

**DRUG AND ALCOHOL TREATMENT
IN THE PENNSYLVANIA DEPARTMENT
OF CORRECTIONS**

**PUBLIC HEARING BEFORE HOUSE
JUDICIARY SUBCOMMITTEE ON
CRIMES AND CORRECTIONS**

**STATE CORRECTIONAL INSTITUTE
AT CHESTER**

APRIL 5, 2000

**TESTIMONY OF GARY TENNIS ON
BEHALF OF PENNSYLVANIA DISTRICT
ATTORNEYS ASSOCIATION**

Good afternoon, Chairman Birmelin and Chairman James. On behalf of the Pennsylvania District Attorneys Association, I thank you very much for the opportunity to testify today on the important issue of drug and alcohol treatment in the Pennsylvania State Correctional System.

Commissioner Horn. In my opinion, and I'm confident it is shared by District Attorneys across the state, Pennsylvania has the best state prison commissioner in the nation. Marty Horn's accomplishments, both in terms of dramatically expanding drug and alcohol treatment and in terms of forcefully re-taking control of a prison system that had gone out of control, are extraordinary. For example:

1. Funding for drug and alcohol treatment within the Department of Corrections has tripled under Commissioner Horn.
2. The percentage of drug tests coming back positive has dropped from about 6% to 1.5%.
3. Recidivism (calculated as return to the state prison system within three years) dropped from 50% to 39%.
4. Prisoner assaults on staff have dropped by 32%.
5. Prisoner assaults on other prisoners have dropped by 26%.
6. The number of cell searches has doubled, while the number of drug finds has been cut in half.
7. Serious inmate misconducts have dropped by 28% while inmate grievances have dropped by over 23%.

As you know, Pennsylvania prosecutors have been strongly supportive of providing clinically appropriate drug and alcohol treatment for addicted criminal offenders (and indeed for all individuals in need of such treatment). Why? **Because providing clinically appropriate drug and alcohol treatment means less crime.** And that's why we applaud Commissioner Horn's commitment to and success in expanding drug and alcohol treatment within the criminal justice system.

SCI Chester. The institution in which we are sitting today is a shining example of how the criminal justice system should work. This is a treatment prison that does treatment right. The Department of Corrections has contracted with one of the strongest drug and alcohol treatment programs in the country, Gaudenzia, Inc., to provide top quality drug and alcohol treatment. With the strong personal leadership of the Commissioner himself, prison administrators have permitted Gaudenzia to carry on with an effective treatment regimen.

Once the offenders are assigned to SCI Chester, Gaudenzia does a full drug and alcohol assessment to determine what level of treatment is needed. Some need residential at first, while others can begin in outpatient. But the key point is this: the level and duration of treatment is clinically determined and thus is much more likely to succeed than a uniform "cookie-cutter" approach.

Follow-up treatment. As critical to this program's success is that treatment in the prison is followed up with clinically appropriate treatment outside the prison. Offenders who are eligible for pre-release are placed in clinically appropriate treatment (at this point, usually outpatient treatment and a halfway house near the treatment site.)

And when offenders in this program come up for parole, their treatment paperwork is forwarded to the parole board for review, with recommendations for further clinically appropriate drug and alcohol treatment where necessary.

The bottom line is this. The Department of Corrections is handling this program the way it ought to be done. We are convinced that what happens in this institution makes the streets of our community significantly safer.

One caveat. There is a common flaw that occurs in many criminal justice and prison programs throughout the country: inadequate staff-to-client ratios. In an understandable attempt to treat as many offenders as possible for the least amount of money, many if not most prison treatment programs around the country have unworkably high staff-to-client ratios. Given that we are dealing with potentially dangerous criminal offenders, this should not happen. When this happens, there are higher failure rates and higher rates of recidivism among program graduates. And when that happens, public support for criminal justice treatment programs will diminish.

A good investment. As you know, Pennsylvania prosecutors - and indeed prosecutors around the nation - are committed to expanding the use of clinically appropriate drug and alcohol treatment. And for good reasons:

- Sixty to eighty percent of all criminal justice offenders have serious substance abuse problems. When we fail to aggressively address criminals' addictions, our failure leads to more crime, more victims, and more prison overcrowding.
- One study after another confirms that clinically appropriate drug and alcohol treatment results in more than a two-thirds drop in criminal recidivism. Because our Department of Corrections program is running such an exemplary program, I believe reductions in recidivism in this program will outstrip even these remarkable numbers.

- Treatment saves taxpayers money. Again, study after study shows that money spent on good drug and alcohol treatment is an outstanding investment. The most extensive study done to date, the CALDATA Study, shows that every dollar spent on treatment yields a seven dollar return within twelve months, primarily in reduced criminal justice costs. Again, I believe our program will do even better, because it is so well run.

You shouldn't have to commit a crime to get treatment. This research shows that treating addicted offenders dramatically reduces criminal behavior. But why should we wait until after these individuals become criminals. The biggest savings - in terms of both budget and human suffering (by crime victims and addicts) - is in providing treatment before the addicts and alcoholics deteriorate into the criminal justice system. But increasingly, one must commit a crime to get the treatment they need.

This is best exemplified in the \$10 million reduction in drug and alcohol treatments for Act 152 (nonhospital residential rehab) treatment and behavioral health services (BHSI) treatment (\$5 million each). Act 152 and BHSI dollars fund the treatment needed by the most severely addicted - and the most likely to become criminals if left untreated. Why not treat these individuals before they criminally victimize innocent citizens?

In the interests of continuing to drive down crime rates, I urge the members of this Subcommittee to become actively involved in restoring this \$10 million to the budget. You soon will be receiving a letter from the Pennsylvania District Attorneys Association providing more details about this critical problem.

Summary. For this reason, the PDAA applauds Commissioner Horn and the Department of Corrections for its outstanding drug and alcohol treatment program. We thank Governor Ridge and the General Assembly for funding these programs and urge you to continue to support the Commissioner's efforts in this direction.

And we urge you to be as active as possible in supporting full funding of drug and alcohol treatment for all who need it, especially the restoration of the \$10 million for Act 152 and BHSI funding. In terms of fiscal policy, criminal justice policy and public health policy, it's the only sensible thing to do.

Thank you again for the opportunity to testify on this most important issue.