

**Results from  
the Substance Abuse  
Programs in Jails Survey**

Conducted Fall 2013



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### **INTRODUCTION**

This document summarizes the results of a survey of jails in Virginia to assess substance abuse services provided in those facilities. The survey was conducted by the Department of Criminal Justice Services (DCJS) in conjunction with the Department of Behavioral Health and Development Services (DBHDS). DCJS is the recipient of the Residential Substance Abuse Treatment for Prisoners (RSAT) grant awarded by the Bureau of Justice Assistance (BJA), part of the federal Department of Justice (DOJ). These funds are awarded to local jails and prisons in Virginia to provide evidence-based substance abuse services in separate housing units. The results of this survey will help to inform DCJS where the greatest need for services may be in the state and will help DBHDS provide guidance to community services boards (CSBs) and other community resources in developing services provided in jails.

DBHDS is the state agency designated by the General Assembly as responsible for planning and administering substance abuse services, largely through CSBs located throughout the commonwealth. Because so many individuals who are in jail have significant substance abuse problems, DBHDS has encouraged CSBs to provide services within jails whenever possible. DBHDS is pleased to collaborate with DCJS in developing this survey, which provides a picture of current programming and identifies areas of need. Additionally, the information garnered from this survey will be of value to other stakeholders such as judiciary, probation and pretrial services.

DCJS and DBHDS developed this survey to identify several aspects of substance abuse services in jails throughout Virginia; it was not designed to measure the quality of the services. A total of 73 jails were surveyed and DCJS received a total of 37 responses resulting in a 51% response rate. Overall, 92% (34) of jails surveyed indicated that they did have substance abuse services in their facilities. These results indicate the types of services provided, the frequency with which they are provided, eligibility requirements and funding sources. Additionally, each jail was asked to indicate what types of organizations provided the services, such as CSBs, paid employees and volunteers. The survey also asked each facility about other programs and services provided to inmates such as life skills, anger management, or parenting, as well as services that integrated mental health services with those for substance abuse disorders.

It is the intent of DCJS and DBHDS to use the findings of this survey to support discussion among stakeholders including CSBs, sheriffs, local substance abuse service providers and community corrections about how to better identify and address the needs of those who are incarcerated and struggling with addiction. This report first details the types of substance abuse services offered and then discusses

eligibility criteria, waiting lists for services, management of services and funding. Finally, the report provides information about other non-substance abuse programs offered by the jails.

## METHODOLOGY

A total of 73 Virginia jails were contacted by email and asked to participate in a survey about the availability of substance abuse services and programs in these facilities; 28 jails (38%) in the western region, 26 (36%) in the central region, and 19 (26%) in the eastern region. Midway through the survey period, a reminder email was sent to any jails that had not yet responded. At the end of the survey period, 37 jail facilities had submitted complete responses, resulting in an overall response rate of 51%. Response rates by region were 57% western region, 35% central, and 58% eastern. Information provided by the 37 responding jails was analyzed and is discussed in this report.

## RESULTS

### Substance Abuse Services

The primary question of the survey was whether the facility offered any substance abuse services, substance abuse treatment, or substance abuse educational programs to inmates in its custody during FY 2013 (July 1, 2012 – June 30, 2013). Of the 37 jail facilities that responded to the survey,



### Jails with no substance abuse services

The three facilities that reported not offering substance abuse services, treatment or educational programs to inmates were asked to identify the reason(s) why these programs are not available.

- 3 No funds
- 2 No treatment providers
- 1 Inmate lack of interest

All three jails reported that funding is not available, and two reported that treatment providers were not available. One also reported that volunteer counselors stopped coming to their jail due to the lack of participation of the inmates once they got in the class. Two of these jails are located in the western region, one is located in the eastern region.

### Jails with substance abuse services

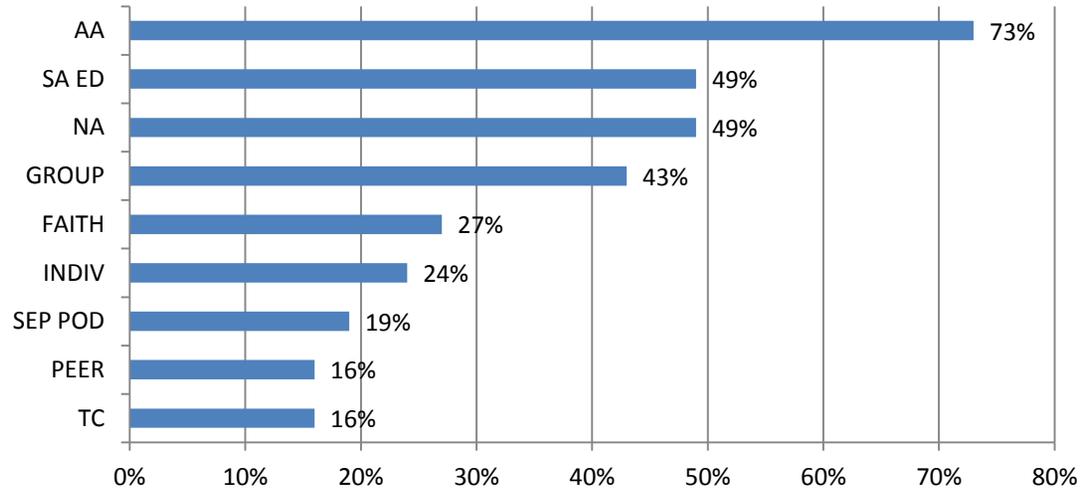
The 34 facilities that reported offering substance abuse services, treatment or educational programs to inmates were asked to identify the types of substance abuse services provided to inmates in their jail facility during FY 2013.

Alcoholics Anonymous	AA	Therapeutic Community <sup>1</sup>	TC
Narcotics Anonymous	NA	Separate pod for inmates <sup>2</sup>	SEP POD
Substance Abuse Prevention/Education	SA ED	Peer-run Substance Abuse Treatment	PEER
Group Substance Abuse Treatment	GROUP	Faith-based Substance Abuse Treatment	FAITH
Individual Substance Abuse Treatment	INDIV		

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<sup>1</sup> Therapeutic Community is a specific structured treatment program which must include: inmates earn privileges, professional staff, inmates reside together and participate in a scheduled daily regimen of activities such as groups, meetings, work, and recreation to facilitate healing, learning, and change in the individual.

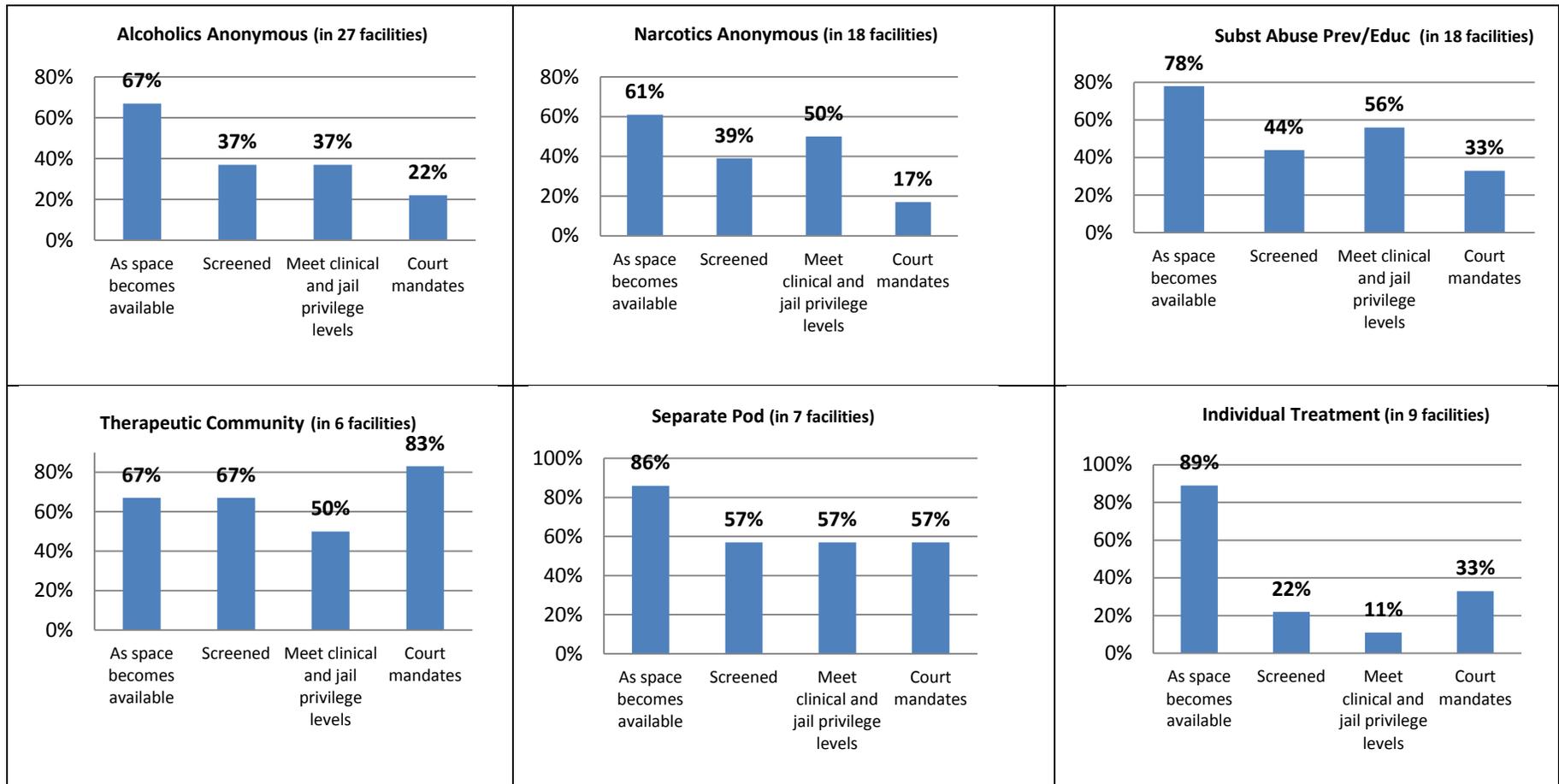
<sup>2</sup> Separate pod for inmates which includes *some* of the same elements of a therapeutic community, but is not a therapeutic community.

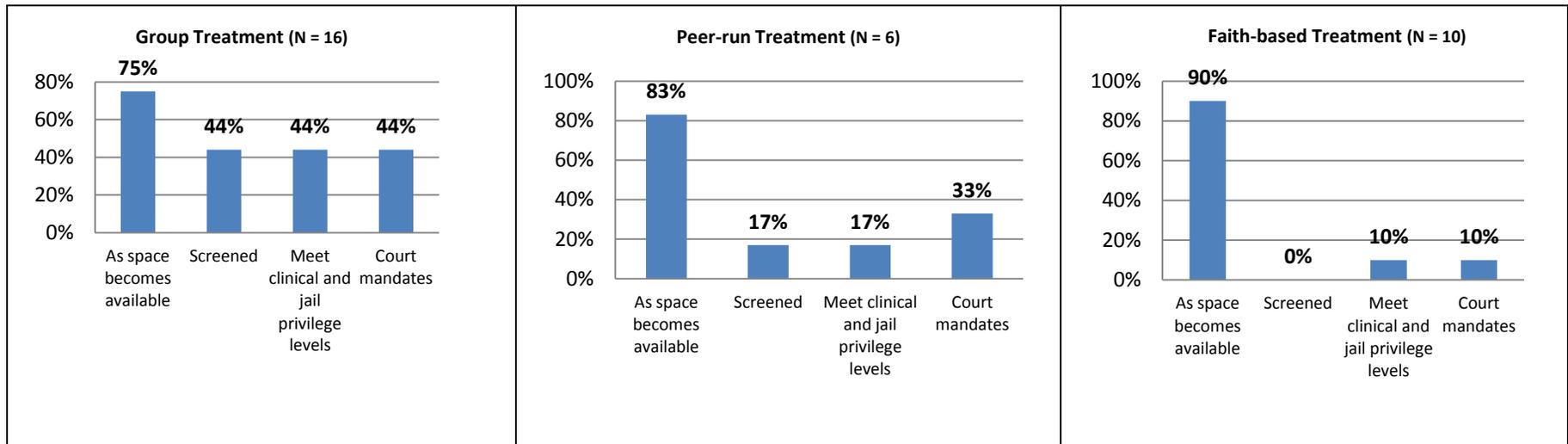


The most frequently offered substance abuse program was Alcoholics Anonymous (in 27 facilities). Nearly half of the facilities reported offering Narcotics Anonymous (18 facilities), Substance Abuse Prevention/Education (18 facilities), and Group Substance Abuse Treatment (16 facilities). The least offered programs were Therapeutic Community (six facilities) and Peer-run Substance Abuse Treatment (six facilities).

### Eligibility and Participation

For each substance abuse program offered in their facility, the respondent was asked to indicate method(s) used to select inmates eligible to participate in services/treatments/programs. The eligibility requirements for each listed program are displayed in the following graphs.





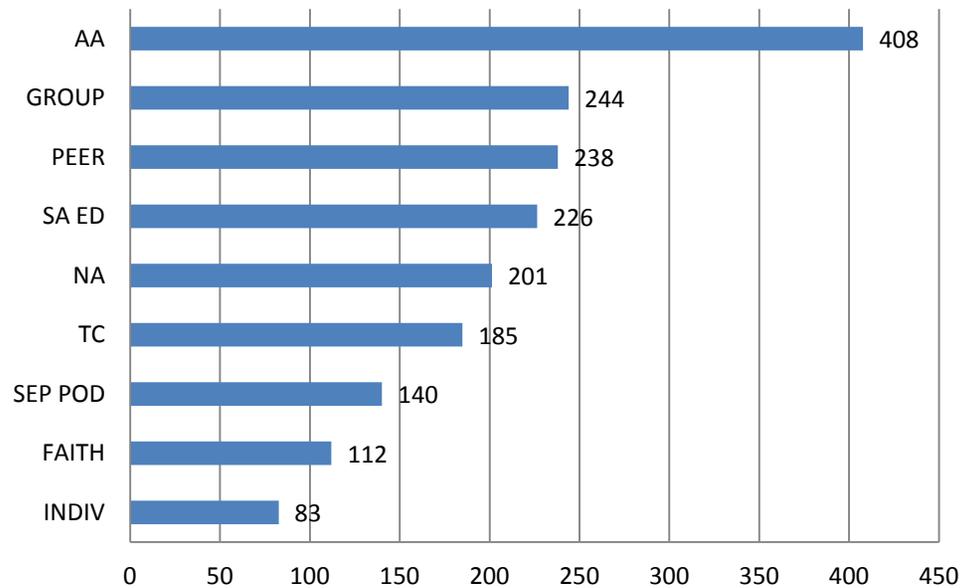
For nearly all of the listed programs, available space was the primary eligibility requirement. Most therapeutic communities required a court mandate (court order). Eligibility for faith-based substance abuse treatment was largely dependent on available space. Peer-run and individual treatments were similar in that space requirements were a factor and had only slightly higher requirements for screening or clinical and jail privilege levels. Other programs had varying requirements for screenings and meeting clinical and jail privilege levels from around 37% to 67%. Requirements for court mandates were most frequent for therapeutic communities (83%), separate pod (57%), and group treatment (44%) programs.

### Range and Average Participation

The range and the average number of inmates that participated in services/treatments/programs during FY2013 from among the 34 responding facilities:

	Number of Inmates in Services during FY2013 by Program								
	AA	GROUP	PEER	SA ED	NA	TC	SEP POD	FAITH	INDIV
Range	10 - 2300	2 - 1662	0 - 783	15 - 1662	0 - 1000	21 - 381	50 - 300	0 - 750	0 - 300

**Average Number of Persons in Services during FY 2013**  
(of 34 facilities)



Alcoholics Anonymous had by far the most inmates participating among the 34 facilities in FY 2013 with an average of 408. Group and peer-run services, substance abuse prevention/education, and Narcotics Anonymous averaged from 244 to 201 participants. At the lower end, therapeutic communities, separate pod, and faith-based services averaged from 185 to 112 participants. Individual treatment had the lowest average with only 83 participants in FY 2013.

### **Waiting List for Services**

Respondents were asked if there was a waiting list/backlog of inmates in the facility waiting to participate in the services/treatments/programs offered, and if so, how many inmates were on the waiting list in FY 2013, and the primary reason for inmates being placed on the list.

Number and Percent of Facilities with a Waiting List, by Type of Program		
Program	Number of Facilities	Percent of Facilities
<b>TC</b> (N = 6)	6	100%
<b>GROUP</b> (N = 16)	12	75%
<b>SA ED</b> (N = 18)	11	61%
<b>FAITH</b> (N = 10)	5	50%
<b>AA</b> (N = 27)	12	44%
<b>NA</b> (N = 18)	8	44%
<b>INDIV</b> (N = 9)	4	44%
<b>SEP POD</b> (N = 7)	3	43%
<b>PEER</b> (N = 6)	2	33%

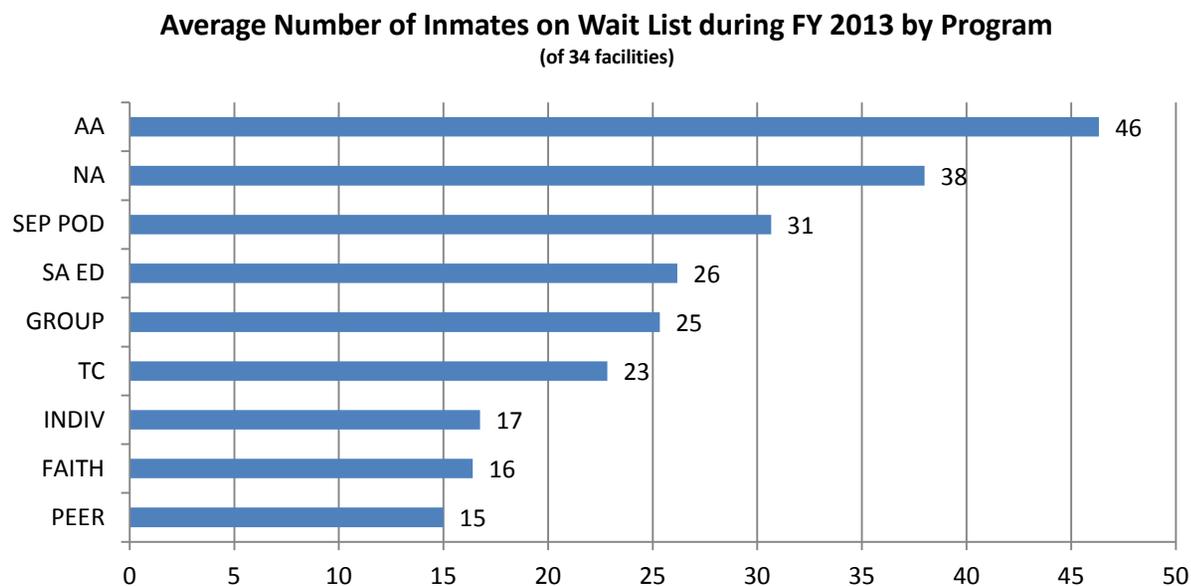
All the jails that offer a therapeutic community service to their inmates have a waiting list. Group treatment was the program reporting the next highest percentage of jails with a waiting list (75%). Peer-run treatment was the program with the least amount of facilities reporting a waiting list for that program (33%).

The range in the number of inmates on waiting lists for each type of program among the 34 facilities:

Range	Number of Inmates on Waiting List during FY2013 by Program								
	AA	NA	SEP POD	TC	GROUP	SA ED	INDIV	PEER	FAITH
5 - 200	10 - 70	20 - 50	10 - 50	10 - 50	10 - 40	10 - 30	10 - 20	5 - 25	

Alcoholics Anonymous had the largest range and highest number of inmates waiting, followed by Narcotics Anonymous. Peer-run treatment and faith-based treatment had the lowest range and numbers.

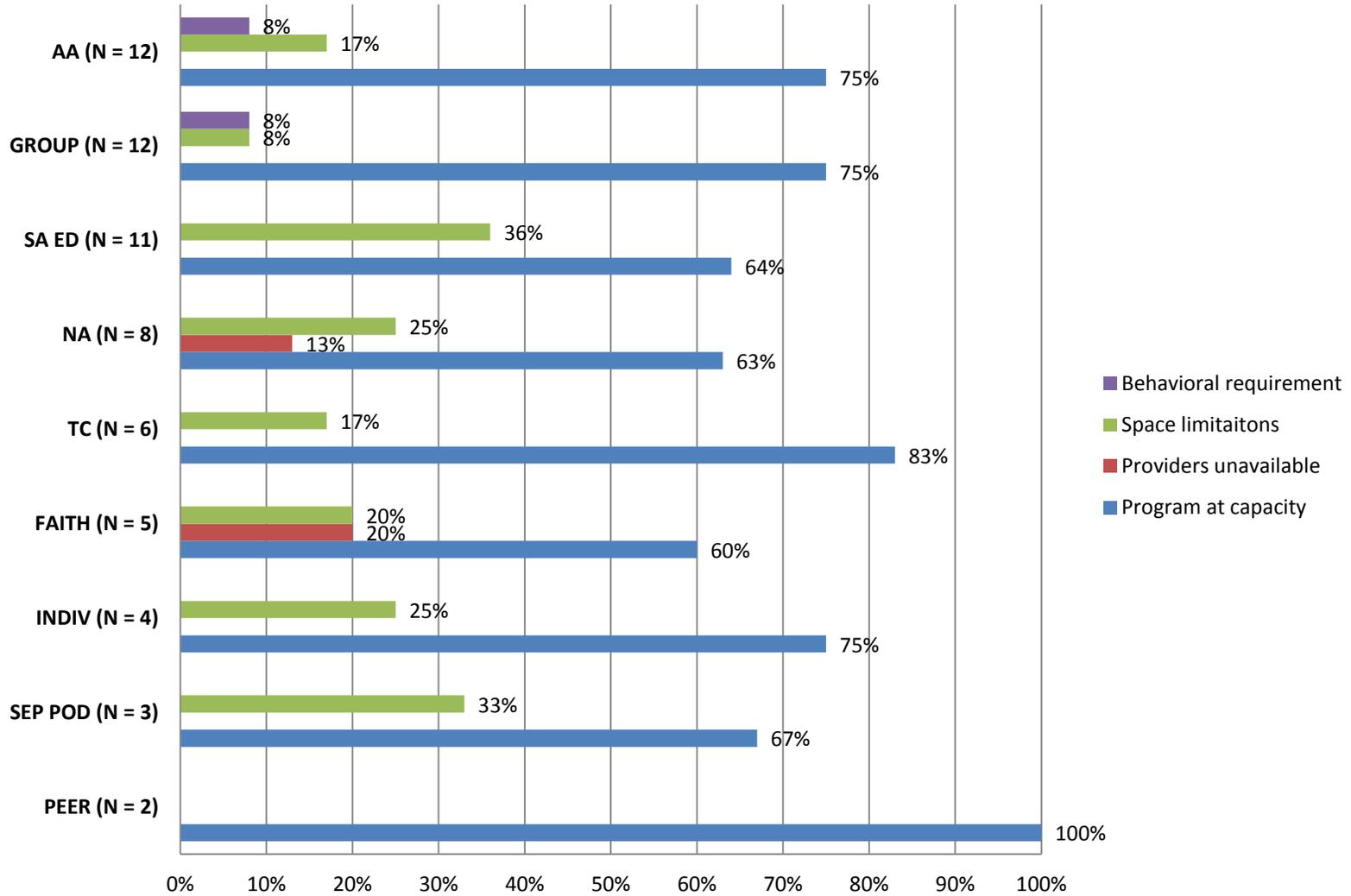
The average number of inmates on waiting lists for each type of program among the 34 facilities are depicted in the graph below.



Similar to the range in the number of inmates on waiting lists for specific substance abuse programs/treatment, Alcoholics Anonymous had the highest average number of inmates on a waiting list to enter the program (46), followed by Narcotics Anonymous (38). Faith-based and peer-run treatment had the lowest averages with 16 and 15, respectively.

The facilities with waiting lists were asked about the reason(s) for the waiting list for each program they offer.

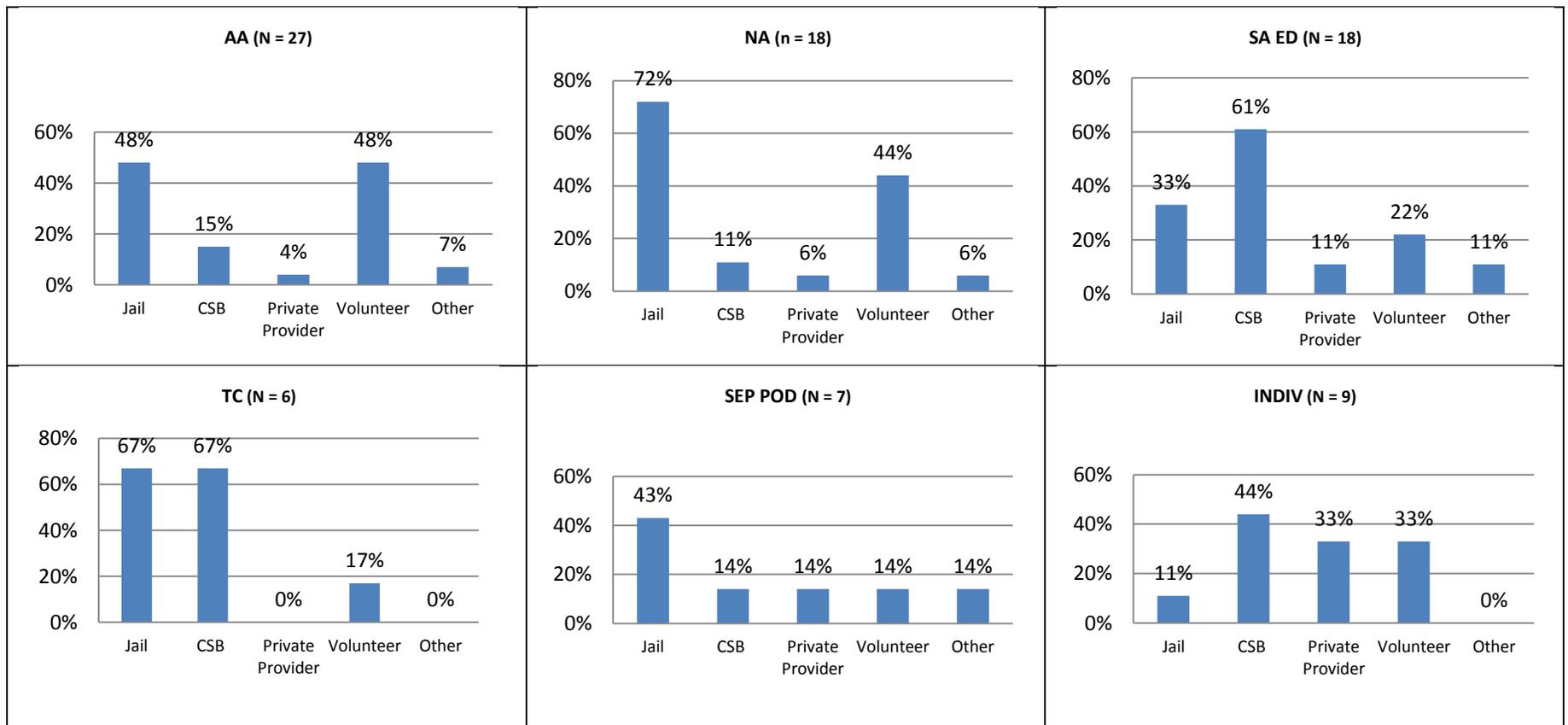
**Reasons for Waiting List, by Program**

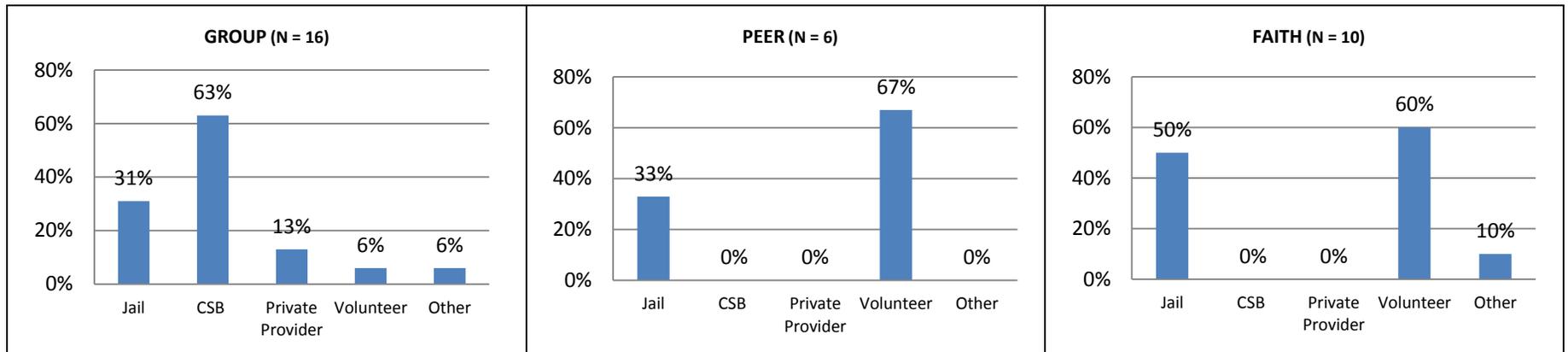


Program capacity was by far the most cited reason for why the substance abuse programs had waiting lists. This was followed by space limitations. A lack of available providers was a contributing factor to the waiting lists for the Narcotics Anonymous and faith-based treatment programs. Behavioral requirements were noted as a minor issue for some Alcoholics Anonymous and group treatment programs.

### Managing and Funding Programs

Respondents were asked to indicate the various entity(s) that manage the staff or volunteers providing each of the services/treatments/programs.





Other:

AA - Bridge Case Manager, Good News Jail & Prison  
 GROUP – Con Med

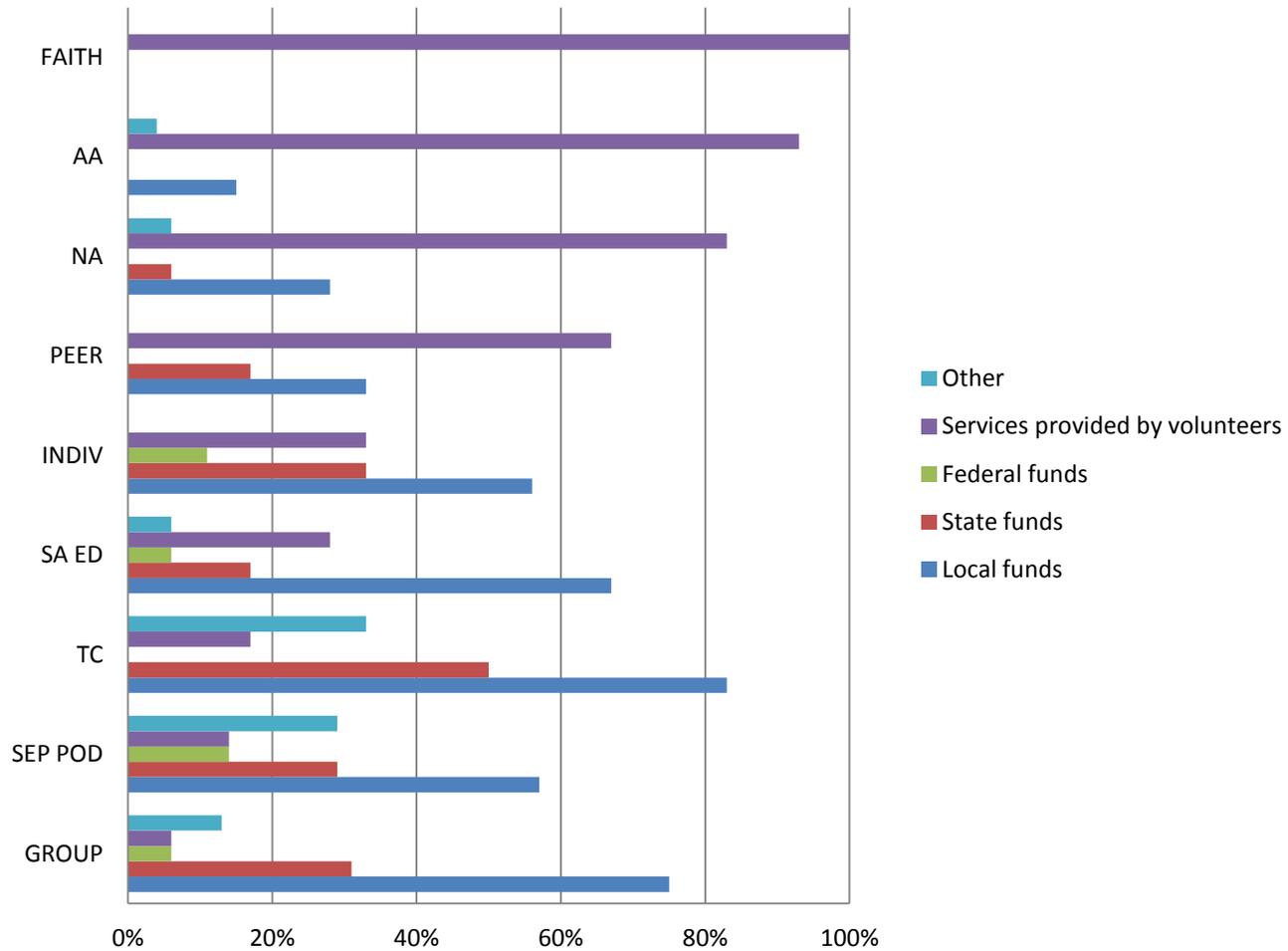
FAITH - Good News Jail & Prison  
 NA - Good News Jail & Prison

SA ED – Con Med, Good News Jail & Prison  
 SEP POD – Con Med

- The listed programs most often managed by jail staff were Narcotics Anonymous (72%), therapeutic community (67%), faith-based treatment (50%), and Alcoholics Anonymous (48%).
- The listed programs most often managed by CSB staff were therapeutic community (67%), group treatment (63%), substance abuse prevention/education (61%), and individual treatment (44%).
- The listed programs most often managed by volunteers were peer-run treatment (67%), faith-based treatment (50%), Alcoholics Anonymous (48%), and Narcotics Anonymous (44%).
- The listed programs most often managed by a private provider were overall much fewer, but they did provide individual treatment in 33% of responding jails, separate pod (14%) and group treatment (13%).

Funding for the substance abuse programs/services in the responding jails comes from a variety of sources. The chart below shows the source of funds for each of the listed program types.

**Funding for Substance Abuse Programs in Jails**



Other:

AA – Grant

NA – Grant

SEP POD – Canteen fund, Con Med

GROUP – Grant, Con Med

SA ED – Con Med

TC – Grant, Canteen fund

- Services provided by volunteers were very instrumental in many programs, especially faith-based treatment, Alcoholics Anonymous, Narcotics Anonymous, and peer-run treatment.
- Local funds were responsible for close to half of the funding for group treatment, separate pod, therapeutic community, substance abuse prevention/education, and individual treatment.
- State funds provided assistance to therapeutic community, individual treatment and somewhat to separate pod and group treatment.
- Federal funds provided assistance to fewer than 20% of the jails in supporting group treatment, separate pod, substance abuse prevention/education, and individual treatment.

### Other Types of Services

In addition to substance abuse services, responding jails were asked about other types of treatment, services or educational opportunities that were offered to inmates in their facilities during FY 2013. This question was asked of all respondents, whether or not their facility offered substance abuse services (N = 37).

Types of treatment, services or educational opportunities	Number of Facilities Offering Treatment and to Whom It's Available			Not offered
	Men only	Women only	Both men and women	
Trauma	3%	3%	3%	92%
Vocational (electrical, plumbing, cosmetology, etc.)	5%	0%	5%	89%
Batterer intervention	3%	14%	3%	81%
Anger management	14%	3%	41%	46%
Integrated services for co-occurring mental health and substance abuse disorders	3%	0%	57%	46%
Life skills	16%	0%	51%	38%
Parenting	24%	5%	32%	38%
Education (GED, college prep, college)	14%	3%	70%	16%
Mental health services	5%	0%	89%	14%
Other	5%	0%	8%	62%

- Very few (less than 20%) of the responding facilities offer any services in the areas of trauma, batterer intervention, or vocational services.
- Just over half offer anger management and integrated services for co-occurring disorders.
- About 60% offer life or parenting skills.
- A solid majority (over 80%) offer educational opportunities and mental health services.

Those respondents that indicated that their facility offered other types of services said the following:

- *All services offered are volunteer-run through local AA/NA services. We are required by DOC policies to have a substance abuse and mental health person which is required by contract to perform 20 hours of time per week by contract.*
- *Crisis Intervention - both, Psychiatric Services - both*
- *Mentoring program offered for men, outside work force offered for men, work release / HEM offered for men and women.*
- *Reentry services, Art program, Thinking 4 Change*
- *Religious groups and working on getting additional groups for life skills.*
- *Religious services provided by local volunteers are provided to all inmates. Serve safe classes are offered to kitchen workers who are male only.*
- *Spiritual counseling through Good News Jail and Prison Ministries*
- *The Norfolk City Jail provides Reentry Programming (12 weeks), Cognitive Drug Treatment (9 weeks), Prostitution Intervention Program (10 weeks) and John School (16 hours). We also obtain social security and DMV IDs under the DMV Connect Program for all program participants at the Norfolk City Jail (20 a month). Additionally, we offer Work Release, Electronic Monitoring (GPS) and Inmate Workforce. All are available for both men and women.*
- *Virginia Cares Program – Men and Women*
- *We provide Relapse prevention class, Addicted to the lifestyle class*
- *Women and Men Devotional Class Re-entry Class Men and Women, Men and Women Health Class*
- *Work program for men*

## CONCLUSION

It is our hope that this survey will start and/or continue discussion among stakeholders such as CSBs, sheriffs, local substance abuse service providers and criminal justice agencies about how to better identify and meet the needs of those who are incarcerated and struggling with addiction. While the results of this survey may not be inclusive of all jails in Virginia, it does offer a snapshot of services that are offered among those facilities that responded.

Information was provided by 37 jails, just over half of those contacted. Most of the jails that responded (92%) indicated that they do provide substance abuse services. Those who reported that they do not provide substance abuse services indicated that a lack of funding, service providers and interest among inmates were contributing factors. The most frequently offered substance abuse program was Alcoholics Anonymous (in 27 facilities). Nearly half of the facilities that responded reported offering Narcotics Anonymous (18 facilities), substance abuse prevention/education (18 facilities), and group substance abuse treatment (16 facilities). The least offered programs were therapeutic community (6 facilities) and peer-run substance abuse treatment (6 facilities).

The analysis indicates that services such as Alcoholics Anonymous, Narcotics Anonymous, and faith based treatments were most often provided by jail staff and volunteers. Jail staff also often provided services in separate pod units and volunteers also often provided peer-run treatments. CSBs most often provided programs in substance abuse education, therapeutic communities, and individual and group substance abuse treatments.

Most programs appear to be running close to or at capacity. Inmates often encounter waiting lists when trying to access substance abuse services. All six facilities offering therapeutic community programs reported waiting lists and most other substance abuse services had waiting lists in about half to three-quarters of the facilities that offered them. Depending on the program, waiting lists typically consisted of 10 to 50 inmates waiting to access services. When asked for the reasons for the waiting lists, the jails most often reported the program was operating at capacity or that the facility had space limitations.

While federal funding was cited as contributing to substance abuse education, separate pod treatment, and individual and group substance abuse treatment in some facilities, it was the least often reported source of funds by the jails overall. Local funds and volunteers were reported as providing the most support for substance abuse programming among the responding jails.

In addition to substance abuse services, jails often offer other types of programs and services. Most offer mental health services and educational services, while very few offer vocational programs or services for trauma or batterer intervention.

From this initial look, space limitations seem to be a primary challenge in providing substance abuse programs to those who need them in Virginia's jails. Space limitations can include both physical space and program capacity. Further investigation into these issues might provide more insight into how these conditions can be improved to allow all those in need of substance abuse services to access them.