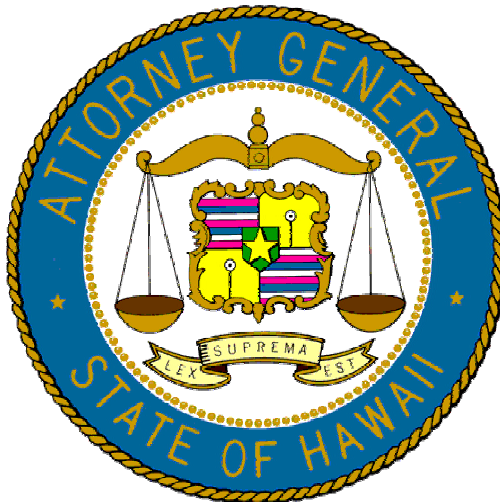
PROJECT BRIDGE

A Residential Substance Abuse
Treatment Program
in the
State of Hawaii



PROGRAM IMPLEMENTATION
AND OUTCOME REVIEW

September 2001

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AND OUTCOME REVIEW

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Executive Summary

Residential substance abuse treatment (RSAT) programs assist inmates in their transition from incarceration back into the community. A joint Federal Bureau of Prisons/National Institute on Drug Abuse study of federal inmates that received RSAT treatment found that within the first six months after release, the treated population was 73% less likely to be re-arrested and 44% less likely to use drugs than was a comparison group that received no treatment. This time period is significant because recidivism is generally highest within the first year of parole.

The Department of Public Safety estimates that 85% of the inmates in correctional facilities in the State of Hawaii have a history of substance abuse and are in need of treatment. The Department provides numerous substance abuse treatment programs. One of these programs is Project Bridge, a residential substance abuse treatment program, whose goals are to reduce inmates' rates of alcohol/drug relapse and recidivism (e.g., re-arrests, parole revocations). This program provides male inmates completing substance abuse treatment in correctional facilities the opportunity to continue treatment in a structured modified therapeutic community setting.

Project Bridge was initiated in 1990-91 and discontinued in 1993-94. The program was originally designed to provide ongoing treatment to KASHBOX graduates in order to assist them in making the transition from prison to parole.

In April 1998, Project Bridge resumed operations. The program objectives are to maintain full capacity of its 32 beds; have 50% clinical discharges; and have 50% of its graduates be arrest-free during their first two years of parole.

The six- to twelve-month program provides substance abuse services (relapse prevention education), vocational development, and family counseling services. The program has developed to focus on reintegration into the community as well as relapse prevention.

Project Bridge was tracked from its inception in April 1998 through September 2000. During this period, there were numerous staff turnovers with prolonged vacancies. There were also extended lapses in contracts for vocational and family counseling services. This hindered program operations and compounded the difficulties already inherent during the initial implementation of any program.

Despite these problems, the program has generally maintained a full capacity and has a 73% rate of completion (e.g., 91 of 125 discharges were clinical completions).

Of the 162 inmates that were admitted into Project Bridge during the study period, 22% (36) relapsed into active drug use as evidenced by urinalysis drug screens conducted by security personnel at the facility.

There were 70 Bridge graduates during the first two years of operation (April 1998 to April 2000). The earliest group graduated during Fall 1998. The graduates were tracked through September-October 2000. The most recent graduates were followed for six months and the earliest graduates for a period of two years. Over 80% (57 of 70) of the Bridge graduates were out for at least a period of one year.

Seventy percent of these graduates were older than 30 years of age at the time of admission into the program. The average age of graduates was 36. Hawaiian/part-Hawaiians made up the largest group of Bridge graduates comprising 40% of the population.

Crystal methamphetamine was the most prevalent drug used by graduate respondents, with almost one-third reporting this drug as their “primary drug of choice.” The next most common preferences were for alcohol (25%) and cocaine (24%).

During admission, almost 70% of the Bridge graduates reported being incarcerated twice or more during the previous ten years. Over 60% reported being previously convicted of a drug-related crime and almost half reported conviction for a violent crime. Almost one-third of the graduates reported a prior parole and over 80% a prior probation. Almost 90% of the Bridge graduates reported either a probation or parole revocation. Almost two-thirds of the graduates also reported having a juvenile record.

In addition to substance abuse problems, many Bridge graduates have characteristics that would be expected to increase the likelihood for parole revocation. These characteristics include a juvenile record, lengthy criminal histories, and prior probation or parole.

Of the 63 Bridge parolees that were tracked, six (9.5%) had their paroles revoked, and an additional three (4.8%) had pending revocations at of the end of this study. Fourteen (22%) of the 63 parolees were cited for not complying with the terms and conditions of parole.

A priority objective of Project Bridge is that at least 50% of the graduates will remain arrest-free during their first two years of parole. Sixteen (25%) of the 63 Bridge parolees had been arrested as of September 2000. Of these arrests, 11 were arrested for a new crime and five had arrest warrants for parole violations only.

Twenty (31.7%) of the 63 Bridge parolees relapsed into drug/alcohol use since they were paroled. Thirteen of the parolees had positive urinalysis test results, and seven relapses were based on self-reports to parole officers.

A recent study entitled *Survival on Parole* conducted by the Social Science Research Institute at the University of Hawaii and the State Department of the Attorney General found that half of the paroles were revoked within two to three years of release. Preliminary post-graduate results of 63 Bridge parolees (from six months to two years) found a lower recidivism rate of approximately 15% (9.5% with parole revocations and 4.8% with pending revocations).

In the first 30 months of operation, the program graduated over 70% of its participants, with relatively low rates of relapse and recidivism. Long-term effects of the program cannot be addressed as most of the Bridge graduates had been out only a year (70% of the 63 Bridge parolees were at least one year post-graduation) at the time that this study was conducted. Preliminary results are positive, reflecting that less than one-third of the Bridge parolees relapsed; less than 15% had paroles revoked; and less than 25% were re-arrested.

Although the real impact of Project Bridge will not be fully discernible until the program has matured and treatment activity is fully established and stabilized, the program appears to have a great potential for reducing relapse and recidivism rates among parolees.

Studies have shown that substance abuse and employment problems are the most significant factors contributing to re-incarceration of parolees. Reducing the potential for relapse and increasing the likelihood of steady employment greatly increases a parolee’s chances of success out of prison. Residential substance abuse treatment programs (e.g., Project Bridge) with educational, vocational and self-improvement components greatly assist inmates in their transition from prison back into the community.

Introduction

Studies conducted by the National Institute of Justice have shown that the outcomes of inmates treated in correctional substance abuse programs are greatly improved when they can continue their treatment in a furlough facility as they prepare for release. Inmates face new relapse triggers and situations with the increased freedom that furlough presents which is compounded by the challenges they face on parole (e.g., finding and maintaining employment, re-establishing family relationships).

The Department of Public Safety estimates that 85% of the inmates in correctional facilities in the State of Hawaii have a history of substance abuse needing treatment. The Department of Public Safety provides numerous substance abuse treatment programs in these facilities. Project Bridge is a transitional residential substance abuse treatment program that is intended to reduce relapse and recidivism rates.

Project Bridge was followed during its first two years of operation since its inception in April 1998. This report is comprised of three major sections. The first section provides background on the program and treatment. The second section is a program implementation review detailing program development, staffing, contract services, admissions and discharges. The last section provides relapse and recidivism outcome data for Bridge graduates.

Background

Project Bridge is a residential substance abuse treatment program whose goal is to decrease the rates of recidivism (e.g., new crimes, parole violations and revocations) and relapse (returning to active drug or alcohol abuse).

Project Bridge located at the Laumaka Work Furlough Center originally complemented the KASHBOX therapeutic community program at the Waiawa Correctional Facility. The program was designed to provide ongoing treatment to KASHBOX graduates and to assist them in making the transition from prison back into the community. The program was originally initiated in 1990-91 and discontinued in 1993-94.

Project Bridge is a self-contained 32-bed dormitory within the Laumaka Work Furlough Center of the Oahu Community Correctional Center (OCCC). The program operates in the Laumaka facility and Bridge participants must comply with Laumaka rules and regulations

The program is intended to assist male inmates in making the transition from incarceration into the community.

In April 1998, Project Bridge became operational again and Bridge staff began screening and admitting eligible participants. In the past, inmates who completed substance abuse treatment programs at facilities other than KASHBOX had little or no access to transitional services. Recognizing the need for these services, the new program expanded to include participants from additional facilities and treatment levels. Bridge participants were referred from KASHBOX III at Kulani and Waiawa Correctional Facilities and the Level II program at Halawa Correctional Facility. The program is voluntary and is viewed as an addition to completing Level II or Level III programs.

Goals and Objectives

Goal - The goal of Project Bridge is to decrease the rate of sentenced felons' recidivism and relapse by providing graduates completing substance abuse treatment programs in correctional facilities with the opportunity to continue treatment in a structured residential setting while they make their transition into the community through the work release program.

Project Bridge helps inmates:

- To develop, implement, and maintain an alcohol and drug free lifestyle which promotes remaining crime free and being productive (e.g., gainful employment) in the community and re-establishing family bonds.

- To be equipped with the necessary skills and tools to be successful in the community when he is paroled.

Objective 1 - The program will maintain a census of no less than 32 inmates, and at a minimum the program will admit no less than 32 inmates for the year.

Objective 2 - Fifty percent of Project Bridge discharges will be successful treatment completions (i.e., clinical discharges). Successful completion means that the participant completed the objectives to meet the individual treatment plan goals. In addition, the client must have remained alcohol and drug free while in the program, secured legal employment, and qualified for extended furlough or parole.

Objective 3 - Fifty percent of the Project Bridge graduates will be arrest free during his first two years on parole. Additionally, he will be required to be drug and alcohol free as evidenced by negative UA results, legally and gainfully employed, and living in an established drug free home (not homeless or in a known active drug use environment), during his first two years on parole.

Feeder Programs

During the first two years of operation of Project Bridge, most of the participants were referred from the KASHBOX or Salvation Army Addiction Treatment Services drug treatment programs. A brief description of these feeder programs follows:

KASHBOX

KASHBOX is the most intensive program available to inmates in Hawaii. KASHBOX is a Level III program set in a residential therapeutic community within the Waiawa Correctional Facility. Eighty-five percent of the inmate population at Waiawa presently participate in the KASHBOX program. The program began in 1990 and was originally complemented by Project Bridge. KASHBOX is the primary (priority) feeder program into Project Bridge.

KASHBOX is a 12- to 15-month program comprised of four levels of treatment designed to reduce substance abuse. Through education and personal change, the program is designed to address issues of criminality as well as substance abuse. KASHBOX presently has a 200-bed capacity (initial operations began ten years ago with approximately 30 beds). Peer counselors presently have a 1 to 30 ratio. The program consists of educational classes, therapy groups, seminars and work assignments.

The program consists of four stages of treatment as follows:

Stage I – 90 days – social skills education
Stage II – 6 months – grief and recovery stage
Stage III – 90 days – transitional stage
Stage IV – relapse prevention, criminality, and anger management

Salvation Army Addiction Treatment Services Level II

The Salvation Army presently provides in-patient and out-patient alcohol and drug treatment services for men and women. The complex includes a detox center, residential treatment facility (33-bed residential treatment program), outpatient alcohol (e.g., AA program) and drug treatment programs, counseling and educational programs.

The Salvation Army Addiction Treatment Services (ATS) Level II program is the secondary feeder program into Project Bridge. Approximately 50% of Bridge participants are currently funneled from KASHBOX. Although KASHBOX (Level III) is the priority feeder program into Bridge, the long duration of the program (12 to 15 months) prohibits frequent referrals. ATS provides very short-term treatment (maximum treatment is 62 days), enabling more frequent referrals.

ATS previously provided long-term drug treatment services ranging from 12 to 18 months. Insurance (managed care) and outside (e.g., state) funding mandated much shorter residential treatment. The State Department of Health has lessened the treatment period from 90 to 60 days. The current in-patient treatment is intended more to stabilize than to rehabilitate the individual.

ATS has a counselor/participant ratio of 1 to 6.

One of the criteria of the ATS program requires that clients be of dual diagnosis (i.e., assessment of a psychological disorder as well as an addiction problem).

List of Feeder Programs

The following is a list of feeder programs that have or are anticipated to funnel participants into the 32-bed Bridge program:

(1) KASHBOX Therapeutic Community – Waiawa Correctional Facility - up to 200 beds

(2) Crossroads (Parole Violator Program) Therapeutic Community – Waiawa Correctional Facility – 50 beds

(3) KASHBOX – Level III – Kulani Correctional Facility – being phased out

(4) Clean & Sober Quad - Level II treatment - Halawa Correctional Facility

(5) Salvation Army – ATS In-Facility Level II – Outpatient Treatment Program at Kulani Correctional Facility, Waiawa Correctional Facility and Laumaka Work Furlough Center – graduating approximately 40 individuals within three facilities every three months

(6) Lifeline Program (program designed by Hazeltine Treatment Services as a therapeutic community) from mainland prisons

Level II treatment is a less intensive level of substance abuse treatment. This level of care is provided at the Halawa Correctional Facility, Kulani Correctional Facility, Waiawa Correctional Facility and Laumaka Work Furlough Center.

Program and Treatment

Project Bridge is a six- to twelve-month program with staffing consisting of two substance abuse counselors with a treatment caseload of 16 inmates. Transitional services include relapse prevention education and planning, vocational training and job development (e.g., assistance in obtaining employment), family counseling services, and parole planning. There is no provision for aftercare.

The program provides for a lower intensity therapeutic environment than Kashbox III and Level II treatment. Project Bridge is designed to provide therapeutic transitional services for those inmates who have completed either a Level III intensive residential substance abuse treatment program or a medium intensive Level II substance abuse treatment program.

Project Bridge continues the recovery skills learned in substance abuse treatment. Participants continue to develop relapse prevention strategies so they will have the tools needed to remain in recovery. In addition, Bridge provides job development skills and family dynamics education and counseling.

The treatment focus was to continue the abstinence-based, cognitive behavioral approach to recovery from addiction and criminality that is used in the primary treatment programs (e.g., KASHBOX, Level III programs). Project Bridge is complemented by active participation in 12-Step self-help groups (i.e., AA or Narcotics Anonymous (NA)) for maintaining abstinence and developing a lifestyle of recovery.

Program Admission

Admission into Bridge is determined by the Laumaka Work Furlough Center Program Committee, which consists of the Community-Based Administrator (CBA), unit manager, classification officer, case manager, and the Bridge staff.

The target group is inmates in need of transitional services due to a relapse history, unmet educational level and job skills, and poor employment history.

The following are the criteria for admission:

1. Length of time to tentative parole date (TPD): Inmates must have six to twelve months before their tentative parole date in order to be admitted into the program.

2. Un-met educational and vocational needs.

3. Completion of Level II or Level III substance abuse treatment and the inmate's willingness to participate in continuing treatment (priority is given to inmates who completed Level II treatment and were not able to be admitted to a Level III TC program).

4. Eligibility for the Laumaka Work Furlough Center Program.

When there are more applicants than Project Bridge can accommodate, the Program Committee establishes a priority waiting list of inmates who would

benefit most from the program. The maximum waiting period to get into Bridge should be approximately 45 to 60 days.

Inmates transferring to Project Bridge should have written clinical discharge summaries (i.e., assessment data, treatment plan goals and objectives, progress in treatment, unmet treatment needs, and recommendations provided by their former treatment counselors). Upon admission, Bridge counselors develop an individualized transitional treatment plan for each participant based on the Substance Abuse Assessment Instrument (SAAI), current Bio-Psycho-Social assessment, primary treatment plan goals and objectives, discharge summary from primary treatment, educational and vocational history. The plan addresses transitional treatment needs such as relapse prevention and re-socialization skills that include educational and vocational needs, housing, and family issues.

Intake and Orientation Procedures

Inmates are oriented to the program in a classroom setting in a didactic (i.e., convey information in a systematic yet entertaining) format. During this phase of treatment, the inmates are given specific information regarding the operation of Project Bridge and what is expected of them. Information such as group and individual counseling schedules, AA/NA meeting schedules, job-seeking hours and furlough hours are discussed. The inmates are expected to participate in all group sessions by giving and soliciting feedback. They are to remain abstinent from alcohol and illicit substance use, attend weekly support groups, and seek employment.

The inmates are oriented to the expected outcomes of Project Bridge, specifically to remain drug and alcohol free, to be gainfully employed with budgeting skills, to be free from criminal thinking and behavior, and to reside in a stable environment. The inmates are informed of the sanctions for non-compliance, such as extra duty, loss of furlough privileges, and/or termination from the program. If an inmate is terminated from Project Bridge, he is immediately reduced from community status and re-housed at minimum custody in the main facility.

Intake is conducted simultaneously with the orientation phase of treatment. The inmates are required to read and sign various documents necessary for legal entry into the treatment program. The assessment packet, treatment consent, treatment plan, group rules, and the Laumaka Work Furlough Center contract are documents required for intake. After complying with all intake and orientation procedures, the inmate is officially admitted into the program.

Bridge Treatment Program

(1) Treatment plan

(2) Substance abuse services

- Relapse prevention and addiction education
- Process (group) counseling
- Individual counseling

(3) Educational and vocational services

- Pre-employment classes (with job developer)
- Education classes
- Job development services
- Life skills training
- Power path services

(4) Family services

- Re-socialization skills education
- Collateral contacts
- Family education
- Family counseling

(5) Referrals

- Agency contacted/services received
- AA/NA, home group, 12-step sponsor

Treatment Plan

Objectives of the program are to provide substance abuse treatment, life skills instruction (pro-social interactive skills), employment training and job development. Treatment includes relapse prevention and addiction education, group counseling and individual counseling.

The treatment plan is developed from assessment information and is used to make a presumptive diagnosis identifying problem areas that have contributed to the inmates' substance abuse. The problem areas addressed are family history, environmental influences, and psychological and medical influences. The information gathered from these problem areas is used to formulate the treatment plan that is used as a management strategy for the inmates as long as they are participating in Project Bridge. The individualized treatment plans are constructed collaboratively with the inmates. The treatment plans have clearly stated goals and objectives that are realistic and measurable. The inmates meet

with their primary counselor at least once a month, in addition to the weekly case management sessions, to monitor their treatment progress and to make changes to the treatment plans as necessary in order to achieve their treatment goals.

Substance abuse treatment provides participants with the tools they will need in order to remain drug and alcohol free on parole. The services are individualized to accommodate the diverse needs and prior treatment experiences. Substance abuse counselors provide the following services:

(1) Admission services: screening, admission decisions, intake paperwork, and client orientation.

(2) Assessment: Review and update of inmate assessments. The participants' strengths, weaknesses, and transitional treatment needs are identified from these assessments.

(3) Treatment planning: Transitional treatment plans are developed with the job developer. The plan identifies problems and sets goals that need to be achieved so that the inmate will be ready for release into the community. The treatment plan goals and activities are continuously reviewed and modified as necessary.

(4) Counseling: Counselors conduct group and individual counseling with the participants.

(5) Client education: Counselors conduct psycho-educational groups with participants to provide them with information about relapse and criminality.

(6) Referral: Counselors refer participants to community resources as indicated in their treatment plans.

(7) Consultation: Counselors consult with the job developer, Laumaka and other Department staff and resources to provide comprehensive services to participants.

(8) Reports and Record-keeping: Individual files are kept on each Bridge participant in locked cabinets at Laumaka (separate from inmate administrative files).

Substance Abuse Services

Relapse prevention and addiction education is designed to provide the inmate with information about the factors complicating recovery, motivation for abstinence, the process of relapse and the consequences of continued use. The program is designed to assist inmates in developing skills and strategies to avoid

relapse into active alcohol and other drug use. In addition, the program seeks to change anti-social and criminal thinking to pro-social behavior by the inmates' gradual utilization of these new skills.

This element of treatment is meant to enhance and increase the knowledge base of the client. It consists of psycho-educational groups utilizing both relapse prevention and cognitive restructuring curriculum.

Relapse prevention and addiction education is comprised of process group and individual counseling sessions.

Process (Group) Counseling Sessions

Process Group Counseling is the primary tool used in assisting the participant to return back to his family and community. Participants discuss ongoing difficulties and stresses in group counseling sessions. They receive feedback from peers and counselors for workable and realistic solutions to family problems.

Group counseling consists of two weekly, two-hour sessions throughout the inmate's residence in the program. This is reduced to once a week for two hours when the inmate reaches Phase/Level 3.

Inmates participate in group counseling sessions to get feedback and support from their peers while working on the objectives of their treatment plans. Group counseling methods focus on developing pro-social interactive skills. These skills are transferred to real life situations. These sessions enable participants to freely discuss their needs and issues which may be hindering their recovery.

Group counseling centers around topical issues which need to be addressed, such as specific vocational training, substance abuse relapse, co-dependency issues or personal growth.

Individual Counseling

Each inmate will meet at least once every two weeks with his assigned counselor to go over the treatment plan and treatment progress and to address any individual issues or concerns. The individual sessions are designed to address client needs and monitor treatment progress.

The counselors assess the needs and problems of each inmate and develop treatment plans to address those needs and problems. Individual sessions are tailored for the specific needs of the individual to make progress toward program and individual goals.

Educational and Vocational Services

Educational and vocational programs are integral components to the substance abuse treatment program. Statistical studies reflect a higher rate of success for those individuals in recovery who are gainfully employed. These studies show that individuals who are gainfully employed have better self-esteem, are more apt to be actively involved, and more goal-oriented in their recovery than are those who are unemployed.

Project Bridge educational and vocational programs assist the inmates in finding and obtaining suitable employment as well increase their likelihood of maintaining economic and social stability as they make their transition back into the community. This component is meant to assist the participants in learning financial responsibility (saving, budgeting and financial restitution). Employment is also a means for the participants to pay rent in order to live at Laumaka.

Participants are assessed to determine their ability to enter the local job market. The inmates' strengths and weaknesses in education, skills, experience and work history are examined. The assessment results are used as a basis for determining the type of education, training, or vocational development that will be needed to correct deficiencies or barriers in obtaining appropriate employment.

Educational and vocational services are provided by Bridge staff or a contract agency through the Education Services Branch of the Corrections Program Services. Bridge staff and/or Education Services provide classes in stress management and parenting to prepare for family reunification. They provide classes and other training to inmates according to the inmate's assessment. Education services also provide assistance in other areas (e.g., basic skills training to pass the GED exam or acquire a diploma).

Bridge counselors provide life skills training to assist the inmates in being successful in seeking and obtaining employment as well as re-socializing into the community. Educational programs are available to assist the clients in enhancing their chances to obtain the most appropriate and beneficial forms of employment.

The job developer conducts pre-employment classes to teach skills such as interviewing, resumé and application writing. They address life skill needs that hinder securing and maintaining steady employment.

Three components of the education and pre-release vocational services include:

(1) Classes in stress management in the workplace and parenting in preparation for family re-unification. Other classes for inmates are provided as indicated in their educational assessment. Continuing GED

preparation is available for inmates who have not been able to complete a GED program.

(2) Job development services to include pre-employment training, assistance in job seeking and follow-up. These classes are provided in Phase I (Level I) and are separate from the substance abuse treatment regimen.

(3) Life skills training to enable inmates to be successful in seeking and maintaining employment as well as re-socializing into the community. These skills include cognitive restructuring, problem solving and goal setting.

In addition, the Power Path program of Educational Services is available through a purchase of service contract. A certified Power Path provider helps inmates in need of remedial education services because of visual, hearing, or other impairment. The Power Path provider assesses the inmates' impairment(s) and advises the Laumaka Work Furlough Center (LWFC) staff and Bridge counselors on how to work with each inmate most effectively. The provider also assists inmates in coping with their impairment in the workplace.

LWFC staff and Bridge counselors monitor the inmates' compliance with their treatment and vocational plans. Those participants eligible for furlough according to Laumaka's policies and guidelines use their furloughs to seek employment, re-socialization and other appropriate community training, or educational programs.

LWFC staff, Bridge counselors, and contracted agencies monitor participants' compliance with their vocational service plans. Bridge counselors coordinate their participants' treatment activities around their job seeking and employment schedules. Bridge counselors and Laumaka staff (along with any contracted agencies providing services) have weekly meetings to review the participants' progress.

During the inmate's employment, LWFC, Bridge and contracted agencies meet with participants to assess their employment and address any potential problems. They also conduct site visits at the inmates' places of employment to address any employer problems and assess the success of the placement.

Family Services

Family education and counseling is to be provided as necessary and appropriate. The participant's treatment plan should reflect the need for such services. The program re-introduces participants to both their families and the surrounding community. Family counseling and family dynamics education are designed to help family members understand the issues involved and the recovery process for alcohol and/or drug abuse. Family integration and support is addressed individually as well as in group sessions.

Referrals

Inmates are referred to outside agencies during the course of their treatment. These agencies (e.g., Division of Vocational Rehab) complement the Bridge program by providing additional resources for family counseling and job assistance.

Program Phases (Levels)

Project Bridge incorporates a psycho-educational group as the basis of the educational aspect of the program. This model uses the group format to inform and teach addicted individuals about the behavioral, medical and psychological consequences of their addiction. The aim is to raise the awareness of the consequences of addictive behavior through informational materials, didactic presentations, and group discussions.

This model is both educational and motivational, demonstrating to the group members how their alcohol and other drug use has complicated their lives. The curriculum addresses lifestyle changes that are necessary to promote long-term recovery. It includes identifying high-risk relapse situations, anticipating obstacles to recovery and finding alternative ways to manage problems that have triggered substance use in the past.

Project Bridge incorporates a three-phase curriculum that involves assessment, treatment planning, pre-employment training, group and individual counseling, and educational and vocational training.

<u>Phase I</u>

(1) Develop treatment plan with counselor
(2) Sign furlough contract with LWFC case manager
(3) Relapse prevention education
(4) Re-socialization skills education
(5) Attend AA/NA, home group, 12-step program sponsor
(6) Attend pre-employment classes (with job developer)
(7) Seek employment

The inmates in Phase I meet with their counselor to address and modify their individual treatment plans, as new problems surface and old problems are resolved. The amount of time each inmate needs for individual counseling varies. Normally in Phase I, the inmates meet with their counselor 1-2 hours per week. This decreases as the inmates progress through Phase I and obtain employment.

Inmates are eligible for Phase II after they complete the required number of education sessions and obtain employment (minimum of 30 hours per week).

They must attend two weekly 12-step program meetings. If participants do not have any meeting passes but do have re-socialization furloughs, they must use their furloughs to attend 12-step AA/NA meetings. They must demonstrate some willingness to work and make progress in their treatment. The treatment team determines which inmates are eligible to advance to Phase II.

The first phase is approximately 30 to 45 days long.

Phase II

(1) Group counseling and education
(2) Continuation of AA/NA – twice a week – maintain regular contact with 12-step sponsor.
(3) Meet individually with Bridge counselor and LWFC case manager (Participants' progress and compliance with their treatment as well as work and re-socialization furlough activities are monitored by Bridge and LWFC staff.)

Phase II is a minimum of 90 days in length.

The inmates participate in group therapy, relapse prevention group education, life skills training and practice, and continue to attend AA and NA meetings. They work with the counselors individually on personal issues that may arise. They meet with the job developer on job-related problems and concerns. They meet with the family therapist on family re-integration and relationship issues.

Once the inmates are within the 45 days of completion, have demonstrated that they can function at Laumaka without misconducts, and have successfully completed all of their treatment objectives they may advance to Phase III.

Participants advance to Phase III after completing the following:

(1) Maintained stable employment
(2) $500 dollars in their passbook savings account (initially $300)
(3) Obtained a 12-Step "home group and sponsor"
(4) Completed written assignments
(5) Made progress in their treatment
(6) Qualify for 24-hour re-socialization furloughs (initially 48-hour)

(Some exceptions to the above criteria are accepted on a case-by-case basis.)

Phase III

(1) Continued participation in weekly groups (serving as mentors for their peers in Phases I and II)

(2) Work with Bridge counselors and the LWFC case manager on discharge/aftercare and parole planning as well as other issues that may hinder their recovery.

Phase III is approximately 60 days in length.

Inmates meet individually with their counselor to address specific issues that were not previously resolved. Before a participant can complete the third phase, he must have a parole plan. Within 30 days of the inmate's Parole Expectancy Date (PED), the counselor, case manager and pre-parole officer meet with the participant to begin final planning for his parole. The inmate's pre-parole officer has the primary responsibility for development of the parole plan. This plan ensures that the inmate will have support in maintaining his abstinence, recovery, and crime-free lifestyle. The plan may also include referrals to outside resources to assist in the transition and recovery.

During all phases of treatment, Bridge counselors provide (as needed) addiction education and group counseling to inmates' family members to assist them in providing the appropriate support for inmates when they are released on parole. Bridge counselors and Laumaka staff also conduct homesite visits to ensure safe and appropriate housing. They also visit 12-step program meetings to ensure the inmates are at their designated locations.

Inmates are eligible to graduate from the program if they have resided in Project Bridge for at least six months and they:

(1) Are eligible for parole or extended furlough
(2) Have completed all their required classes and written assignments
(3) Are employed
(4) Have a 12-step group and sponsor
(5) Have a minimum of $500 in their savings account
(6) Have an acceptable pre-parole/aftercare plan

Discharge

The interdisciplinary treatment team (consisting of Bridge counselors, Laumaka case manager and Laumaka unit manager) makes the final determination of graduation. Inmates who repeatedly relapse into active drug abuse or persistently refuse to comply with program requirements are terminated from the program. Prison rule violations (i.e., misconducts) may results in suspension of the inmate instead of termination. This is reviewed on a case-by-case basis.

There are two categories of discharges from Project Bridge:

(1) Clinical Discharge (Completion) – The inmate has fulfilled the objectives of his treatment plan, has been a participant in Project Bridge for at least six months, and is eligible for either extended furlough or parole.

(2) Non-Clinical Discharge (Termination) – The inmate relapses into active alcohol or drug use; commits a crime; or engages in serious misconduct as defined in Title 17 of the Department of Public Safety's Administrative Rules. Inmates may also be terminated from the program for refusing to comply with their treatment plan, showing a lack of progress, or due to a misdiagnosis and/or inappropriate referral.

Referrals are made for inmates who have completed the program and need further re-socialization assistance.

Inmates completing the program who cannot be discharged from the program because of security reasons (i.e., mandatory minimum sentence) become peer counselors assisting the counselors in the daily operations of the program.

Certain participants who are in Phase II and III of the program are chosen as quad leaders and assist the peer counselors. These inmates are used to help peers in need of counseling or assistance when problems arise or when a counselor or case manager is not available at the time.

Participants who graduate from Project Bridge may volunteer as a counselor in-training with special approval from the interdisciplinary treatment team and the Community Based Administrator.

Program Implementation Review

Timeline History

The program was followed from its inception in April 1998 to September 2000 (the first 30 months of operation). The following is a timeline history of program development and implementation, staffing, and contract services.

Problems were encountered during the initial startup, causing delays in implementation of the program for a multitude of reasons. There was difficulty in recruiting and hiring qualified staff. The final version of the contract did not provide for a program manager dedicated to the program, in effect changing the role of the lead counselor. The lead counselor functioned primarily as a substance abuse counselor but had to also serve as the administrator for the program's daily operations. The Department of Public Safety's procedures also required an extended period of time in the hiring of staff.

Program startup activities such as staff recruitment and hiring, equipment purchasing, outreach, and orientation were conducted from September 1997 through April 1998.

From September 1997 through January 1998, the program design was reviewed and finalized and the contract with the job developer was awarded. Meetings were held with Laumaka and the Oahu Community Correctional Center administration to clarify how Project Bridge would operate within the furlough program at Laumaka. Outreach activities were conducted with the warden and case management staff of the Waiawa Correctional Facility (WCF), the KASHBOX Therapeutic Community and with providers of Level II programs to familiarize them with Project Bridge. This was done to encourage appropriate target group referrals.

1998

The lead substance abuse counselor was hired in January 1998. This individual and the job developer began offering classes at WCF. These classes were targeted at inmates enrolled in the Level II group who would be appropriate for the Bridge program. Classes involved orientation and pre-employment activities.

A secretary was also hired in January 1998. In March 1998, the Bridge program manager was hired. The secretary and program manager set up the office and documentation procedures for the program. The program manager designed the forms to document Bridge participants' services and activities. The secretary set up the participant files and the Project Bridge office at Laumaka.

Preparations were made for the implementation of Project Bridge at Laumaka. Procedures were developed to identify, refer, transfer and admit inmates to

Bridge from the Level II treatment group at Waiawa completing treatment in March. Inmates appropriate for Bridge needed to complete primary treatment at the referring facility and be classified as community custody (some inmates were transferred while still at minimum custody and needed to wait until they were eligible for community custody status before being admitted to Bridge).

The original program design intended that the treatment staff of the referring facility and Bridge counselors would determine which inmates would be admitted to Bridge. Instead, the Laumaka Program Committee determined which inmates would be admitted. Besides treatment considerations, classification and security weighed as heavily in determining which inmates entered Bridge. As a result of those criteria, many inmates who had been referred to Bridge were not admitted. Other inmates were too close to their tentative parole date to complete the program.

Working out an agreement for admissions decision-making involved considerable negotiations with classification and facility staff and administration. These factors caused a delay in the filling of Bridge beds for several months.

A purchase of service contract with Assured Improvement Management, Inc. provided vocational and job development services for Project Bridge in April 1998.

The lead counselor refined the treatment program and curriculum in consultation with the program manager, job developer, and the Laumaka case management staff.

Beginning in April 1998, the Bridge counselors, job developer and program manager met weekly to review and modify the program, identify and resolve problems, and consult on cases.

Since April 1998, Bridge counselors and the job developer have continued outreach at the Waiawa Correctional Facility, developing referrals and preparing inmates for the program. Bridge staff also began developing outreach services at the Kulani Correctional Facility.

In June 1998, the second substance abuse counselor was hired, which made it possible to start a second treatment group. Each counselor would have a caseload of 16 participants. The staff continued to review and develop the program.

By July 1998, Bridge counselors had developed a positive working relationship with Laumaka case management and classification staff so that admissions to Bridge would run more efficiently.

During the initial stages of the Bridge program implementation, there were problems with intermingling Bridge participants with the general population at Laumaka. The Oahu Community Correctional Center was under a consent decree to minimize overcrowding and the Laumaka administration could not leave beds unfilled. Thus, general population inmates were housed in the unfilled Bridge beds in Building 1 at Laumaka.

On July 2, 1998, a Department of Justice grant manager visited the program and made it clear that the intermingling of inmates was unacceptable and could jeopardize program funding. The Laumaka administration and Bridge staff developed a plan enabling them to fill all program beds with Bridge participants by August 1, 1998.

However, intermingling continued as inmates sometimes visited other dorms (buildings). The Community Based Administrator tried to remedy this situation by stipulating that it was a misconduct to be in another dorm. Intermingling was limited to the common areas (e.g., dining area).

Project Bridge is a transitional treatment program designed to prepare inmates to live and work in the community. Thus, Bridge inmates are exposed to people in the outside community. Bridge counselors used the exposure to the general population (as well as to people in the community) to help Bridge participants meet these challenges and practice their recovery and life skills.

The first Bridge graduates were discharged in October 1998. The program hosted a celebration in their honor. Formal graduation ceremonies also took place in December 1998, March 1999 and June 1999. Future graduations were to be held quarterly but security reasons prohibited this from occurring (they have been put on hold since mid-1999).

1999

In January 1999, both Project Bridge counselors and the program manager resigned from the Department of Public Safety. This dramatically affected the entire program operation. The Community Branch Administrator requested (and was approved by the Corrections Program Services Administrator) that the Day Reporting Center substance abuse staff take over Bridge program functions until it was adequately re-staffed. This sudden upheaval in staff caused some of the original focus of the program to change.

In January 1999, the Day Reporting Center introduced the concept of an interdisciplinary treatment team and planning with regularly scheduled treatment team staff meetings.

During February 1999, technical assistance was provided by the U.S. Department of Justice. Consultants from the firm of Johnson, Bassin, and Shaw,

Inc. based in Silver Spring, MD were sent as part of the Technical Assistance Program of the Residential Substance Abuse Treatment federal grant program. They reviewed and evaluated Bridge assessment tools and procedures. They also inspected and evaluated the different CPS treatment facilities. They made technical recommendations on improving the program's efficiency and providing better treatment. These recommendations included a continuum of treatment for substance abusers moving the program to a more therapeutic community-type environment rather than a treatment program component in a general population community.

The drastic staff changes, along with implementing the recommended program changes, caused instability in the program during the ensuing months.

In March 1999, the new lead counselor (hired in February 1999) and the second counselor (who was hired in May 1999 and was formerly with the Day Reporting Center substance abuse program) introduced the use of participant staffing to help motivate and recognize participants who are doing well in the program. These participants would be designated "quad leaders" and assist others in the program. The lead counselor also implemented "process-oriented closure groups with private group ceremony" when participants completed treatment.

In March 1999, the treatment team further developed program policies and procedures (e.g., AA/NA meeting attendance, requirements for each level of treatment, furlough increases).

In April 1999, the lead counselor completed the client orientation manual and started development of the counselor/staff comprehensive program procedure manual. He also began development of an organized curriculum with six-month lesson guides.

During April 1999, the Bridge counselors introduced the Peer Counselor and Quad Leader program to help empower participants and to develop a more supportive family environment. The program also allowed those participants who have mandatory minimums (not approved for extended furlough) to stay in the program longer, in order to maintain their sobriety and continue the recovery process.

Inmates began responding positively to the new program changes. Services provided to participants improved in terms of consistency and reliability.

In August 1999, a volunteer student intern began assisting in the daily operations of the program.

In September 1999, Bridge staff and inmates participated in the second Annual Job Fair sponsored by Correction Program Services (Education Services Branch) and Assured Improvement Management.

During October 1999, Bridge counselors completed a comprehensive Program Manual that informs new staff of their responsibilities.

In November 1999, the Laumaka primary case manager resigned. Bridge counselors took over these responsibilities and assisted the LWFC Unit Manager. This was necessary in order to maintain daily services (e.g., passes).

A new Community Based Administrator (CBA) at LWFC began work in late December 1999, and implemented administrative changes (e.g., procedures) affecting the program. A change in administrator affects program operations as Bridge staff are under the supervision of the CBA.

2000

In January 2000, Heritage Counseling Services began their vocational contract. Kahi Mohala, a family counseling provider, began offering its services in February 2000.

The Bridge program suffered staff losses again in February 2000. The resignation of the second counselor and secretary hindered program functions. The student intern took over more of the counseling functions. The lead counselor and program manager took over the administrative duties normally done by the secretary. Some minor secretarial duties were taken over by the LWFC administration staff.

In April 2000, the Oahu Community Correctional Center hired a new social worker that was assigned to the Laumaka Work Furlough Center as a case manager for the Project Bridge dorm.

During the period ending April 30, 2000, there were major shifts in program structure. Program changes were made to improve services and to enhance potential for long-term recovery.

In late June 2000, a new secretary was hired. Bridge counselors familiarized and trained her on Bridge procedures and operations.

Purchase of service funds for Heritage Counseling Services were depleted in June 2000. Vocational development responsibilities were taken over by Bridge counselors. In June 2000, another new Community Based Administrator implemented a variety of new policies.

The case manager position at Laumaka was vacant from July to September 2000. Bridge counselors once again performed case management functions.

Bridge inmates participated in two job fairs in July and September 2000. The first job fair was sponsored by the City & County of Honolulu and the latter by the Department of Public Safety. Both functions afforded inmates the opportunity to gain job seeking skills as well as employment opportunities.

During mid-2000, a new volunteer counselor helped to add a local cultural perspective to the program, enabling a better relationship between inmates and counselors.

In September 2000, the second substance abuse counselor was hired. He had begun his internship with the program in August 1999, enabling a smooth transition to his new role.

During the year, the lead counselor continued staff liaison and recruitment of inmates at Kulani Correctional Facility, Hawaii Community Correctional Center, Waiawa Correctional Facility and the Salvation Army Addiction Treatment Services.

Project Bridge Staff

Position	Hired	Resigned
Lead Substance Abuse Counselor	1/21/98	12/31/98
Lead SAC/ Program Manager	2/8/99	-
Substance Abuse Counselor	6/16/98	12/18/98
Substance Abuse Counselor	6/16/98	12/18/98
Substance Abuse Counselor	9/14/00	-
Secretary	1/21/98	2/8/00
Secretary	6/20/00	-
Student Intern Volunteer Counselor	8/15/99	9/13/00
Volunteer Counselor	mid-2000	-

Project Bridge Staff Responsibilities and Training History

Two substance abuse counselors (SAC) are responsible for developing and implementing individual client treatment plans, conducting individual and group

counseling, and treatment case management. One SAC is designated as lead counselor. The counselors rotate being on call so that LWFC security can contact a Bridge counselor staff member immediately if there is a problem. The counselors are certified by the Alcohol and Drug Abuse Division of the State Department of Health.

The lead counselor is responsible for the daily operations and administration of the program. The second counselor is responsible for providing the majority of the counseling functions.

Bridge counselors are responsible for developing individualized treatment plans and monitoring the inmates' progress. The counselors meet individually with each participant as needed (at least monthly) to review his progress, to review their treatment plan, to provide any needed individual counseling, to refer the client to education and job development services, and to make referrals to appropriate community agencies in anticipation of the inmate's parole.

Bridge counselors provide all substance abuse treatment services to Bridge inmates. They also provide case management services as required for the Laumaka work furlough program. They conduct urinalysis drug testing at least twice a month and immediately if drug use is suspected.

During the early stages of the program, the substance abuse counselors also served as facility case managers for Bridge participants. (They were trained in case management procedures for the facility.) The counselors prepared and monitored the inmate's furlough contracts and did prescriptive plan updates. The dual function increased the counselors' workload but enabled participants to receive more comprehensive and consistent treatment. Laumaka staff subsequently assumed case management responsibilities.

A job-seeking schedule is provided when an inmate enters the program. Case management is done with the prospective employer upon an inmate's employment. The inmate's rate of pay, work schedule and work site are documented and placed in a working file. A work pass is then issued to the inmate consistent with his employment schedule in order to maintain accountability.

Other case management with the Hawaii Paroling Authority is performed to ensure that an adequate parole plan is in place prior to an inmate's release from incarceration. Additional case management with previous treatment counselor(s) may be done prior to and during the inmate's treatment in order to assist the primary counselor in identifying any unresolved issues that may require continuing therapy. Weekly case management is done with the clinical team and other Laumaka staff to examine each inmate's progress in treatment.

Substance abuse counselors also attend parole hearings that affect the parole of some Bridge participants. The participation of Bridge staff at parole hearings has resulted in the Parole Board requiring some inmates to complete the Bridge program prior to parole.

All Project Bridge staff attended the Corrections Familiarization Training in conjunction with Basic Corrections Training offered by the Department of Public Safety to all new staff. They also attended in-service training classes on work ethics, sexual harassment/discrimination, and corrections security. Project Bridge secretaries attended computer-training classes sponsored by the Department of Human Resources.

The Department of Public Safety provides Basic Correctional Training and other corrections training to Project Bridge staff. Both substance abuse counselors are certified. They must participate in substance abuse counseling and continue their education to maintain certification and keep their skills and knowledge base current.

All Bridge counselors attended substance abuse continuing education trainings provided by the Department of Health's Alcohol and Drug Abuse Division. Training classes included relapse prevention, confidentiality, dual diagnosis and cultural sensitivity.

In 1999, the lead counselor/program manager attended the five-day Training and Helping People of Colour conference in Hawaii. He also attended a conference in Las Vegas during mid-April 2000. He gave a seminar and produced a training video on the different correctional substance abuse programs in the State of Hawaii. In September 2000, the lead counselor attended a training class on crisis intervention.

The student intern volunteer attended the Volunteer Services Familiarization training held at the Halawa Correctional Facility prior to beginning his internship in 1999. In September 2000, he began his new position as the second Bridge counselor. He is continuing courses at Hawaii Pacific University seeking his baccalaureate in the social work program.

Laumaka Staff History and Responsibilities

Project Bridge utilizes additional staff members from the Laumaka Work Furlough Center to assist in the daily treatment of Bridge participants. These persons include the Community Based Administrator (CBA), the case manager, the vocational rehabilitation counselor (LWFC staff, Bridge staff or contracted personnel), the OCCC classification officer and the lead adult corrections officer (ACO). These individuals along with Bridge staff, work closely together to provide the services necessary to enable participants' successful recovery.

The CBA is the direct supervisor for all staff working at LWFC. This position clarifies the rules of the facility and makes all final decisions on situations that may be unclear or need resolution. The CBA manages all of the staff in their daily operations and disseminates information from the Warden.

The Case Manager manages the participants' passes, furloughs, outside work needs, money deposits and withdrawals, and any needs other than substance abuse treatment. This person is involved in the screening process, treatment planning, counseling, and discharge of Bridge participants. The case manager works closely with Bridge staff and actively participates in any major decisions affecting the participants. During inception, Bridge counselors performed case management functions. Laumaka staff took over case management responsibilities for Bridge participants in January 1999. Bridge counselors took over case management responsibilities once again during October 1999 - April 2000 and periodically to September 30, 2000 when Laumaka case management staff was not available.

The Vocational Rehabilitation Counselor provides necessary education and skills training to assist participants in their job search, obtaining and maintaining employment. Responsibilities include assisting the participants with obtaining a GED or diploma, resumé development, interviewing skills, personal appearance development, trade skills, and obtaining outside job training and college education.

The Classification Officer is integral to the admission process in determining which inmates may be eligible and appropriate for the program. This person works closely with Bridge staff in determining inmates who meet the requirements to enter the Bridge program.

The lead ACO is responsible for insuring the security of the facility and maintaining inmate conduct and order. The lead ACO designates individual(s) to conduct and monitor urinalysis testing and keeps the CBA informed of problem inmates who may need counseling or disciplinary action.

Additional support staff include the administrator (overall project/program director) for Department of Public Safety Corrections Program Services, the financial manager (maintains the project budget) of the program, the substance abuse officer (maintains program compliance with treatment procedures), and the RSAT project grant manager from the State Department of the Attorney General (monitors the program).

Program and Treatment

Bridge participants are a more diverse group than the program was initially designed for. Participants have varied treatment (e.g., referrals from Level II and Level III) and drug use histories (i.e., ranging from recent drug use to substance-

free for years). As a result, the program needed to tailor treatment to the individual needs of each participant through individualized treatment plans and some modification of the group counseling process.

A low intensity multi-dimensional treatment program is utilized to deal with aspects of substance abuse, vocational deficits, and criminal behaviors.

The following is a description of services (treatment) that was provided from April 1998 to Fall 2000. Program developments and frequencies of treatment sessions are noted.

Substance Abuse Services

Individual and Group Counseling

Counselors provided two relapse prevention education/life skills education (group counseling) sessions a week. In 1999, individual counseling sessions were increased from once a month to every two weeks. (Participants receive as much individual care as they feel they need.) During the counselors' case management activities with the participants, they also provide informal individual counseling.

Actual group and individual sessions have increased during the 1998–2000 period. It appears there was a lack of counselor contact with participants in 1998. Counselors provided approximately 1.5 hours of group and individual sessions per week in 1998. This included a one-hour class and 30-minute individual session. In May 1999, this was increased to 5.5 hours total, including two (two-hour) classes and 30-minute individual sessions.

Vocational and Educational Services

Vocational services include pre-employment classes, education classes, job development services, life skills training, and Power Path program services.

Education and vocational training services are provided through the Education Services Branch of the Corrections Program Services Division.

A purchase of service contract was executed with Assured Improvement Management, Inc. (AIM) to provide vocational and job development services for Project Bridge in 1998 through its "WorkNet" program. Bridge and AIM staff assessed the potential participants and oriented them to the expectations of the program.

AIM arranged career exploration and job search opportunities through guided field trips and special events including tours of local businesses (e.g., Oceanic Cable, US Sprint, Weyerhaeuser and Duty Free Shoppers).

The contract with AIM ended in October 1998. In November 1998, Laumaka staff (Day Reporting Center substance abuse staff) provided job development services until the new Bridge staff were hired and took over these responsibilities.

In September 1999, Bridge inmates and staff participated in the second Annual Job Fair sponsored by the CPS Education Services Branch and Assured Improvement Management.

In January 2000, Heritage Counseling Services began their job development services contract to provide job maintenance and stress management. All inmates participated in this program unless they had already developed the necessary job skills and no assistance was needed. Services included job development skills, training on how to appropriately and effectively converse with people, and training in stress and anger management. Heritage Counseling Services conducted vocational testing, job-site visits, corresponded with employers, and performed a four-month follow-up to review the inmates' work performance.

Heritage Counseling Services provided job development services until early June 2000 when Bridge staff once again took over the role of providing vocational services to participants.

The Bridge program did not have vocational contract services from November 1998 to December 1999 and from July 2000 to the end of the study period (September 2000).

Family Counseling Services

The family counseling program offered re-socialization skills, life skills, collateral contacts, family education, and family counseling.

In January 2000, a purchase of service contract was granted to Kahi Mohala, a family therapy and counseling service provider, to assist inmates and their families with re-integration. Services were offered in early February 2000 through September 2000. Family counseling services were offered in an orientation class to all Bridge participants. Counseling services were administered on a voluntary basis for those who needed assistance in family functioning. Eight inmates participated in this program. Appointments were scheduled by the designated liaison from Kahi Mohala. Participants were given passes to travel to one of two Kahi Mohala sites for counseling.

A contract for family counseling services was not obtained for almost two years after Bridge's inception. During these years, Bridge counselors tried to provide some level of this service to its participants.

Program Development

Notable programmatic changes were not made until 1999. In that year, Bridge underwent a significant program change from a primarily drug addiction treatment program to a modified therapeutic community (focused on reintegration as well as relapse prevention.) There was a new curriculum utilizing recovery tools to enhance recovery. The program became more of what was initially conceptualized in aiding inmates to make a positive transition to the outside world after parole.

The development of a comprehensive curriculum was designed to meet the need of Bridge participants who have received prior treatment (the original curriculum was designed for participants coming into recovery for the first time).

In February 1999, a new program manager was hired. He also served a dual role as lead counselor in the program. Since his employment, he has established changes to the program, including:

- Quarterly graduation ceremonies (changed to bi-annual and subsequently put on hold)
- Development of a comprehensive program manual
- Development of a client orientation manual
- Restructuring of the program regimen
- Closure process groups when a participant completes program
- Implementation of a peer counselor and quad leader program (e.g., participant staffing for motivation and recognition)
- Counselor training and internship program
- Assisting substance abuse counselors in passing the certification exam
- Closer ties with the LWFC administrative and security staff

Changes to the program structure included the introduction of an interdisciplinary treatment team, regular staff meetings between Bridge and LWFC staff and more consistent exchange of information between Bridge and others involved with the participants.

During 1999, more comprehensive treatment was provided. Services were increased in terms of group education, group therapy, and individual counseling, as well as case management. This strengthened the program and made it more consistent with the program regimen encompassed in Bridge and the LWFC goals.

The new comprehensive program manual defined the primary tasks and functions of the counselors and also helped to integrate the Bridge program with the LWFC functions.

Administrative procedures were developed to ensure that the project would be operated in a way that ensured quality treatment, consistent policies and procedures, and data acquisition to periodically evaluate the project.

In May 1999, the second counselor position was filled. He initiated the move towards an interdisciplinary treatment team approach for the program, and more individual contact. In addition to increased individual counseling sessions, there were ongoing surveillance of participants' residence on furloughs, place of employment, and attendance at AA/NA meetings.

The second counselor also initiated a more consistent liaison with the LWFC staff, enabling better communications and transfer of information. There was more direct communication between Bridge and the feeder programs, providing smoother transfer of participants into the program.

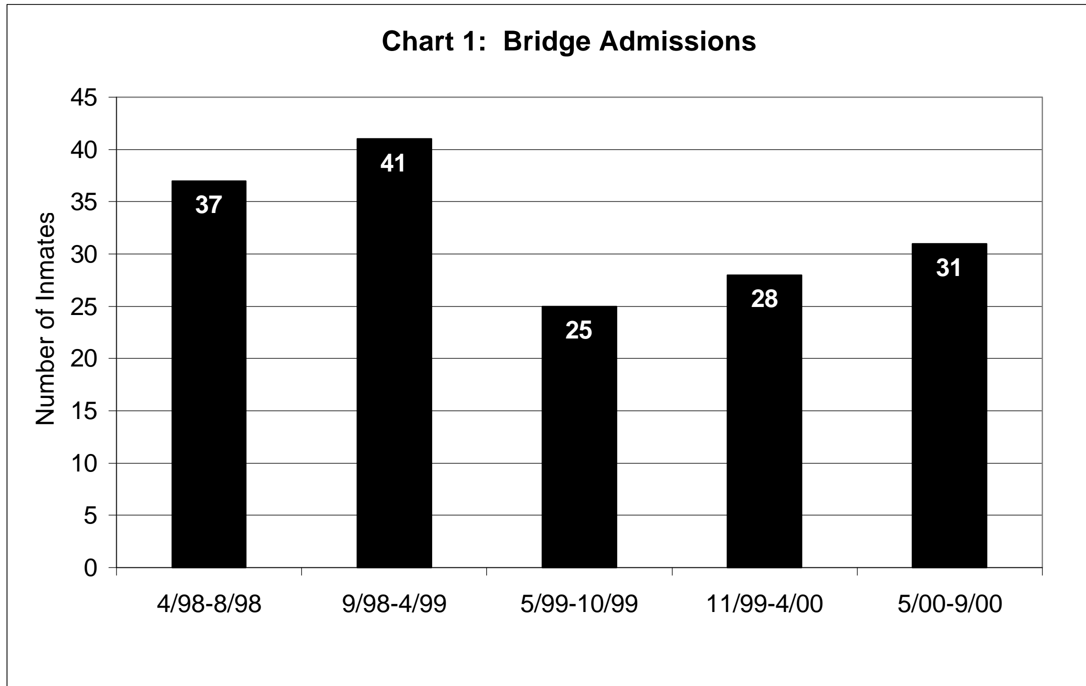
The program encountered instability during the first half of 2000 due to the staff losses noted earlier. In addition to Bridge staff shortages, the constant LWFC staff changes increased the existing Bridge staff workload until mid-April 2000, when the Laumaka Work Furlough Center hired another case manager.

Admissions

Project Bridge's objective is to maintain a full capacity census and admit at least 32 inmates into the program a year.

In April 1998, inmates that had completed the Level II program at the Waiawa Correctional Facility were admitted into Bridge. The program enrollment gradually grew and reached its full 32-bed capacity by August 1, 1998.

One hundred sixty two inmates have entered Project Bridge from its inception to September 2000. The program has generally maintained a full capacity since 1998 (Chart 1).

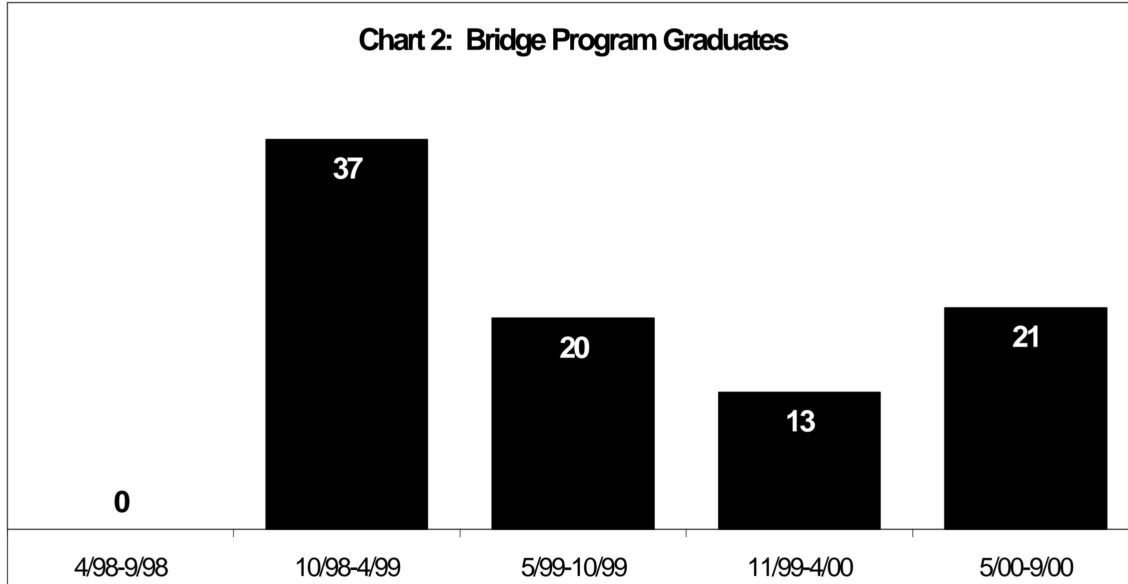


It is estimated that approximately 200 inmates that have completed KASHBOX or Level II treatment were referred to Bridge from September 1997 to September 2000. This is an estimated count as no accurate records were available from the various facilities. Most referrals were accepted into the program. Those that were not admitted were usually due to factors such as the length of time to tentative parole date or poor motivation. It is estimated that over 400 inmates who have completed KASHBOX or Level II treatment were not referred to Bridge during this time period.

Graduates

Project Bridge's objective is to have a 50% rate of clinical (successful) discharges.

There were a total of 91 graduates from inception to September 30, 2000 (Chart 2). The first Bridge graduates were discharged in October 1998.



Of the 125 discharges (clinical and non-clinical) from April 1998 to September 2000, 73% (91) were clinical completions, exceeding the objective of 50%.

Two of the Bridge graduates suffered drug relapse on parole and were referred back to the program for treatment by the Hawaii Paroling Authority. They have graduated from Project Bridge twice.

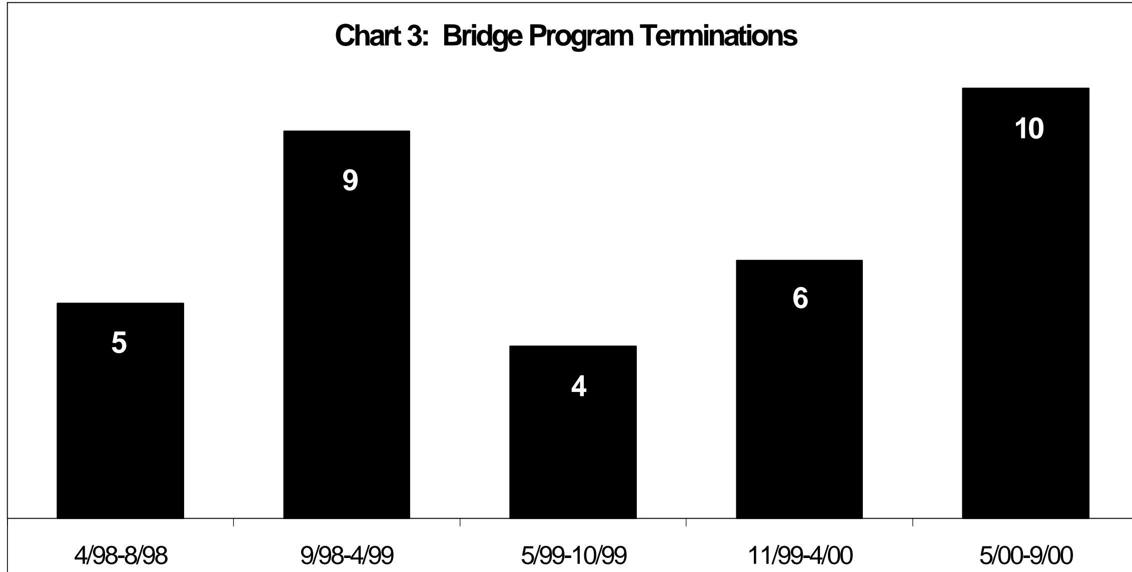
Terminations/Suspensions

There were a total of 34 non-clinical discharges from April 1998 to September 30, 2000. (See Chart 3 for termination breakdown in approximate six-month intervals). Terminations were generally due to repeated misconducts and positive urinalysis results. Some participants were re-arrested (e.g., drug dealing, escape). There was one termination due to misdiagnosis (transferred back to general population) and one fatality due to a drug-overdose.

Since April 1999, Bridge counselors incorporated a more therapeutic versus punitive policy. They do not always terminate participants for relapsing. The decision is based on how the counselors perceive the situation (e.g., they may

choose not to terminate participants that they perceive will benefit from the program).

Terminations depend largely on a change in custody level (e.g., participants that are not designated “community custody” are not allowed out in the community on work furlough). A serious offense would warrant an inmate’s termination from the program (e.g., an inmate arrested during furlough would no longer have community custody status prohibiting him from the program).

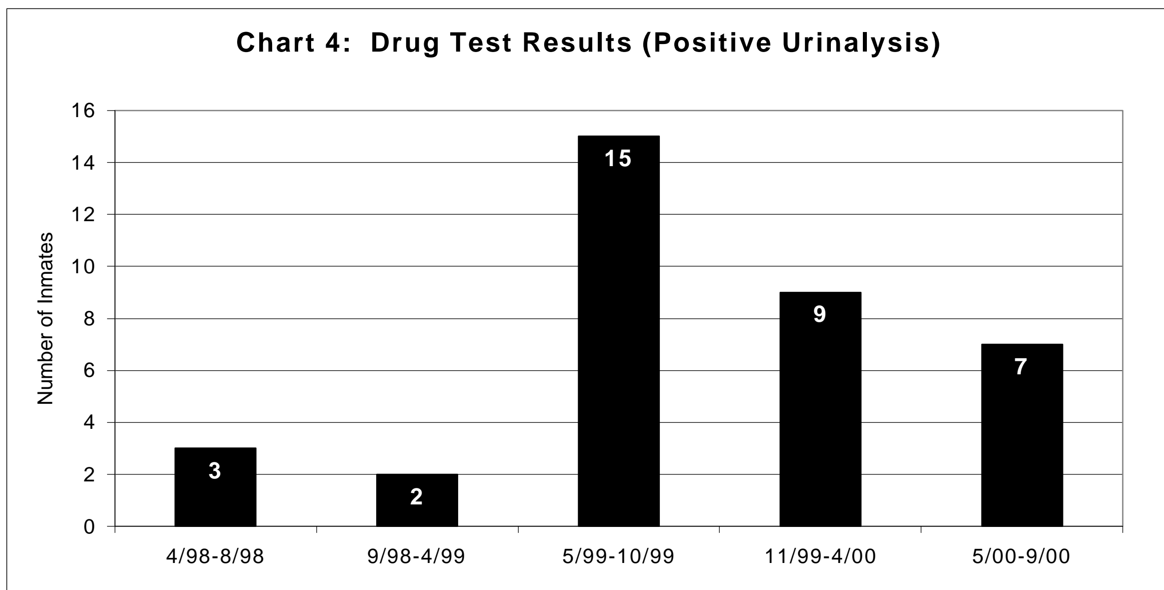


Approximately 27% of the program discharges from April 1998 to September 2000 were due to terminations. This is based on a total of 125 discharges (91 clinical completions and 34 non-clinical completions).

Urinalysis (Relapse)

Security personnel conduct urinalysis drug testing on Bridge participants at least twice a month and immediately if drug use is suspected, per the Department of Public Safety's Policies and Procedures.

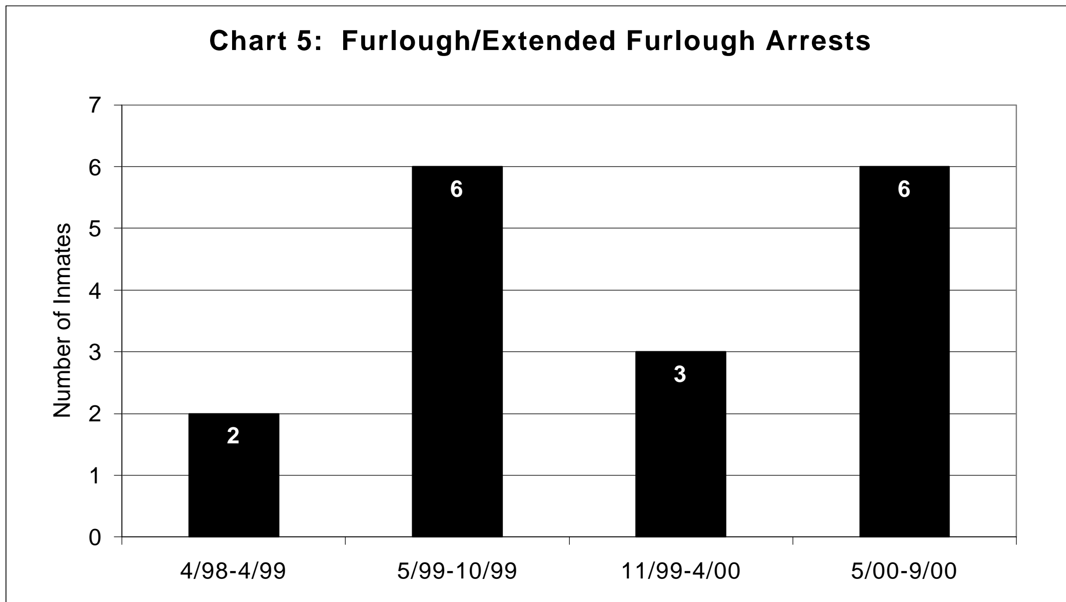
Thirty-six (22%) of the 162 inmates that have been admitted into Project Bridge have relapsed into active drug use as evidenced by urinalysis drug screens from April 1998 to September 2000 (Chart 4). The Roche Testcup and Syva ETS Plus machine are utilized to conduct the drug testing. Drug test results are an approximate count only, as complete data records were unavailable.



Arrest on Furlough/Extended Furlough

Furlough hours are granted to assist the inmate with re-socialization. During this time, inmates are encouraged to spend time with family, friends, support groups and to participate in community functions. The inmate's furlough location is analyzed prior to authorization to ensure that it is stable and an alcohol and drug free environment. Furlough hours are increased as inmates continue to demonstrate their ability to act responsibly in the community. Inmates are required to report all furlough activities.

Seventeen inmates were arrested on new charges while on furlough or extended furlough (Chart 5). These data are based on information received from Bridge counselors through September 2000.

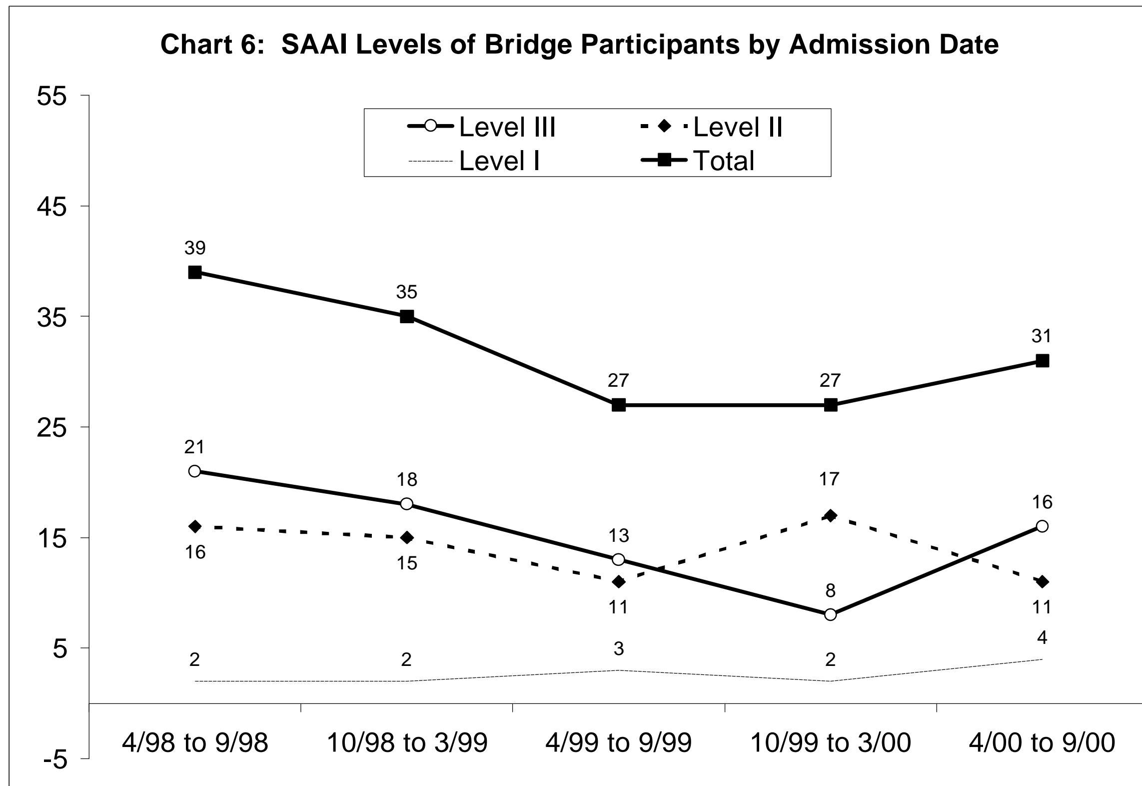


Substance Abuse Assessment Inventory (SAAI)

The Substance Abuse Assessment Inventory (SAAI) is utilized to assess the extent of inmates' drug and/or alcohol problems, and their level and willingness for substance abuse treatment. Project Bridge targets inmates in need of transitional services who have completed a Level II or Level III substance abuse treatment. Priority is given to inmates that have completed KASHBOX Level III treatment or Level II treatment that were unable to be admitted into a Level III TC program. Since July 2000, Bridge counselors have been utilizing the Addiction Severity Index (ASI) as their new screening tool for treatment.

SAAI score levels range from Level I to Level III. Level I (lowest level) assessment indicates no significant alcohol or drug use problem. Level II is a moderate level. Level III (highest level) reflects serious and multiple alcohol/drug use problems.

Of the 162 inmates admitted into the Bridge program from April 1998 to September 2000, SAAI score levels were available for 159 inmates. Thirteen (8%) were assessed at Level I, 70 (44%) assessed at Level II, and 76 (48%) were assessed at Level III (Chart 6).



Treatment Sessions

The following is a breakdown by category of the total number of treatment sessions that were provided to Bridge inmates via vocational education, family counseling, relapse prevention, and individual and group counseling. The number of treatment sessions is based on data collected by Bridge staff from inception to September 2000. Prior to March 31, 1999, complete data records were not kept relative to the number of treatment sessions.

From the inception of the program through September 2000, it is estimated that Bridge counselors have conducted 2919 relapse prevention, 3070 group counseling and 576 individual counseling sessions (Table 1).

Table 1: Bridge Treatment Sessions, April 1, 1998 to September 30, 2000

	Relapse Prevention	Group Counseling	Individual Counseling	Vocational Education	Family Counseling
Total Classes (Graduates)	2919	3070	576	882	29
Total Average Classes (Per Graduate)	32	34	6	10	
Total Classes (Terminated)	780	780	187	192	21
Total Average Classes (Per Terminated)	23	23	6	6	

Average Length of Stay

Project Bridge is a six- to twelve-month program (at least six months but no longer than a year). The average length of stay for inmates graduating (clinical discharge) from the Bridge program was approximately 6.5 months. The average length of stay for inmates that were terminated (non-clinical discharge) from the program was approximately 3-4 months. Information is based on data collected by Bridge staff and reflected in their progress reports (Table 2).

Table 2: Average Length of Stay
(Number of days)

Period Ending	Graduates	Terminated Inmates
9/30/98	Data not available	Data not available
4/30/99	193	Data not available
10/31/99	193.1	88.3
4/30/00	195	106
9/30/00	202	133

Agency Referrals

Inmates were referred to outside agencies during the course of their program treatment. The following is a list of agencies with the service they provide to inmates:

- Alu Like, Inc. (employment training services)
- Division of Vocational Rehab (vocational assistance)
- Family Peace Center (parenting classes)
- John Howard Association (initial bus pass provided)
- Work Hawaii (job assistance)

The following is a breakdown of the total number of inmates and the agency referrals that were made from April 1998 to September 2000. This information is based on progress reports provided by Bridge staff. From April 1998 to September 2000, 162 inmates were referred to the John Howard Institute, 153 to the Division of Vocational Rehabilitation, 104 to Work Hawaii, 18 to Alu Like and 3 to the Family Peace Center (Table 3).

Note: The breakdown (approximate six-month intervals) did not include all agency referrals in the earlier progress reports. Subsequent reports reflect a more complete listing of referrals.

Table 3: Number of Bridge Participant Referrals by Agency

Period Ending	Alu Like	Division of Vocational Rehab	Family Peace Center	John Howard Assoc.	Work Hawaii
8/98*	—	—	—	—	—
4/99	1	—	3	—	3
10/99	1	98	3	103	3
4/00	15	125	3	131	75
9/00	18	153	3	162	104

*No referrals noted during this period

Profile of Graduates

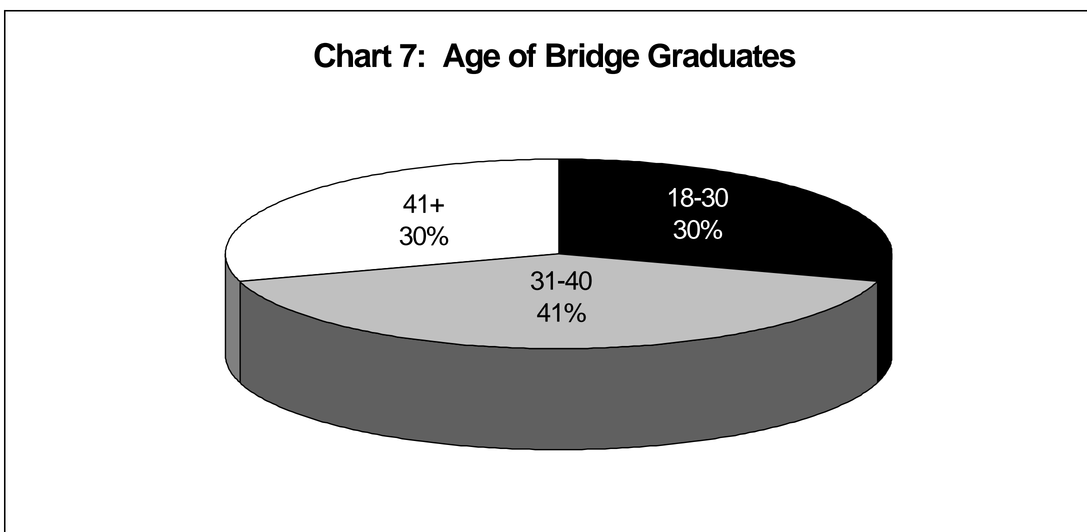
Bridge participants are a more heterogeneous group than was envisioned in the original program design. As noted earlier, the participants have various exposure levels to previous drug treatment. Some are recent drug users, while others have been substance-free for years.

Background information was collected on Bridge graduates from the first two years of program operation. There were a total of 70 Bridge graduates from April 1998 (inception) to April 30, 2000. The earliest group graduated during Fall 1998.

Participants' background data were drawn from the program's inmate file records (e.g., psycho-social assessment forms based on self-reports, counselor's treatment records).

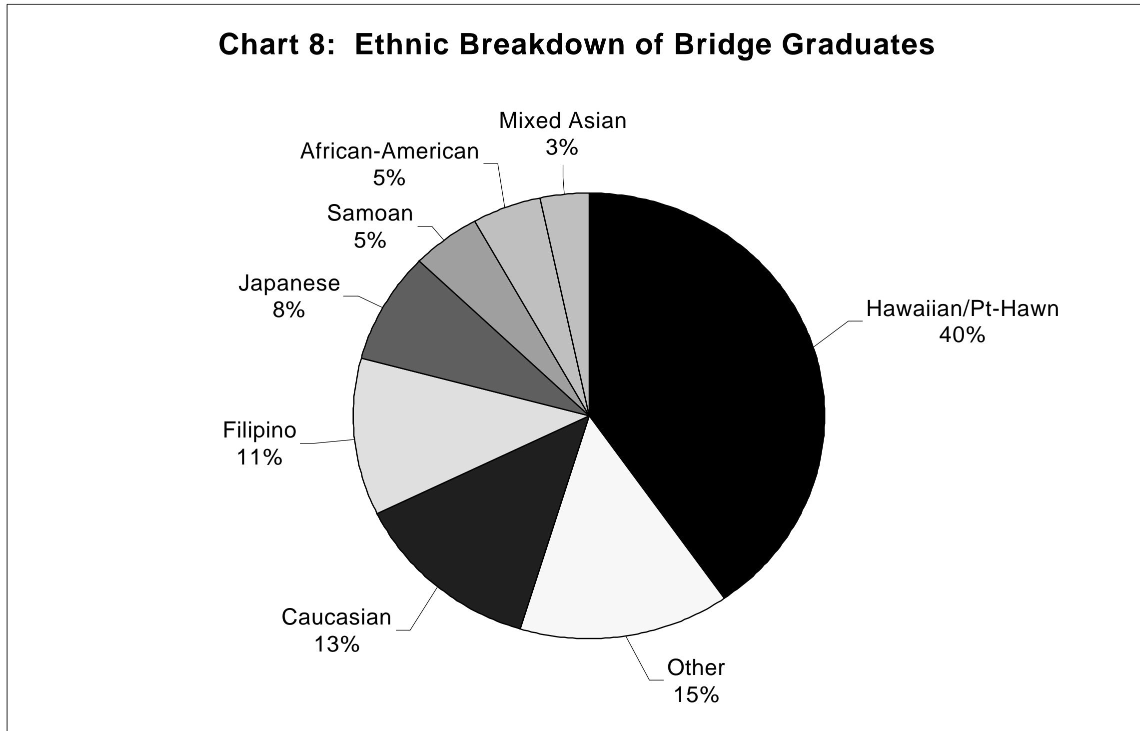
Bridge graduates' background data were collected from the Psychosocial Assessment Questionnaires that are filled out by all Bridge participants. The questionnaire provides a history of the inmates in areas of substance abuse, crime, education, vocation, family and religion.

Seventy percent of Bridge graduates were older than 30 years of age at the time of admission into the program (Chart 7). The age of graduates ranged from 22 to 50. The average age of graduates was 36. Almost 30% of the graduates were over 40 years old when they entered the program.



(Based on the responses of 64 graduates)

Hawaiian/part-Hawaiians comprised the largest group of Bridge graduates, comprising two-fifths (40%) of the population. Other major ethnic groups consisted of those with a mixed ethnicity (15%), Caucasians (13%), Filipinos (11%), and Japanese (8%) (Chart 8).



(Based on the responses of 62 graduates)

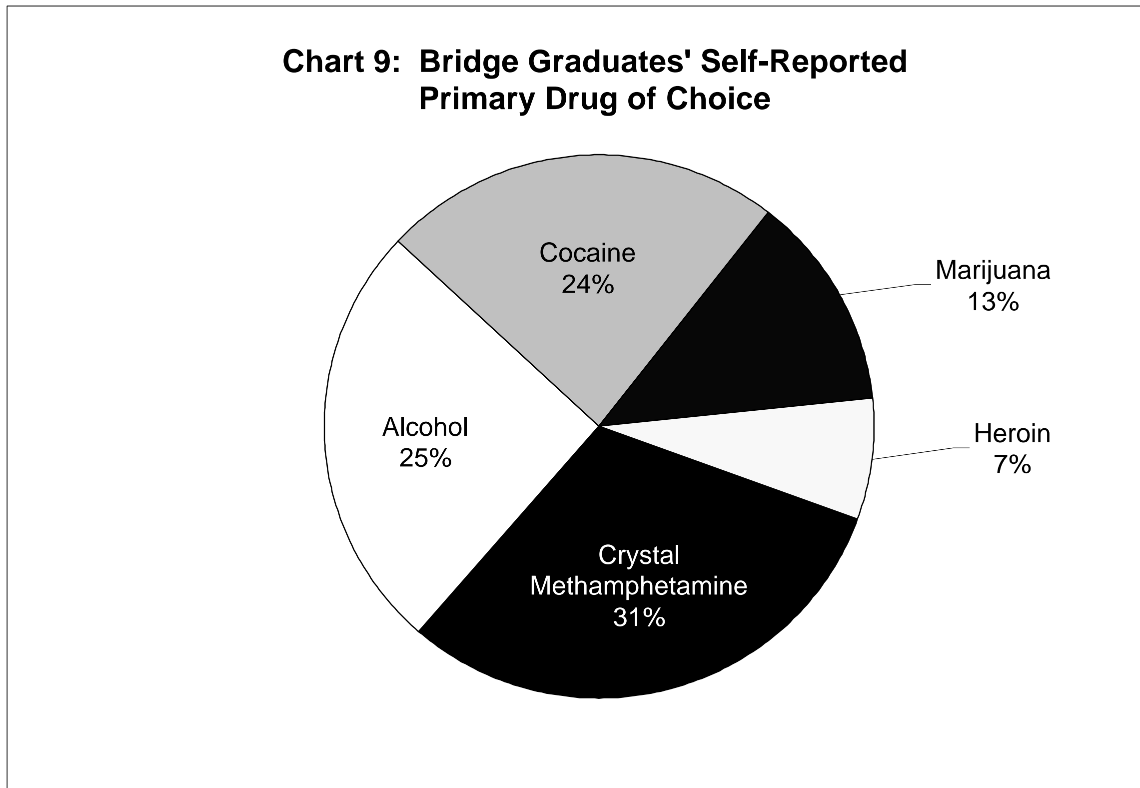
Reponses by Bridge graduates relative to drinking and drug related problems reveal that 90% of Bridge graduates “felt bad or guilty” about their drinking or drug use and more than 60% reported previous attempts to cut down their usage. Almost 70% reported difficulty in “getting along with others because of alcohol and drugs” and more than half of the respondents reported an incident of “engaging in a physical fight or violent argument with a friend or family member after using alcohol or drugs” (Table 4).

Table 4: Self-Reported Drinking- and Drug-Related Problems

	Yes	No
Feel Bad/Guilty About Drinking/Drugs[1]	90%	10%
Tried to Cut Down Usage[2]	60%	40%
Engagement in Physical Fight/Violent Argument[2]	53%	48%
Trouble Getting Along With Others[2]	69%	31%

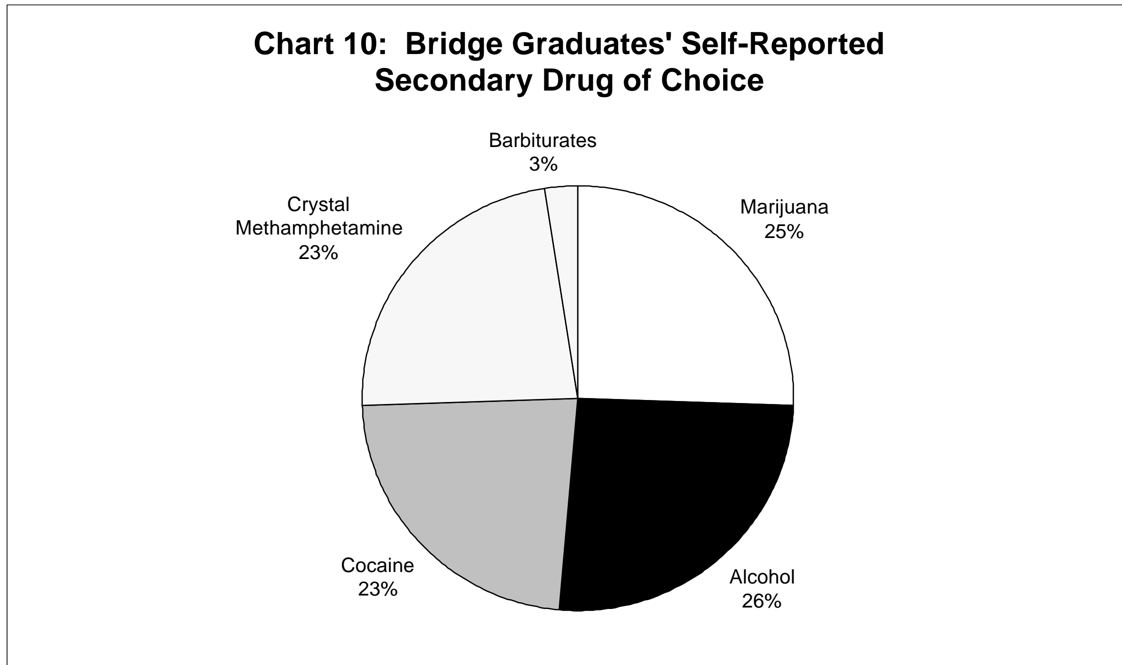
1-Based on the responses of 50 graduates
2-Based on the responses of 68 graduates

Crystal methamphetamine (ice) was the most prevalent drug used by the respondents, with almost one-third reporting this drug as their “primary drug of choice.” The next most common primary preferences were for alcohol (25%) and cocaine (24%). Either crystal methamphetamine, alcohol or cocaine was the most preferred drug for 80% of the respondents (Chart 9). The average age graduates reported that alcohol or drug use began was sixteen.



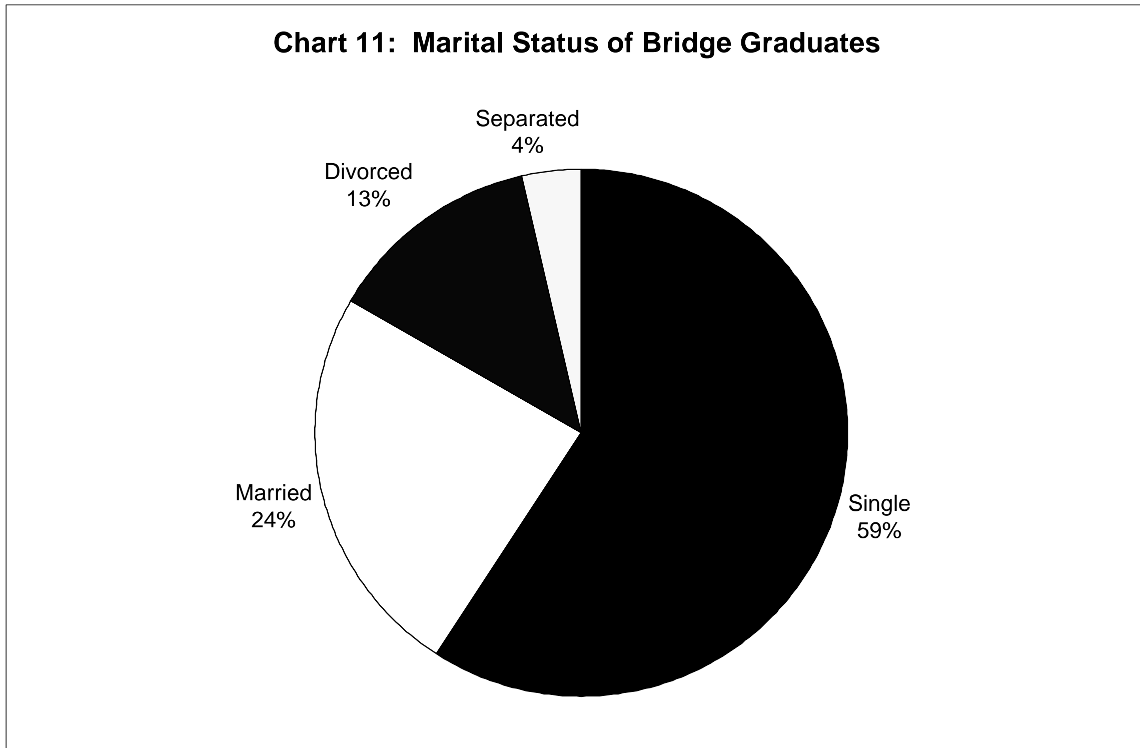
Substance list utilized in questionnaire – Alcohol, marijuana, PCP, LSD, hallucinogens, heroin, opiates, amphetamines, cocaine, stimulants, crystal methamphetamine (ice), tranquilizers, barbiturates, methaqualone, depressants, inhalants, other, none. (Based on the responses of 55 graduates)

The secondary drug of choice was equally divided among alcohol (26%), marijuana (25%), crystal meth (23%) and cocaine (23%) (Chart 10).



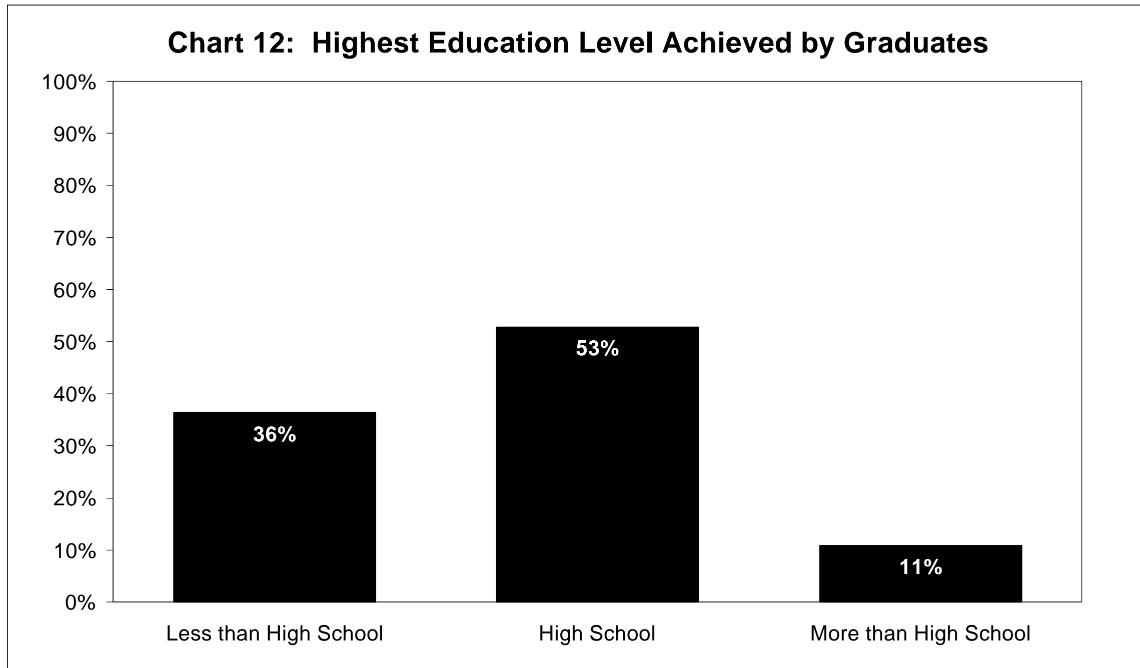
Substance list utilized in questionnaire – Alcohol, marijuana, PCP, LSD, hallucinogens, heroin, opiates, amphetamines, cocaine, stimulants, crystal meth (ice), tranquilizers, barbiturates, methaqualone, depressants, inhalants, other, none (Based on the responses of 39 graduates)

Almost 60% of Bridge graduates reported their marital status as single at the time of admission (Chart 11).



(Based on the responses of 55 graduates)

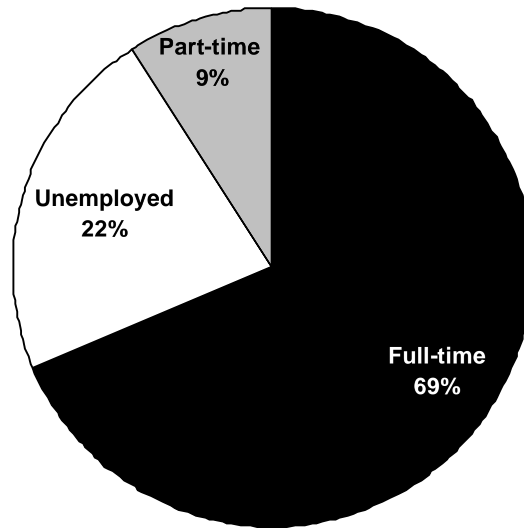
Over 60% of Bridge graduates reported having a high school degree or higher. Of this group, over 10% had sought higher learning. Approximately one-third of the graduates reported not completing high school (Chart 12).



(Based on responses of 55 graduates)

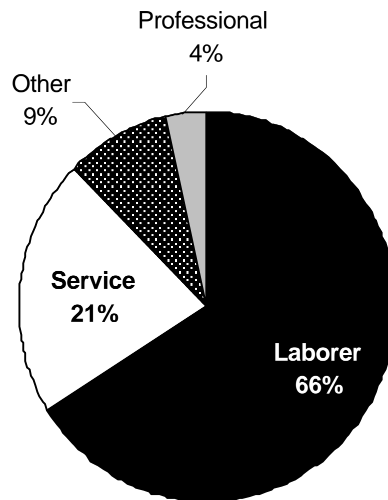
Over one-fifth (22%) of Bridge graduates reported being unemployed prior to being incarcerated (Chart 13). The occupations most frequently listed were as a laborer (66%) or employment in the service industry (21%) (Chart 14). Over 70% of Bridge graduates reported job-related drug or alcohol problems.

Chart 13: Employment Prior to Incarceration of Bridge Graduates



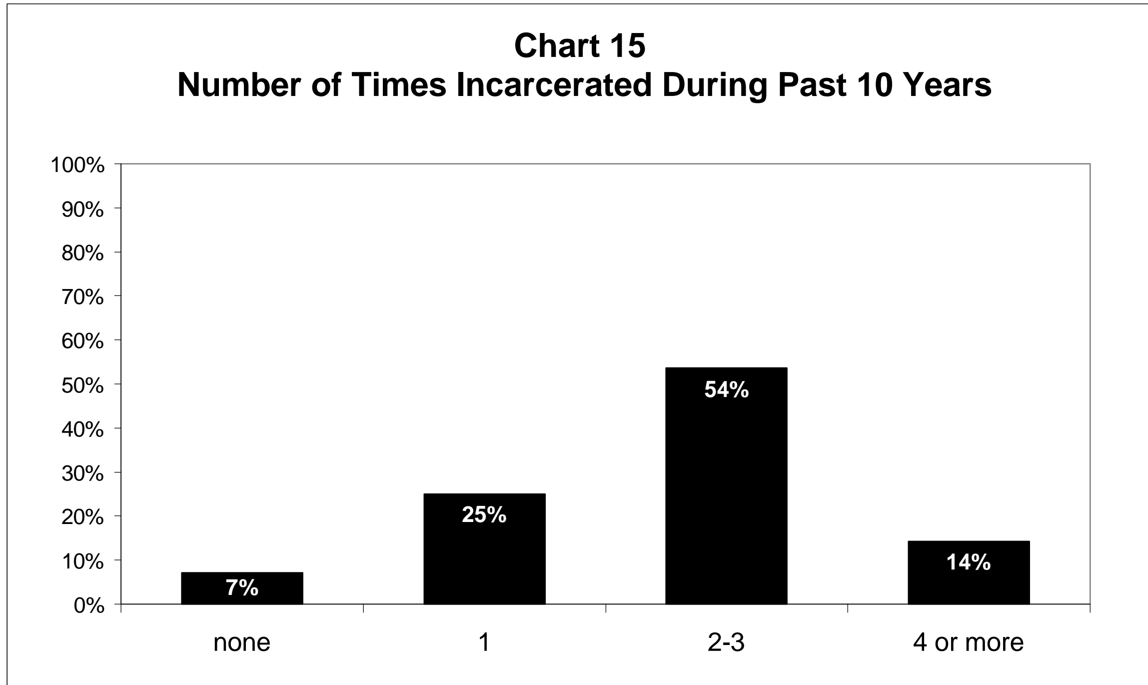
(Based on responses of 54 graduates)

Chart 14: Usual Job Prior to Incarceration of Bridge Graduates

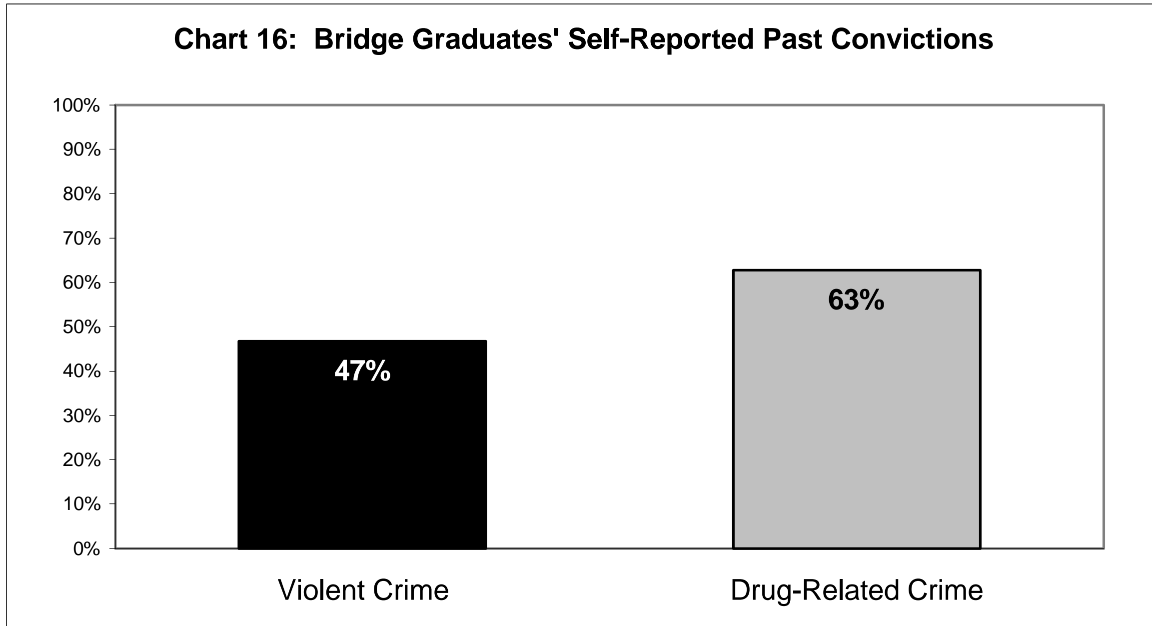


(Based on the responses of 56 graduates)
(Based on the responses of 56 graduates)

Almost 70% of the Bridge graduates reported being incarcerated twice or more during the previous ten years, with 14% reporting four or more incarcerations (Chart 15).

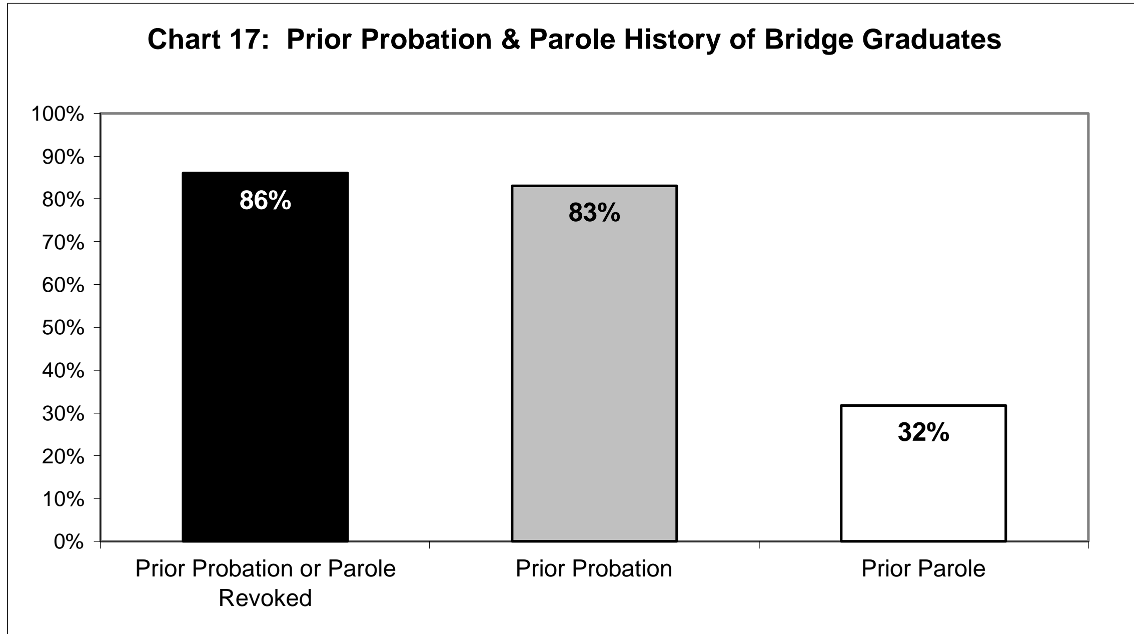


Over three-fifths of Bridge graduates reported being previously convicted of a drug-related crime and almost half reported conviction for a violent crime (Chart 16).



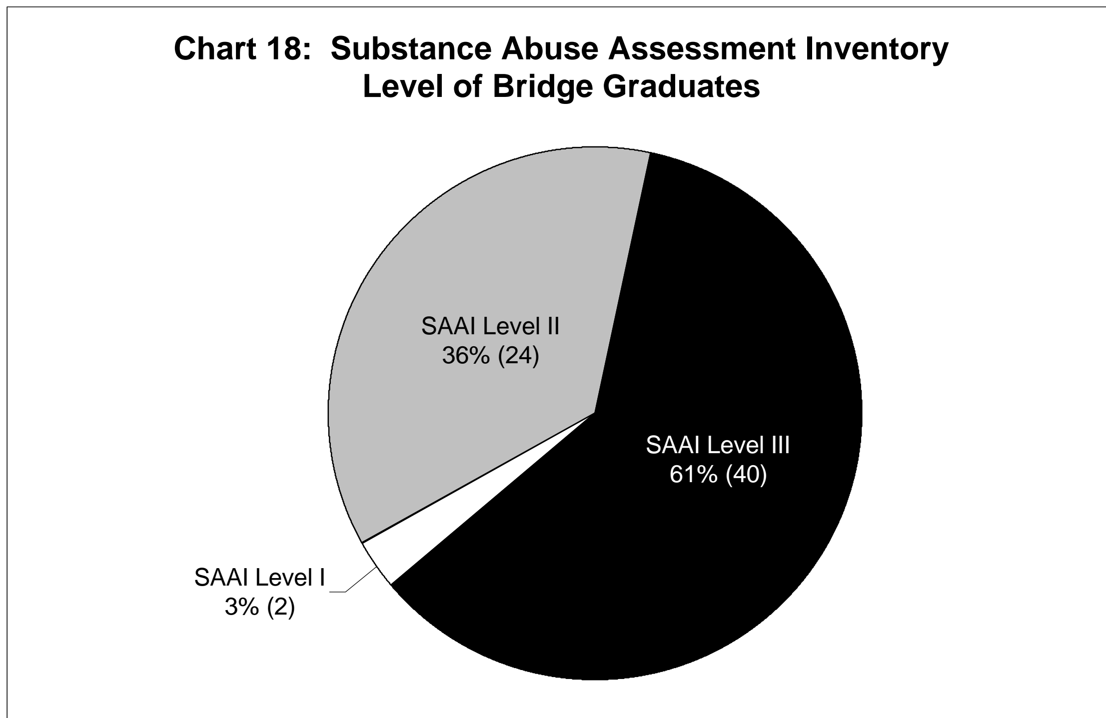
(Violent Crime based on 60 responses; Drug-Related Crime based on 59 responses)

Almost one-third of the graduates reported a prior parole history and over 80% reported a prior probation history. Almost 90% of the Bridge graduates reported either a probation or parole revocation (Chart 17). Almost two-thirds (63%) of Bridge graduates also reported having a juvenile record.



(Prior Parole based on 60 responses; Prior Probation based on 59 responses; Probation or Parole Revocation based on 57 responses)

Participants assessed at Level III comprised the largest group of Bridge graduates with over 60% of the population (Chart 18).



(Based on data available for 66 of 70 Bridge graduates)

—— Graduate Outcomes ——

The primary goal of Project Bridge is to decrease the rate of recidivism (i.e., reducing parole violations and revocations, re-arrests, new charges/indictments, convictions, and re-incarceration) among the target population.

The project is also intended to reduce the rate of relapse into active alcohol and drug abuse. An objective of the program is to prevent 50% of the graduates from relapse and recidivism.

In measuring the success of the program, several factors were assessed:

(1) Reduction of relapse and recidivism rates and increased duration between the time released to parole and any relapse and/or recidivism occurs.

(2) The development of life enhancing skills (e.g., personal development, intact family, employment) affecting relapse and recidivism rates.

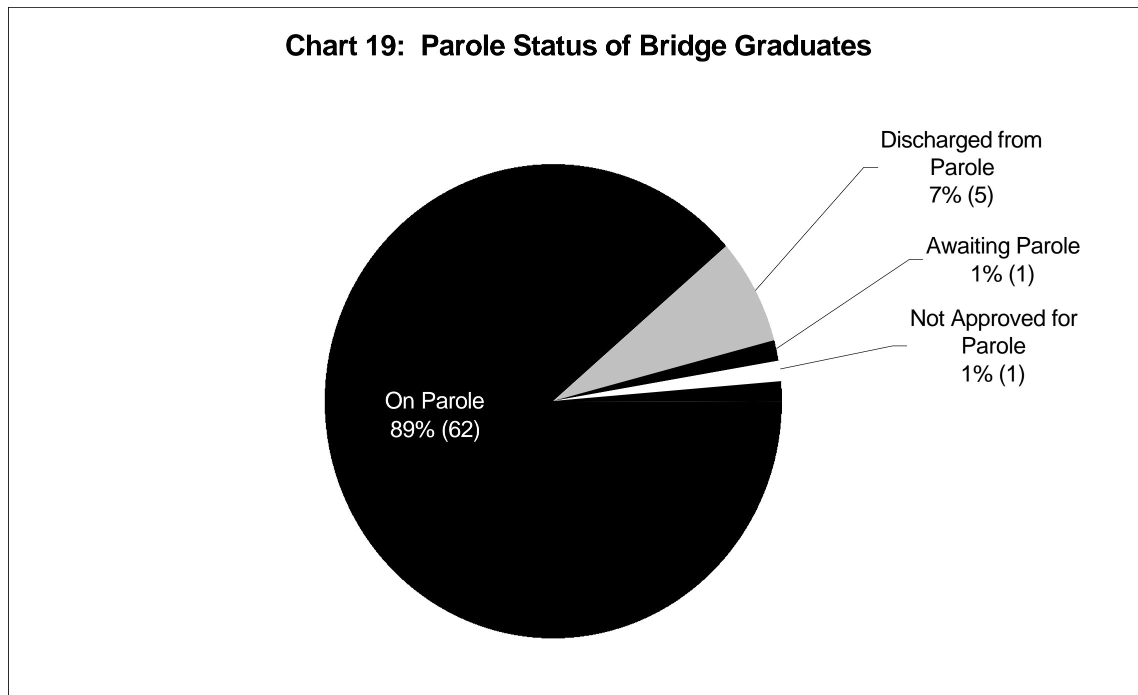
There were a total of 70 Bridge graduates from April 1998 to April 30, 2000. The earliest group graduated during Fall 1998. The outcomes of these graduates were tracked through October 2000. Thus, the most recent graduates were followed for a period of six months and the earliest graduates for a length of two years. Fifty-seven (81%) of the 70 Bridge graduates were out for at least a year.

Outcome results were compiled from data obtained from the Hawaii Paroling Authority (e.g., database computer index and parole officers' working file) and the Department of the Attorney General's Offender-Based Transaction Statistics/Computerized Criminal History System (OBTS/CCH; hereafter OBTS).

Paroles and Discharges

Sixty-seven of the 70 Bridge graduates were on parole during the study period. Of the remaining three Bridge graduates, one was awaiting parole, one had not been approved for parole, and one had already served his maximum sentence. At the end of the study period in October 2000, 62 of the 67 parolees remained on parole. Five of the 67 parolees had been discharged from parole. Of the remaining 62 parolees, there were two pending parole discharges. One of the Bridge graduates was on his second parole since completing the program (Chart 19).

Chart 19: Parole Status of Bridge Graduates

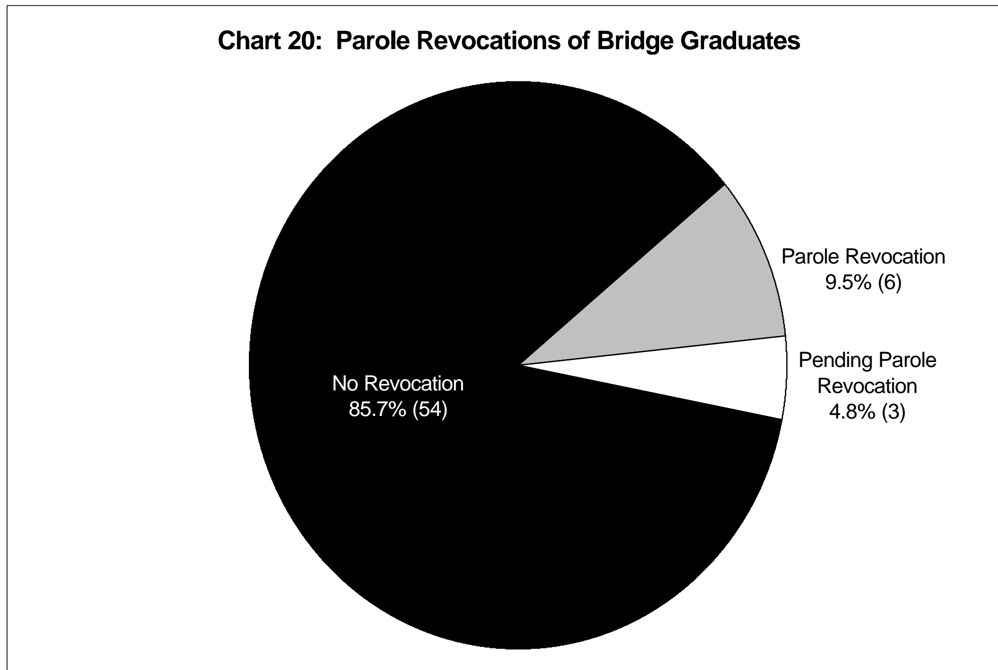


(Parole status of graduates in October 2000)

Parole Revocations

A violation of the terms and conditions of parole may lead to revocation.

The outcomes of 63 (of 67) Bridge parolees were tracked to September-October 2000. Six (9.5%) of 63 Bridge parolees had their paroles revoked by the end of the study period. An additional three (4.8%) parolees had pending revocations. Hawaii Paroling Authority records also reflect one Bridge graduate on parole suspension and another graduate with parole reinstated from suspension status (Chart 20).



(Based on 63 Bridge parolees)

The average duration between the parole date and date of revocation for the six graduates with first-time post-Bridge parole revocations was 269 days. Five (83%) of the six had their parole revoked within the first year (Table 5). Two of the six went on to be released to parole and revoked a second time.

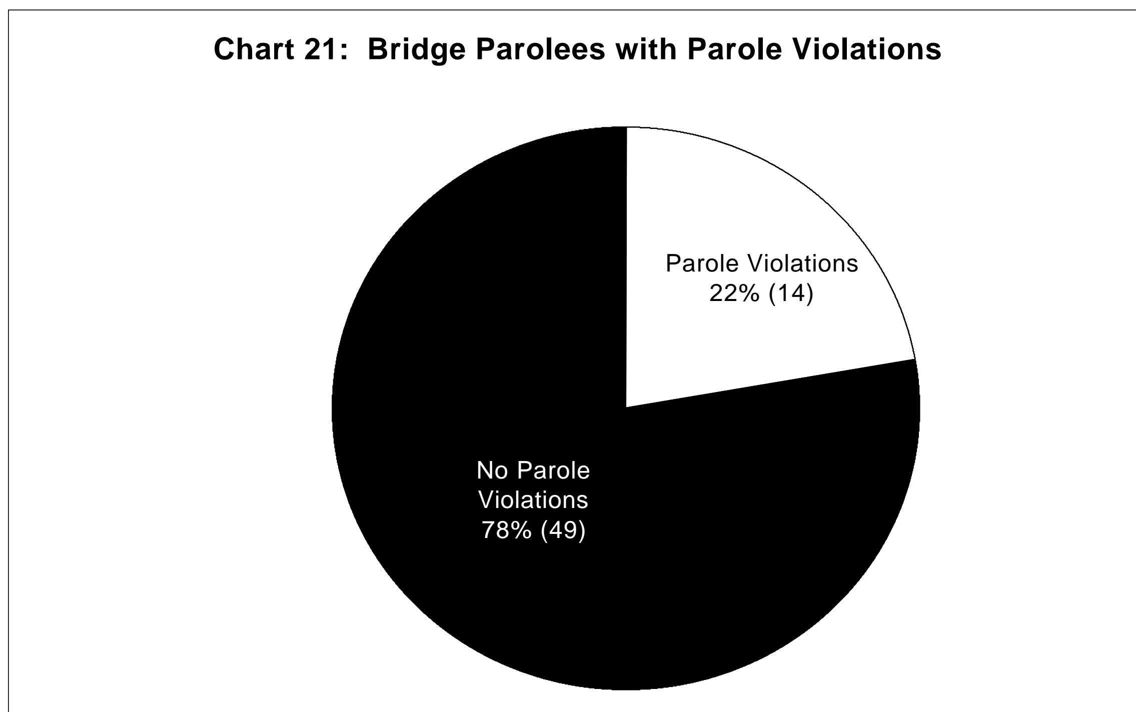
Table 5: Elapsed Time from Parole Release to Parole Revocation

Interval	Number of graduates
90 days or less	0
91 to 180 days	2
181 to 360 days	3
361+ days	1

(Based on 6 Bridge graduates with parole revocations)

Parole Violations

Fourteen (22%) of 63 Bridge parolees had not complied with the terms and conditions of their parole as of September 2000 (Chart 21). In addition, one parolee was noted with an unofficial parole violation.



(Based on 63 Bridge parolees)

Thirteen (93%) of the 14 parolees with parole violations committed infractions during the first year of their parole (Table 6).

Table 6: Elapsed Time from Parole Release to Violation

Intervals	Number of Inmates	Proportion
90 days or less	2	14%
91 to 180 days	5	36%
181 to 360 days	6	43%
361+ days	1	7%

(Based on 14 Bridge graduates with parole violations)

Nine (64%) of the 14 parolees with parole violations were cited for infractions of Rule 1d of the Terms and Conditions of Parole, which states that parolees shall not have in their "possession or control any drug which otherwise would be contrary to any law" (Table 7).

Table 7: Types of Parole Violations

Violation : Terms and Conditions of Parole	Number of Parolees	Proportion of Total Violators
Rule 1d (possession or control any drug which otherwise would be contrary to any law)	9	64%
Rule 1g (home between hours of 11:00 p.m. and 6:00 a.m.)	1	7%
Rule 3 (report and maintain contact with parole officer) & **Rule 5** (inform officer as to whereabouts)	1	7%
Special Condition R36 (prompt and truthful answer to inquiries) (allow parole officer to visit home and work sites)	3	21%

(Based on 14 Bridge parolees with violations)

Of the fourteen Bridge parolees with parole violations, 10 (71%) had two or more violations (separate incidents) (Table 8).

Table 8: Violation Incidents of Bridge Parolees

Number of Violation Incidents	Number of Inmates	Proportion
One	4	29%
Two	1	7%
Three	4	29%
Four	5	36%

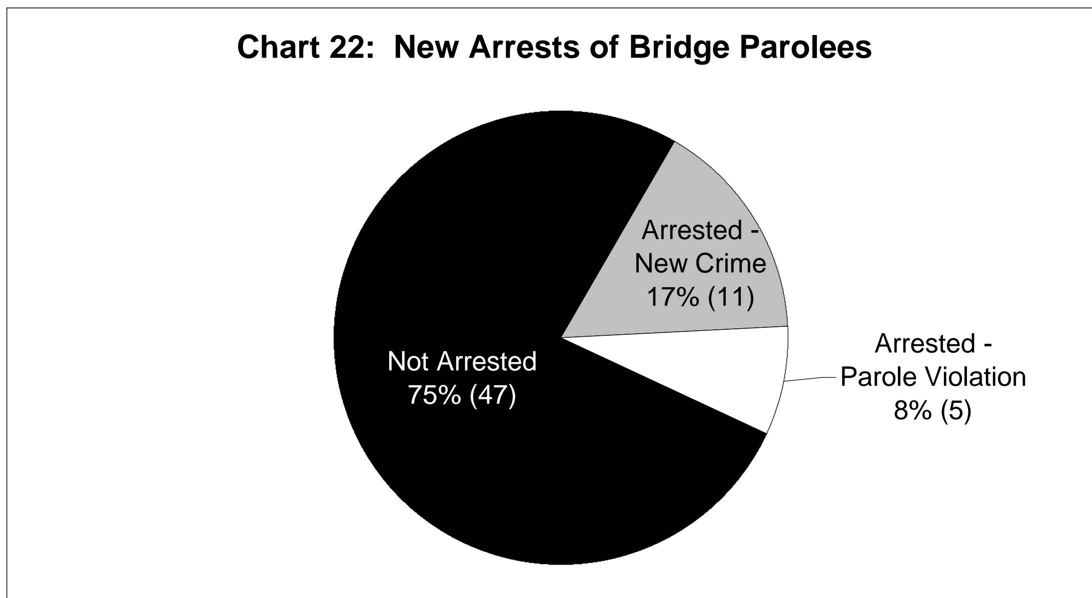
(Based on 14 Bridge parolees with violations)

Re-Arrests and Charges

A priority objective of Project Bridge is to lower recidivism rates and to have 50% of Bridge graduates be arrest-free during their first two years of parole.

As of September 2000, 16 (25%) of 63 Bridge parolees had been arrested. Of these, 11 were arrested for a new crime and five had arrest warrants for parole violations only (Chart 22).

Ten of the re-arrested parolees were charged with a new crime. One parolee that was re-arrested for a new crime was not charged.



The average duration between parole and re-arrest was 276 days (based on dates available for nine of the eleven Bridge parolees arrested). Two-thirds of the re-arrests were within the first year of the current parole (Table 9).

Table 9: Elapsed Time from Parole to Re-Arrest

Duration	Number of Parolees	Proportion
90 days or less	2	22%
91 to 180 days	2	22%
181 to 360 days	2	22%
361 days or greater	3	33%

(Arrest data were available for 9 of 11 Bridge parolees arrested for a new crime during the study period)

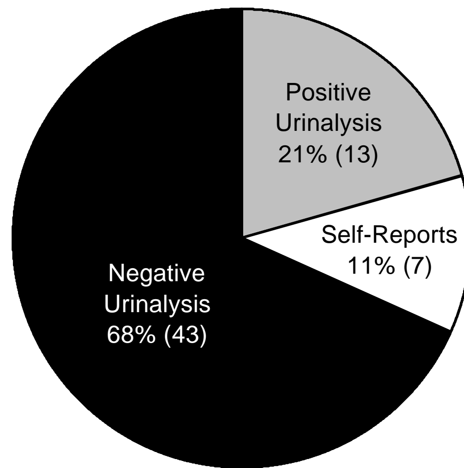
Reincarceration

One Bridge parolee had a pending sentence as of September 2000. This does not include parolees that were re-arrested and are presently in prison awaiting trial. There has not been a sufficient length of time to determine meaningful re-incarceration statistics as all but one of the Bridge parolees that were re-arrested are still awaiting trial.

Drug/Alcohol Relapse

Twenty (31.7%) of the Bridge graduates suffered drug and/or alcohol relapse since they were paroled. This is based on parole records that were available for 63 Bridge parolees. Thirteen of the parolees had positive urinalysis test results and 7 relapses were based on self-reports to parole officers (Chart 23). Parolees who relapse are referred for mandatory drug treatment. Two positive urinalysis results for prescription drug use are not included in the above figures.

Chart 23: Bridge Parolee Drug Relapses



Based on the 13 parolees who had positive urinalysis results, the average time between their release on parole and relapse was 197 days (Table 10).

Exact relapse dates were not available for relapses based on self-reports only.

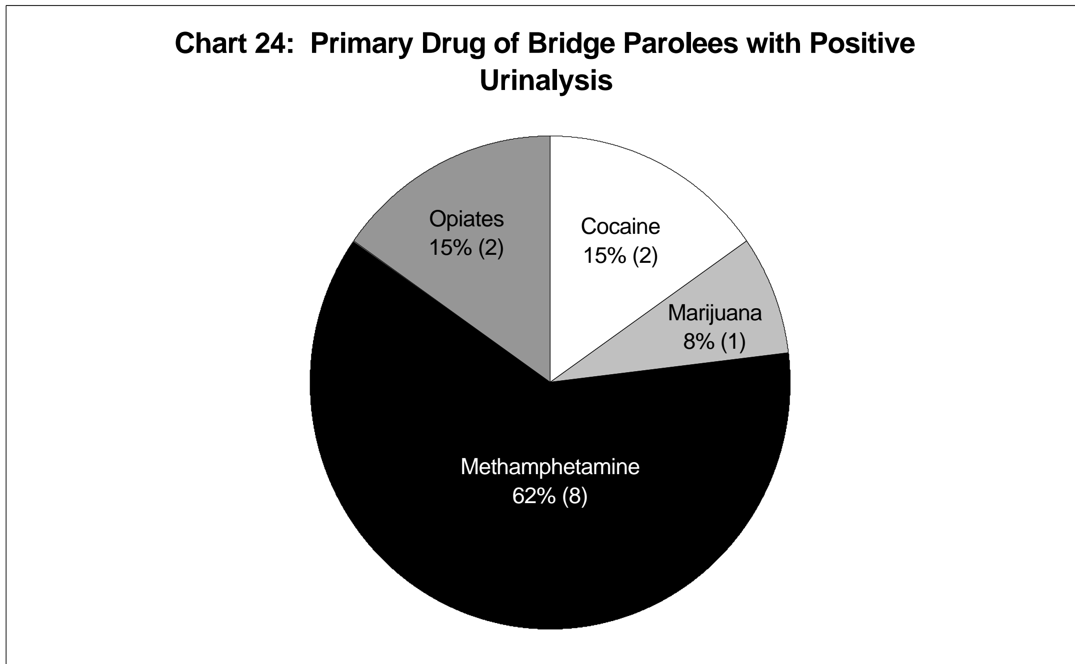
Table 10: Elapsed Time from Parole to Relapse

Duration	Number of Parolees	Proportion
< 90 DAYS	2	15%
91 - 180 DAYS	5	39%
181+ DAYS	6	46%

(Based on 13 parolees with positive urinalysis)

Of the 13 parolees that had positive urinalysis test results, eight (62%) tested positive for methamphetamine. Positive test results were also found for opiates, cocaine, and marijuana (Chart 24).

One parolee was on his second parole after graduating from Project Bridge when he relapsed again.



Based on 13 positive urinalysis

SAAI Levels of Bridge Parolees - Relapse and Recidivism

Based on 63 of 67 Bridge parolees that were tracked during the study period, Table 11 reflects the breakdown of their SAAI level relative to recidivism and relapse. Although the summary counts for recidivism and relapse among Level III parolees are somewhat higher than are those for Level II parolees, it is important to note that there were more Level III graduates overall (see Chart 18). Thus, the *rates* of recidivism and relapse for Level II parolees may have actually been higher than were those for Level II parolees.

Although their were only two Level I participants, neither had violations reported, were revoked or arrested, or relapsed while on parole during the follow up period.

Table 11: Substance Abuse Assessment Inventory Level of Bridge Parolees Who Recidivated and/or Relapsed

SAAI Level*	Parole Revocations[1] # of parolees (% w/in SAAI level)	Parole Violations[2] # of parolees	Arrests[3] # of parolees	Drug Relapses[4] # of parolees
Level I	0	0	0	0
Level II	4	4	6	8
Level III	4	9	5	11

*SAAI Level as determined during admission into Bridge program. SAAI data were available for 66 of 70 Bridge graduates.

[1] - Based on data available for 8 of 9 Bridge parolees with parole revocations or pending revocations
[2] - Based on data available for 13 of 14 Bridge parolees with parole violations
[3] – Based on data for 11 Bridge parolees with arrests for new crimes
[4] – Based on data available for 19 or 20 Bridge parolees with drug relapses

Employment

As of the end of September 2000, 35 (55.6%) of the 63 Bridge parolees were reported to be currently working (Chart 25). The duration of employment for parolees could not be ascertained as file records did not contain exact start and termination dates for many parolees. Those that suffered from drug relapse (e.g., referred to drug treatment program), re-arrest (e.g., awaiting trial in prison), or parole revocation account for many of the unemployed parolees.

(Based on 63 Bridge parolees as of September 30, 2000)

Follow Up on Parole Discharges

Five of 67 Bridge parolees were discharged by the end of the study period in October 2000. The five parolees were released from parole from January through September 2000. Their outcomes were tracked through the Department of the Attorney General's Offender-Based Transaction Statistics/Computerized Criminal History System. By the end of the study period, none of these individuals had been arrested since their parole discharge.

Parole Revocation Comparison

A study of post-prison adjustment and the risk of returning to prison was conducted by the Social Science Research Institute, University of Hawaii at Manoa and the Department of Attorney General, State of Hawaii. The May 1999 report entitled *Survival on Parole* tracked parolees for a minimum of two years and a maximum of three years.

The study found that half of those released were returned to custody and had their parole revoked within two to three years (mostly for violating the conditions of parole).

The study tracked 604 parolees that were released from prison between July 1995 and June 1996. During the follow-up period, 70.7% of the parolees had no criminal convictions, 17.9% had exclusively misdemeanor and/or petty misdemeanor convictions, and 11.4% had one or more convictions on felony charges.

Parolees with prior parole revocations were more likely to have their parole revoked. The study found a revocation rate of 57% for second-time parolees, which increased for those with even more paroles (Table 12).

Table 12: Parole Revocation Rates Published in *Survival on Parole*

Parole Number	Revocation Rate
First Parole	39%
Second Parole	57%
Third Parole	71%
Fourth, Fifth, or Sixth Parole	79%

The study found that the likelihood of revocation was higher for parolees:

- first convicted or adjudicated delinquent at an early age, rather than at later ages
- released to parole at a younger age
- assessed as drug addicted at the time of their last prison sentence
- who had not had regular satisfactory employment in the year prior to entering prison
- who were property offenders rather than violent, drug, or other offenders
- convicted of two or more prior felonies
- who had their probation or parole revoked in the past
- assessed at release as having major stress and disorganization in marital and family relationships
- who resisted accepting responsibility for their past life and were rated as having low motivation to change
- who were Hawaiians or Pacific Islanders (mostly Samoans), rather than Caucasians, African Americans, or Asians/Mixed-Asians

The probability of parole revocation increased if:

- the current release was not the first parole experience for the individual
- the parolee was known to have been a regular drug user prior to the last prison sentence
- the parolee was not employed at least 60% of the year prior to the last prison sentence
- the parolee's last prison sentence was for a property offense
- the parolee had been rated as being unwilling to accept responsibility for personal change

The study reflected that nine out of ten parolees (89.3%) were rated as experiencing at least some life disruption as a result of drug use, and two-thirds (67.7%) were rated as having serious drug use problems.

The study further found that parolees who were known to have a serious drug problem were more often returned to custody and terminated from parole (57.8%) than were inmates with no drug problem (17.7%) or a less serious drug problem (35.5%).

The study noted that most of the revocations occurred within the first year of parole. For those who had their parole revoked, the average time between their parole and revocation was 252 days. Table 13 reflects the elapsed time between parole and revocation.

Table 13: Elapsed Time from Parole Release to Revocation, July 1995 – June 1996, as Published in *Survival on Parole*

Interval	Percent
90 days or less	8%
91 to 180 days	22%
181 to 360 days	40%
361+ days	31%

The *Survival on Parole* report recommends the "addition of more effective, more retentive multiphasic programs of drug-use abatement and relapse prevention." It also recommends "job training and employment support should be provided for prisoners and parolees who are assessed as being able to benefit from them."

Background information collected on Bridge graduates reflects characteristics that would be expected to increase the likelihood for parole revocation. The

average age of a Bridge graduate was 36 years, with 40% reporting a Hawaiian or part-Hawaiian ethnicity. In addition to alcohol/drug addiction, many Bridge graduates have lengthy criminal histories. Sixty-three percent of Bridge graduates reported a juvenile record, 83% a prior probation, and almost one-third a prior parole. Seventy percent also reported being imprisoned more than twice in the last ten years and almost 90% reported having a prior probation or parole revoked.

Preliminary outcome results from Project Bridge show a great potential for reducing the recidivism rates of program graduates. In a study of 63 Bridge parolees (with 70% at least one year post-graduation), approximately 10% had a parole revocation and an additional 5% had a pending parole revocation.

Project Bridge addresses major factors that increase the likelihood of a parole revocation. The program incorporates substance abuse treatment with personal and job development. This helps to promote inmates' self-esteem and their willingness to accept responsibility for their actions to effect personal change. In addition, the program strives to increase inmates' gainful employment upon release.

The lower recidivism rates of Bridge parolees may be a result of many factors (e.g., Bridge parolees may have a greater motivation and willingness to change, positively affecting their outcome on parole).

Conclusion and Recommendations

Incarcerating offenders without treating underlying substance abuse simply defers the time when addicts return to the streets and start harming themselves and society. As a crime control measure alone, drug treatment for criminally active addicts is strikingly cost-effective.

A joint Federal Bureau of Prisons/National Institute on Drug Abuse study of federal inmates that have received RSAT treatment found that within the first six months after release, the treated population was 73% less likely to be re-arrested and 44% less likely to use drugs than was a comparison group that received no treatment. This time period is significant because recidivism is generally highest within the first year after being released from prison (Office of National Drug Control Policy, 2000).

Drug and alcohol abuse have been found to be a significant contributing factor in criminal behavior. Substance-abusing offenders have been shown to be involved in an extraordinary amount of crime. Parolees with drug use histories are more apt to return to custody and significantly more likely to be reincarcerated.

Nearly 60% of the inmates in the federal prison system in 1998 were sentenced for drug offenses, up from 52% in 1990. The sentenced population for drug offenses in federal prisons has increased dramatically in the last few decades, up from 16% in 1970 (Bureau of Justice Statistics, 1999).

In 1997, 52% of state prisoners and 34% of federal prisoners reported alcohol or drug use at the time of offense. In addition, almost 70% of state inmates and over 57% of federal inmates reported regular prior drug use. (Bureau of Justice Statistics, 1997).

Drug offenders (e.g., those involved in drug offenses like drug trafficking) in state and federal prison have extensive criminal histories. More than half (53%) of state inmates and 24% of federal prisoners were on probation or parole at the time of their current offense. More than eight in ten state inmates and six in ten federal inmates had prior sentences. Nearly half of state inmates and a quarter of federal inmates had three or more prior sentences. Approximately one in every four drug offenders within state prisons had been previously sentenced for violent offenses.

Costs for incarceration continue to rise. In 1996, state correction expenses for prisons exceeded $22 billion, an increase of 8.3% from 1990. State spending per resident for corrections operations have increased faster than spending on health, education, or natural resources. State spending for corrections totaled $994 per capita in 1998, more than twelve times larger than expenditures for education (National Drug Control Strategy, 2000).

Studies have shown that drug use and employment problems of parolees are the most significant factors contributing to re-incarceration. Reducing the potential for relapse and increasing the likelihood of steady employment tremendously increases a parolee's likelihood of success out of prison.

Bridge counselors feel that the primary problems leading to relapse and recidivism by Bridge graduates after they are released are adjusting to the outside world (e.g., relationship with family) and securing stable employment (which also affects their self-esteem).

Drug treatment programs with educational, vocational and self-improvement components are necessary to help break the cycle of crime. Residential substance abuse treatment programs help inmates with moderate to serious substance abuse histories break their dependence on drugs and alcohol increasing their chances of a crime-free lifestyle upon parole. These programs help decrease the relapse and high recidivism rate among drug offenders.

Residential substance abuse treatment programs assist inmates in the transitory period of re-integration into the community. These programs are vital to the recovery of inmates with addiction problems.

Although the real impact of Project Bridge will not be fully discernible until the program is fully matured and treatment activity is fully established, the program has great potential to reduce relapse and recidivism rates of prison inmates. In its first two years of operation, the program graduated over 70% of its participants, with low rates of relapse and recidivism.

Long-term effects of the program cannot be addressed as most of the Bridge graduates had been out only a year at the time that this study was conducted. Preliminary outcome results indicate that less than one-third of the Bridge parolees have suffered relapse based on positive urinalysis results or self-reports. Parole records also show low revocation (15%) and re-arrest (25%) rates.

In following the program implementation of Project Bridge during its first two years of operation, certain problematic areas were noted affecting the delivery of intended services.

Staffing

Numerous staff changes and vacancies hindered program operations. New staff needed to be trained on the specifics of the program. This process took some length of time before a sense of proficiency and knowledge could be obtained. There appeared to be difficulty in the staff hiring process that kept positions vacant for an extraordinary length of time. The lengthy hiring process may have resulted in the loss of qualified applicants who were unwilling to endure this protracted procedure.

The lack of adequate staffing compounded the difficulties inherent during the initial implementation of the program. Despite the staffing problems, Bridge counselors were able to provide the required treatment and actually increased services since its inception. However, the priority of treatment activities, in light of all of the staffing difficulties, left little support for administrative duties and responsibilities (e.g., record/file keeping, collecting current data, completing administrative reports in a timely manner).

During this period, the Laumaka Work Furlough Center also had nearly continuous administration/staff changes. As the Bridge program operated within the policies (requirements) of the Laumaka facility, these changes created additional problems for Bridge staff. Administrative changes in guidelines or procedures caused disruption in the program continuum. The LWFC staff is responsible for case management for Bridge inmates. During periods when this position was unfilled, the Bridge counselors took over case management functions, increasing their workload. There were also extended periods of time when vocational/educational/family counseling contracts lapsed, necessitating Bridge counselors to assume these responsibilities as well.

It does not appear that the program has adequate staffing to handle all of the responsibilities necessary to operate the program. The multitude of functions that the counselors perform include group and individual counseling sessions; community job-site, home-site and support group visitations; and administrative, data collection and report functions. It is recommended that the program increase the minimum number of staff to include one additional counselor or social worker. Staffing as of September 2000 includes:

- 1 program manager/lead counselor
- 1 second counselor
- 1 secretary

There also needs to be ongoing staff training and necessary equipment purchases for program operations (e.g., updated computer system and training on the new assessment tool to assess criminal and other risk factors of inmates).

There is a need for improved communication between Project Bridge staff and the Department of Public Safety and a speedier hiring process so that staff needs can be met in a timely manner.

Contract Services

The Bridge program contracts for vocational, educational and family counseling services. There have been lapses in contract services for almost half of the time since the inception of the program. This has disrupted the continuum of necessary services and placed a burden on Bridge counselors to provide this treatment.

It appears that in some instances the existing contract monies ran out, and yet more funding was available to acquire new contract services. The Bridge program lacked a vocational/educational contract for over a year (November 1998 to December 1999). The contract for family counseling services did not begin until January 2000.

There is a need for continuous service delivery to ensure that necessary treatment is being provided to Bridge participants. A stronger emphasis needs to be placed on these components that are integral to the success of the program. There should be clear direction and consistency as to which services need to be funded. Better communication and planning with Public Safety administrators and Bridge staff could ensure no lapses in contract funding with the service providers.

Bed Space Availability

There is a need to accommodate the greater demand for bed space due to the increasing number of inmates from KASHBOX and other feeder programs awaiting entry in the program.

As noted earlier, potential Bridge participants from feeder programs such as KASHBOX at the Waiawa Correctional Facility (up to 200 beds); Crossroads Parole Violator Program (50 beds); and Salvation Army Addiction Treatment Services Program (graduating an average of 40 individuals between three facilities every three months) warrant increasing bed space availability.

Bridge staff indicated a backlog of up to eight months from feeder programs referrals awaiting entry in the program. Significantly increasing the current 32-bed space program could accommodate more of the great number of inmates in need of services.

Diagnosis

Bridge staff reflect that a great number of Bridge participants appear to suffer from "dual diagnosis." They indicate that at least one-third of the participants are violent offenders (including murder and sex offenses). The psycho-social assessment forms utilized for Bridge participants may not reflect this as only the last charge in which they are presently incarcerated for is noted (most have a lengthy criminal history).

Some of the participants that are admitted are discharged when subsequently deemed inappropriate for the program. There appears to be no screening process to determine the psychological well-being of potential participants (e.g., adequate functioning ability to benefit from the program). Most of the participants appear to have antisocial behavioral problems.

The prison system utilizes the Substance Abuse Assessment Instrument (SAAI), while the Bridge staff has changed their assessment tool to the Addiction Severity Index (ASI). SAAI and ASI are limited to substance abuse problems and do not include mental health disorders. The program would benefit with a more uniform and complete assessment of potential participants to determine their appropriateness for the program. Inmates suffering from a dual disorder may need treatment (e.g., psychological) beyond the scope of this program.

Separate Facility

During the program's initial stages, unfilled Bridge bed spaces were utilized for general population inmates. This was due to a consent decree to minimize overcrowding in the state's prison system. The need of the treatment program to keep beds separate from the general prison population was seriously

compromised by the prison's need for additional general population beds. This problem was addressed and subsequently remedied by prohibiting general population inmates to be housed with Bridge participants.

Although Bridge participants are housed in a separate building, there is still a problem with intermingling with the general population due to the close proximity of adjacent buildings. Inmates were found visiting inmates from other dorms (adjacent buildings). Laumaka administrators attempted to remedy this problem and prohibit these visitations by stipulating them to be acts of misconduct.

As they share common areas (e.g., dining, meeting and yard areas), it appears difficult to keep Bridge participants out of contact with the general population inmates. While commendable efforts have been made to limit the interaction of Bridge participants with general population inmates, the lack of a separate facility and the logistics of the common areas inevitably cause this problem to continue. Intermingling appears to have negative effects that may lead to misconducts (e.g., positive urinalysis, escapes, receiving unauthorized funds, and general deviation). Continued efforts should be made to obtain a separate facility in which the Bridge program can operate.

Transfer of Graduates

There has been some difficulty in transferring Bridge graduates (awaiting parole) to extended furlough in a timely manner. Upon graduation, inmates are put on extended furlough. Most graduates residing at Laumaka are usually there for a short duration (e.g., last month to parole). However, there were cases when Bridge graduates filled bed space for prolonged periods (e.g., several months) that should have been filled by inmates waiting to enter the program.

Bridge counselors had difficulty in facilitating the transfer of graduates to extended furlough (e.g., to an outside residence where graduates can report back once a week). Bridge staff have to work through the Laumaka case management staff in order to facilitate the transfer of their graduates. Constant staff turnovers and communication problems hindered efforts to transfer inmates.

Lack of Aftercare

Treatment gains in prison are frequently lost after release without aftercare programs in the community. The current program funding has no provision for aftercare services. The Hawaii Paroling Authority does not have the resources to provide substance abuse assessment and treatment to parolees. Any possible referrals are to outside community providers. Parolees cannot enroll in the QUEST health care program for at least thirty days after release.

The Hawaii Paroling Authority finds that program participation is necessary for rehabilitation of inmates with alcohol and drug dependency and criminogenic

thinking. It appears that the lack of aftercare treatment programs to meet the demand of parolees may result in re-incarceration as a possible alternative route to treatment (e.g., parole violators being sent back to Crossroads (Waiawa) and Project Bridge.

The Salvation Army Addiction Treatment Services received funding from the State Department of Health to implement a parolee drug treatment program in 2000. ATS counselors reflected that most of the parolees that were initially treated were not from Project Bridge.

In the fall of 2000, Bridge counselors implemented an informal volunteer aftercare program. In their spare time, they provided aftercare services to 23 Bridge graduates. In September 2000, the Salvation Army Addiction Treatment Services implemented a formal aftercare program funded through the Department of Public Safety. They had admitted four Bridge graduates (as of September 30, 2000).

It is vital that Bridge graduates have access to drug treatment services ensuring a continuum of care.

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