



House Judiciary Committee,
Subcommittee on Crimes and Corrections
Public Hearing - Department of Corrections
Drug and Alcohol Programs,
Mental Health Programs, Medical Care

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Good afternoon Mr. Chairman and Subcommittee Members,

My name is William C. Folks. I am a licensed Social Worker and am employed as a Clinical Director at Eagleville Hospital. I also serve as the Chairperson of the Forensic Subcommittee of the Pennsylvania Community Providers Association. I am responsible for two treatment programs that are operated under contract with the Pennsylvania Department of Corrections. One program is known by its' acronym S.A.V.E., the Substance Abuse Violators Effort. The second program is the Eagleville Hospital North Philadelphia Program.

The SAVE program has been in existence since January 1997. It is a unique program for technical parole violators. The program provides one year of intensive drug and alcohol treatment and specialized parole supervision. It is appropriate for offenders who are in violation of parole due to a relapse into substance use. It is not available to parole violators who have been arrested for a new charge. These offenders frequently have chronic substance use disorders and chronic behavioral problems. After being incarcerated for any significant period of time they frequently have marked denial about the possibility of a recurrence of substance use, or are invested in an antiauthority style of thinking and are not honest about their desire to resume substance use. The S.A.V.E. program is designed to allow a parole agent to intervene early when a parolee resumes substance use, engage the offender in treatment, and provide a level of structure and supervision that maximizes the offenders participation in the treatment program. A key element of this program is that the parole staff and the treatment staff work together as a team.

Parole offices in the southeast region of the state identify potential candidates for the program and make referrals through the parole office, located on the campus of Eagleville Hospital. The Supervisor of the S.A.V.E. parole Unit reviews all referrals to assure suitability for the program and schedules all admissions through the treatment programs' intake staff. Detoxification services are available for individuals who develop withdrawal symptoms during the intake and assessment process. There are four phases of the program. The first phase is 90 days of intensive residential treatment in a non-hospital program on the grounds of Eagleville Hospital. The treatment program includes participation in an adult basic education program for clients who have no high school diploma. On average there are approximately 30 to 35 S.A.V.E. clients in the residential phase of treatment at any point in time. During this first phase the parole supervisor functions as a parole agent for the clients. She provides information to the treatment staff regarding the reason for referral to the program; she provides orientation to the client regarding the conditions of parole for S.A.V.E. clients. If problems arise with the client, the treatment staff and the parole supervisor discuss these problems together and decide on a course of action. As the client progresses through treatment a home plan is developed for return to the community. One of the four S.A.V.E. parole agents investigates the plan and must approve it in order for the client to move into phase two.

Phase two consists of three months of intensive outpatient treatment and enhanced supervision from the S.A.V.E. parole unit. This supervision includes electronic monitoring where appropriate. The treatment is provided through the Eagleville Foundation Riverside Care outpatient programs or through subcontractors who have agreed to fully participate in the structure of the S.A.V.E. program. The assigned parole agent escorts the client to their approved home and outpatient treatment site on the day of discharge from phase one. The client participates in treatment four days per week. Treatment includes linkages with adult basic education, vocational counseling and the ex-offender program. The S.A.V.E. parole agents have office space available at the outpatient treatment sites and usually are present at the sites at least 1 time per week. The agents, to identify clients who may be using substances while in treatment collect urine samples. The outpatient treatment staff and the parole agents regularly discuss client progress or lack of progress in treatment. When necessary they can meet together with clients to review problems and provide additional structure for clients who are struggling in treatment.

As the client progresses in treatment they become eligible for graduation to phase three. During this phase they must attend group therapy sessions 2 per week and individual sessions 1 time per week. They meet with their parole agent at least 1 per week. During this phase clients seek employment but must not secure employment that precludes involvement in treatment.

After three months in phase three the client can graduate to phase four, which includes group therapy one time per week and one individual counseling session per month. Parole supervision is provided at least 1 time per week.

Clients who relapse during a phase can be sanctioned and/or returned to a previously completed phase up to and including phase one, for stabilization. The treatment provider provides this intensive treatment as a warranted service. The intent is to provide flexibility in treatment and supervision so those offenders do not automatically have to be returned to a correctional facility as a first course of response to relapse.

At the end of one year clients who did well in the program are returned to general parole supervision units and monitored at a level of supervision deemed appropriate by the risk assessment instrument utilized by the Board. They are encouraged to remain involved in AA/NA including a home group and sponsor. Riverside Care clients are welcome to participate in an alumni group. This program is unique in its emphasis on a partnership between the Department of Corrections, The Board of Probation and Parole, and the Treatment Provider. Regular meetings involving representatives from all of these groups has resulted in problem resolution, improvements in continuity of care and supervision, fine tuning of the program, and has reduced the opportunity for offenders to manipulate a fractured system.

The Eagleville Hospital North Philadelphia Program is located at 1007 West Lehigh Avenue in Philadelphia. This program is a 40 bed Community Contract Facility that is also licensed as an Adult Inpatient Non-Hospital Alcohol and Drug Treatment Program by the Pennsylvania Department of Health. The Department of Corrections and the Board of Probation and Parole use it exclusively. Referrals are accepted for individuals who are on pre-release status from the Department of Corrections, or are paroled with a special condition to complete alcohol and drug treatment. The program has recently become available for parolees who are placed in a community parole center/alcohol and drug treatment program as an alternative to returning to prison for a parole violation.

The program has been open for approximately one year. It has been providing a 45- day length of stay. The length of stay is being expanded to 90 days to better meet the needs of the offenders. It has been offering services to prepare individuals exiting a state correctional facility to function in the community. In addition to alcohol and drug treatment residents participate in an adult basic education program and receive vocational counseling. The staff attempt to educate clients about the chronic nature of alcohol and drug problems, the self-destructive nature of the defense of denial, and the serious potential for return to drug use upon leaving a protected environment. This program attempts to reduce the potential for relapse when offenders leave the highly structure environment of a state correctional facility. As a community parole center it will assist parolees who have relapsed in acquiring relapse prevention skills, achieving some stability and developing a new plan for community reintegration.

I believe that these two programs are fine examples of the utilization of community based treatment resources for offenders. Addiction and substance abuse are problems that are chronic in nature. The offenders who reach the level of a state sentence usually have chronic problems in living, in addition to substance use that make successful adjustment to the community difficult to achieve. No matter what level of addiction treatment is provided in prisons relapse into addiction or a return to substance abuse can be expected to occur within this population during community reentry. A wide range of treatment resources and parole supervision options needs to be available to reduce the number of technical parole violators returning to prison for drug use. It is important to further develop a continuum of custody, treatment, transitional living, and supervision options. The best success will occur when we are able to match individual offenders with custody, treatment, and supervision level that meets their needs, and affords the public the highest possible level of safety.