described the need for:

- Formalized assessment instrumentation and procedures as well as training in their utilization.

- Better communication among persons who access different bits of client information.
- An interdisciplinary approach to assessment to include more staff participation.
- A less cumbersome assessment procedure with greater depth.

4. TREATMENT PROGRAMMING

A. Data indicated that treatment components currently include:

- Alcoholics Anonymous, behavior modification, one-to-one counseling, support groups and a variety of therapeutic models.

B. Data indicated the need for:

- More staff.
- Independent skills training.
- Greater family involvement and greater ties with family services.
- More mental health services.
- Different kinds of therapy options.
- A continuum of treatment services in the institution that reflects what is available in the community.
- Greater consistency and coordination among institutional programs, releasers, and available community programs.

5. RE-ENTRY AND AFTERCARE

A. Data indicated that currently:

- Lack of available re-entry services is a major problem.
- Programs and options for transitional care are limited.
- Current re-entry options include chemical dependency treatment, Alcoholics Anonymous, vocational and family counseling, behavioral/agency contracts, community agencies, halfway houses and advocacy from the courts.

B. Data indicated the need for:

- More effective re-entry services through the provision of more transportation, jobs and follow-up; better financial management; greater family commitment; more available halfway house beds; more staff, sponsors, and community cooperation.
- Aftercare needs include living space for adolescents, more halfway houses, continuity of care, institutional support networks and aftercare groups.

6. POLICY

A. Data indicated that currently:

- No consistent systemwide policy on chemical dependency is followed by the Department of Corrections.

B. Data indicated the need for:

- A systemwide policy statement on chemical dependency and criminal justice.
- A policy on chemical use problems which outlines the Department of Corrections' commitment in responding to the problem.
- More consistent enforcement of related policy and procedures.

7. RESOURCES

A. Data indicated that currently:

- A great many diversified resources are available across the state.

B. Data indicates the need for:

- Increased awareness of available resources.
- An ongoing information sharing and linkage mechanism such as a clearinghouse facility.
- The opportunity to conduct site visits.

8. EVALUATION

A. Data indicated that currently:

- Client evaluation includes MIS, follow-up forms, statistical analysis, the "Walker Study," client progress documentation, and community corrections evaluation.

B. Data indicated the need for:

- A more systematic emphasis on process and outcome evaluation.

9. STATE ROLE

A. Data indicated that currently:

- A general lack of clarity exists as to the state's role with respect to the various segments of the chemical dependency and criminal justice systems.

B. Data indicated the need for the state to:

- Provide more financial and human resources.
- Provide consultant services.

- Provide leadership and direction.
- Provide a policy statement of its role.
- Provide greater treatment options.
- Educate/mandate institution heads regarding chemical use problems and institutional responses.
- Undertake standard setting in the continuum of services.
- Develop a better understanding and relationship between the institution and the parole board.

Recommendations

The recommendations included here evolved directly from the data accumulated in the needs assessment procedure. They serve as generalized guidelines for program planning in a particular area.

It should be noted that more specific, comprehensive recommendations for action will be generated by respective institutions who engage in the planning process included in this document. Each setting will identify areas of emphasis which reflect unique aspects of individual problems and needs, workplace requirements and constraints, level of commitment, staff involvement, available resources and so on.

1. STAFF TRAINING

- A. Correctional counselors and other human service personnel should receive basic training in chemical health and dependency as part of their orientation to their job.
- B. Program staff should receive more specific training relating to their particular area of job responsibility; i. e., group facilitation skills for group leaders, welfare access information and placement options for caseworkers, chemical related curriculum development for teachers, etc.
- C. Participation in periodic in-service training sessions in relevant areas for program line staff should be actively encouraged and supported.
- D. Training components should reflect the state-of-art in the community and should provide a sound basis for future staff credentialing opportunities.

2. EDUCATION

- A. Each institution should designate a resource area for materials relating to chemical health and dependency. This should include a broad range of current instructional materials for residents, as well as resource materials for staff in the provision of education and treatment services.
- B. Use of the resource center should be encouraged and supported and tied to ongoing staff training.
- C. The educational needs of residents in this area should be assessed and continuously updated and incorporated into curriculum development.

3. ASSESSMENT

- A. Each institution should utilize an in-depth assessment instrument and a standardized procedure for gathering, from inmates, chemical use history and information on prior treatment placements.
- B. Each institution should develop a mechanism to ensure standardized access to information in this area coupled with a mechanism for incorporating data into a practical, individualized "treatment" plan.

4. TREATMENT PROGRAMMING

- A. The concept of treatment should be expanded to include a comprehensive coordination of service delivery; i.e., education, vocational skills training and employment placement, social/living skills training, etc, to complement traditional therapeutic approaches.
- B. Current treatment efforts should be modified (expanded) and additional treatment elements adopted, providing department clients with a continuum of intensive structured treatment experiences and thus decreasing our over-reliance on the community for primary chemical dependency placements.

5. RE-ENTRY AND AFTERCARE

- A. Structured support and aftercare for inmates in transition between in-house chemical dependency treatment and the general institutional population should be available.
- B. A greater number of diverse placement options should be made available in the community for those clients leaving the institution on parole.

6. POLICY

The Department of Corrections should develop a systemwide policy statement which would address the relationship between crime and chemical use, the availability of treatment options, and the level of departmental commitment to responding to the problem.

This policy statement should include issues related to standard setting, the relationship between institutional programs and parole, the prevention of problems and the promotion of health, and institutional mandates to address this issue.

7. RESOURCES

A resource directory, which describes a variety of resources and services available to staff and clients and a listing of community placement options should be developed and maintained.

8. EVALUATION

A formal evaluation of existing departmental services should be conducted to include:

- Program goal accomplishment
- Costing
- Monitoring and follow-up
- Individual program issues
- Individual behavior change
- Culture Specific Issues (See Appendix D for specific recommendations regarding American Indian concerns)

PROGRAM PLANNING

Conceptual Framework

In order to operationalize an adequate continuum of chemical health services, it would be necessary to develop (and fund) a multitude of individualized programs designed to respectively address each emerging need. This prospect now appears too costly and time consuming to be of practical importance. There are eight state institutions employing staff and serving clients with a variety of problems and needs related to chemical health programming.

Rather, a more viable approach would be to develop a process or a model for the provision of services which would be independent of the demographics of a particular institution or population. In that way, the "wheel would not have to be reinvented"; individual populations could adapt the model to fit their unique needs and experiences.

The following recommended planning procedure is based on a pilot effort to intervene into the chemical use problems of incarcerated offenders. A model program was initiated at the Minnesota Correctional Facility-Red Wing (MCF-RW), a minimum security institution for juvenile males, and supported by a grant from the Minnesota Department of Public Welfare's Chemical Dependency (DPWCD) Program Division.

The purpose of this planning design is to help corrections personnel replicate this program model in the state correctional facilities (as well as at other settings). This approach provides a foundation for mobilizing and utilizing human resources in the corrections and chemical abuse fields to effectively confront chemical related problems among offenders.

It must be clearly stated that this procedure is not an autonomous program plan. Its successful implementation is dependent upon collaborative

working relationships and technical expertise necessary to maintain the project and promote program self-sufficiency. Institutions undertaking a change oriented program of this sort should obtain training and technical assistance from the Minnesota Department of Corrections and/or other appropriate sources. However, the specific program activities which evolve are subsequently generated by the institution staff and tailored to the unique needs of the participating facility.

Following is a diagrammatic representation illustrating the three contiguous phases in this process.

PROGRAM DEVELOPMENT
FLOW CHART

GROUND WORKING

INSTITUTION
MINI
DIAGNOSIS

EXPLORATION

PROJECT
PRESENTATION
&
APPROVALS

CONTRACT
DEVELOPMENT

WORK PLAN
&
PERT

FORMAL CONTRACT

TEAM BUILDING

SELECTION
CRITERIA
and
PROCESS

TEAM
BUILDING
ACTIVITIES

CORE TEAM
WORK
TASKS

ASSESSMENT
ANALYSIS
and
FEEDBACK

DISSEMINATE
WORK
PRODUCTS

INSTITUTION ACCEPTANCE

ACTION PLANNING

ACTION
PLANNING
TRAINING

INSTITUTION
ACTION
PLAN

IMPLEMENT
PLAN
&
TECHNICAL
ASSISTANCE

PROJECT
ACTIVITIES
TRANSFER

EVALUATION

PROGRAM MAINTENANCE

As a concrete example of outcomes derived from engaging in this planning process, specific program activities developed by the Minnesota Correctional Facility-Red Wing (MCF-RW) are compiled in a document entitled "Juvenile Corrections Chemical Intervention Program Digest" (JCCIPD). This digest contains all the materials generated by the MCF-RW Chemical Intervention Project. The JCCIPD is meant to be a reference manual which provides concrete examples of particular results achieved. It will help the reader clarify possible planning procedures and outcomes to "see" how one's counterparts used this process to solve a particular problem.

Project Philosophy

The following planning design assumes a holistic philosophy of person development and problem behavior. It utilizes a systematic program planning methodology to provide correctional facilities the skills necessary to assess needs, plan action, and implement and evaluate comprehensive programming while mobilizing multi-dimensional resources.

Project participants follow an organization development model in planning, program management, administration, and evaluation, based on the conviction that an organization, once in possession of planning and decision making skills, is the most effective agent in identifying and solving its own problems.

Existing expertise from within the institution is located and focused by involving the total organization in the design, implementation, and evaluation of the project. Involvement of all parts of the system is the key to success because people become committed to and supportive of programs they help develop.

Therefore, this program planning model centralizes its initial efforts in the institutional setting around the development of a core group, a

team usually composed of an administrator, education staff, counseling staff, custody staff, residents and other concerned persons inside or outside the institution. Once problems and needs in the organization are determined, the team then develops and implements an Action Plan which involves members of the institution and addresses the problems of chemical abuse and disruptive behavior. Each institution thus chooses to develop an Action Plan based on its unique needs, with the understanding that this process is organic (ongoing yet ever-changing) and self-correcting as new problems and learnings emerge.

Institutions are encouraged to develop and integrate programs which respond to needs along the whole continuum of care - from problem prevention to aftercare support. The general objective is to encourage the creation of programs which will promote development of the "whole person" - physically, emotionally, intellectually, spiritually, and socially.

Program development is guided by behavioral science research and an underlying belief that persons who:

- have a clear understanding of their value system,
- are in touch with their feelings,
- possess constructive decision-making processes,
- have a high level of self-awareness and self-acceptance,
- are striving to attain positive life goals, and who
- have skills in effective interpersonal communication,

are less likely to irresponsibly use/abuse chemicals and less likely to involve themselves in other related forms of disruptive behavior.

It is expected that in learning and implementing this planning process, participating institutions will acquire the internal capability to maintain chemical intervention efforts with minimal external assistance.

Outcomes

There are many clear benefits derived from engaging in an institutional program planning procedure which coordinates efforts to improve the delivery of services. Some possible results include:

- Participating staff will be more aware of their own needs and goals in this area.

- Participating staff will acquire greater commitment to realistic action and greater job satisfaction through ongoing involvement.

- The development of a comprehensive and collaborative approach to confront the resident's chemical problems will guide staff to effective action.

- The learned process may subsequently be used for intervening in other classes and types of problems.

- The institution as a whole may be enabled to deal with innovation by continually responding to emerging changes.

- The development of more effective programming may result in lower long-run costs.

- Improved management procedures and processes will increase accountability and control.

- Improved decision making processes may be engendered.

One of the major benefits of this process is that it is cost-effective.

It utilizes an institution's existing human resources and redistributes their work activities in a more efficient and effective manner.

As a result of participating in this planning process institutions will likely decide to work toward the following goals:

- Clarify the facility's philosophy of use/abuse/dependency and its process for an integrated response to chemical problems.

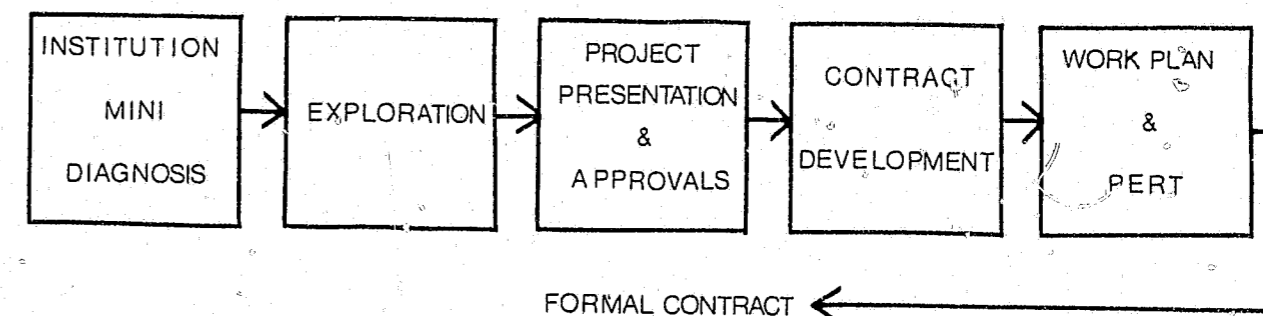
- Increase the facility's ability to provide chemical use assessments, treatment planning and referral services.

- Increase the staff's ability to deal effectively with chemical use problems by mobilizing internal and external resources.

- Increase the current level and effectiveness of prevention, intervention and treatment services available to residents within the facility, to complement existing programs.

Even though this project has been designed with the Minnesota correctional facilities in mind, it can be easily adapted to other settings.

GROUND WORKING



The first stage of the process lays the ground work for a serious effort toward change in the institution. Five elements or steps are conducted by one or two staff persons, usually with the help and guidance of an experienced external consultant. These first five steps result in a Contract (or internal agreement to proceed) and a Work Plan/Program Evaluation and Review Technique (PERT) chart describing the team effort which will occur in the next phase. The steps are described in the paragraphs which follow.

Each institution will articulate its own level of needs and determine its readiness for designing programs to address chemical use problems. Each will also exhibit a different level of commitment and resources available to support a planned change effort. Therefore, during the first stages of ground working it is important for the project's external staff to determine whether key institution personnel express a felt need in this area and to see if they can supply the necessary resources to engage this planning process. The organizational climate also needs to be tested to see if it will accommodate innovation.

INSTITUTION MINI DIAGNOSIS

The following institutional survey can be used to assess senior staff opinion regarding this effort. Whether it is used as an individual opinionaire or as an agenda for a group meeting, the following list of questions should be addressed by those administrators who will ultimately provide sanction for this planning project:

- i To what degree do residents have chemical related problem?
- ii To what extent are institutional efforts focused on chemical related intervention activities, i.e., lockups, assessment, treatment planning, release planning, urinalysis, etc.?
- iii Is the administrative staff willing to become involved and to commit facility resources to work on the problem?
- iv Is a nucleus of interested staff and leaders available and do they have some initial ideas in this area? Any nominees?
- v Is there a belief that this institution can benefit from the experience of others in this area?
- vi Is there a willingness among institutional staff to collaborate with a Department of Corrections central office initiative to produce change?

An outside resource person should facilitate this opinion-gathering task. The collated results of this opinionaire (or meeting minutes) will provide the institution decision-making authority with an initial analysis of the feasibility of a planning effort.

If it is collectively determined that the institution could benefit from participating in chemical intervention program planning, then the development of a more formal presentation to the institutional administration is indicated.

EXPLORATION

After the administration has expressed an interest in and demonstrated an understanding of the proposed chemical intervention planning process, the following information should be collected and formulated as a report or presentation:

- History and current status of institutional chemical related programming.
- Specific institutional concerns in this area.
- Determination of potential resources to support project implementation.
- Identification of potential obstacles which would impede project implementation.
- Projection of possible program outcomes.
- Exploring the potential for internal and external staff cooperation.
- Overall mutual expectations.

PROJECT PRESENTATION and APPROVALS

This information should be presented to the management of the institution for an "up-or-down" decision. When it has been determined that a collaborative working relationship will be feasible and mutually beneficial, a formal agreement or contract should be prepared. It should define, in general terms, the process to be employed, the organizational entities who will be working together (i.e. the administration, DOC central office health personnel, and a team from within the institution) and provide for approval and sign off by each of the parties.

CONTRACT DEVELOPMENT

Contracting should include the following considerations:¹

- a. Problem clarification - There must be a clear statement of the problem to which concerned parties agree.
- b. Gains by both parties - In order for an agreement or contract to be initiated, all parties must benefit. The more ways all parties benefit by the resolution of the problem, the more likely the problem will be worked on.
- c. Agreed upon action steps - All steps taken by the various parties must be identified and agreed upon by the parties involved. When possible, all action steps should have a date associated with them. Minimally, each party has an identified first step and a date associated with it.
- d. Sanctions, if appropriate - Many people require some form of instructions, formal work agreement or inducement to ensure the ongoing work on the contract. Sanctions may be specified in the agreement if acceptable to all parties.

- e. Review and evaluation of results - Specific ways of measuring the desired changes (reduction in problem) should be included in the contract. In addition, the dates, times, and personnel who will attend periodic reviews must be specified.
- f. Renegotiation of contract - After each review period, there can be a renegotiation of the contract. A procedure for renegotiation should also be specified.

A discussion of specific project related issues should take place during the negotiation of an agreement. Some of the subjects which should be covered are: mutual expectations concerning the collaboration, project implementation, project outcome, time management, feedback loops, budget constraints, and the roles and responsibilities of project participants.

The personnel categories which are typically affiliated with or directly involved in this process should be mentioned in the program planning process agreement:

Internal Personnel

Superintendent
Program Director
Core Team Members
Other Resource Persons

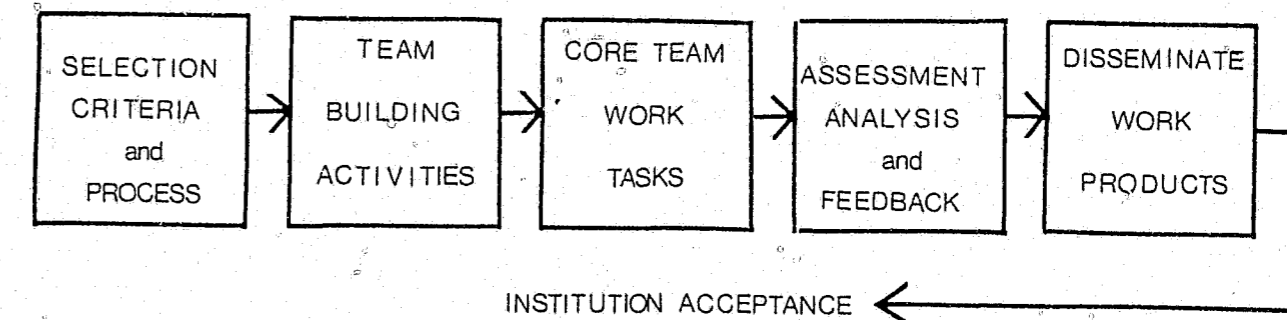
External Personnel

Project Director
Project Consultants
Chemical Health Specialist
Other Resource Persons

WORK PLAN and PERT

Finally, a detailed work plan should be created using a modified Program Evaluation and Review Technique (PERT) design. The plan should attempt to project the major tasks involved in the Team Building and Action Planning stages. The PERT chart should show graphically each of the tasks involved in the Plan and should, by their arrangement, indicate which must be completed before others start, which can be done simultaneously, and approximately how long each should take. The Contract and Work Plan, when approved, will constitute the charter under which the Team Building Stage can begin. (Examples of these documents can be found in the JCCI PROGRAM DIGEST.)

TEAM BUILDING



During the team-building stage a group of institution staff members is identified; they work together to build a team relationship and they work together on elements of the planning process. They conduct a much more comprehensive needs assessment than that conducted during the Groundworking Phase and finally produce work products which are widely disseminated in the institution as a report on the change process which is underway.

SELECTION CRITERIA and PROCESS

The selection criteria for the core team (approximately 7-10 people) should be determined by the project director (from DOC Health Unit) and project coordinator (ideally, the institutional program director).

Potential criteria could include:

- Their (pre-determined) time available to devote to this effort.
- An interest in chemical intervention programming.
- Being highly energetic and productive.
- Representing a cross section of institution staff according to function and philosophy.
- An ability to influence other staff.
- A willingness to cooperate as a team member.

The selection process should also be pre-determined. Every staff person should have an opportunity to be informed of the proposed project and to express an interest in participating. If widespread acceptance of changes in the institution is to occur, it is desirable that as many staff as possible know of the opportunity to participate; but know also that their own acquiescence commits them to accept - at least in part - the serious efforts of their participating colleagues to effect change in the institution. The institution administration is responsible for choosing from among the interested persons those who most closely meet the selection criteria.

TEAM BUILDING ACTIVITIES

Once the participants have been selected, they need some time together to engage in team development, project orientation and content specific training which will be provided or guided by the project coordinator, the external consultants, and increasingly by the team members themselves.

One of the underlying aims of team development is to produce quality work in a trusting environment. This is necessary because people work better together when there is open and honest sharing about the problems and difficulties that they have with one another.

The team functions more effectively when its members build on one another's strengths, skills, and resources and when they learn to accept others - their weaknesses included. On the other hand, the team's efficiency is lowered and tension increases when feedback is avoided. Lack of clarity about the meaning of a statement becomes the rule rather than the exception. Therefore, considerable practice is required to achieve appropriate and well-timed feedback.

Team building takes time.

CORE TEAM WORK TASKS

Learning to listen actively makes it possible for messages to be clearer and allows the listener to show respect for the sender of the message. Learning to differentiate process (how one communicates) from content (what one communicates about) is another function of team building. It allows for better problem solving and reduces abstract arguments during meetings.

When the team is adequately developed and cohesiveness is starting to emerge, the team begins to shift toward an orientation and training process. The process of changing from a "team-in-name" to a "team-in-process" can be identified when the members begin to speak of "we could do this" or "we could do that," which emphasizes their perceptions of themselves in terms of a cohesive autonomous unit. (Beware if the group speaks of "we have to do this" or "we ought to do that." The group is probably responding to its own misconceptions of what the "administration" wants.)

The objectives of the core team orientation are:

1. To present the Chemical Intervention Project's goals, objectives and evaluation design.
2. To clarify with team members any concerns and issues regarding the successful implementation of this project.
3. To share the "selection criteria" used for being invited to be a core team member.
4. To identify and clarify expectations and roles of core team members during this project year.
5. To discuss Administrative support and commitment for this project.
6. To clarify that the core team action plan must receive final approval from the Administration.
7. To identify and define all appropriate project terms.
8. To surface the strengths and resources of individual core team members which will eventually result in the design and implementation of an effective action plan.

9. To establish core team "Ground Rules" which will guide interactions between and among team members.
10. To further identify problem areas as seen by the core team and assist them in assessment.
11. To determine a method to involve the larger institution in updating current needs and a process to address them.

A final objective of the core team is to identify those specific areas which require additional training in preparation for action planning in this health area. The training modules are developed and delivered to the core team by the project's external personnel.

ASSESSMENT ANALYSIS and FEEDBACK

Diagnostic activities can themselves change the attitudes and behavior of people. They signal the administration's commitment to change, enable interviewed staff to release feelings of frustration, and may empower certain personnel to take directive action later in the project.

Nevertheless, assessment is mainly a precursor to action. It often serves to sharpen understanding of problems vaguely felt and first articulated in the contracting process.

The core team must determine general assessment domains which describe the types of needs which exist in that particular setting. Sample domains which will likely be of importance are:

•Chemical use policy and procedures for problem use intervention

- Does an institutional policy exist?
- Is there a consistent understanding of philosophy, terms, and relevant issues?
- Are there standardized procedures for problem intervention?
- What is the institutional commitment in this area?

•Chemical use problems assessment and treatment planning

- Does an assessment process exist in the institution?
- How are chemical use problems addressed in existing core management procedures?
- Who is responsible for identifying chemical use problems among residents?
- How could a more effective problem identification procedure be implemented?
- What are institutional/community options for treatment programming?
- How could the continuum of care be supplemented?

•Treatment programming

- How effective is existing treatment programming?
- Is treatment programming being appropriately/effectively utilized?
- Is there a need to develop additional treatment experiences?

•Training

- What kind of background/expertise is there among staff?
- What kinds of training is currently available?
- What particular training areas are most needed?

•Education

- What kind of informational needs do residents have?
- What information is currently available regarding chemical use problems?
- Is the institution responsible for providing education to residents in this area?

•Resources

- What kinds of resources are available to support efforts in this area?
- Do resource materials exist within the institution?
- Is there a need for additional resources?

•Linkages

- Do interface activities among service providers (i.e. caseworkers, treatment staff, agents, etc.) routinely occur?
- Is there a systems approach (i.e. collaboration with state, localities, community agencies, etc.) to this problem?

Data Collection Methodology

After the core team has determined what kind of information will be most relevant to project planning, this information should be gathered in a systematic way.

The first step is to decide on methods of data collection. A variety of techniques can be utilized:

- Individual interviews
- Group interviews
- Staff meetings
- Case file searches
- Structured survey/questionnaires
- Values clarification exercises

Data collection activities will begin to inform everyone about the proposed project, provide them an opportunity to have input into the project's direction, begin to solicit commitment to realistic action, and promote ownership of project implementation and outcome. It will also give core team members an idea of potential internal resources for project support.

Once the assessment domains have been determined and a methodology for gathering data has been developed, specific instruments must be designed and pre-tested. (Sample assessment instrumentation and reports can be found in the JCCI PROGRAM DIGEST.)

Analysis and Feedback

To motivate action, data itself must be seen as meaningful and relevant to the recipients. A data feedback report is to be written. It should include a review of the instrumentation, the collection procedure and the analysis. Data overload should be avoided and data carefully limited to problems the core group can do something about.

The major elements which must be present for data feedback to be meaningful are:²

1. Agreement about the data to be collected and method of feedback should be developed prior to data collection.
2. The feedback should be consistent with expectations.

3. Feedback should be provided in a group setting where open discussion can be promoted.
4. Data must be relevant to important concerns of the group and must be understandable.
5. The group must be able to do something about the data themselves.
6. The process of the meeting must be managed in a way that promotes a unified direction.

DISSEMINATE WORK PRODUCTS

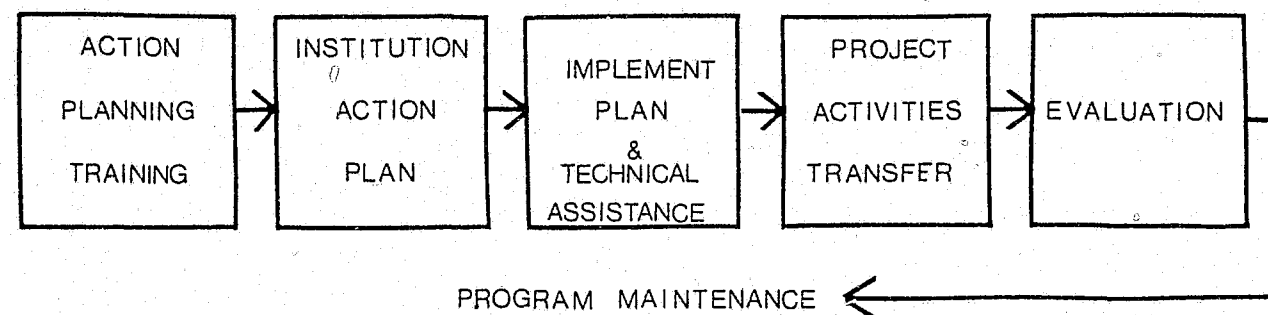
Here are some suggestions for report format and content with a target audience for each:

<u>Format/Content</u>	<u>Audience</u>
Executive Summary (overview of all reports)	Administration
Feedback Report (describes resident problems and needs)	Staff of Institution
Report of Profile of Clustered Need Areas	Core Team

These reports should be appropriately disseminated. This shared feedback will make staff aware of shared needs and demonstrate a commitment to follow through on this process. This process also ensures/provides the core team with valid information for the institution to develop its personalized action plan.

The objective of widespread dissemination of the work products will keep the entire institutional staff aware and involved in the work of the core team. As needs, plans and change initiatives emerge from the planning process, they must be widely accepted or implementation will be slow (or even resisted). When large numbers of staff have "bought in," the resistance fades and changes can start to occur.

ACTION PLANNING



By the time this stage has been reached there is widespread information and interest throughout the institution. Staff and residents alike are aware that a careful, strongly-supported effort to analyze the need for change is underway.

To the extent that the effort is seen as a "grassroots" effort incorporating input from all sectors of the institution, it begins to be seen as "part" of the institution. A subtle process of "buy-in" on the part of larger numbers of staff and residents ultimately results in a generalized form of acceptance in the institutional community. Achievement of this phase can be identified when more and more staff talk about "we" are planning this or "we" are going to do that.

ACTION PLANNING TRAINING

Insights about the accumulated data must be translated into concrete ideas about solving specific problems. Action planning evolves from this distillation of information. It is the process by which change can be brought about.

The core team will require training in action planning and creative problem solving techniques in order to become intimate with the planning design, and to agree upon planning domains, nomenclature, priorities, and organizational climate.

External personnel (trainers) will guide the team through the entire process. Since the external persons are not directly invested in the institution's final programming decisions, they are better able to objectively facilitate the development of a comprehensive institutional plan.

The action plan should be accomplished as expediently as work place constraints will allow. This can be a tedious process, but it is important that systematic steps be taken to follow through the entire procedure so that the resultant product will be purposeful, specific, integrated, adaptable, and realistic. The benefits of utilizing an action planning process are that it:

- consolidates problem solving strategies,
- triggers new ideas and directions,
- heightens motivation by enabling one to actually see successful steps taken on the way to goal accomplishment,
- brings clarity to ideas,
- helps monitor work activities, team effectiveness and impact and
- can be self-correcting.

INSTITUTION ACTION PLAN

The institution action plan constitutes the foundation for future program development. It will specifically identify areas in which the core team will direct their energies and will serve as an ongoing barometer of individual activity completion. Following is a brief summary of the major components of an action plan.

Problem Statement

A clear, succinct paragraph or statement must define the overall problem. It is generated by the processed data and should be a summary consolidating information described in the needs assessment reports. It is what the core team perceives as needing to be changed because of some unaddressed concerns and expressed needs of the institution.

Goals

A general outline of an organizational solution is then developed using prioritized goal statements which describe very broad areas of endeavor. They should reflect the project's overall output in terms of what will exist in the institution which does not now formally exist. Ideally, there should be no more than three or four goals.

Objectives

Objectives are specific, measurable milestones. They are a series of short term changes that must occur in order for the long term goal to be reached.

Objectives need to be relevant and clearly linked to a corresponding goal: measurable, specific, realistic, attainable. They are then broken down into specific activities so that people can assume responsibilities for individual actions, locate resources, be time accountable, etc.

i.e. By (date X), (activity Y), will have been (conducted, written, implemented, produced) for (Z # of people).

Activities

Activities are a series of steps or enabling tasks to assist in the accomplishment of short term objectives. Each activity has a person responsible for its completion according to a start and end time line.

These components, the problem statement, goals, objectives, and activities constitute the institutional work plan describing the anticipated changes. (An example of a completed Action Plan can be found in the JCCI PROGRAM DIGEST.)

IMPLEMENT PLAN and TECHNICAL ASSISTANCE

Any change program requires an extended period of implementation. However, the transition between planning and implementation is a stress point; during this time the greatest danger is a loss of momentum. Team members may be somewhat overcome by the amount of tasks they have presented in detail in their plan and will require external support to facilitate possible redirection and to gear them up for action.

The external personnel can provide assistance by aiding the teams in the successful implementation of their plan through the effective utilization of public and private resources, i.e. inservice training, team building, leadership development, resource networking, expert advice related to chemical use; and by educating, encouraging, counseling, and supporting.

PROJECT ACTIVITIES TRANSFER

A major goal of this process is to provide the institution with the capability to maintain planning and programming efforts with progressively less external support. The action plan is meant to be absorbed by the facility and recycled on a yearly basis.

Necessary linkages must be developed and maintained so that key people in the organization are constantly informed about the project's activities. This will ensure ongoing commitment to these efforts and will foster a "trouble-shooting" mentality which will provide preventive, redirective actions should problems or trouble emerge.

Here are some suggestions which will increase the likelihood that these efforts will become integrated into the fiber of the institution:

- Identify appropriate resources to aid in project transfer.
- Change job descriptions to include appropriate project activities.
- Pre-determine time commitments needed for ongoing efforts to continue.
- Ensure that the overall institutional planning includes these efforts.
- Renew the core team membership to include new approaches.
- Design transfer strategies in the original action plan.
- Solicit appropriate administrative mandates and sanctions to incorporate these efforts.

EVALUATION

As with most prevention efforts, the task of designing an evaluation scheme that is both practical and sensitive to actual program outcomes is difficult. Particularly when a program is attempting to facilitate planned change within an institution, there are a number of serious considerations that frequently limit the program's ability to understand its real or potential effectiveness:

- Was the organization or system "ready" for change?
- Was the product delivered an appropriate one to facilitate the desired changes?
- Was it delivered intensively and extensively (over time) enough to reasonably assume change to occur?
- Have other "interventions" or events influenced the likelihood or direction of change during the project period?
- Was the product delivered in a timely and professional manner?

These issues demand not only a careful monitoring of program outcomes, but clear and ongoing attention to issues of process evaluation as well.

Because of the intentional emphasis placed upon internal planning, it is reasonable to expect that a level of programming sufficient to achieve the ultimate desired outcomes may not occur until late within the project's developmental timeline. For this reason, evaluating the effectiveness of the project based upon changes in drug use patterns, for example, may be more meaningful later in the program's lifespan. At a minimum, such indicators of outcome should be relied upon to provide only a portion of the overall evaluation picture.

Therefore, we believe that the emphasis should be placed upon process evaluation and documentation of those intermediate outcomes (discussions, policy implementation, planned events, training, program development) that occur as a result of the program's initiation.

As the project progresses and has been adequately incorporated into the institution's operation, then an outcome evaluation design should be created to assess the program's impact on specific behavioral change measures, i.e. drug use patterns, recidivism, employment, etc.

Following is an outline of a process evaluation model that will serve to thoroughly describe not only the unfolding of project events during the project but also the relative success of the project in:

- Accomplishing the stated objectives;
- Finding acceptance and support within the institution;
- Generating change in desired areas of program outcome.

Process Evaluation Components

- a) The first level of suggested evaluation for a project of this type involves very little specialized instrumentation. It is important that the administrative direction of the project be documented in some consistent fashion, so that changes in emphasis, personnel or strategy can be carefully incorporated into the design. While in the normal course of events these actions may not stand out, they may help to retroactively explain unexpected findings or to inspire a refinement of the evaluation process. It is suggested that weekly staff meetings be held by project personnel in order to discuss in detail the activities and direction of the program. A recorder should be assigned for each of these meetings so that administrative progress notes can be kept on file. While this segment of the evaluation may seem unnecessary, it is our experience that many projects undergo a variety of subtle changes that reflect upon planned outcomes but which are never documented or formally observed.
- b) The second facet of a project evaluation plan involves the maintenance of a project diary in which significant occurrences, impressions and milestones are recorded on a daily basis. At the project's outset, a project historian with specific responsibilities for documenting events and learnings in a written account must be identified. The project diary can be an invaluable tool in conducting the process evaluation because it provides a rich source of both objective and subjective information on the project, tracing its history on a day-to-day basis.
- c) One of the most significant facets of the evaluation is anticipated to arise from the core team's development of a well-defined and measurable action plan for its chemical intervention strategies. As a result, project staff will be able to assess in a rather straightforward manner the degree to which tasks outlined in the action plan (or revised in subsequent plans) were subsequently achieved.
- d) Another element of the evaluation plan is a system for allowing members of the core team to record periodic contacts or activities in which they participated and which they felt to be significant contributors or inhibitors of the project goals. Standard sheets should be made available which provide each core team member with a simple form to note the date, type of interaction, comments and a judgement on the positive/negative implication for the contact. These progress notes become part of the evaluation plan subsequent to the core team's development of its action plan goals and objectives.
- e) In addition to the development of goals and objectives relating to project activity or "effort", the core team should also develop specific evaluation measures which represent that group's expectations of outcomes resulting from their effort. These measures should be tied specifically to each of the goal areas in the action plan and provide criteria against which to judge not only the amount of activity but also, inferentially, its effectiveness. It should be noted that these evaluation measures are developed subsequent to the action plan and the actual implementation of tasks. The evaluation measures are used to begin the task of assessing program outcome. Some of the information required to address these measures will be archival in nature, requiring a study of client records, treatment plans and management information.

- f) Another significant factor which needs to be addressed is what has been termed "Readiness-For Change."³ For example, the level and direction of outcome achieved with a given institution may well be dependent upon their perception of the need for such change, their willingness to implement suggested policies and the presence or absence of committed leaders within the organization. Perhaps the technique most widely used for this kind of analysis is that of "A VICTORY," (Ability, Values, Ideas, Circumstances, Timing, Obligations, Resistances, Yield) which is based upon a behavioral model of planned change and which includes seven factors that typify an organization's readiness and proclivity to change.
- g) In a project which is focussed on planned change, where the strategies used may vary widely, an individualized goal attainment procedure offers the best promise for documenting intermediate outcomes and for evaluating the extent to which these were reached. Particularly within a core team framework, where the development of management plans is emphasized, such measures as Goal Attainment Scaling are felt to be highly appropriate. This procedure is not only simple and easy to scale, but it enables the project to articulate goals for a number of areas simultaneously. This component of the evaluation plan can become the major mechanism for tracking the achievement of intermediate outcomes, such as implementation of a program, policy development, curriculum development, etc.
- h) In addition to a careful monitoring of process issues and a documentation of program implementation, it is important that the project receive some feedback regarding progress toward its overall goal. It is recommended that several procedures be set up on either an informal or formal basis to track critical incidents around chemical use problems that occur in the facility during the project year. For example, if one of the programs undertaken is policy development, it is reasonable to then track possible effects of a clear and consistent policy on chemical-related infractions during the course of the year. It is suggested that this procedure be complemented by a series of interviews with administrators, core team members, facility staff and (possibly) residents near the end of the project year to serve as a key informant assessment of the project's role and effectiveness.

This approach is set forth as a series of preliminary suggestions for evaluation design. It is anticipated (and in fact expected) that these strategies will undergo some revision and refinement as a contract for services is finalized.

IMPLEMENTATION

Recommendations

The implementation of this planning procedure requires the administrative efforts of a person who has the expertise to manage the department's planning activities and who can provide technical assistance and resources to respective institutional teams. It is intended that the DOC will maintain this person on staff to commandeer this change initiative and to continue to plan, implement and coordinate the developing diversity of corrections chemical health activities.

This person will follow steps similar to those previously described to begin the PLAN'S implementation sequence:

- Distribute PLAN to appropriate DOC Central Office staff, institution staff, state and local organizations, departments and agencies.
- Solicit support from key individuals in the system and organize a DOC administrative planning group.
- Engage the planning process at the Central Office level to develop departmental initiatives in this area.
- Collectively determine institution-based implementation strategies, priorities, and timelines (i.e. which institution is the next likely participant, what resources are available to aid project transfer, who will staff the external team, etc.).
- Develop a management plan to detail the activities and responsibilities for beginning the development of a succession of institutional chemical intervention programs.
- Engage the planning process at the respective institutions and monitor.

A departmental implementation strategy should also include a provision for periodic review and recycling of this PLAN'S process.

^{1,2} Merry, Uri, Allerhand, Melvin, Developing Teams and Organization. Reading, Mass.: Addison-Wesley Publishing Company, 1975.

³ Davis, Howard, Salesin, Susan, "The Utilization of Evaluation" in volume of The Handbook of Evaluation Research: Sage Publications, 1975.

APPENDICES

APPENDIX A

DESCRIPTION OF DOC CHEMICAL DEPENDENCY PROGRAMMING

Minnesota Correctional Facility-Stillwater (MCF-STW)

MCF-STW is a maximum security prison for adult male offenders with a population of 1,075 inmates. The Atlantis Chemical Dependency Program operates a closed unit within the Prison providing primary residential treatment services to chemically dependent inmates. The Atlantis Program is based on self-responsibility, positive peer group pressure and abstinence from mood-altering chemicals. The program has a capacity of 33 residents, program length is approximately 9 months, and the operating budget for FY 81 was \$174,000. Atlantis has seven staff positions including a director, supervisor and five counselors. Aftercare services are provided to program graduates within the institution. For those leaving the program via parole, Atlantis relies on halfway house placements for aftercare and support systems, as well as community A.A. groups.

All other chemical dependency services within MCF-STW are also coordinated through the Atlantis Program. These include: Alcoholics Anonymous (A.A.) and Narcotics Anonymous (N.A.), Native American A.A., Minimum Security Unit (MSU) aftercare group and MSU Chemical Dependency Group, and reception and orientation lectures. Program staff assist the prison staff and the MSU staff with chemical dependency parole placements in the community.

Minnesota Correctional Facility-St. Cloud (MCF-SCL)

The MCF-SCL is a maximum security institution for adult males with a total population of 615. Reshape is a chemical dependency treatment program at the institution which is based on a therapeutic community model. The program consists of three phases including 1) a closed 20 bed unit providing 24-hour a day treatment via counseling and group therapy; 2) an outpatient phase providing day treatment for approximately 15-20 inmates; and 3) an interim phase which provides a support

group two nights a week for program graduates living in the general population. The program has a capacity of 25-40 men and a program length of 120 days in the closed unit, 120 days in the outpatient phase, and an indefinite time (up to each individual) in the interim phase. The operating budget for FY 81 is \$110,417. Reshape has two full time staff.

The American Indian Chemical Dependency program also operates at the Correctional Facility in St. Cloud. It has been funded for the last two years through a Law Enforcement Assistance Administration (LEAA) grant of \$16,000 to provide chemical dependency counseling to American Indian inmates. One counselor provides one-to-one, group, family counseling and Alcoholics Anonymous meetings on a weekly basis.

The St. Cloud facility also has an Alcoholics Anonymous group meeting once a week with a volunteer staff sponsor.

Minnesota Correctional Facility-Shakopee (MCF-SHK)

A federally funded (LEAA grant) Chemical Dependency Pre-Treatment Program has been operating at the MCF-SHK (population approximately 60 adult females) for the last three years. It provides four, twelve week programs for eight inmates each for a total of 32 inmates during one year. The program consists of group therapy introducing participants to various therapy modalities, parenting groups, educational seminars conducted by community resources, and individual counseling. An ongoing aftercare support group is also available for program graduates. The program coordinator and the parenting program coordinator as well as consultants are responsible for the provision of services in the areas of sexuality, family, and group therapy.

Minnesota Correctional Facility-Sauk Centre (MCF-SCR)

The MCF-SCR houses approximately 116 male and female juveniles. An \$8,000 contract with Willmar Community Action Programs (20 hours per week) provides the MCF-SCR with individual chemical dependency counseling, weekly Alcoholics Anonymous meetings, chemical use assessments, and technical assistance to staff via inservice training.

Minnesota Correctional Facility-Lino Lakes (MCF-LL)

The MCF-LL is a medium security facility for approximately 180 adult males. There is an Alcoholics Anonymous group meeting once a week conducted by volunteers at Lino Lakes as well as a chemical dependency education class.

Minnesota Correctional Facility-Red Wing (MCF-RW)

The MCF-RW houses approximately 133 juvenile males. The Chemical Intervention Program being developed at the Red Wing facility has evolved through the activities of a federally funded pilot chemical health project. A core team of staff persons is being provided with training and technical assistance to assess institutional needs, develop and implement programming solutions and evaluate the impact of the intended changes. Besides providing MCF-RW with the capability to sustain program activities, a major goal of this project is to demonstrate a model which can be modified for use in each of the department's institutions. (This model constitutes the planning strategy included in this document which will enable other institutions to develop their own chemical intervention programming. Please refer to ACTION PLANNING.)

APPENDIX B

CHEMICAL HEALTH PLAN WORK TEAMS

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Shirley Shumate
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APPENDIX C

NEEDS ASSESSMENT SURVEY

1. TRAINING

Describe your agency's staff's background in chemical abuse/dependency and current training available to them in this area:

What kind of training should your staff receive to better address the needs of chemical abusing/dependency offenders?

2. EDUCATION

Describe the drug education you provide the residents/clients of your agency:

What kind of information about chemical use should be made available to them:

3. ASSESSMENT

If your agency conducts chemical dependency assessments, describe your assessment procedure:

How can your assessment procedure be improved?

4. TREATMENT PROGRAMMING

If your agency provides "treatment" (therapy, counseling, groups, etc.) describe your treatment approach:

What could you change (add or delete) to make your treatment approach more effective?

5. RE-ENTRY SERVICES

What kind of re-entry services do you provide an offender in transition?

What kind of problems do you find in providing re-entry services to offenders in transition?

6. AFTERCARE

Describe your agency's efforts to provide aftercare services to offenders who have recently completed a treatment program:

What kinds of problems do you experience in providing aftercare for offenders?

7. COMMUNITY CORRECTIONS PLANNING

Describe how community corrections programs respond to the problems of chemical abusing/dependent offenders:

If you believe that community corrections act counties should have a plan for dealing with offender's chemical problems, what should the plan include?

8. POLICY

Describe your agency's policy/philosophy on chemical use/abuse/dependency:

9. RESOURCES

If you need more/better information about community resources, suggest ways this could be provided:

Our major strengths in providing a variety of services to the chemical abusing/dependent offender are:

Our major weaknesses or deficiencies in providing services to the chemical abusing/dependent offender are:

Presently the role the State plays in meeting our chemical related needs is:

Ideally, the role the State should be playing in responding to these needs should be:

Please indicate whether the areas listed are a Low (L) priority, Medium (M) priority or High (H) priority for your agency:

Circle:

L M H Training

L M H Education

L M H Assessment

L M H Treatment Programming

L M H Re-Entry Services

L M H Aftercare

L M H Community Correction Planning

L M H Resource Information

Comments/Suggestions:

Thank you kindly!

ANISHINABE LONGHOUSE

AN AGENCY OF MINNESOTA DEPARTMENT OF CORRECTIONS

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APPENDIX D

August 24, 1981

American Indian Programming Issues

Mr. James Sipe, Coordinator
Chemical Health Program
430 Metro Square Building
St. Paul, Minnesota 55101

Re: Corrections Chemical Health Plan - 1981

Dear Jim:

I have recently received a copy of the Department's first Chemical Health Plan. I have reviewed the document in depth and would like to share the following observations and comments relative to several issues.

1. Page 2 cites a 1980 survey which indicates that 50% of released inmates were required to complete a chemical dependency program as a condition of parole.

My own experience and observations within the Correctional Facility at Stillwater indicates that nearly 100% of paroled Indian inmates were required to participate in primary treatment upon release, prior to coming to our agency; that none of them successfully complete treatment as a component of a parole plan; and, that they were subsequently returned to the institution for specific non-completion (during a 14 month time period).

In my opinion, certain criteria should be established to ascertain the appropriateness of requiring completion of chemical dependency treatment, as a parole plan component, and that the criteria be designed specifically to address the needs of the American Indian inmate population. Such criteria should include identifying previous chemical dependency treatment, the need for an adjustment to society period prior to treatment, and other rehabilitative efforts accomplished by an inmate. These and other specific criteria factors should lend weight to the decision making process relative to how they impact the reasonableness of any proposed parole plan.

James Sipe
24 August 81
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In July of 1981, the Indian population within Stillwater was approximately 10% of the total inmate population, or roughly 105 Indians. The Indian population in the State of Minnesota is currently less than .1% of the total state population which makes the number of Indians currently in Stillwater alarming. It would be very helpful if percentages were broken down further so that specific populations and their emerging needs could be identified and addressed.

2. It is noted, also on Page 2, that obstacles stand in the way of adequate chemical health services for inmate populations. Relative to the Indian population, cultural differences pose the greatest obstacle to effective chemical dependency programming both within the institution and in community aftercare. Alternative programming approaches and needs should be explored in an attempt to address specific cultural diversities. At present, some programmatic approaches are viewed as counter-cultural by the Indian population. This results in a more severe service delivery gap relative to the Indian population as compared with other groups. Special policy review efforts should be performed by consultants who are familiar with Indian values and lifestyles.

3. At Page 13 under Treatment Programming, I agree whole-heartedly with the idea of expansion and taking the initiative in new program development. An action strategy should be proposed for specific Indian programs.

4. Page 19 cites a holistic approach to program development which is really the same as that in prevention programs. This same hypothesis is utilized in prevention programs for Indian children. Therefore, the need for "culture specific" programming is of utmost importance to impact the Indian population, as well as the need for culture specific data, films, etc. in conjunction with culturally knowledgeable facilitators.

5. Research is needed to fully document and plan strategies to address the Indian populations. For example:

- a) how much information does the research department have on incarcerated American Indians?;
- b) a complete socio-demographic analysis should be initiated; and
- c) what other therapeutic modality are amply employed other than chemical dependency, i.e., aggression, sexuality, etc.?

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24 August 81
Page 3

6. Appendix A cites monetary spendings for chemical dependency services to the various institutions. It is apparent that:

a) the Atlantis program has no input or connection into the Indian AA group (Gete-Izha-Win) in Stillwater;

b) LEAA funds only one (Indian) counselor at MCF-St. Cloud; and

c) a clear and definite monetary commitment is lacking at Stillwater relative to a chemical dependency effort for the American Indian population. It is my understanding that no funds have been allocated by the State of Minnesota for programming designed to meet needs of chemically dependent Indians. From Page 218 of the Comprehensive Chemical Dependency State Plan, FY 1981, under the Department of Corrections, it is noted that the total monetary amount provided for chemical dependency is \$730,000.00.

My congratulations go to you and your staff for the hard work you have invested into this effort. My comments are selective towards the Indian populations, as in my position, I meet head on with these issues daily. I still would be very interested in working with you and your staff whenever my services are needed.

If you have any questions, please do not hesitate to contact me.

Respectfully,
John Poupart, Project Director

Kenneth R. Hill
By: Kenneth R. Hill, Correctional Counselor

KH/k

xc: Dennis Benson, MCF-STW
Henry GreenCrow, MCB

DEPARTMENT Crime Control Planning Board*Office Memorandum*

TO : Bob, Steve, Carl, Reid

DATE: September 29, 1981

APPENDIX E

CCPB INTERNAL MEMO ON CD RECOMMENDATIONS

FROM : Vicky *V.C.*

PHONE: 296-7827

SUBJECT: Problems and Issues Together with Associated Recommendations Pertaining to Chemical Dependency Assessment/Evaluation (Agenda Item)

During the last two years, DOC research and the Research and Evaluation Unit's work in the area of jail treatment programing evaluation and jail technical assistance evaluation have yielded significant information about the problems encountered in chemical dependency assessment/evaluation and treatment. The major problems and issues are:

1. Personnel within the criminal justice system and public welfare system often lack appropriate education and training in the area of comprehensive chemical dependency assessment and evaluation (*per se*).
2. Criminal justice system and public welfare system personnel lack appropriate education and clinical training in methods of therapy (not merely counseling). Therefore, the level of expertise available for chemical dependency assessment and treatment is insufficient to facilitate resolution of needs and problems or to elicit adaptive behaviors by offenders.
3. There is a lack of or poor coordination within and among components of the criminal justice system and public welfare system in devising and carrying out a single chemical dependency assessment/treatment plan for an offender. Each system or both may actually conflict with each other, hindering the provision of optimal intervention on behalf of the offender.
4. Funding sources for comprehensive chemical dependency assessment, evaluation, and treatment may be inadequate and/or jurisdiction may be contested.
5. No routinized or standardized method exists for recording history of drug use or for forwarding a complete history as the offender progresses through the criminal justice system or public welfare system (nonstandardized format and process).
6. Chemical dependency assessment, evaluation, and treatment are voluntary on the part of the offender. In addition, under Sentencing Guidelines, there is reportedly less of a potential influence by DOC officials in having

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offenders make use of chemical dependency services than was previously possible with MAP contracts.

7. Particularly in counties with small populations, the number of offenders is small and resources are often limited, thus making the cost of maintenance of trained chemical dependency personnel prohibitive.
8. In densely-populated counties where large numbers of offenders pass through the criminal justice system, the volume of offenders can exceed the capacity of the system to provide adequate chemical dependency assessment/evaluation.
9. No or few performance criteria or standards, other than recidivism, are imposed on offenders or on vendors (such as treatment programs) relative to the offender's postintervention social behavior (for example, holding a job or remaining chemical free).
10. Monitoring of maintenance or reaching conditions of probation/parole is minimal, and little effort is expended to ensure that each offender has received all chemical dependency assessment/evaluation services or that the services are provided in a timely manner.
11. The treatment models which are most widely accepted at any given point in time effect criminal justice system response to the chemically-dependent offender--for example, where a medical model is adopted, the offender can be considered not responsible for behavior occurring as a result of a physically-based functional disorder. Thus, the offender is not required to exhibit many behaviors associated with an absence of pathology, or, on the other hand, the offender is permitted to engage in behaviors associated with physical illness or disability. The treatment model adopted largely delineates what is expected of the offender and what the criminal justice system's response will be if expectations are or are not met. There has been no evaluation of the relative effectiveness and cost-effectiveness of implementation of treatment models in the assessment, evaluation, and treatment of chemically-dependent offenders. As a result, decision makers lack sufficient management information with which to establish or modify relevant public policy.
12. Finally, among chemical dependency assessment/evaluation/treatment personnel, terminology differs and criteria used to discriminate between chemical use, dependency, and habituation are absent. Thus, information and

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data recorded in documents such as psi's may be unreliable.

The information presented above suggests there are at least six aspects of chemical dependency assessment/evaluation which should be addressed in response to the CCPB Agenda item pertaining to chemical dependency assessment/evaluation:

1. Training of chemical dependency assessment and evaluation personnel should be stressed, since adequate training and continuing education are crucial to the intervention and treatment processes. It is recommended that a coordinated statewide mechanism be developed and implemented by the CCPB, DOC, and Department of Public Welfare to monitor and sponsor training and continuing education of chemical dependency assessment/evaluation personnel with the criminal justice and public welfare system. Concurrently, adequate training funds should be made available.
2. An offender-based chemical dependency information system and standardized procedures for tracking and forwarding chemical use and chemical dependency information should be established by the CCPB, DOC, and Department of Public Welfare. The data collection forms and associated procedures for recording and forwarding the data should be used by all components of the criminal justice system and relevant components of the public welfare system (state and local levels). The recommended information system does not necessarily have to be computer-based; however, a single agency should be responsible for the maintenance of the information system and should function as a central repository for information on offender use of chemicals. Training in use of the information system and related procedures should be emphasized.
3. Counties and institutions requiring upgrading of their chemical dependency assessment/evaluation services should be identified. Alternative strategies should be devised by the CCPB, DOC, and Department of Public Welfare to ensure adequate services are available at state and local levels. For example, if it is found that a number of counties need an upgrade but do not require full-time staff, then one staff person cooperatively funded might be hired and rotated among counties.
4. Criteria and measures which can be used to discriminate among types of chemical use/abuse as well as among intervention/treatment effects should be established through

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test construction methods. The criteria and measures should be operationally defined. Similarly, standard terminology should be defined and adopted throughout the criminal justice system and public welfare system. Line staff and administrators should be thoroughly trained to employ the resultant criteria and terminology.

5. Alternative funding sources, funding mechanisms, and funding criteria should be explored for supporting the provision of chemical dependency assessment/evaluation services, training, and information system development and maintenance. Specifically, it is recommended that a type of fine system be established, where fines would be levied against offenders convicted of drug-related offenses and offenses in which drugs were involved.
6. Lastly, because statistics show that substantial proportions of offenders incarcerated at state and local levels as well as offenders who are on probation/parole have been convicted of drug-associated offenses or recidivate for drug-associated offenses, the issue of system response to these types of offenders should be examined. Included here should be an evaluation of the effectiveness of the assessment and treatment modalities which have been employed by the criminal justice system and public welfare system.

Jim Sipe of the Department of Corrections has been involved with a majority of the problems and issues delineated. He also has devoted a substantial period of time to the development of products and strategies to resolve these (e.g., the development of an information system to track history of offender drug use). Sipe should be consulted as an authority source in finalizing CCPB action on the Agenda item pertaining to chemical dependency assessment/evaluation.

VC/amc

cc: Jim Sipe, DOC

END

END