

The Council of State Governments
Sharing Capitol Ideas

2011 Innovation Awards Application

Questions:

- 1) Program name: Forcht Wade's Clinical Substance Abuse Treatment Program including Family Prevention Therapy
- 2) Administering Agency: Dept. of Public Safety and Corrections
- 3) Contact Person (Name and Title): Dr. Susan Tucker, Warden of Care & Treatment
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- 8) Web site Address: www.doc.louisiana.gov
- 9) Please provide a two-sentence description of the program: The intensive treatment program was established to help reduce the number of offenders returning to prison by offering current, research and evidenced based treatment. In an attempt expand progress, our department felt it was imperative to include the offender's family in this treatment to aid in successfully reintegrating the offender into his familial unit, simultaneously creating a stronger family dynamic during and after incarceration.
- 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 28, 2011 to be considered. This been operational since February 2010, for 1 year and 1 month.
- 11) Why was the program created? What problem[s] or issues[s] was it designed to address? The treatment program was developed to help reduce the number of offenders returning to prison by providing tools for healthy, safe living, which will strengthen our communities and reduce incarceration costs. This will be measured through our short term and long term indicators to include:
 - Short Term Indicators
 1. Successful participation in the program by standardized assessment
 2. Number of rule violations committed by offender
 3. Offender participation in ancillary programs beyond substance abuseOur goal with these three indicators is to maintain 90% compliance.
 - Long-term Indicators
 1. Post release participation in aftercare and follow-up treatment
 2. Successfully completing conditions of parole
 3. Re-arrest or return to incarceration rateOur goal is to increase their participation in post release recommendations and consequently, reduce recidivism rate of substance abuse related crimes.In addition to the indicators, our staff believes that the integration of living a legal and sober life style must include the offender's family who will help support them

emotionally, physically, and often times financially upon release. The next couple paragraphs include some research that supports the need for the family therapy component.

More than one half of American adults have a close family member who has or has had alcoholism (Dawson and Grant, 1998). According to the Substance Abuse and Mental Health Services Administration (SAMSHA) website, 8.3 million children in the United States, approximately 11 percent, live with at least one parent who is in need of treatment for alcohol- or drug-dependency. One in four children under the age of 18 is living in a home where alcoholism or alcohol abuse is a fact of daily life. As a result, children of addiction (or COAs) are four times more likely than non-COAs to develop alcoholism or other drug problems. Research suggests that rates of substance use among youths are lower among those whose parents disapprove of substance use than among those who do not disapprove. For example, the percentage of youths who felt that their parents would strongly disapprove if they had one or two drinks of an alcoholic beverage nearly everyday increased from 87.9 percent in 2000 to 88.9 percent in 2001. Furthermore, among youths aged 12 to 17, 10.8 percent were current illicit drug users. This was higher than the rate observed in 2000 (9.7 percent). Moreover, COAs are at greater risk for: mental illness or emotional problems (i.e., depression or anxiety), physical problems, and learning problems (including difficulty with cognitive and verbal skills, conceptual reasoning, and abstract reasoning. SAMSHA emphasizes the importance of educating and supporting our youth, especially those dealing with parental addiction.

To help combat this problem, the Family Prevention and Recovery Program aims to ensure that children of incarcerated fathers and the parents are educated about drugs, understand the consequences of illegal activities, and feel confident in speaking amongst themselves regarding the issues they are faced with. Prior to the first family therapy session, the therapists put together education/prevention materials to the parents and children through brochures and video media. A major component of the family therapy sessions is the fostering of good communication skills between the parents, and among the parents and children. Additionally, during the family therapy session, the therapists provide prevention materials through discussion, handouts, and role plays. The children have sessions with their parents, as well as with other children. Parents also have parenting skills lessons that do not involve the children that include: parenting styles, discipline, and effects of incarceration/reconnection.

- 12) Describe the specific activities and operations of the program in chronological order. Developed an substance abuse treatment curriculum using evidence-based programs; added evidence-based ancillary classes including the family therapy program; expanded the residential substance abuse treatment grant from 80 offenders to 500 offenders; started a 6 month and 12 month substance abuse program with 400 offenders; searched for additional grant funding, wrote and was awarded the Governor's safe schools grant; hired a family therapist; staff was trained in an evidence-based curriculum called Strengthening Families Program; developed additional programming to mail to family members for home based

substance abuse treatment education; started offender-only family therapy groups; started monthly family therapy groups with children, loved ones, and friends of the offenders; graduated to date 450 offenders from treatment in the first year.

- 13) Why is the program a new and creative approach or method? Recidivism and relapse have gone hand-in-hand with the failures of incarceration. The implementation of this individual approach to helping the offender understand their addiction and reconnecting them with their children, wives, girl friends, and loved ones has been seen by our professional staff as a need for successful re-entry from prison to the community. Our department has inquired, researched, and made contact with multiple professional sources related to this treatment; all whom of which applaud our efforts and confirm that we are innovative and ahead of the game. Attempts have been made to implement this concept with little success across the country. Our method of integrating clinical mental health services with professional therapists/counselors with the evidence-based curriculums such as Living in Balance, Risk Management, Moral Reconciliation Therapy, Partners in Parenting, Anger Management and Strengthening Families is our attempt to create a successful program.
- 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.) There was not an initial start up cost for the substance abuse treatment portion of the program. The prison was already staffed with 9 professional mental health staff with the current funding through the department corrections budget and the federal Residential Substance Abuse Treatment grant. However, with the addition of 420 offenders being added to the grant our money award was increased. This allowed our department to add 2 mental health professionals. Additionally, to meet our desire to add the family therapy component our department searched, wrote, and was awarded the Governor's Safe and Drug Free Schools grant. This added an additional mental health professional position. This grant provided us with \$30,000 for use with supplies, materials, and start up purchases. The second award of \$45,000 provided the salary for our family therapist, hands on training with the staff from Strengthening Families, food for sessions, and supplies. Total our program has 12 mental health professionals and one administrative assistant. Future expenditures of the program, after the cost of the family therapist at 32 hours per week, are minimal.
- 15) What are the program's annual operational costs? Above the actual cost of incarceration for 500 offenders, the Residential Substance Abuse Treatment Grant provided approximately \$275,000 in 2010 for aftercare housing, treatment materials, including workbooks and supplemental books and videos; supplies; contract therapists; two fulltime employees; and training. The Governor's Grant provides the salary for the Family Therapist and supplies which is approximately \$45,000. The salaries for the existing staff are \$626,570.16. The annual operational cost for the Clinical Substance Abuse Treatment program is \$946,570.

The average cost of treatment per offender per year for this fiscal year is \$2100.00 or \$5.80 per day per offender.

- 16) How is the program funded? The first year of the program has been funding by the Louisiana Department of Corrections, the federal Residential Substance Abuse Treatment Grant and the Louisiana Governor's grant, Safe and Drug Free Schools and Communities Program.
- 17) Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number. No it did not.
- 18) What equipment, technology and software are used to operate and administer this program? The instructors use a copy machine, computers, printers, overhead projectors, screens, TV's, and DVD Players.
- 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 email address. This program was initiated by our Mental Health Department at Forcht Wade Correctional Center in the Louisiana Department of Corrections. Dr. Susan Tucker, Warden of Care and Treatment, is the lead innovator for this program. 7990 Caddo Drive, Keithville, LA 71047. 318-925-7108, dtucker@corrections.state.la.us or burnsj@corrections.state.la.us
- 20) Are you aware of similar programs in other states? If YES, which ones and how does this program differ? We are not.
- 21) Has the program been fully implemented? If NO, what actions remain to be taken? Yes, we have fully implemented the program, but are improving it on a monthly basis.
- 22) Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples. Our defined problems proved to be that offenders release from prison without understanding the disorders, addiction cycles, and poor communication with their families about the origins of their problems that led them to prison and that offenders and their families aren't sharing with their children the facts and consequences of drug use/abuse. We give opportunities for the offenders and family members to discuss, in the safe environment of treatment with health care professionals, those issues that might otherwise be difficult to discuss once released. The offenders and family members discuss multiple topics including addiction, communication, dreams, goals, and expectations of the offenders upon release. The problems that have arisen through the 1st year include family members unable or unwilling to come to therapy, loved ones not wanting their children to participate in family

therapy in prison, and security staff adjusting to this new concept in a correctional setting.

- 23) How has the program grown and/or changed since its inception? The program began with 80 offenders and increased to 500 offenders receiving 6 month to 12 months of substance abuse treatment. The groups were divided up into approximately 13 groups of 40 offenders. Those groups were divided into groups of 20 for some treatment classes and kept at 40 for other classes. Additionally the family therapy component started with 30 offenders divided into 3 classes preparing them for family therapy. Our program now has 60 offenders engaged in family therapy treatment. Monthly the offenders that are participating in the weekly family therapy classes are given the opportunity to have a 3 hour family therapy session using the Strengthening Families curriculum. Our family therapy sessions began with few children participating, perhaps due to the hesitation of loved ones subjecting the children to therapy in a prison; but currently, the offenders and loved ones now understand how the therapy works and more children are participating. The program averages 10 to 20 offenders and about 50 family members participating.
- 24) What limitations or obstacles might other states expect to encounter if they attempt to adopt this program? The limitations could include the availability of qualified mental health professionals to assist the treatment of addiction. Our department has had experience with trying to begin this treatment at other facilities, but without success due to inability to hire enough qualified mental health professionals. Similar to secondary education, a prison population is difficult to manage in class sizes over 40. Information sharing and class control is ultimately achieved with class sizes of 20. The family therapy component is essential and some prisons may have a difficult time accepting this treatment due to a variety of security concerns. Our program conducts family therapy once a month. The Strengthening Families Program also requires training certification for staff and that a meal is served before therapy begins for offenders, family members, and staff.