

Prison-Based Chemical Dependency Treatment in Minnesota: An Outcome Evaluation - March 2010

To evaluate the effectiveness of its chemical dependency (CD) treatment programming, the Minnesota Department of Corrections (DOC) examined recidivism outcomes among 1,852 offenders released from prison during 2005. Propensity score matching was used to individually match 926 treated offenders with 926 untreated offenders. Recidivism data were collected on the 1,852 offenders through the end of 2008; as a result, 42 months was the average follow-up period, with a minimum of 36 months and a maximum of 48 months. Multivariate statistical analyses were performed to control for other factors besides treatment that may have had an impact on recidivism.

Results

Treated offenders had lower rates of reoffending than untreated offenders for all three recidivism measures (see Figure 1). By the end of 2008, 59.8 percent of the treated offenders had been rearrested compared with 63.5 percent of the untreated offenders. Roughly one-third (33.7%) of the treated offenders had been reconvicted versus 39.5 percent of the untreated offenders. In addition, 23.8 percent of the treated offenders had been reincarcerated for a new offense compared with 29.6 percent of the untreated offenders in the comparison group.

The results also showed that the best recidivism outcomes were found among offenders who completed treatment or successfully participated until release (see Figure 2). Of the 926 treated offenders, 70 percent (650) had a successful treatment outcome (completed or successfully participated until release). Treatment completers had the lowest recidivism rates, whereas treatment dropouts had rates higher than those of the untreated offenders. For example, 57.1 percent of the treatment completers had been rearrested by the end of 2008 compared with 66.3 percent of the treatment dropouts. The reconviction rate for treatment completers (29.8%) was nearly 10 percentage points less than it was for the untreated offenders (39.5%). At

Key Findings

- ❑ CD treatment provided within the DOC significantly reduced the risk of recidivism by:
 - 17 percent for rearrest
 - 21 percent for reconviction
 - 25 percent for reincarceration for a new offense

- ❑ Completing prison-based treatment, or successfully participating until release, significantly reduced the risk of recidivism by:
 - 22 percent for rearrest
 - 20 percent for reconviction
 - 27 percent for reincarceration for a new offense

- ❑ Extended treatment programs (duration of approximately 365 days) did not have a statistically significant impact on recidivism, whereas both psycho-educational (approximately 90 days) and primary (approximately 180 days) programming significantly lowered the risk of future offending.
 - Psycho-educational programs reduced the risk of recidivism by:
 - 18% for rearrest
 - 18% for reconviction
 - 24% for reincarceration for a new offense
 - Primary programs reduced the risk of recidivism by:
 - 32% for rearrest
 - 28% for reconviction
 - 30% for reincarceration for a new offense

42.8 percent, treatment dropouts had the highest reconviction rate. Similar results were observed for reincarceration, as 20.6 percent of the treatment completers, 31.2 percent of the treatment dropouts, and 29.6 percent of the untreated offenders had been reincarcerated for a new offense by the end of 2008.

The results for program type are shown in Figure 3. They reveal that offenders who participated in primary programming (180 days) had the lowest recidivism rates, whereas psycho-educational programming (90 days) had the highest rates. The rates for extended programming (365 days) participants, meanwhile, were higher than those for primary participants but lower than those for psycho-educational participants or untreated offenders. For example, rearrest rates were 46.7 percent for primary participants, 56.2 percent for extended participants, and 67.1 percent for psycho-educational participants. Similarly, reconviction rates were 27.5 percent for primary, 34.2 percent for extended, and 36.8 percent for psycho-educational. Finally, the rate at which offenders returned to prison for a new offense was 20.3 percent for primary, 23.3 percent for extended, and 25.6 percent for psycho-educational.

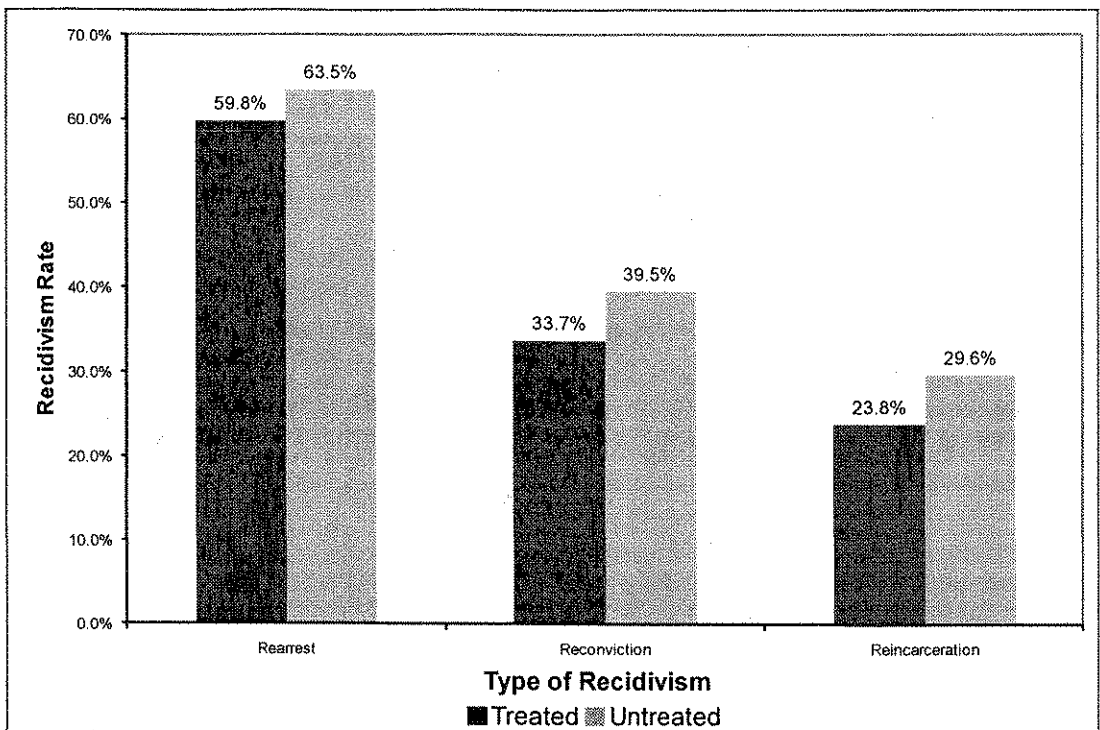


Figure 1. Recidivism Rates for Treated and Untreated Offenders

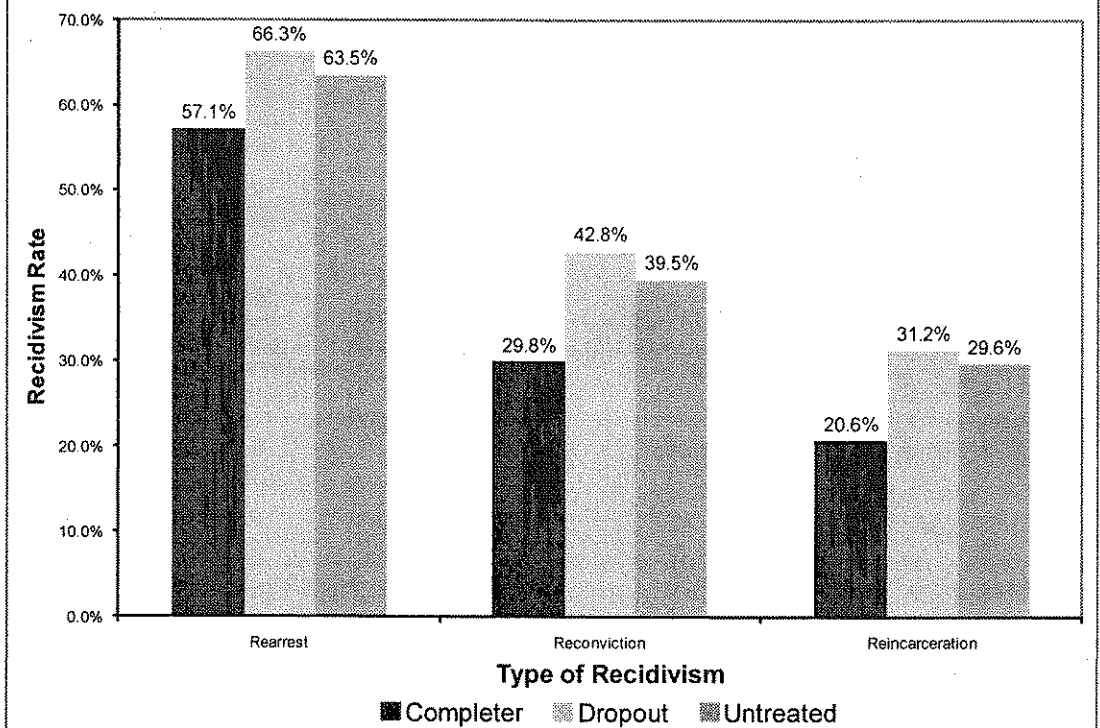
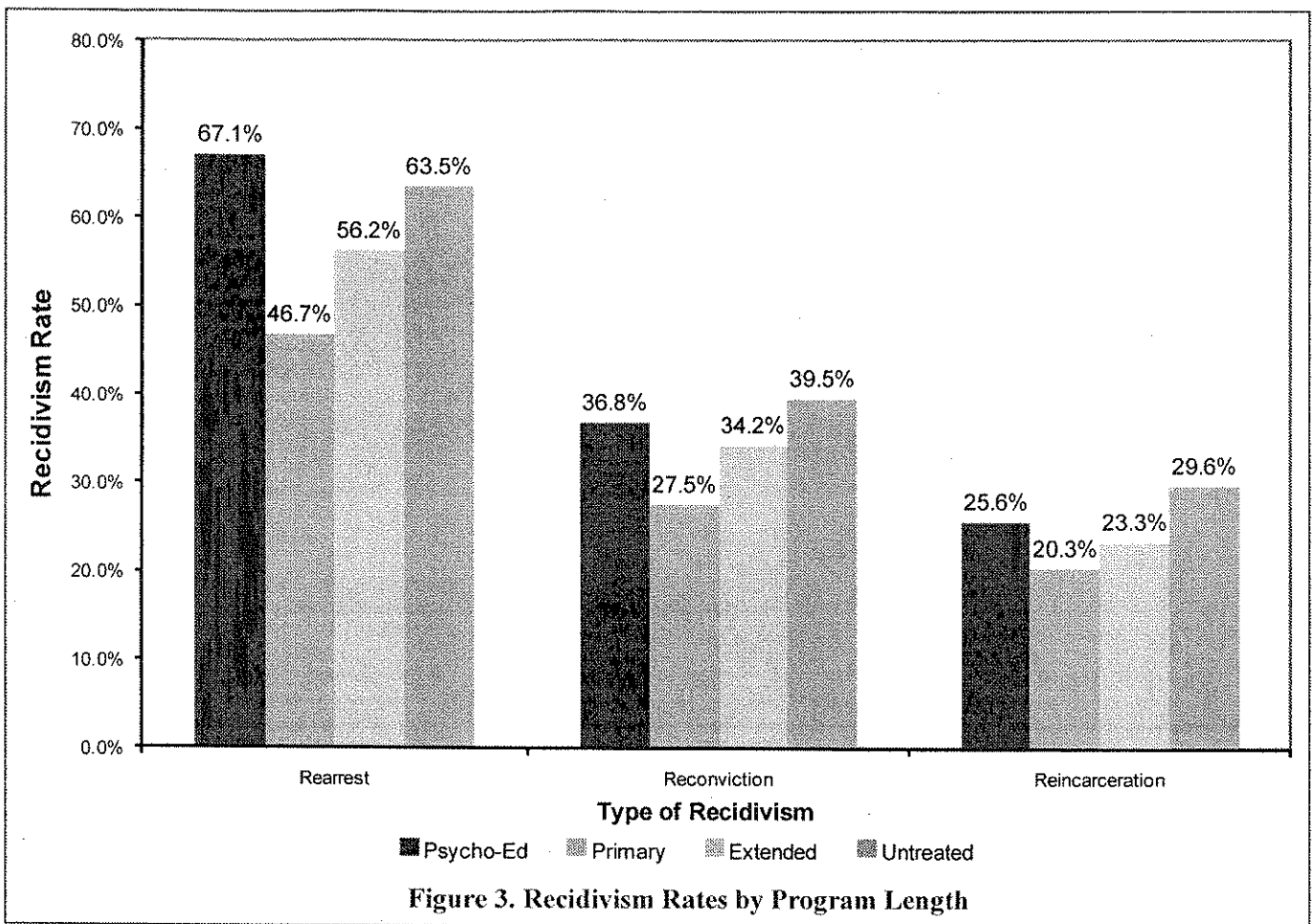


Figure 2. Recidivism Rates by Treatment Outcome

The results from the multivariate statistical analyses, which controlled for time at risk and other rival causal factors, revealed that entering prison-based CD treatment significantly lowered the risk of recidivism by 17 percent for rearrest, 21 percent for reconviction, and 25 percent for reincarceration. Moreover, completing treatment lowered the risk for rearrest by 22 percent,



reconviction by 20 percent, and reincarceration by 27 percent.

Consistent with the data presented in Figure 3, primary programming had a statistically significant effect on all three recidivism measures, lowering the risk of reoffense by 32 percent for rearrest, 28 percent for reconviction, and 30 percent for reincarceration. The findings further indicated that both psycho-educational and primary programming significantly lowered the risk of recidivism, whereas extended programs did not have a statistically significant effect on reoffending. Interestingly, however, the results from the multivariate statistical analyses suggested that, after controlling for rival causal factors, psycho-educational programming was more effective than extended programming even though the latter had lower recidivism rates. Although psycho-educational participants had the highest rates of reoffense, they also had more prior felony convictions, shorter lengths of stay in prison, shorter post-release supervision periods, and were less likely to be released to supervision – all factors that significantly increased the risk of recidivism. Yet, after controlling for the effects of these and other factors such as time at risk, it was participation in the psycho-

educational programs – as opposed to the extended programs – that had a statistically significant effect on all three recidivism measures.

Similar to most prior evaluations of prison-based substance abuse treatment, this study showed that CD treatment provided by the DOC significantly reduces offender recidivism. Moreover, the results suggest that psycho-educational programs can be an effective form of treatment, which is an important consideration given that the DOC has over the last several years had a growing influx of offenders admitted to prison as either probation or supervised release violators. Because these offenders tend to have relatively short lengths of stay in prison (average of eight months), developing or reinstating a treatment program for these offenders, even if it is short in duration, may yield a benefit in terms of reduced recidivism.

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Minnesota Department of Corrections Hearings & Release Unit

Overview of Restructure/Revocation Process and Guidelines

M.S. Sec. 243.05 empowers the commissioner of corrections to grant and revoke a prisoners release status and to adopt rules to govern this procedure. Minnesota Rules, Chapter 2940, was created out of this authority to provide a rational framework for making restructure and revocation decisions. To this end, the DOC created a set of guidelines for revocation of parole/supervised release. The basis of these guidelines is to protect public safety by having measured responses to release violations. The process provides for changing release conditions to meet the identified needs of the offender and thereby enhance the offender's ability to successfully complete supervision.

Minnesota Rules, Chapter 2940, provides the framework and governs the department's HRU. This unit has been delegated the responsibility for coordinating, monitoring, and assuring uniformity and objectivity in parole, supervised release, and work release decisions. Release decisions and development of release conditions start from the day the offender enters a DOC facility and continue through his/her prison experience. Chapter 2940 accounts for this as well.

Release Planning

The responsibility for coordinating facility programming and release planning for the inmate are assigned to a case manager during the intake process. After meeting with the offender, the case manager completes the initial Program Review Team (PRT) report. This report includes a needs assessment, activity plan, and projected release plan. The initial appearance before the PRT is scheduled within 60 days of an inmate's admission, and PRT reviews occur on an annual basis.¹

Chapter 2940 also provides that all conditions of parole or supervised release shall be based on the need for public safety² and establishes standard conditions³ of release as well as the responsibility to impose special conditions of release to achieve this goal. Special conditions are created specific to an offender's needs by the PRT and supervising agent. Prior to release, the case manager, in coordination with the offender, discusses residence, employment, and familial and/or community supports available to the offender. In addition, the case manager determines whether the offender meets Intensive Supervised Release (ISR) criteria. All of these factors are used in finalizing a release.

¹ Minnesota Rules, part 2940.0500, establishes PRTs; DOC Policy 203.010 provides the case management process.

² Minnesota Rules, part 2940.100, subpart 24, defines public safety as, "the protection of the public from injury, danger, and violence."

³ Standard conditions include reporting to agent, following instructions and informing agent of whereabouts, maintaining contact as prescribed by agent, submitting reports and responding to communications, non-use of intoxicants and drugs, no purchase/possession of firearms or dangerous weapons, remaining in the state, and no criminal convictions/activity.

plan where the offender can most effectively be provided appropriate correctional programming and supervision.

At the time an inmate is released from prison he/she reviews conditions of release with the case manager. The offender is asked to sign a copy of these conditions, with an understanding that failure to abide by the conditions could result in a return to prison.

Special Conditions for Offenders with Alcohol and/or Drug problems

As described above, all offenders on parole or supervised release must comply with standard conditions of release, which are uniform and are included on all offender release plans. In addition, special conditions of release are assigned to establish enhanced supervision around an offender's specific risk factors. In the case of offenders with established chemical dependency issues, the following are typical special conditions of release:

- a) Must not possess a cellular phone or pager without documented approval from the agent/designee. (Use this condition only if a pager/cellular phone is indicated as part of the criminal complaint.)
- b) Must not enter any establishment that has the sale of alcohol as its primary business without documented approval of the agent/designee.
- c) Comply with chemical dependency programming as directed by the agent/designee.
- d) Must comply with electronic surveillance with Alco-sensor, if directed by designee.
- e) Must advise the agent of all motor vehicles registered to individuals or corporations, sited at the same location as the offender **(Use for DWI offenders only)**.

Revocation Hearing

A supervising agent has the responsibility to supervise and monitor the offender's compliance with his/her conditions of release. If violation occurs, the agent has broad discretion and authority to make informal decisions related to sanctions. Agents can and do frequently administer warnings and cautions to the offender when lower-level violations of release conditions occur. It is when these lower-level violations become frequent, threaten public safety, or hinder a releasee's adjustment that the agent, in consultation with his/her supervisor, initiates a formal review of the release conditions. This is done by obtaining a warrant for the offender's arrest and working with HRU to schedule a revocation hearing.

The revocation hearing is a further opportunity for the agent and offender to meet and discuss expectations concerning an offender's standard and/or special conditions of release. In preparation for the revocation hearing, the supervising agent prepares a Uniform Case Report documenting all facts relating to violations of conditions of supervised release and summarizes the offender's adjustment up to the time of the violation(s).⁴

The summarized offender's adjustment, included in the Uniform Case Report, is a description of the offender's total adjustment. It includes problems encountered in supervision, the agent's activities related to the case, the offender's attitude toward supervision, employment, living conditions, interpersonal relationships, finances, and any other factors that influence the offender's ability to successfully complete supervision and adjust in the community.

The Uniform Case Report also includes a recommended disposition and rationale. The agent's rationale includes the reasons or substantiations for the recommendation and refers to the revocation guidelines as the continuum of possible sanctions for the offender's alleged violations.

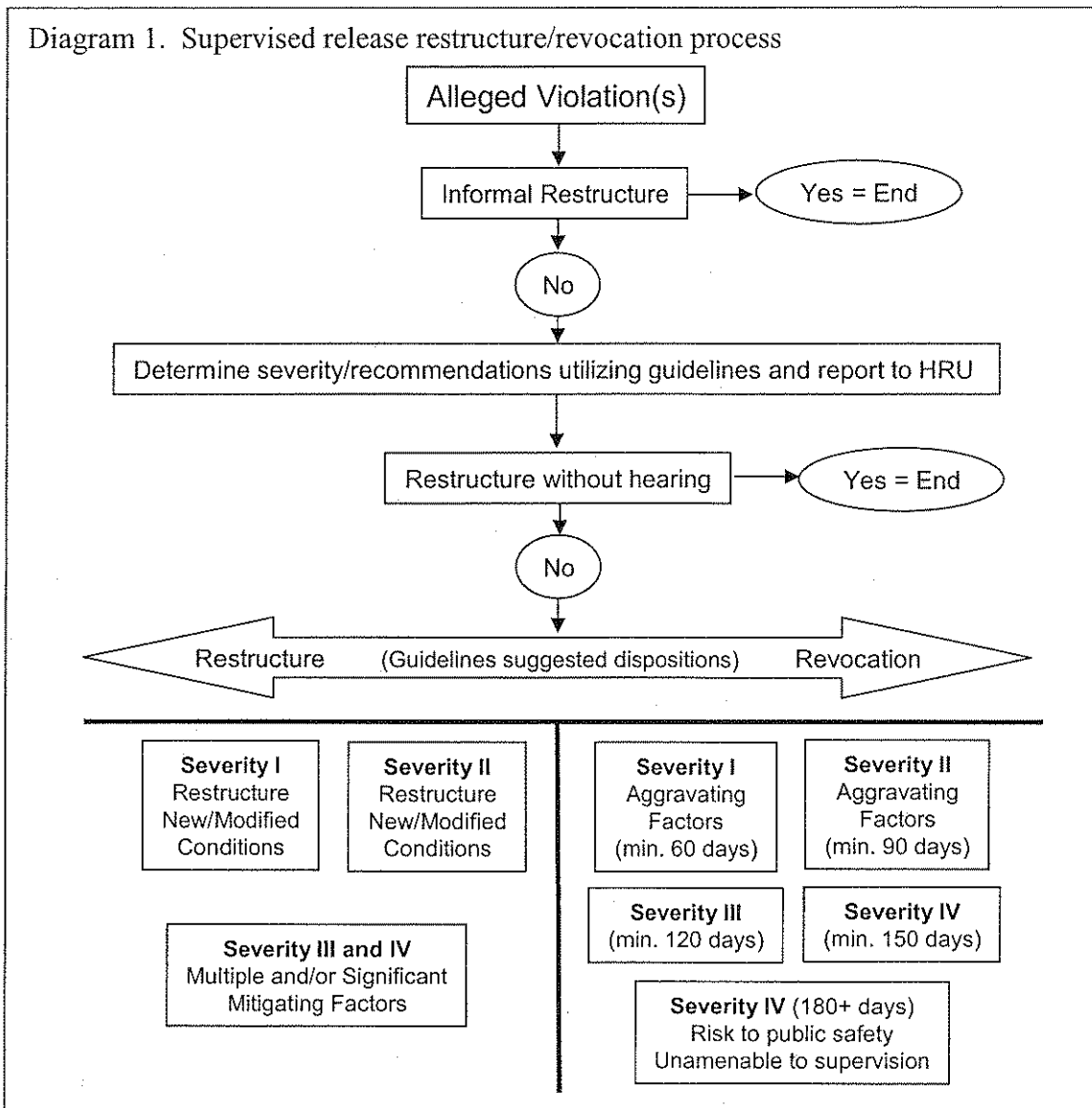
Restructures

First and foremost, the guidelines include and encourage agents in consultation with their supervisors and HRU to restructure a violator and impose new/modified conditions. Options include intermediate sanctions such as use of electronic home monitoring, treatment programs, community service, curfews, etc., in lieu of a return to prison. This type of review and modification of the conditions of release is termed a **restructure** and it is the preferred method of addressing release violations that do not threaten public safety.

If, however, a modification of the conditions of release will not enhance public safety and a return to prison is necessary, the guidelines provide a cap on the amount of time the agent may recommend as the disposition of the case. The basis for the recommendation will include the number and severity level of alleged release violations.

⁴ DOC Policy 205.010 Adult Supervised Release and Parole.

A flow chart of the restructure/revocation process is provided in Diagram 1:



Revocation Guidelines

Under DOC revocation guidelines, violations of release conditions fall into four severity levels, ranging from those that are considered lower risk to public safety to those that may pose an immediate risk to public safety. The severity level of the violation of release condition determines the presumptive disposition (absent mitigating or aggravating factors) and is detailed in Table 1.

Table 1. Guidelines severity levels and presumptive dispositions⁵	
Release condition severity level	Presumptive disposition
Severity Level I Restitution payments Unannounced visit/search Leaving state without permission	Restructure
Severity Level II Maintain contact with agent Follow instructions of agent Reside at approved residence Constructive daily activities Contact with law enforcement Use of intoxicants Misdemeanor conviction Subsequent level I violation	Restructure
Severity Level III Gross misdemeanor conviction Violation of special conditions (non-ISR) Violation of restructured release Subsequent level II violation	Revoke (120 days)
Severity Level IV Violation of special conditions (ISR) Felony conviction Report at residence/agent within 24 hours Offender apprehended out-of-state Assaultive behavior Contact with victims Firearms purchase/possession Subsequent level III violation	Revoke (150 days) Revoke (180 days) -Unamenable to supervision -Risk to public safety

⁵ See Appendix A for a full copy of the Minnesota Department of Corrections Guidelines for Revocation of Parole/Supervised Release and Appendix B for the Conditions of Release form signed by the inmate.

Categories of Release Violations

Historically, discussions relating to release violators have centered around two types: those release violators that return to prison due to a conviction for a new criminal offense and those release violators that return to prison due to what has been deemed a **technical violation**.

A technical violation of parole or supervised release is misbehavior or criminality by an offender under supervision and may include new criminal conduct that has not resulted in a criminal conviction. The standard of proof for a violation of release conditions is not as high as that required for a conviction. Therefore, sufficient proof of an offender's criminal conduct that endangers public safety might exist for purposes of a revocation hearing but not for purposes of a new conviction.

Technical violator is a simplified way of looking at the release violator population. A more detailed classification of this population is identified within Minnesota Rules, Chapter 2940, which defines five categories of release violations. The five categories determine and establish authorization for a releasee to either be restructured or returned to prison in conjunction with the severity of his/her violation. The five release violation categories are:

Violations Warranting Restructure

Minnesota Rules, part 2940.2700, authorizes a supervising agent to make a request to the DOC to have a client's conditions of release restructured. In addition, this rule also authorizes offenders to request that the standard or special conditions of their release be modified. The rule requires that any modification of conditions be in writing, and the DOC tracks these restructures in the form of a Restructure Report.⁶ When the DOC receives notice of a Severity Level I or II violation and no aggravating factors are present, the review process often results in a restructure utilizing some form of intermediate sanctions or revised conditions.

Violations Warranting Revocation

A Severity Level I or II violation involving aggravating factor(s) falls into the category of a violation that is eligible for revocation. Minnesota Rules, part 2940.3800, item A, authorizes a maximum of six months of prison time for this type of violation (inclusive of time spent in jail in connection with the violation). However, the guidelines provide much shorter presumptive dispositions of 60 and 90 days for Severity Level I and II violations that involve aggravating factors.

Misdemeanor/Gross Misdemeanor Convictions

DOC guidelines classify misdemeanor convictions as a Severity Level II violation. Absent aggravating factors, the presumptive disposition is to restructure the offender. Gross misdemeanor convictions are classified as Severity Level III violations. In a gross misdemeanor case, the presumptive disposition is to revoke the offender's release unless mitigating factors are present. Minnesota Rules, part 2940.3800, item B, authorizes a

⁶ See Appendix C for a copy of the Minnesota Department of Corrections Restructure Report form.

maximum of six months in prison for a violation resulting in a conviction of a misdemeanor or gross misdemeanor. As mentioned above, the Severity Level II presumptive disposition when aggravating factors are present is 90 days. The Severity Level III presumptive disposition is 120 days.

Felony Convictions

Minnesota Rules, part 2940.3800, item C, authorizes reimprisonment for a period of six months up to expiration of the offender's sentence for a violation resulting in a felony conviction. DOC guidelines classify a felony conviction as a Severity Level IV violation. The guidelines presumptive disposition is to revoke the offender's release for 150 days absent multiple and/or significant mitigating circumstances.

Threat to Public Safety/Unamenable to Supervision

The fifth category of release violator includes offenders deemed to be either a threat to public safety or unamenable to supervision. Minnesota Rules, part 2940.3800, item D, requires a finding of risk to the public or repeated violations of release conditions for an offender to be classified in this manner. The offender may be re-imprisoned up to expiration of his/her sentence depending on:

1. the time remaining to be served on the sentence;
2. the type of violation(s); and
3. the needs of the offender.

DOC guidelines classify public safety risk and unamenable to supervision categories as Severity Level IV violations where 180 days or more may be assigned.

First Time Release Violators

On May 16, 2009, the Minnesota Legislature enacted new statutory provisions regarding the term of revocation for first-time release violators.⁷ An offender whose supervised release status is revoked on the current offense for the first time on or after May 15, 2009, may be incarcerated for no more than 90 days unless: 1) the current offense is criminal sexual conduct in the first, second, third, fourth, fifth degree or criminal sexual predatory conduct; or 2) a substantial and compelling reason exists to believe that a longer incarceration period is necessary to protect the public.⁸ This new legislative mandate has been incorporated into the DOC revocation guidelines.

⁷ 2009 Laws Minn. Ch. 83, Art. 3, Sec. 15.

⁸ Minn. Stat. 244.30 (2010)

Principles of Addiction Treatment Among Correctional Populations

- Drug addiction is a brain disease that affects behavior.
- Recovery from drug addiction requires effective treatment, followed by management of the problem over time.
- Treatment must last long enough to produce stable behavioral changes.
- Assessment is the first step in treatment.
- Tailoring services to fit the needs of the individual is an important part of effective drug abuse treatment for criminal justice populations.
- Drug use during treatment should be carefully monitored.
- Treatment should target factors that are associated with criminal behavior.
- Criminal justice supervision should incorporate treatment planning for drug abusing offenders, and treatment providers should be aware of correctional supervision requirements.
- Continuity of care is essential for drug abusers re-entering the community.
- A balance of rewards and sanctions encourages prosocial behavior and treatment participation.
- Offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach.
- Medications are an important part of treatment for many drug abusing offenders.
- Treatment planning for drug abusing offenders who are living in or re-entering the community should include strategies to prevent and treat serious, chronic medical conditions, such as HIV/AIDS, hepatitis B and C, and tuberculosis.

