



# Fact Sheet

## CHEMICAL DEPENDENCY TREATMENT SERVICES IN PRISON

### Introduction

- Approximately eighty-five percent of Minnesota inmates are diagnosed as chemically abusive or dependent. Because there is a strong link between substance abuse and crime, the Department of Corrections (DOC) provides treatment prior to release from prison for the purpose of reducing the risk of reoffense, also known as recidivism.
- Providing treatment in prison has a number of advantages. While in prison, offenders are abstinent from drugs and alcohol, and housed in a stable environment without negative distractions that can interfere with treatment in a community setting. DOC programs are designed specifically for offenders, addressing both the substance abuse issues and the criminogenic factors that lead to recidivism.
- Research shows prison-based treatment is effective and a sound public policy investment. A recent evaluation found successful participation in the department's Chemical Dependency (CD) programs effectively reduced recidivism by 23 percent.<sup>1</sup> A study of California's substance abuse treatment programs found every dollar spent on drug and alcohol treatment saves the public seven dollars through reduced crime.<sup>2</sup> When averted health care costs are included, the savings increase to \$12 for each dollar invested in treatment.<sup>3</sup>
- With 991 long-term treatment beds in the state prison system, the DOC provides a continuum of CD services including treatment readiness, primary long-term treatment, and aftercare.
- CD treatment is available to offenders at every state prison custody level except maximum. Services are provided to adult male and adult female offenders. Department treatment programs are routinely reviewed for compliance with state certification and licensure standards.

### Treatment Staff

- Every 100 primary treatment beds require 11 program therapists, 2 licensed mental health supervisors, 1 assessor, and 1 administrative support position. Additional release planning and program security staff may also be necessary to supplement and support programming. Program certification standards set specific staffing ratio requirements.

#### Treatment Statistics - FY2014 & 15

Offenders assessed as substance dependent & directed to treatment yearly: **3,110 | 3,541**

Offenders entering a DOC long-term treatment program: **1,200 | 1,401**

Offenders successfully completing treatment: **76.7% | 74.6%**

Average program completion time: **8.0 months | 7.6 months**

Number of beds: **991**

<sup>1</sup>Prison-Based Chemical Dependency Treatment in Minnesota: An Outcome Evaluation - March 2010

<sup>2</sup>California Department of Alcohol and Drug Program *California Drug & Alcohol Treatment Assessment*

<sup>3</sup>The National Center on Addiction and Substance Abuse at Columbia University, *Shoveling Up II: The Impact of Substance Abuse on Federal, State and Local Budgets*, May 2009

## Treatment Demands

- Approximately 3,500 offenders are assessed as needing substance abuse treatment each year. The department is currently funded to provide treatment to about 1,400 offenders annually. Offenders can refuse treatment, which may result in extended incarceration.

## Long-Term Treatment

- The DOC provides long-term, prison-based CD treatment. The average length of treatment is eight months. Long-term programming is staff-intensive and targets offenders who are considered at a high-risk or high-need for treatment.
- An important component in the effectiveness of the department's CD programs is its "therapeutic community" model. These treatment "communities" take advantage of the dynamics of a therapeutically controlled social environment to increase the intensity and broaden the scope of the treatment intervention. In this environment, offenders have the opportunity to practice and demonstrate improved decision-making skills in a sober environment and under staff supervision.

## Release Planning

- Offenders who are in CD programs are eligible to receive substance abuse-specific release planning services. These services connect the offender with community-based CD treatment programs to ensure continuity of care. Other release planning assistance is provided to program graduates in the areas of housing, employment, obtaining health insurance, and obtaining economic assistance.

### Primary CD Treatment Beds

<i>Facility/Program</i>	<i>FY10</i>	<i>FY15</i>
Faribault	176	176
Lino Lakes TRIAD SOTP	256 50	256 50
Moose Lake (DOC)	60	60
St. Cloud Reshape Rivers	70 0	32 46
Shakopee Changing Paths Compass - Challenge Incarceration Program (CIP)	40 0	40 40
Stillwater	36	36
Togo Juveniles Adult Female (CIP) Adult Male (CIP)	8 30 0	N/A N/A 36
Willow River Male (CIP)	180	180
<b>Total:</b>	<b>804</b>	<b>991</b>
<b>Budget:</b>	<b>\$6,474,000</b>	<b>\$8,869,000</b>

## Cost of Adding Beds

- An additional 1,200 primary CD treatment beds are needed to offer treatment to all offenders with a directive to treatment.
- This bed figure is based on the current adult inmate population of approximately 9,500 offenders. Research shows that many offenders relapse after initial treatment. Further, other extenuating circumstances may impact an offender's need to reenter a treatment program.
- Each 100 primary treatment beds is estimated to cost \$1.3 million annually. This includes salary and non-salary costs for treatment personnel. Adding treatment beds also requires capital costs to construct or remodel additional space for treatment programming.

## Aftercare

- A department coordinator identifies community-based programs that provide aftercare services to minimum-security offenders who have completed CD treatment. These programs not only provide aftercare services to this population, but also work to establish long-term relationships with these offenders as part of preparation for release to the community.

January 2016

Minnesota Department of Corrections  
1450 Energy Park Drive, Suite 200  
St. Paul, Minnesota 55108-5219  
651/361-7200  
TTY 800/627-3529  
www.doc.state.mn.us