

A Review of Issues Common to Juvenile, Youthful and Adult Offender Programs in Virginia Prisons, Jails and Juvenile Correctional Centers

There are common issues that affect criminal justice programs, regardless of whether they are juvenile, youthful offender or adult oriented. The criminal justice bureaucracy creates situations common to all. Some of the issues that M. H. West & Co., Inc. has discovered are highlighted. Many of these are being addressed by the staffs of the DOC, DJJ and the community services that administer the jail programs.

- Strengthening of the youthful offender program within the DOC.
- Strengthening of therapeutic communities (TC) within correctional work centers.
- Improvement in the standardization of drug screening and record keeping.
- Classification of inmates and the development of patterns of inmate movement between jail and prison or from one prison to another that does not disrupt or interrupt TC programming.
- The limited window of opportunity for state inmates to participate in jail substance abuse programs because of sentencing requirements.
- The development of a more effective role for security staff in TC programming.
- Improved cooperation and understanding between jail and prison staffs regarding placement of inmates from jail substance abuse programs to prison substance abuse programs in order to maintain an effective continuum of care.
- Strengthening of an intensive substance abuse program for female juveniles at the Bon Air Juvenile Correctional Center.
- The strengthening of program dynamics for dealing with relationship issues particularly within female institutions.
- The identification of training needs for clinical, and security staffs, as well as inmates/residents and the most effective way to meet those needs.
- Improved understanding between clinical and security staffs as to how they can increase cooperation in order to obtain the maximum treatment benefit for program participants.
- The development of ways to reduce factions as TCs grow and expand.
- Determine effective ways to meet the mental health needs of inmates within intensive substance abuse programs without weakening the substance abuse treatment component.

- Improvements to the aftercare component for released substance abusing ex-offenders through expanded community services that support the transition back into society.
- The need for better communication and cooperation of the substance abuse programs within the jails, prisons and juvenile correctional centers in order to ensure an effective and seamless continuum of care.

Recruitment and retention issues for both clinical and security staffs.

The need for improved outcome analysis for programs and better tracking of released inmates and residents.

Better ways to motivate inmates in non-voluntary programs when "good-time" sentence reduction is not an option due to the state requirement that inmates serve at least 85% of their sentence.

Juvenile and Youthful Offender Programs -the Bedrock of Rehabilitation

The expression "you can't teach an old dog new tricks" has special meaning within the correctional system. Changing behavior as we age is increasingly difficult as we ingrain patterns of thinking and reaction to situations that develop. Therefore it is imperative that young people have opportunities to turn their lives around and get rid of the baggage that weights them down from being responsible and productive citizens.

Among the many programs conducted within the states, innovation flourishes. One of the issues facing Virginia is what is the best assessment tool(s) for youthful offenders. A survey of other state programs has uncovered several that the DOC may wish to consider. Probably the most widely used is the Substance Abuse Subtle Screening Inventory (SASSI) which is used in five state programs contacted--New Jersey, District of Columbia, Kansas, Rhode Island, and North Carolina. SASSI is used by the Department of Juvenile Justice (DJJ) in Virginia at its Bon Air Juvenile Correctional Center intensive substance abuse program. Other assessment instruments that are used are as follows: Problem Oriented Screening Method (POSIT), used in New Jersey and Rhode Island; Diagnostic & Statistical Manual, Version IV (DSM IV) and; biological/psychosocial assessment techniques obtained through the American Society of Addictive Medicine. (ASAM) used in South Dakota, and Iowa; Personal Experiences Inventory, used in Michigan; ASI used in North Carolina; Juvenile Assessment Substance Abuse Evaluation (JASSE) ; and the Substance Abuse Life Cycle Evaluation. Some information on other state programs is presented below.

South Carolina has a Youthful Offender Division within the Department of Corrections. This program manages approximately 1500 youthful offenders (YO). These YO are given an indeterminate sentence of up to six years and are released only when the correctional institution feels they are ready. Sixty to seventy percent of all youthful offenders in the program have an alcohol or drug use issue. The program is broken into phases. Each phase dealing with one aspect of the program. These phases are: Phase I - social skills, societal norms and family situations designed to teach the YO "what good men should do in their lives"; Phase II - cognitive behavior treatment; Phase III - specialized programs for sexual abuse, mental illness or substance abuse and Phase IV - pre-release. In phase IV inmates are given job training and the opportunity to learn about family, and community resources and services. In order to be released, inmates must meet the educational requirements established for them.

North Carolina's Youthful Offender Program goes by the name of SARGE. This stands for State Alliance for Recovery and General Education for Chemically Dependent Youth.. There are 144 youthful offenders in the program between the ages of 18 and 22. The program uses the Hazelton & Cognitive Behavior models and parts of the Minnesota Model. It is a one year program and has no military style drill.

Youthful Offenders are sentenced to a determinate sentence. This means when they finish their time they are released without any requirement for community corrections involvement. This has produced a lack of incentive for effectively completing the program. Virginia has seen this with the loss of parole/probation for adult offenders. North Carolina maintains some leverage through the allowance of child payments, debts etc. to be held in abeyance while serving time. If the inmate will do an aftercare program he will not have to start payments until that program is finished.

The **California** Youth Authority (CYA) was created by law in 1941. It is the largest youthful offender agency in the nation. The CYA's offender population is housed in eleven youth correctional facilities, four rural conservation camps, and two institution-based camps. The Karl Holton Youth Correctional Facility and Drug and Alcohol Abuse Treatment Center is a comprehensive substance abuse treatment program based on a twelve-step model provided in the context of a therapeutic community. Offenders released to the community are supervised by a parole officer who assists parolees with community adjustment and protects the public. Intensive re-entry services, residential placement, family counseling, job development and placement, and school enrollment are provided. There are approximately 8,300 offenders in the program.

Assessments are done at the reception centers using assessment tools developed in California. These assessments include an identification of an offender's needs for available services, suicide potential, medical assessment, gang involvement, background history, custody and security level required, mental health needs, sex offender treatment needs, and substance abuse treatment need.

New Jersey's juvenile treatment program uses a TC model but incorporates selected adolescent programming. By doing this, programs can use aspects of cognitive/behavioral treatments that help individualize the program for each participant.

Washington, D.C. utilizes a program based on the Hazelton Model of clinical treatment. This model is built upon the ideals of a community-based model, which guarantees the client a community of caregivers and clients who act (ideally) as mentors and provide guidance for new members. It is a "step-based" program that follows each client through 12 steps in much the same way as Alcoholics Anonymous does. The program in DC does not implement a cognitive or behavioral approach.

South Dakota's program draws heavily from the cognitive/behavioral school of thought. They have a program designed for boys and one designed for girls. The programs are modeled after a therapeutic community but includes cognitive components that differ from traditional TCs.

Iowa has a TC model program in a state training school. The program is front-loaded with 20 hours per week of group meetings in Level 1, 10 hours per week in Level 2 and only 6 hours per week in Level 3. There is also a state-mandated outpatient program that an offender can be sentenced to instead of prison.

Florida has an Office of Youthful Offenders. It is headed by an Assistant Secretary. Florida courts may sentence a person as a youthful offender if the crime was committed prior to his or her twenty-first birthday. The Department of Corrections may classify an inmate as a youthful offender if he or she is 24 years of age or under, with a sentence of ten years or less: or inmates under 19 years of age with a sentence of more than ten years if their safety would be jeopardized in an adult prison. There are over 3,000 youthful offenders in Florida prisons.

Texas recently awarded a contract to the University of Texas at Austin to perform an outcome evaluation of the Texas Youth Commission's Chemical Dependency Treatment Program. This evaluation will assess the treatment progress of participating youth and identify valid predictors of treatment progress and completion. The Texas programs compare demographic, socioeconomic, and criminal history data. These are compared with recidivism, compliance with supervision, and sobriety maintenance.

Oklahoma uses Juvenile Community Intervention Centers (CIC) to provide a safe place for law enforcement officers to take juveniles that have been arrested. These centers are open on a 24 hour basis and allow the officers to return to their other duties as quickly as possible. The centers provide immediate consequences for juveniles. At the center a youth is given a brief assessment, demographic information obtained, and parents are notified. The juvenile is released only to his or her parent(s) or other responsible person.

The Office of Juvenile Affairs (OJA) provides a reintegration and accountability follow-up program for OJA youth returning to their home communities from residential or institutional placement. This program is contractually administered by the Oklahoma Military Department (OMD). The program called STARS (State Transition and Reintegration System) consists of five components: accountability, mentorship, community services, rewards and discipline. Programs are conducted at National Guard Armories located throughout the state with state funds.

The STARS program has a sanctions facility which is part of the discipline component. This facility operates an intensive 14-21 day discipline program intended to correct errant behavior. It is staffed by National Guard, Reserve and retired military personnel. This is the third level of a three level graduated sanctions program. If a youth fails this program he or she is subject to placement by OJA into other, more intensive programs.

Parallel to the graduated sanctions program is a graduated rewards program. It provides for decreased supervision, physical rewards, recreational group activities, and ultimately, reduction in state custody.

Each youth has a support mentor assigned. The mentors are required to document daily contact with the youth appropriate to their level of risk. Social services are provided that include such programs as group counseling, sex offender treatment and substance abuse treatment.

Arizona uses a program based on Social Learning Theory and Cognitive Restructuring Techniques. The program is a four-level graduated program which takes about one year to complete. The first component is a 7-phase hands on program called the Seven Challenges Program that identifies each youth's problems. The second, called One on One Rational Emotive Behavior Therapy, is designed to teach youth what types of behavior patterns are consistent with community expectations. The third is a Limit and Lead program, which is a group-based program that targets specific delinquent behaviors. The state mandates an annual outcome measurement.

Ohio monitors outcomes at its three RSAT grant programs. Ohio is a "home rule" state, thus each locality is responsible for its own plan for providing substance abuse treatment to offenders. There is no military style program in the state's correctional system. There are two youthful offender programs. One involves community service and the other requires education in information technology. The IT training provides the youths with tools for gainful employment.

NIDA Research Shows Drug Craving Due to Alterations in Brain Activity

Widespread alterations in brain activity cause cue-induced cravings in drug addicts. Brain imaging studies have shown that cue-induced cravings is associated with increased activity in the forebrain, the anterior cingulate and the prefrontal cortex, all key brain areas for mood and memory. This cue-inducing craving occurs in the presence of people, places or things that have been previously associated with drug taking. This is the basis for the relapse prevention training where drug "triggers" are identified that influence one's desire for drugs.

Many good things have happened in Virginia's RSAT grant treatment programs this year. Program expansions have added additional beds for substance abusing inmates. There is now a full continuum of care within Virginia's prisons for women in all security levels. There is an expanding youthful offender program and programs for men in security levels I, II and III. The staffs are committed to excellence and the issues highlighted are being addressed. The new SABRE initiative is helping to add needed aftercare treatment programs especially suited to the recovering substance abusing ex-offender. Many female juveniles have been helped through the new program at the Bon Air Juvenile Correctional Center.

Have you set goals for your substance abuse program for next year that will challenge your program to even higher performance and greater success?

Best wishes from the staff of M. H. West & Co., Inc. for a wonderful holiday season both within the treatment programs and with your families.

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