

Alaska Substance Abuse Prevention and Treatment System Effectiveness Study

Working Paper #7

Alaska Prisoners in Arizona: Inmate Substance Abuse Programs (ISAP)

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I. Introduction and Summary

The Alaska Mental Health Trust Authority has an interest in the Inmate Substance Abuse Programs (ISAP), both in Alaska and Arizona. In Alaska, there are ISAPs in place in two jails: Hiland Correctional Center (females); Wildwood Correctional Center (males). Documentation on these is available from the Alaska Department of Corrections (DOC). In Arizona, 620 Alaskans are inmates of the Florence Correctional Center (FCC), 45 miles southeast of Phoenix. The Alaska DOC has a contract with Corrections Corporation of America (CCA), which runs the FCC. The contract requires the CCA to offer ISAP to the Alaska inmates. There is no documentation on what ISAP they are receiving under this contract.

This report, prepared at the suggestion of the Authority, provides such documentation, by summarizing interviews and documents. David Marshall, Research Associate, ICHS conducted four interviews and reviewed relevant documents.

The interviews were with:

1. Mel Henry, (then) Health Care Administrator, Alaska DOC;
2. Sarah Williams;
3. FCC staff; and
4. FCC Inmates, Pod-G.

The documents reviewed are:

1. CCA monthly reports for 2002 on AK prisoners' in primary and continuing aftercare(1);
2. AZ substance abuse Treatment Program. Date?
3. contract between DOC and CCA-originally, \$10.3 million for 626-1,350 beds for period July 1998 through April, 1999; amendments since then adding \$64.6 million, for a total of \$74.9 million through June 2003. This is about \$15 million a year over 5 years. The contract does not specify how much of the \$75 million is to be spent on ISAP. It sets minimum staffing levels for different numbers of inmates;
4. Care Systems North. June 30, 1997. Mental Health Needs Assessment for Offenders in Custody and Under Supervision of the Alaska DOC. Juneau, AK;
5. Alaska DOC. May 14, 1999. Strategic Plan for (Alaska Mental Health) Trust Beneficiaries;
6. Alaska DOC. Hiland and Wildwood RSAT program summaries, and latest quarterly reports;
7. Alaska DOC. 2002. Inmate Substance Abuse Treatment Program. Continuum of Care;
8. Alaska DOC. Inmate Counts in AK and AZ as of February 5, 2003.

9. Alaska Division of Legislative Audit. December 18, 1998. Audit Digest #06-4570-98. A special report on the Department of Health and Social Services, Division of Alcoholism and Drug Abuse;
10. Faith-based residential program. 2002. Alaska DOC, Arizona Correctional Ministries, Central Arizona Detention Center.

This report summarizes the 4 interviews and the documents, and includes a table (based on D1) on the Alaska inmates in Arizona.

II. Findings

The purpose of these interviews and review of the documents was to help get information on the following issues:

Q1. How many AK inmates there are in AZ;

Answer: 620

Q2. How many are getting substance abuse and/or mental health treatment as required by AK law;

Answer: Of the 620, probably only about 180. The substance abuse program has 112 enrolled and 58 on the waiting list; the mental health program has 10 on medications of about 30 who are probable mental health beneficiaries. It is not clear if the shortfall reflects lack of interest by the inmates (enrolment is not mandatory), or lack of staff (or other facilities) to offer programs

Q3. How that number is decided on;

Answer: The 620 are too many for Alaska's jail/prison capacity. The particular 620 tend to be the long-term inmates, to reduce the cost of travel, but not the dangerous ones, who are detained in-state.

Q4. How much money AK spends annually on having AK inmates in AZ;

Answer: About \$15 million a year over the last 5 years.

Q5. What human resources are spent on ISAP;

Answer: 8 paid staff excluding guards, plus an unpaid pastor

Q6. If the number of staff meets contractual requirements?

Answer: Yes

Q6. What the inmates are getting:

Answer: Primary care, aftercare, and continuing care; individual counseling. These include: a structured program for 36 inmates housed together for that purpose; faith-based counseling.

Q7. What the AK inmates in AZ think of what they are getting.

Answer: We know from interviews with them that 8 of the 36 in the structured program think well of it, although with some reservations.

III. Recommendations

The ICHS recommends that the Alaska Mental Health Trust Authority work with the Alaska DOC to establish:

1. An explicit line-item for funds spent on ISAP at FCC, within the overall budget;
2. A written summary of the ISAP that FCC offers the Alaska inmates;
3. If there is a larger gap between the numbers of inmates in need of ISAP and the number getting it, than the 58 on the waiting list;
4. If there is gap between the numbers of inmates in need of a structured ISAP and the 36 getting it;
5. Written guidelines for the quantity and form of ISAP at FCC;
6. Regular reports on if the guidelines are being followed.

IV. Interview Summaries

A. Interview with Mel Henry, DOC

January 9, 2003

There are not many mental health beneficiaries among the prison inmates in AZ.

Duty Nurse (typically) does first DOC screening when prisoner is remanded, and makes a note on the referral form for referral to Dr. David Spurbeck (if mental health), or to Sarah James (if alcohol).

Dr. Spurbeck, DOC Coordinator of mental health services, and colleagues (Psychiatrists Drs. Fitzgerald and Worrall) do the mental health diagnoses of the inmates, and decide which ones to place in AZ.

An important element in that decision is the kind of illness involved. Long-term illness that is costly to deal with is an important factor, because onsite and offsite medical care of all kinds is cheaper in AZ than in AK. Hence the sickest especially (mentally, physically, and in terms of alcohol abuse) are sent to AZ.

But Drs. Spurbeck and colleagues, including 35 clinicians, keep the hard-core and dangerous inmates in-state.

There are about 650 inmates in AZ now. This is up from 550 a few months ago. It is

unlikely to increase much more. Of the 650, probably not more than 5 percent [30 or so] would properly be described as belonging to the group described as mental health beneficiaries. Of them one-third [10 or so] are receiving psychiatric medications. No-one receives medications without DOC permission. The others get talk therapy.

They moved recently to a new prison: from the Central AZ Detention Center (CADC) with a 2,500 capacity, to the Florence Corrections Center (FCC) nearby, which has a 1,500 capacity, which AK shares with HI. AK's maximum is 980 allowed under its contract with Corrections Corporation of America (CCA).

The Warden is in charge of FCC, which has prisoners from AK and HI only. Formerly, CCA hired First Correctional Health (FCH) to provide health services. CCA decided FCH was too expensive, and now provides the services itself.

AK DOC ensures that CCA/FCC have appropriate staffing levels in place. They have exclusively for AK inmates 1 part-time Ph.D. Psychiatrist and 2 Mental Health Clinicians.

Dr. Spurbeck and the Psychiatrist hold weekly Supervisors' meetings.

AkDOC sends them the inmate's complete mental health history with recommendations, and they follow our recommendations. Their Psychiatrist can do a psychiatric evaluation and recommend a treatment regimen. And, an inmate can request health services by filling out a Request for Health Services form.

DOC's last audit of FCC was in August 2002. Dr. Spurbeck has it.

Of the 650 in AZ now, many have substance-abuse issues (as distinct from mental health issues)—maybe 50-60 percent. Sarah James has that information. And, she knows how many are getting substance abuse services, under contracts the DOC has with different providers.

In general, 81 percent of the AK total prison population and 95 percent of the Alaska Native prison population has some connection with booze and/or drugs. Details of this kind are in the 30,000 or so bookings annually, with 20,000 or so of them being repeaters. They are summarized in OBSCIS.

DOC now has the capability to evaluate its ISAP, or at least the legislature decided some time ago that DOC ISAP should have an evaluation component. But DOC doesn't do evaluation systematically.

DOC did a study of mental health beneficiaries for the Alaska Mental Health Trust Authority: David Spurbeck/Myra Rabinowitz, in 1998-1999. Dr. Spurbeck has it.

On needs-based allocation: 70 percent of those who say they need it and want it would take part. The other 30 percent wouldn't take part, for a variety of reasons: transportation (e.g., no car); location of service (e.g., Anchorage not Bethel; in visible

village building); cultural insensitivity of provider/sensitivity of client; provider service not liked by client (e.g., medication); timing of service (e.g., 9-5); macho factor among males.

The postulate underlying JAS (Jail Alternative Services) program is "If we provide intervention instead of jail time, we'll reduce the rate of criminal recidivism in jails and API." The latest evaluation (the Spurbeck/Rabinowitz report) shows this.

B. Interview with Sarah Williams, Alaska DOC

February 4, 2003

There are 4,763 incarcerated in Alaska and Arizona.. In addition, there are 4,983 on probation/parole. And, there is a large group under warrants for arrest.

The AK prisoners in AZ are mostly long-time servers because the costs of transporting short-time servers are prohibitive. But they do not include the disabled or the severely mentally ill, who are kept in AK.

As of January 31, 2003 there were 620 Alaska inmates in the FCC, with 1 clinician and 5 counselors. Staff size increases if prisoners increase.

The Arizona treatment has these components:

- 12-step model;
- individualized treatment plans;
- twice-a-week individual counseling sessions during primary care;
- evaluation of client progress;
- certificates of completion at end of primary and aftercare;
- 12 foci-from early intervention, through relapse prevention, to cognitive restructuring;

Of the 620 Alaska inmates in the FCC, 112 were enrolled in the substance abuse program at the Florence Correctional Center (Florence CC), under a contract Alaska DOC has with Corrections Corporation of America (CCA), which requires the FCC to adopt Alaska standards on counseling and mental health. 29 were admitted in January.

There is a waiting list at present of 58 more who will be enrolled as those already enrolled complete the program, partly in terms of length of time served: 35 of them have 5 or more years to serve, and they will tend to be admitted later rather than sooner.

Although the enrollees are incarcerated, the program is classed as an outpatient rather than as a residential program because residential treatment has other standards on continuity, kind, and time of treatment required.

It consists of 4 months primary care, plus 3 months of continuing aftercare in weekly meetings, then attendance at 12-Step Recovery Meetings chaired by on-site volunteers who are local residents and themselves recovering. Clients can return for brush up. At furlough, they spend several months in halfway houses—about 80 percent go to those in Anchorage and the other 20 percent go to those elsewhere in the state.

Most of the clients are together in one of two pods (dormitory style buildings) with a total combined capacity of 76 clients.

In March, 2002 the Alaska DOC used an NIC Technical Assistance grant to hire 2 nationally-recognized consultants from the lower 48 who offered training to the FCC counselors and prison staff. Earlier, they had done training in Alaska's Hiland (females) and Wildwood (males) prisons.

The DOC/CCA contract does not specify what proportion of the total funds should be allocated to the substance abuse treatment program.

Key interface personnel are:

- CCA
- Director of Addiction Treatment, Robert Kennington
- Program Manager, Jeff Quasny
- Treatment Supervisor, Debbie Allen
- CADC/Florence CC,
- Warden, Frank Luna (onsite)
- Alaska DOC
- ISAT Program Coordinator, Sarah Williams
- Cultural Affairs Coordinator, Karen Neagle

Alaska Natives are disproportionately represented as inmates. They account for 16 percent of the Alaska population, for 30-35 percent of Alaskans incarcerated in Alaska (1,000/3,000) , and for 40-50 percent of the 620 in AZ.

The high AZ proportion of Alaska Natives reflects three things especially. First, as noted, Alaska DOC sends to AZ those with a long time to serve, because the transport cost of ferrying short-term prisoners to and from AZ is prohibitive. Second, this long-term group tends to be untreated sex offenders and substance abusers, to which a high proportion of Alaska Natives belongs. Third Alaska Natives tend to have longer sentences than non-Natives because, for example, relatively fewer undertake plea bargaining.

The Alaska DOC would like to consider a gradual shift from the present outpatient treatment model to one that has more therapeutic components in its various stages: primary/continuing aftercare/furlough/halfway houses. Progress along these lines awaits the settling-in of the new AK Governor's administration. The CCA is already thoroughly conversant with the kinds of things that would embody such a shift.

And the DOC would like to see culturally-relevant elements embedded in the ISAP, such as Alaska Native activities (e.g., subsistence techniques like net-mending).

The Florence CC staff--counselors, corrections) are at present unfamiliar with such elements, so they would need to learn/be trained. Interaction between the DOC and the CCA/Florence CC along these lines so far has taken two forms: Ms. Neagle goes to AZ annually to organize a potlatch; Ms. Allen and another counselor attended the Annual School on Addictions in Anchorage in 2001.

C. Interview with the FCC

February 13, 2003

FCC has 620 AK inmates. The Treatment Supervisor reports that 150 are enrolled in substance abuse only. The Psychiatrist reports that 11 mental health inmates stabilized on medicine.

Onsite staff are: Program Manager, Psychiatrist, Clinician, Treatment Supervisor, Counselors (4), Prison Guards; Pastor (unpaid).

The ISAP program is:

- Primary care (4 months);
- Voc-ed computer/drafting (others—barber/building trades/crafts-hobby/culinary—discontinued);
- Aftercare (3 months);
- Recovery meetings (with volunteers) and brush ups (until furlough);
- Halfway houses in AK (several months);
- Each counselor has a primary, aftercare, and continuing care group;
- Psychiatrist provides individual counseling, case management, triage;
- Faith-based meetings with pastor (30 in group)

FCC is receptive to the Alaska DOC'S idea of modifying the G-pod structured program so that it becomes a therapeutic community program. There are enough inmates for this: 110 with 10 or more years; 64 with 6 or more years.

FCC does not offer placement services for the Alaska inmates who have gone through the voc-ed courses. This is because most return to Alaska.

G-pod Structured ISAP Inmates: 8 of 36

Their Positive Comments on the Structured Program:

- 1st time this program offered [inmate in jail most of life]
- Best part of this prison
- Done me a lot of good
- Good program if want to work on self

- It's not an substance abuse course; it's a lifelong-learning-behavior course
- Like people [i.e., peers] surround me
- Most who get out stay out
- Old dog can learn new tricks [60 year old]
- Overall a very good thing
- Those who make it here do well on streets
- Using these tools you get an inch closer to being well
- We're encouraged to work on several things [aspects of self]

Their Negative Comments on this and Other Aspects of the Prison:

- Computer program quality a lot less since 2/3rds cut in teaching staff
- Barber/building trades/culinary good and popular programs but dropped-no space
- Went from 2 pods with 40 each to 1 with 36-don't know why
- Having inmate representatives not allowed
- Hobby class still exists but 2-year waiting program
- Program people who fight for their programs tend to get fired/demoted

Table AZ1. Characteristics of AK Prisoners in AZ Inmate Substance Abuse Program. 2002 (1)(2)

#	characteristics	jan	feb (5)	mar	apr	may	jun	jul	aug	sep	oct	nov	dec	jan-dec	(jan-dec)/12
1	assessments (3)	27	0	62	27	8	2	3	5	17	12	14	13	190	16
2	primary admits	27	0	62	27	8	2	3	0	19	7	24	5	184	15
3	primary completions	10	0	2	1	1	0	0	1	3	2	20	0	40	3
4	primary total last day of month (4)	69	0	76	78	86	58	58	38	47	43	51	51	655	55
5	aftercare admits	10	0	15	0	5	9	0	0	1	3	0	0	43	4
6	aftercare completions	9	0	8	0	0	0	4	3	7	9	8	0	48	4
7	aftercare total last day of month (4)	40	0	47	40	45	38	32	25	19	17	22	21	346	29
8	referrals to community sat programs in AK	10	0	11	17	26	12	16	14	39	18	18	27	208	17
9	negative program discharges (primary and aftercare)-disciplinary	11	0	1	2	2	1	0	0	0	1	0	0	18	2
10	negative program discharges (primary and aftercare)-other (illness, non-compliance etc)	1	0	8	24	27	14	4	18	2	2	7	0	107	9
11	negative program discharges (primary and aftercare)-by doc	0	0	0	0	4	15	10	13	23	6	2	6	79	7
12	in transition group last day of month (primary to aftercare?)	10	0	12	12	12	10	8	9	10	10	10	10	113	9
13	continuing care total last day of month	37	0	48	31	31	18	24	29	33	19	26	25	321	27
14	enrolled in protective custody/segregation	7	0	5	5	0	0	0	0	0	0	0	0	17	1

Source: Corrections Corporation of America. Monthly reports by D. Allen, Addictions Treatment Manager, to Sarah Williams, Alaska DOC

(1) February data not available at present

(2) the following are additive: primary total; aftercare total; continuing care total; enrolled in pc/seg

(3) most are admitted; the assessment is done in AZ, but the AK prisoners' DOC documentation accompanies them there

(4) last day of month total does not equal previous month's total plus this month's admits minus completions, because clients move in and out of the program temporarily

(5) numbers to be added when available