

MINUTES

JOINT COMMITTEE ON CORRECTIONS AND JUVENILE JUSTICE OVERSIGHT

August 16-17, 2007

Norton/Stockton Correctional Facility and Beloit Juvenile Correctional Facility

Members Present

Representative Tim Owens, Chairman
Senator Pete Brungardt, Vice-Chairman (August 16)
Senator Karin Brownlee
Senator Jean Schodorf (August 17)
Senator David Wysong
Representative Bob Bethell (August 17)
Representative Doug Gatewood
Representative Jerry Henry
Representative Dan Johnson
Representative Jim Ward

Members Absent

Senator Greta Goodwin
Senator David Haley
Senator Phil Journey
Representative Jason Watkins

Staff Present

Duston Slinkard, Office of the Revisor of Statutes
Athena Andaya, Kansas Legislative Research Department
Connie Burns, Committee Assistant

Conferees

Curt Krebsbach, Valley Hope, Norton, Kansas
Pat Berry, Kansas Department of Corrections
Beverly Metcalf, Mirror, Inc.
Darren Ryan, Larned Correctional Mental Health Facility
Russell Jennings, Commissioner, Juvenile Justice Authority
Heather Morgan, Juvenile Justice Authority
Katrina Pollet, Beloit Juvenile Correctional Facility
Jennifer Eilert, Beloit Juvenile Correctional Facility
Lori Lemure, Beloit Juvenile Correctional Facility

**Thursday, August 16
Morning Session**

**“How to do Substance Abuse Treatment Right”
Valley Hope Corporate Office, Norton, Kansas**

Curt Krebsbach, Valley Hope Corporate Office, provided information on the recommendations regarding policies to improve the way states organize and deliver alcohol and drug prevention and treatment ([Attachment 1](#)). The recommendations unanimously adopted by the panel include:

- Leadership—Governors, legislative leaders, and chief judges need to provide personal, continuous leadership for a statewide strategy to prevent and address alcohol and drug problems.
- Structure—Each state should develop a strategy that encompasses all agencies affected by alcohol and drug issues. The responsibility for state and federal prevention and treatment funds should be held by one entity that reports directly to the Governor and has direct access to the state legislature.
- Resources—Money and skilled practitioners are the two key resources necessary to improve alcohol and drug services. An annual public report should detail alcohol and drug related spending in all state agencies and if additional funding is needed, states should consider raising alcohol taxes. Licensing and educational resources should be used to improve and retain a prevention and treatment workforce.
- Measurement and Accountability—States should hold agencies and contracted providers accountable for meeting identified outcome measures. Those that meet or exceed outcome targets should be rewarded and those that consistently fail should be penalized.
- Legislation—States should review and update the legislation that controls alcohol and drug policies including authorization for prevention and treatment agencies and alcohol control boards. Laws and regulations that prevent recovering individuals from getting jobs, education, and other services needed for successful reintegration also should be reviewed and repealed.
- Sustain State Focus and Attention—State advisory councils should be created or revived with enough staff and authority to hold elected officials accountable for providing the necessary leadership. States should support community coalitions and recovery organizations to build a lasting constituency for continuing effective state action.

The treatment philosophy of Valley Hope is individualized treatment based on the disease concept of alcohol/drug addiction and grounded into a 12-step philosophy with a strong emphasis on family participation, spirituality, and continuing care placement.

Afternoon Session

Department of Corrections' Presentation on Drug/Alcohol Programs

Pat Berry, Substance Abuse Treatment Programs Manager, Kansas Department of Corrections (KDOC), provided an overview on the substance abuse treatment programs (Attachment 2). The facility-based programs are:

- Chemical Dependency Recovery Program (CDRP);
- Treatment of Alcohol and Substance at Labette (TASAL); and
- Therapeutic Community (TC).

The CDRP program is located at Larned Correctional Mental Health Facility (LCMHF). The program has 40 slots for minimum custody inmates and provides an increased opportunity for inmates to complete their substance abuse program. It is an 18-week treatment program.

The TASAL program is located at Labette Women's Correctional Camp (LWCC). The program has 16 slots for minimum custody Topeka Correctional Facility inmates who are not incarcerated long enough to participate in the Therapeutic Community (TC) program. The length of the program is 90 days. The program is a structured day treatment program with emphasis on cognitive self change (Thinking for a Change and Hazelton), criminality, anger management, relationships, parenting, employability, and relapse prevention.

The TC program for males is located at Hutchinson Correctional Facility (HCF) and Osawatomie State Hospital (OSH). The program has 60 slots for medium custody inmates at HCF and 80 slots for minimum custody inmates at OSH. The program is 11 to 13 months long. A new TC program for medium custody males at Ellsworth Correctional Facility (ECF) has 52 slots and is anticipated to be up and running by September 30, 2007. The program is 11 to 13 months long. The TC program for females is located at Topeka Correctional Facility (TCF) and has 24 slots for medium and minimum custody inmates. The program length is 11 to 13 months long.

The defining principles of a TC is a highly structured environment; fostering an opportunity for self improvement and a lifestyle change; and moving from a subculture to a successful life in a larger society. Defined moral and ethical boundaries and expectations for personal development are established and the program employs the use of tools and procedures designed to call attention to negative behaviors and the thinking that led them into addiction and negative, criminal behaviors. Participants in a TC are members of a family and peer family members play a significant role in managing the TC. Participants act as positive role models for newer members and the program is organized in a "hierarchy" that encourages members to assume increasing responsibilities for family functions. In addition, the program uses "community as method" in which individuals are taught to use the peer community to learn about themselves.

Cognitive Community has three phases of training in FY 2007 via a NIC Technical Assistance Grant. Included in the three phases is immersion training for KDOC programs staff, unit team staff, and contracted treatment staff. Consistency among all TC programs, including evidenced based core programming elements, is key.

Community Based Programming

For transitional aftercare, there are ten TC graduate beds in Wichita, known as Toben Community Residential Beds, with a program of three to six months. The TC Alumni Group (TAG) is a peer support group for TC graduates. The male group is located at the Topeka Parole Office and the female group at the Lawrence Parole Office and is co-facilitated by the parole officers and TC graduates.

Ms. Berry discussed gaps in facility-based services and identified them as follows:

- Programs for inmates who meet the TC program criteria (high risk/need) but cannot participate due to other factors such as the amount of time an offender will serve, custody level, cognitive function, and dual diagnosis;
- More short-term treatment such as the CDRP program;
- Substance abuse treatment assessment at the Reception and Diagnostic Unit (El Dorado Correctional Facility) and at discharge for aftercare referrals; and
- Programs for inmates who meet TC program criteria (high risk/need) but cannot participate due to other factors.

Gaps in service at the community level were identified as follows:

- Transitional Therapeutic Community (TTC) for males and females. In FY 2005, Topeka TTC lost 25 beds due to a reduction in Residential Substance Abuse Treatment grant;
- Funding for KDOC contracted community-based aftercare and relapse prevention counseling; and
- Inability for inmates and parolees to pay assessment fees for aftercare or treatment referrals.

Program outcome summaries and budget information also was provided.

Beverly Metcalf, President/CEO, Mirror, Inc., presented information to the Committee on Therapeutic Community Treatment Programs ([Attachment 3](#)). According to Ms. Metcalf, Mirror incorporates the principles of effective correctional treatment which are social learning approaches; cognitive skill development; cognitive restructuring; and relapse prevention development. Mirror's Therapeutic Community is a 12-month intensive, cognitive/behavioral substance abuse program that focuses on behaviors, attitudes, beliefs, thinking, and lifestyles connected to drug addiction and criminality. The goal is to help the TC member move toward a more rational thought process and improve pro-social skills. The program uses the "community" and its members as the agent of change and is accomplished through educating participants, teaching new skills through demonstration and role modeling, and practice of new skills. Kansas currently has facility-based TC programs at the following locations:

- HCF – 60 beds medium security (7/03);
- OSH – 80 beds minimum security (7/05);
- TCF – 24 beds minimum security (7/05); and
- ECF – 52 beds medium security (to open 9/07).

Ms. Metcalf testified that at 12 months, of the 106 graduates who have been out of prison for 12 months or longer, 82 participants, or 77 percent, have not returned to prison. In general, findings show that duration, setting, and training are fundamental for facility-based TC programs and ongoing monitoring and evaluation serves management and accountability needs. Furthermore, engagement in transitional “aftercare” is crucial for effectiveness. Based on the research provided, Intensive Therapeutic Community (ITC) is most cost effective for high-problem cases and are the most effective.

Ms. Metcalf identified gaps in service as lack of aftercare services targeted to the TC graduate upon release and lack of transitional residential programs that utilize the TC model.

Darren Ryan, Chemical Dependency Recovery Program (CDRP) Director, Larned Correctional Mental Health Facility (LCMHF), provided testimony on the CDRP at LCMHF (Attachment 4). The program is located on the grounds of LCMHF, West Unit. CDRP is an 18-week intensive outpatient program, and is the only short-term substance abuse treatment program the KDOC offers for male offenders. There are 40 treatment slots in the program. The program places emphasis on:

- “Thinking For a Change.” A model emphasizing social skills, cognitive self-change, and problem solving;
- Relapse prevention planning;
- Drug specific education;
- Education and utilization of the 12-step program as a support network;
- Addressing family issues;
- Development of an aftercare plan; and
- Individual and group counseling to assist inmates in gaining self-awareness through disclosure and feedback.

The objectives are for the offender to acquire or improve their cognitive and behavioral self-management skills and use these skills to control substance abuse and reduce re-offending. The outcome of treatment is a workable plan to maintain behavioral management in the community and to prevent relapse. Statistics verify that inmates who complete the CDRP return to prison at a lower rate than those identified as needing substance abuse treatment but who did not participate in the CDRP, participated in other programs, or participated in CDRP but did not complete the program. According to Mr. Ryan’s testimony, challenges to successful re-entry as it pertains to the Level of Services Inventory (LSI) Domains are:

- Criminal history;
- Education/employment;
- Financial;
- Family/marital;
- Accommodation;
- Leisure/recreation;
- Companions;
- Alcohol/drug problem;

- Emotional/personal; and
- Attitude/orientation.

The following were identified as gaps in services:

- Lack of available funds to obtain assessments and make appropriate referral without suspension of services between KDOC and the community;
- Substance abuse treatment standards changes likely will make utilization of long-term services (more than two weeks) unavailable to CDRP participants due to placement criteria;
- Difficulty in early reintegration between inmates and their children who are in state care, due to policy conflicts;
- Lack of private industry and work release programs;
- Lack of early substance abuse intervention and education programs; and
- Lack of inpatient treatment programs available during, and after, incarceration.

In order to participate in the CRDP mentoring program, a mentor must successfully complete the CDRP, be disciplinary report-free for the past 6 months, a role model for adherence to rules, and be willing to perform porter duties. Of the 43 participants in the past four years:

- Ten have successfully completed parole;
- 19 currently are meeting parole requirements;
- Four have returned with parole violations;
- Three have returned with new charges;
- Four were discharged unsuccessfully; and
- Two currently are on absconder status.

Tour Norton and Stockton Correction Facility

The Norton and Stockton Correctional Facilities were both renovation projects. Total capacity is 835 for Norton and Stockton, with medium low to minimum inmate classification. Initially, the facility at Norton shared space with SRS staff and Norton State Hospital clients. In September 1987, the facility received its first minimum custody inmates. The Kansas Department of Corrections assumed operational and full administrative responsibility for the buildings and grounds of the Norton State Hospital in October 1988. The facility has a capacity is 707 inmates, with 539 medium beds and 168 minimum beds.

The Stockton Unit received its first inmates in December of 1988. Stockton's capacity is 128 minimum beds, with an average daily population of 120 inmates. Expansion plans at the Stockton facility will increase capacity from 128 beds to 200 beds.

**Friday, August 17
Morning Session**

Tour and Update on Beloit Juvenile Correctional Facility

Russ Jennings, Commissioner, Juvenile Justice Authority, provided the Committee with an overview of Beloit Juvenile Correctional Facility (BJCF) and current happenings with the Juvenile Justice Authority (JJA) ([Attachment 5](#)). The Commissioner stated that if approved by the Joint Committee on State Building Construction, JJA would utilize the administration building on the old campus. Beloit Juvenile Correctional Facility was established in the 1890's and was formerly known as the Girls Industrial School. It is the only JJA facility that serves female youth sentenced by the district courts of Kansas and funded as a 66-bed facility. The facility education program is fully accredited for grades 7-12 with special education and college classes offered. Discussion was on education provided at the facility, the number of placements before being placed at BJCF, drug and alcohol services, and cost per day per girl, which is roughly \$350 to \$400 a day. The Committee requested information on the following:

- Placement Matrix;
- Thinking for a Change;
- Average number of prescriptions and the cost associated with prescriptions at the facility; and
- Information on using drugs that were not utilized during a youth's stay at the facility.

Afternoon Session

Mental Health/Substance Abuse/Sex Offender Treatment Overview

Katrina Pollet, Superintendent, Beloit Juvenile Correctional Facility, provided the Committee with an overview of the Mental Health Program ([Attachment 6](#)). Mental Health evaluations are conducted at BJCF immediately upon intake. The major evaluations include:

- Mental Status Exam;
- Risk assessment for self-harm and the potential to harm others;
- Formal psychological assessment to assess personality, intellect, gross assessment of neurological impairments;
- Substance abuse assessments;
- Depression assessments; and
- Diagnosis of mental disorders.

There is a psychologist and social workers to evaluate the youth who display symptoms of mental illness. To address mental health issues, the staff conduct cognitive structured learning groups which are evidence-based for usage with both the mentally ill and those with no mental illness. These groups help the residents focus on their own feelings, thoughts, and beliefs which lead to their behaviors. BJCF offers the following to address youth's mental health needs:

- Anger Control – ongoing throughout the youth's stay;
- Structured Learning Training – ongoing throughout the youth's stay, teaches how to remain socially appropriate in all situations;
- Thinking for a Change – ongoing throughout the youth's stay, teaches appropriate social interactions along with problem solving skills;

- Cognitive Self Change – lasts at least three weeks or until the youth is able to objectively look at their past and identify their thinking errors that led up to their criminal activities and teaches how to change those thinking errors; and
- Fast ForWord – facilitated through the school, helps youth to build the cognitive skills of memory, attention, processing, and sequencing skills, which allow youth to be better equipped to stop and think, reducing the behaviors associated with their mental health diagnosis.

Monthly updates are provided on behavior and any changes needed in the youth's programming, including medical changes, are identified. Thirty days prior to release from any correctional facility a pre-release conference is held with the family or legal guardian. The community case manager is invited to participate along with the youth, with focus on the aftercare, identification of medications currently prescribed, the diagnosis, and to make recommendations for continued treatment needs. The facility also provides a 14-day supply of medication when discharged.

Jennifer Eilert, Sex Offender Program, provided information on the Sex Offender program and the Sexually Abused Sex Offender groups ([Attachments 7 and 8](#)). As soon as the facility receives notice that a youth is classified as a juvenile sex offender, the facility immediately starts gathering information about the youth and their crime. By being prepared, the facility can provide better quality of treatment. After completing the 21-day intake and assessment process, offenders begin treatment groups immediately. Pathways is one of the groups used and presents the assault cycle and relapse prevention techniques for understanding and preventing re-offenses. Education towards appropriate behavior and basic sexuality information helps address any social deficits. Victim empathy issues also are addressed and a Relapse Prevention Plan, which is a signed contract with those people that will support the youth when released, is developed. The facility also conducts the Eraser, which predicts the chances of re-offending, for post testing. Growing Beyond-a Treatment Manual for Girls, helps the female sex offender look at her own offense and sexual abuse that may have been perpetrated upon her.

At BJCF, 100 percent of the girls who have been adjudicated for sex crimes have stated they themselves were sexually abused. By having the youth identify the impact of the abuse they experienced, they can begin to understand how their action affected their victims. The girls are taught about primary and secondary victimization and the final goal is to complete an apology letter to their primary and secondary victims.

Lori Lemure, Substance Abuse Program, spoke on the drug and alcohol treatment program which provides education and treatment based on history and diagnostic testing ([Attachment 9](#)). The Safe and Sober Youth (SASY) program is used for assessing the youth. The substance abuse treatment program is designed to impact youth who abuse or are chemically dependent on alcohol, drugs, or both. The substance abuse program has four components:

- Alcohol/Drug Treatment – designed to assist the youth in making a long-term commitment to recovery;
- Relapse Prevention – designed to help youth identify the triggers that cause relapse and how to recognize warnings signs prior to relapse;
- Alcohol/Drug Education – designed to give the youth a clear understanding of alcohol and drugs; and

- Alcoholics Anonymous/Narcotics Anonymous groups – facilitated by community volunteers who come to the facility and conduct the group, as it would be held in the community.

Alcohol and drug treatment is designed to assist the youth in making a long-term commitment to recovery.

Discussion and Upcoming Meetings

Commissioner Jennings asked the Committee to think about the predisposition investigation reports on the sex offenders for juveniles that is done at the disposition hearing. Usually, when youth are placed in a facility an assessment is performed which identifies the youth as a sex offender. Commissioner Jennings suggests that the assessment is happening at the wrong point of time in the process. The critical assessment of any adolescent sex offender under the Juvenile Code should be past the point of time of adjudication, guilty or not guilty, but before the Judge pronounces the imposition of a sanction. According to the Commissioner, in effect, the system has judges making determination of sentencing outcomes without the benefit of having a comprehensive look at the youth's risk to the community. Decisions to incarcerate most often relate to protection of the public in terms of youth and are less punitive, most often in regard to re-offending. With regard to funding, approximately 150 youth would be tested at \$450 per test.

The Chairman stated that two major issues of the Committee were to look at drug and alcohol issues and the sex offender issues and treating sex offenders at the adult and juvenile level is treating them the same.

Due to legislative conflicts, there is no meeting in September. The meeting in October will be at El Dorado Correctional Facility and Yates Center, to look at intake and assessment processes and incorporate the sex offender program for adults, the Drug and Alcohol issue, and the additional space being built. The November meeting will discuss the Community Corrections aspects, both Juvenile and Adult. The last day will be used to collectively put together any legislation that the Committee will recommend.

The placement matrix was emailed ([Attachment 10](#)) and the link for "Thinking for a Change" program is: <http://www.nicic.org/Library/018311>.

The Committee meeting was adjourned.

Prepared by Connie Burns
Edited by Reagan Cussimano

Approved by Committee on:

November 2, 2007

(date)