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2010 Innovations Awards Application

DEADLINE EXTENDED: MARCH 15, 2010

ID # (assigned by CSG): 10-MW-32SD

Please provide the following information, adding space as necessary:

State: South Dakota

Assign Program Category: Public Safety/Corrections

1. **Program Name:** Intensive Methamphetamine Treatment (IMT) Program

2. **Administering Agency:**

South Dakota Department of Corrections in conjunction with the South Dakota Department of Human Services and South Dakota Department of Health.

3. **Contact Person (Name and Title):** Steve Allard, Associate Warden, SD Women's Prison

4. **Address:** South Dakota Women's Prison, 3200 East Highway 34, Pierre, SD 57501

5. **Telephone Number:** 605-773-6636

6. **FAX Number:** 605-773-6810

7. **E-mail Address:** Stephen.Allard@state.sd.us

8. **Website Address** <http://doc.sd.gov/adult/facilities/wp/meth.aspx> and
<http://dhs.sd.gov/ada/Treatment/methreatment.aspx>

9. **Please provide a two-sentence description of the program.**

The Intensive Methamphetamine Treatment (IMT) Program is a 15 month institutional and community based chemical dependency program for female inmates and parolees who have been diagnosed as having a dependency or addiction to methamphetamine and recommended to participate in the program by chemical dependency staff due to their level of dependency and addiction. This program is a joint effort of the South Dakota Departments of Human Services, Corrections, and Health.

10. **How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 1, 2010 to be considered.**

The IMT program began in August, 2006.

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

From FY 05 to FY 06 there was a 19% increase in the state's female inmate population fueled by drug convictions and 47% of the state's incoming female inmates were diagnosed as being methamphetamine dependant or abusers. Methamphetamine involvement was having a huge impact on the state's female prison population.

12. Describe the specific activities and operations of the program in chronological order.

IMT was modeled from community based treatment programs the Department of Human Services had piloted in previous years with favorable outcomes. The program draws heavily on the Matrix model of treatment and is designed as a modified therapeutic community to provide focus on treatment and minimize the negative influence from other inmates not involved in a recovery process.

The mission of the program is to create a drug free and crime free future for offenders through the provision of evidence based services to individuals diagnosed as chemically dependent with specific emphasis on addiction to methamphetamine. Studies show that the acute effects of withdrawal from methamphetamine do not last long; however, a longer treatment period is needed than for other substances and relapse is common. The 15 month IMT Program is separated into four phases.

Phase one lasts approximately 90 days. Each offender entering prison is assessed by a chemical dependency counselor, mental health staff, educators and a case manager. To limit the tendency toward the "cookie cutter" approach to programming, all assessments are used to develop a treatment plan for the offender. Offenders with a methamphetamine diagnosis may be referred to the IMT program. Since the program is located in a low security facility, the offender must be minimum or low medium security status and the offender's parole date must be considered in program placement. During phase 1, offenders start weekly chemical dependency and mental health group sessions.

Phase two consists of 90 days of intense chemical dependency treatment, focusing on addiction. The program is seven days per week with approximately 260 hours of specific chemical dependency treatment, as well as 195 hours of additional therapy, including mental health counseling, education, life skills, corrective thinking, and group processing for a total of 455 hours of therapy. The program is based on the principles of the nationally recognized research based Matrix Treatment Model which is a highly structured, intensive program which includes the following treatment for stimulant use disorders that have empirical support; cognitive behavior therapy, contingency management, which involves positive rewards for treatment progress and healthy choices; 12 step programs and community reinforcement. This approach is evidence based and monitored by assessment tools to prove effectiveness. Data collection and assessment instruments are administered by IMT treatment counselors at the end of phase two and sent to Mountain Plains Evaluation, the state's contract program evaluator.

Phase three consists of approximately 90 days of low intensity residential treatment at a community based halfway house. During the first month of phase 3 there are 16 hours of therapy per week including five hours of specific chemical dependency services, two hours of corrective thinking, two hours of recovery support (AA/NA), seven hours of individualized therapy, and release planning. This therapy is provided in a group setting or on an individual basis. For the remaining two months, the offender is placed in regular programming which requires five hours of chemical dependency services per week. After the first week, the offender has the ability to work out in the community similar to work release once approved by the treatment team at the halfway house. Clients are drug tested at a "continuous detection" basis (at least every three days) and must follow the rules of the halfway house. Periodic assessments are conducted during this time with the corrections case manager, halfway house counselor, parole agent, and the client.

Phase four consists of 180 days divided into two 90 day sub-phases. The offender is normally residing in their own residence and is on parole status for phase 4. For the first 90 days the offender is required to attend two hours of aftercare per week, one hour of recovery support per week, and one individual

counseling session per month. For the second 90 days the offender is required to attend one hour of aftercare per week, one hour of recovery support per week, and one individual counseling session per month, if needed. Parolees on phase four are UA tested at the continuous detection level for the first three months. After three months of negative testes in the community, the parolee may be scaled back to random UA tests at an average of two times per month for the remaining three months of phase four. Following the completion of the six month aftercare program, continued services are determined by the treatment team and data collection and assessment instruments are administered and sent to Mountain Plains Evaluation.

13. Why is the program a new and creative approach or method?

The IMT program modifies a therapeutic community program strategy (replacing the client to client confrontation with relationship building skills) incorporated with principles of the Matrix Treatment Model, to include the treatment of cognitive behavior therapy, contingency management, which involves positive rewards for treatment progress; 12 step programs, motivational interviewing, and community reinforcement for stimulant use disorders. The program includes mental health counseling and services, educational courses such as Corrective Thinking, GED classes, and life skill programs that have proven results.

The IMT program has its roots in a task force appointed by Governor Rounds of South Dakota in 2004. The task force listed many goals to help fight the rising methamphetamine issue in South Dakota. It was realized that a more effective chemical dependency treatment of individuals with an addiction to methamphetamines was needed. Staff from the Department of Human Services, Corrections, and Health reached out to evidence based existing practices and programs to see what worked. The result of the review was a fusion of proven existing practices to provide an efficient and successful treatment of offenders.

14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

The prison based portion of IMT (Phase 2 and Phase 1 if classification allows) is located in a building adjacent to the SD Woman's Prison. This separate building (Unit H) was already being utilized in 2006 due to population pressures and was a natural location to site the IMT program. Unit H has a capacity of 100. At any given time, up to 24 offenders may be participating in phase 1 of IMT and 24 in phase 2. Aside from a couple of inmate mentors, the other inmates at Unit H are housed on a separate floor and must be involved in a recovery process.

The first year (state fiscal year 2007) budget for IMT was \$1,045,482 made up of \$510,000 for DOC, \$487,046 for DHS and \$48,436 for DOH.

15. What are the program's annual operational costs?

\$1,612,650 was appropriated for the IMT program for FY 2010. The budget for FY 2010 is broken down as follows by Department:

		<u>Human Services</u>	<u>Health</u>	<u>Corrections</u>	<u>Total</u>
Phase 1 and Phase 2:	FTE	6	1	9	16
	Budget (operating & PS)	\$329,167	\$53,730	\$638,633	\$1,021,530
Phase 3:	FTE	0	0	0	0
	Budget (operating)	\$505,440			\$505,440
Phase 4:	FTE	0	0	0	0
	Budget (operating)	\$85,680			\$85,680
Total:	FTE	6	1	9	16
	Budget (operating & PS)	\$920,287	\$53,730	\$638,633	\$1,612,650

16. How is the program funded?

Originally funded through special appropriation, IMT is now included in the state's general bill and is part of participating agencies base budgets.

Sixteen FTE are authorized for the IMT program for FY 2010, 6.0 FTE for Human Services, 9.0 for Corrections and 1.0 for Health. The number of staff assigned to IMT has been consistent since program inception in August, 2006. The cost derived from the total FTE count is defused by the coexistence of the Community Transition, Work Release and Community Service programs in the same facility conducted by the same staff.

Staffing	FTE
<u>DHS:</u>	
CD Counselors	4.0
CD Supervisor	1.0
Mental Health Staff	1.0
DHS Total:	6.0
<u>DOC:</u>	
Correctional Officers	7.0
Program Manager	1.0
Case Manager	1.0
DOC Total:	9.0
<u>DOH:</u>	
Correctional Nurse	1.0
IMT Total FY 2010:	16.0

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number. No

18. What equipment, technology and software are used to operate and administer this program?

Phases 1 and 2 are prison based and Phases 3 and 4 community based. Equipment, technology and software are those typically used in prison, halfway house and parole operations – nothing unique specifically to IMT.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.

Yes, while components of IMT operate in other jurisdictions, the actual IMT program was originated in SD.

Program innovators:

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SD Department of Human Services
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Laurie Feiler, Deputy Secretary
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3400 East Highway 34
Pierre, SD 57501
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20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

We are not aware of another program with a similar design.

21. Has the program been fully implemented? If NO, what actions remain to be taken? Yes, IMT has been fully implemented.

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

The one year post release recidivism rate for those who successfully complete IMT is 15.2%. The one year post release recidivism rate for SD DOC female inmates overall is 25.8%.

After a 19% growth in the state's female inmate prison population from FY 2005 to FY 2006, the state has experienced a significant reduction in the growth rate (1% from FY 06 to 07; 1% from FY 07 to FY 08 and 2% from FY 08 to FY 09).

As of September 30, 2009, one hundred and twelve individuals had completed the entire IMT Program. (Three of the individuals who completed the IMT Program were re-enrolled in the program and are shown as current participants in the following breakdown.) A total of 12 of the 112 had returned to prison as parole violators and two were in the community transition program. Thirty one of the 112 completions had discharged their prison sentences, six were under a suspended sentence release and the remaining 61 were on parole supervision.

The following contains individual participant profiles and comparison data between successful completers, those that did not successfully complete, current participants, and total participants (note – total participants include 16 individuals who are no longer involved with IMT due to reasons other than disciplinary or program failure).

	<u>Successfully Completed</u>	<u>Did not Successfully Complete</u>	<u>Current Participants</u>	<u>Total Participants</u>
Average # Felony Convictions:	2.20	1.76	2.20	2.16
Average # of Prior Treatments:	1.89	3.27	2.21	2.24
Average Age:	35.88	30.67	32.15	33.59
Percent with HS diploma or GED:	80%	67%	90%	82%
Crime of Commitment:				
Drugs or DUI:	81	29	78	201
Other Non Violent:	25	12	21	61
Violent:	3	4	2	9
Total:	109	45	101	271
	<u>Successfully Completed</u>	<u>Did not Complete</u>	<u>Current Participants</u>	<u>Total</u>
Race:				
Caucasian:	82	13	60	167
Native American:	22	30	38	94
African American:	3	1	1	5
Hispanic:	2	1	2	5

During fiscal year 2006, 47% of females entering the prison had a methamphetamine diagnosis. The percentage of methamphetamine addicted female inmates entering prison was 42% for fiscal year 2007, 47% for fiscal year 2008, and 42% for fiscal year 2009. For the first quarter of fiscal year 2010, the percentage is 36%.

Below is a summary of methamphetamine diagnosis rates for incoming adult inmates for FY 2002 through present.

		<u>Male Primary</u>	<u>Male Total</u>	<u>Female Primary</u>	<u>Female Total</u>
	FY2002	7%	Not calculated	22%	Not calculated
	FY2003	11%	Not calculated	20%	Not calculated
	FY2004	15%	Not calculated	22%	Not calculated
	FY2005	14%	Not calculated	30%	Not calculated
	FY2006	14%	32%	37%	47%
	FY2007	10%	24%	29%	42%
	FY2008	8%	25%	26%	47%
	FY2009	7%	23%	16%	42%
FY2010	1st Quarter	5%	23%	16%	36%

SDWP IMT Additional Key Evaluation Findings
Mountain Plains Research
Data as of the End of December 2009

- Of all participants entering the program, 77% have completed or remain active in the program.
- A majority of program participants report some level of physical or sexual abuse in their background.
- Participants report a statistically significant reduction in mental health symptoms as they progress through the program.
- Participants report statistically significant increases in family functioning from entering the program until completion.
- Participants report a statistically significant decrease in temptation to use methamphetamine in key situations and an increase in their confidence in their ability to not use methamphetamine in key situations.
- Participants report an increase in their “readiness” to change along the stages of change continuum as they progress in the program.
- Overall 94% of program participants rate the overall program as “good” or “excellent”.
- Program participants report substantial progress on sixteen key concepts from entry into the program until completion of Phase II.
- Of the 126 IMT participants that completed all four phases of the program, only 11% (14 individuals) have returned to DOC custody which is lower than the overall DOC 2007 release recidivism rate of 29.9% (25.8% for females).

23. How has the program grown and/or changed since its inception?

Originally IMT was designed with 4 groups of 10 offenders. Very quickly it was determined that treatment groups of 10 offenders was too many given the intensive nature of the work and the amount of out of group work the counselor needed to monitor and review. The offenders served by IMT generally have significant needs in areas of chemical dependency, mental health and recovery. Given the intensive nature of their needs it was determined to reduce group size to 8 and develop resources for co-facilitation of groups.

In 2007 the SD Department of Corrections (Board of Pardons and Paroles) received a Technical Assistance award through a cooperative agreement the Council of State Governments (CSG) and the American Probation and Parole Association (APPA) had with the Bureau of Justice Assistance (BJA). This technical assistance focused on improving communication and case management among the various service providers in IMT. IMT is unique in the amount of collaboration required. Not only are three state departments (Corrections, Human Services and Health) jointly involved in the development and delivery of the program and services under IMT, there are also contractual community partners (halfway houses, community based mental health and chemical dependency providers) and institutional and community based Department of Corrections staff. Communication and consistent practices among this multitude of stakeholders proved to be quite challenging in the initial year.

Through the CSG/APPA technical assistance several provisions were put in place to strength program coordination and communication. Regular conference calls now take place among institutional, community, state and contract providers. Enhanced case management provisions have been put in place

including contact with parole agents prior to the offenders releasing to parole. Also, additional communication efforts have been made and significant material on the IMT program is now available for stake holder review and reference.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

The following are challenges identified through the experiences with the IMT program where specific attention/efforts to safeguard is warranted.

- Ensure appropriate assessment and program placement based on assessment
- Coordinating classification and release dates with program placement
- Other demands on participants (desire for work release, ability to work and earn money, other program needs and needing to assume custody of children upon release to community).
- Complexity of program design with multiple partners providing services
- Expense and staffing makes this program a target for budget cuts
- Medical and mental health challenges for participants
- Challenges to maintain a therapeutic community in a prison – resisting mixing with other correctional populations
- Participant failure due to misconducts (institutional disciplinary and parole violation) independent of substance use.

CSG reserves the right to use or publish in other CSG products the information provided in this application. If your agency objects to this policy, please advise us in a separate attachment.



STATE OF SOUTH DAKOTA
M. MICHAEL ROUNDS, GOVERNOR

March 9, 2010

Nancy J. Vickers, National Program Administrator
GSG Innovations Awards 2010
The Council of State Governments
2760 Research Park Drive
P.O. Box 11910
Lexington, KY 40578-1910

Dear Nancy,

It is with great pleasure that I endorse the enclosed application for the CSG 2010 Innovations Awards Program. This application is submitted on South Dakota's Intensive Methamphetamine Treatment (IMT) program for female offenders under the Public Safety/Corrections program category.

South Dakota's IMT program has remarkable outcomes with a 1-year recidivism rate 41.1 percent lower than the overall recidivism rate of South Dakota female inmates. IMT participants who successfully completed the program had a recidivism rate at 12 months post release of 15.2 percent compared to a recidivism rate of 25.8 percent at 12 months post release for the overall state female inmate population.

The IMT program represents true collaboration between state agencies and state and local partners to address the impact of methamphetamine on the state's female population. The IMT program is a testament to the hope that methamphetamine dependence and abuse can successfully be addressed and that treatment does work for meth-involved individuals even when they have landed in prison as a result of that lifestyle.

This program has its origins in a task force I convened in 2004 to fight a rising methamphetamine issue in South Dakota. One of the recommendations from this group was to develop more effective ways to treat meth involved individuals. As a result, the state Departments of Corrections, Human Services and Health partnered to look at programs that had been successful for meth treatment. The outcome was this 15-month program for female inmates and parolees starting at the state women's prison and continuing in the community. This program drew heavily on the state's successes in community-based meth treatment and focused on evidence-based strategies, including the Matrix treatment model for methamphetamine dependence.

The IMT program has been operating in South Dakota since August 2006, and I'm very proud of the program. South Dakota's IMT program deserves serious consideration under the CSG's 2010 Innovations Awards Program.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Michael Rounds". The signature is stylized with a large, looped initial "M" and a long, sweeping horizontal stroke at the end.

M. Michael Rounds

MMR:ls