Quick Guide

For Clinicians

Based on TIP 30

Continuity of Offender Treatment for Substance Use Disorders from Institution to Community

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

Contents

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This Quick Guide is based almost entirely on information contained in TIP 30, published in 1998 and based on information updated through November 1997. No additional research has been conducted to update this topic since publication of the original TIP.

WHY A QUICK GUIDE?

This Quick Guide was developed to accompany *Continuity of Offender Treatment for Substance Use Disorders From Institution to Community*, Number 30 in the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. This Quick Guide is based entirely on TIP 30 and is designed to meet the needs of the busy clinician for concise, easily accessed "how-to" information.

The Guide is divided into nine sections (see ***Contents***). These sections will help readers quickly locate relevant material.

Terms related to continuity of offender treatment are listed on page 29 in the ***Glossary***. These terms are included to enable clinicians to talk knowledgeably with their clients and clients' medical providers. Clinicians can use the resources in the ***References*** section on page 26 to keep updated with current information on the most recent developments in the field of continuity of offender treatment.

For more information on the topics in this Quick Guide, readers are referred to TIP 30.

WHAT IS A TIP?

The TIP series has been in production since 1991. This series provides the substance abuse treatment and related fields with consensus-based, field-reviewed guidelines on substance abuse treatment topics of vital current interest.

TIP 30, *Continuity of Offender Treatment for Substance Use Disorders From Institution to Community*

- Addresses concerns of a broad range of readers including clinicians, social workers, medical personnel, mental health workers, program administrators, and policymakers
- Includes extensive research
- Lists numerous resources for further information
- Is a comprehensive reference on continuity of offender treatment

See the inside back cover for information on how to order TIPs and other related products.

INTRODUCTION

One of every 144 American adults is behind bars for a crime in which substances were involved, and less than 13 percent of offenders identified as needing treatment receives it. The majority of people in the criminal justice system in need of substance use disorder treatment are not receiving services—during the pretrial period, while incarcerated, or after release to the community.

It is clearly in the public interest for these offenders to receive treatment. Those who remain dependent on substances are more likely to return to criminal activity.

Treatment gains may be lost if treatment is not continued after the offender is released from prison or jail—in part because release presents offenders with a difficult transition from the structured world of the prison or jail. After release, many offenders have no place to live, no job, and no family or social supports. They often lack the knowledge and skills to access available resources for adjustment to life on the outside.

This Quick Guide will give the busy clinician or case worker easy-to-access information to assist offenders in the transition from the criminal justice system to life after release.

For more detailed information, see TIP 30, pp. 1–15.

ASSESSMENTS

Assessments for offenders should be conducted within the institution as early and often as possible, and also 3–6 months before the offender's release. Multiple assessments of offenders with substance use disorders should examine

- **Treatment Needs**—what types of treatment interventions, services, and programs are appropriate
- **Treatment Readiness**—the extent to which clients are motivated for treatment and whether they are likely to benefit from treatment
- **Treatment Planning**—how intensive the treatment should be and on which areas it should focus
- **Treatment Progress**—whether clients are responding to treatment and whether treatment should be modified
- **Treatment Outcome**—the extent of behavioral change, success, or failure

The offender should be assessed for

Ability to perform activities of daily living

- Personal hygiene and grooming
- Management of sleep/wake cycles

- Dressing, taking care of clothing
- Faithful and correct use of medications
- Money management
- Social and interpersonal skills

Social ability

- Respect for others
- Appropriateness in varied social settings
- Ability to form and sustain friendships and relationships
- Constructive leisure and recreational activities
- Anger and conflict management
- Impulse management
- Avoidance of criminality and distorted thinking
- Service procurement skills

Ability to access social services

- Ability to obtain and follow through on medical services
- Ability to apply for benefits
- Ability to obtain and maintain safe housing
- Skill in using social service agencies
- Skill in accessing mental health and substance use disorder treatment services
- Prevocational and vocation-related skills

Vocational skills

- Basic reading and writing skills
- Skills in following instructions
- Transportation skills
- Manner of dealing with supervisors
- Timeliness, punctuality
- Telephone skills

Family

To the extent the offender's family (which includes significant others) agrees to participate, a pre-release assessment of the family environment should be conducted. This assessment should measure

- Extent of other family members' substance use disorders, if any
- Extent of domestic violence, if any
- Criminal activity of other people living in the house
- The level of support for sobriety
- Hopes regarding family reunification
- Current child care and child custody status
- The family services already in place
- Areas of potential vulnerability

For more detailed information, see TIP 30, pp. 22–24, p. 27.

TRANSITION PLANS

A good transition plan is essential in order to continue treatment without interruption from incarceration to community.

Transition Plan Elements

Placement in an Appropriate Treatment Setting
Placement planning may include linkages with and arrangements for participation in residential programs or local self-help groups, including information on times and locations of meetings or obtaining a sponsor.

Relapse Prevention Plan
An effective relapse prevention plan involves self-help groups and other peer support, as well as the community treatment and criminal justice systems.

Duration of Treatment
Longer duration of treatment is associated with better treatment outcomes among prison inmates.

Encouraging Accountability
Accountability is shown by responsible behavior that helps an offender build a crime- and substance-free lifestyle. Accountability develops when

an offender follows rules, adapts to a work culture, and adopts community norms.

Community Supervision
In most cases mandated treatment supports the work of the transition team by lending the authority of law. In some States, however, the continuation of treatment upon release is not mandatory.

Incentives and Sanctions
The use of incentives and sanctions is an essential part of community supervision, although sanctions are generally less powerful than incentives in changing behavior. Offenders should be told at orientation exactly which sanctions will be used in response to particular noncompliant behaviors.

For a list of commonly used sanctions, see TIP 30, p. 30.

Periodic Reviews
During periodic assessments, treatment providers should look at concrete measures of accountability, such as progress reports detailing treatment attendance and progress, and patterns of relapse and urinalysis results. A baseline urine test should be administered on the first visit to the criminal justice authority after release.

Discharge and Safety Issues
The length of stay in the program should be determined by the treatment provider who, along with the community supervision officer, can monitor the progress of the offender.

The Flow of Information

The transition plan should increase the quality of information from staff in the institution to providers in the community, decreasing problems caused by miscommunication about the offender between the community supervision officer and treatment staff.

For more detailed information, see TIP 30, pp. 23–31.

Transition Plan Checklist

The following checklist is for substance abuse treatment providers whose clients are offenders being released from incarceration. The list can serve as a reminder and/or record of when necessary steps were completed and who participated in treatment planning conference calls.

Name: _____
Admission Date: _____
Release Date: _____

Certificates:

__ Attendance
__ Justification Form
__ Chart Copy
__ Comprehensive Continuing Care Plan

Releases:

__ Family
__ Medical
__ DOC
__ Continuing Care Provider
__ Parole Officer
__ Media
__ Continuing Developing Recovery Plan
__ Warning Sign Identification Card (When I experience this warning sign)
__ Relapse Prevention Plan
__ Post Test

__ Criminal First Step
__ Other _____
__ 12-Step

Teleconference Calls:
__ Family
__ Parole Officer
__ Continuing Care Provider
__ Employer
__ Other

Transfer Summaries:
__ Assessment
__ Treatment

Discharge Summary:
__ Transition
__ CPMS Termination Form
__ Chart Closure

For more detailed information, see TIP 30, pp. 94–115.

IMPORTANT SERVICES

Without such basic supports as housing, employment, and health care, offenders have reduced chances of becoming, and remaining, substance-free.

Transitional Housing

Upon release, many offenders return to the environments that originally contributed to their drug problems and other criminal activities. A basic requirement for a successful transition is access to housing that is safe, free of substance use, provides a structured environment, and supports treatment goals.

Mentors and Role Models

Mentoring services involve someone outside the criminal justice system who provides personal support to the offender to help him or her access community resources and to provide social support. Ex-offenders who are no longer in the criminal justice system and have successfully navigated life in the community can become important role models in the lives of transitional offenders.

Self-Help Groups

Participation in 12-Step groups provides peer support for remaining abstinent, handling daily living problems, and developing a healthy social net-

work. Institution and community programs can support the 12-Step process by providing space for on-site AA and NA meetings.

Family Involvement

If they can provide positive support for the goals of the treatment, family members should be involved in the assessment, planning, and treatment of transitioning offenders. Ideally, family education efforts should occur before the release of the offender.

The case manager can ensure that offenders with children have adequate parenting skills and access to appropriate programs.

Employment

While still incarcerated, offenders can benefit from

- job training and job readiness preparation
- skills identification and assessment
- role playing for interviews and job situations
- reach-in programs that serve as quasi-internships or offer transferable pre-employment experience

Prior to release, case managers can develop a resource directory of employers that will hire

offenders and talk with probation and parole officers about employment possibilities.

When an offender is offered a job, the case manager and/or community supervision officer should decide along with the offender whether the job provides a supportive environment for recovery. It is critical that the offender satisfy both job requirements and treatment needs.

Peers

Many offenders have friends from their pre-incarceration days who are substance users and who therefore may be a major threat to their sobriety.

The case manager can guide an offender toward new contacts. Formal peer support groups are invaluable. The case manager can keep a directory of peer groups and services; he or she should also identify whether support groups are open or closed to observers, their focus, and where they are located.

Transportation

The case manager must ask offenders about transportation because it may be an important issue (many offenders do not have a driver's license).

Although a lack of transportation may be used as an excuse for noncompliance with treatment obli-

gations, this is often a legitimate barrier, especially in rural areas. The case manager should advocate for policies ensuring that offenders are transported from correctional settings to community-based programs. If the offender is being released into residential treatment or a secure facility in the community, he or she will need transportation from the institution.

Education

Achievement and literacy testing should be conducted prior to release. A proper assessment can help identify and remedy special needs, such as dyslexia, attention deficit/hyperactivity disorder, or other learning problems.

Offenders can be helped to develop not only basic skills but also a realistic plan for furthering their education. Some jurisdictions charge a fee to give the general equivalency diploma; a case manager can help the client resolve this and other barriers to continued education efforts.

Health Care

The case manager should ensure continuity of medical care for any medical problems. The case manager should notify any recipient agency of the offender's medication needs. Confidentiality issues must be addressed so that they do not

interfere with the receipt of records by the agencies that need them.

Once an offender graduates to community supervision, correctional system responsibility for health care usually ceases. Various payment and eligibility options for health care may be available, and the case manager should investigate these options prior to release.

For more detailed information, see TIP 30, pp. 25–28, pp. 66–71.

SPECIAL POPULATIONS

Women

Case managers should explore as critical parts of the transition plan

- Domestic violence issues
- Drug-involved significant others
- Economic self-sufficiency
- Educational opportunities and job training
- Regaining child custody
- Child care

When possible, women should be referred to programs designed specifically for women. It is important to address gynecological and reproductive health issues and to provide HIV/AIDS education and services. Parenting classes and quality child care are important. Family reunification is another important goal. Women may need more job readiness training and job-seeking assistance than men because many incarcerated women have little or no legitimate work experience.

Elderly

Older adults have more chronic health issues and less family and peer support. In addition, they may need help accessing a variety of services and enti-

tlement programs. The geriatric population is more likely to need supported living arrangements, such as nursing facilities. The transition team should include an expert in medication management.

Offenders With Mental Illness

Services necessary for a successful transition for those with coexisting disorders include

- Assertive outreach by the case manager to engage the offender in services
- Comprehensive assessments of both substance use disorders and mental illness followed by treatment plans designed to monitor and continue to identify these problems
- Tracking through the criminal justice system and into the community
- Cross-training of substance abuse disorder and mental health staff and community correction/security staff about both types of disorders
- A transition plan that takes into account mental illness as well as substance abuse in relapse prevention efforts
- A sufficient supply of medication and careful medication planning that is coordinated among the offender and staff from all systems

- The provision of structured daily activities, as those with mental illness may need that structure
- Practical help with everyday tasks—such as filling out forms to guarantee eligibility for Federal programs
- Preparation of offenders for involvement in 12-Step groups, as some self-help groups will not welcome those on medication
- Substance use disorder and mental health treatment that is provided by a multidisciplinary staff

Medical problems can be powerful relapse triggers, and depression can lead to renewed substance use disorders. Community providers should be aware of the mental health risks associated with particular diseases and work to forestall difficulties.

Offenders With Cognitive Disabilities

An assessment of intellectual level should be provided by the correctional facility prior to the offender's return to the community. Qualified people who can participate in the transition team can often be found in area schools that receive funding for special education. Advocacy groups that promote the interests of persons with cognitive disabilities can also be of substantial help.

Help may be needed in basic areas such as dressing appropriately, maintaining proper hygiene, planning nutritious meals, and completing paperwork and forms that will be required in the community.

Sex Offenders

Sex offenders are often barred from substance use disorder treatment both while incarcerated and in the community. They may want to enroll in treatment programs to impress a parole board rather than out of a genuine desire for abstinence. Because the relationship between substance use disorders and violent offenses is complex, it is important that treatment providers who work with this population understand the issues well, and that they know the laws that apply in their States.

Infectious Diseases

Given the high numbers of intravenous drug users in the criminal justice population, and the occurrence of unprotected sex in prisons, the risk of spreading HIV is substantial. Adding to that risk, inmates who are aware that they are HIV-positive may not want to disclose this information. Tuberculosis, other airborne diseases, and hepatitis also flourish in the institutional setting.

It is critical that there are no gaps in treatment or receipt of medications. The treatment schedule established in the institution should continue on the outside without interruption.

Offenders With Physical Disabilities

Reasonable efforts must be made to enhance or modify substance use disorder treatment. For example, blind prisoners can be given treatment materials either in Braille or on tape. Sign language interpreters may be necessary for hearing-impaired prisoners.

A screening for disabilities, including traumatic brain injury or certain physical conditions, should be conducted at intake into the correctional system. When the offender returns to the community, all relevant medical information should be transmitted to the appropriate parties. If medication is used to treat the disability, it is important that there is no gap in its use.

For more detailed information, see TIP 30, pp. 75–82.

CONFIDENTIALITY ISSUES

Confidentiality issues affect the structure and operations of transitional services programs offered by a collaboration or partnership. As always, the central issue is balancing protection of client confidentiality and the offender's right to privacy against the needs of various agencies for information. It is critical to this goal that all partners understand the limitations on sharing of information by substance use disorder providers and the importance of safeguarding any information received from a treatment provider about a client from further disclosure to or sharing with others.

Confidentiality Issues for Transitional Services Partnerships

The confidentiality issue of greatest concern to a transitional services partnership is the security of client data within and across all agencies. During the planning process for information sharing, this issue should be addressed in great depth.

Other issues that should be brought to light when developing confidentiality procedures for a partnership-based transitional services program are

- The use of consent forms, including revocable, nonrevocable, limited, and other types of forms
- How to handle information that is not protected by confidentiality, as this differs by program type or setting

- Appropriate confidentiality specifications for conducting program evaluation
- Procedures and rules for sharing information between service providers in the partnership
- Methods for handling disclosure of criminal acts

Confidentiality Guidelines for Administrators of Transitional Services Programs

For the administrator charged with managing a transitional services program, it is essential both to understand confidentiality regulations and to create methods by which clients are informed of their rights. There should be clear agreements concerning confidentiality within the various components of the criminal justice system and with each of the partnerships' service providers. All staff members involved with transitional services need training on the parameters of client confidentiality. The transitional services program administrator needs to

- Be aware of the differences between terms of consent for offenders who are mandated to treatment by the criminal justice system and those who enter treatment voluntarily.
- Have a clear understanding of information redisclosure issues, the need for separate consent for followup, the right to revoke consent, and the expiration of consent.

- Recognize the need to comply with other programs' consent requirements.
- Have a clear understanding of differences in consent for clinicians, administrators, clerical staff, and other types of service providers.
- Develop a checklist of consent and confidentiality issues to review with the partnership members.
- Assign a designated confidentiality expert to the task of preparing materials and procedures.
- Understand the implications of confidentiality as it pertains to case management, including issues of consent that affect the disclosure of information from several agencies, the extent to which disclosure is legal and ethical, the issue of disclosure without consent, and differentiating between case management and qualified service agreements.
- Understand the implications of confidentiality as it pertains to interagency, cooperative, and other agreements.

When developing transitional services programs, it is also critical to maintain client confidentiality at all levels of planning and implementation.

For more detailed information, see TIP 30, pp. 57–58.

REFERENCES

Center for Sex Offender Management (CSOM)
8403 Colesville Road, Suite 720
Silver Spring, MD 20910
Phone: (301) 589-9383
Fax: (301) 589-3505
www.csom.org

Family and Corrections Network
32 Oak Grove Rd.
Palmyra, VA 22963
Phone: (804) 589-3036
Fax: (804) 589-6520
www.fcnetwork.org

Fortune Society
53 West 23rd Street, 8th Floor
New York, NY 10010
Phone: (212) 691-7554
Fax: (212) 255-4948
www.fortunesociety.org

Intensive Community-Based Aftercare Programs
Office of Juvenile Justice and Delinquency Prevention
810 Seventh Street, NW
Washington, DC 20531
Phone: (202) 307-5911
Fax: (202) 307-2093
www.ojjdp.ncjrs.org

National Center on Addiction and Substance Abuse at Columbia University
633 Third Avenue, 19th Floor
New York, NY 10017-6706
Phone: (212) 841-5200
Fax: (212) 956-8020
www.casacolumbia.org

Phoenix House
164 W. 74th Street
New York, NY 10023
Phone: (212) 595-5810
Fax: (212) 496-6035
Hotline: 1-800-DRUG-HELP
www.phoenixhouse.org

Providence House
P.O. Box 210529
Brooklyn, NY 11221
Fax: (718) 455-0692

Single Parent Resource Center's Healthy Horizons Program
Suzanne Jones, Executive Director
141 W. 28th St.
New York NY 10001
Phone: (212) 947-0221

The South Forty Corporation
500 Eighth Avenue
New York, New York 10018
Phone: (212) 563-2288
www.members.aol.com/south40x/

Treatment Alternatives for Safe Communities
300 I St. NE, Suite 207
Washington, DC 20002
Phone:(202) 544-8343
Fax:(202) 544-8344
www.nationaltasc.org/

Turning Point Alcohol and Drug Program
Columbia River Correctional Institution
9111 N.E. Sunderland Avenue
Portland, Oregon 97211
Phone: (503) 280-6646
Fax: (503) 280-6012
www.doc.state.or.us/institutions/crci/

Women in Community Service (WICS)
1900 Beauregard Street, Suite 103
Alexandria, VA 22311
Phone: (703) 671-0500 / (800) 442-9427
Fax: (703) 671-4489
www.wics.org/

For more detailed information, see TIP 30, p. 116.

GLOSSARY

Boundary Spanner: someone who manages interactions among correctional, mental health, and judicial staff and enhances the program regardless of the incarceration setting. The boundary spanner interacts on a daily basis with representatives from all systems, and negotiates among these three (often competing) systems.

Community supervision: the general category that includes all the terms listed above. There are other forms of community supervision as well, such as courts that have their own supervision systems. In this TIP, community supervision is the most commonly used term. A community supervision agent, then, could be a parole officer.

Parole: supervision imposed at the end of a jail or prison sentence, perhaps shortening the period of incarceration. As with probation, parole may be revoked, resulting in the individual being incarcerated.

Postprison supervision: used to describe supervision following a completed period of incarceration. Some States have replaced their parole systems with postprison supervision.

Probation: typically court-ordered supervision imposed in lieu of jail or prison.

Ordering Information

TIP 30 *Continuity of Offender Treatment for Substance Use Disorders From Institution to Community*

TIP 30-Related Products

KAP Keys for Clinicians based on TIP 30

Easy Ways to Obtain Free Copies of All TIP Products

1. Call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at **800-729-6686**, TDD (hearing impaired) **800-487-4889**
2. Visit CSAT's Web site **www.csat.samhsa.gov**

Other Treatment Improvement Protocols (TIPs) that are relevant to this Quick Guide:

TIP 7, *Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System (1994)* **BKD138**

TIP 12, *Combining Substance Abuse Treatment With Intermediate Sanctions for Adults in the Criminal Justice System (1994)* **BKD144**

TIP 17, *Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System (1995)* **BKD165**

TIP 21, *Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System (1995)* **BKD169**

TIP 23, *Treatment Drug Courts: Integrating Substance Abuse Treatment With Legal Case Processing (1996)* **BKD205**

TIP 27, *Comprehensive Case Management for Substance Abuse Treatment (1998)* **BKD251**

TIP 34, *Brief Interventions and Brief Therapies for Substance Abuse (1999)* **BKD341**

TIP 35, *Enhancing Motivation for Change in Substance Abuse Treatment (1999)* **BKD342**

See the inside back cover for ordering information for all TIPs and related products.

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