

*Testimony before the  
House Judiciary Committee  
Subcommittee on Crimes and Corrections*

By  
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Mr. Chairman and Members of the Committee:

Thank you for the opportunity to speak to you about a matter that is of great importance to us at Gateway and to me personally. I refer, of course, to the relationship we have with the Department of Corrections. We at Gateway regard our relationship with the DOC as one of our most productive and the work we do together as among our best. Perhaps most importantly, we see our mutual work as contributing to a very important public health initiative.

Secretary Horn has said that there are three critical issues for every inmate: *sobriety, education, and work*. It is significant that *sobriety* heads the list. Without sobriety, nothing else has much chance of success. When the research indicates that over 90% of the population of the state corrections system has a measurable alcohol or other drug problem, it is clear that we need to pay attention to this fact and respond. It has been our pleasure to be the DOC's partner in helping, in a modest way, to formulate and carry out this response.

Gateway's Entrance into the Corrections Field

Gateway was founded in 1972 by Dr. Abraham Twerski, an internationally known expert on addiction treatment. Today, Gateway is Western Pennsylvania's oldest and largest provider of addiction treatment services. We operate treatment programs at 30 locations, admit in excess of 7,500 patients per year, and deliver over 125,000 patient days/units of service annually.

Although Gateway has worked with courts, corrections institutions, and related organizations for almost 30 years, we did not sign a formal contract with the DOC until 1995. At that time, we started accepting referrals from the DOC for primary addiction treatment. Our original agreement was small at only eight beds. Quickly, however, the volume of activity increased substantially.

We began to understand the DOC contracting process and responded to an increasing number of RFPs that were issued. In 1998/1999, GRC opened two

new corrections locations: Braddock, PA to serve the Pittsburgh area and Harborcreek Township, PA to serve the Erie area. To date, we have been fortunate enough to be awarded contracts to provide the following services:

- Behind-the-Walls counseling at SCI Greensburg
- Behind-the-Walls counseling at SCI Pittsburgh
- Primary Treatment at Gateway's Main Campus
- Work Release/Life Skills Programming at Gateway's Main Campus
- Primary Treatment at Gateway's Braddock Campus
- Work Release/Life Skills Programming at Gateway's Braddock Campus
- Primary Treatment at Gateway's Erie Campus
- Work Release/Life Skills Programming at Gateway's Erie Campus
- RSAT Program at SCI Huntingdon
- County SAVE Program (with PA Board of Probation and Parole)
- RSAT Aftercare Program (with PA Board of Probation and Parole)
- RSAT Program at SCI Camp Hill (to open May 1, 2000)
- RSAT Program at SCI Albion (to open June 1, 2000)

During the period from July 1, 1998 through June 30, 1999, Gateway provided over 50,000 days/units of service in the above programs.

I would like to make three brief points:

- 1) *The current array of DOC programs is correctly targeted***
- 2) *The current effort has a high level of expertise from DOC staff and contracted providers***
- 3) *The current effort is becoming more sophisticated as we develop programs and learn more in day-to-day operations***

#### Correct Targeting of Programs

When it comes to chemical dependency treatment, one size *does not* fit all. The programs that we offer do not attempt to force fit the inmate into one programmatic approach. Rather, the programs offer a wide variety of interventions at varying levels of intensity and this is precisely what is required to respond to the needs of inmates at different stages of their management by the DOC. Services range from in-prison counseling through long-term residence in a therapeutic community (RSAT Program). Half-way out models (pre-release), half-way back models, and programs specifically aimed at technical parole violators allow the DOC and the provider to place the inmate in the type of

service in which our treatment goals can be met. When we place an inmate into a program, we always want to ask two key questions:

- Can the inmate *tolerate* the program?
- Can the inmate *benefit from* the program?

When the answer to these questions is in the affirmative, the inmate is correctly placed and everyone wins: the inmate, the corrections system, and public safety is well served.

### High Level of Expertise

By contracting with providers who are expert in the treatment issues, the DOC has added considerable value to its system of services. At Gateway, however, we have found that we have improved specifically *because* of our association with the DOC. As you know, the DOC provides assistance to its contractors in the form of Contract Facility Coordinators who act as our technical advisors. While some of the issues they cover are routine, such as proper invoicing, many issues are much more important.

For example, we have learned a great deal from our Contract Facility Coordinators in the areas of drug testing, patient financial management, and custody control. In addition, our DOC advisors have helped us to better understand the errors in thinking that are exhibited by our residents due to their criminal orientation. Our programs are made stronger because of the connection we have with these important DOC staff. It is also important to note that the things we have learned are often applicable to our general population as they are to our corrections population. In turn, we express our own opinions that are based on 30 years of institutional experience and try to shape the discussion. The final result of our collaboration is a much-improved program.

### Increasing Sophistication

The RSAT Program provides an example that illustrates well the process by which we have used experience to adjust and improve our programs. When we began the RSAT program, we experienced an initial wave of program failures after the transfer from the therapeutic community (TC) to the Community Corrections Center/Intensive Outpatient Phase. Deputy Love and Directors Rogosky and Belcik personally involved themselves to assist us in making adjustments to the program. The following steps were taken:

- The screening instrument was expanded and improved so that placements into the program would be most likely to benefit from the RSAT program.
- DOC and GRC staff consulted with each other to make design changes in the therapeutic community phase. Specifically, the level of program

intensity was increased in order to take full value of the TC treatment approach.

- An RSAT regional coordination meeting was conducted for the purpose of assuring a good transition from the TC to the CCC/IOP phase.

As a result of these changes, the program's failure rate was cut in half.

### Conclusion

Gateway's commitment to our corrections programs is high. As you know far better than I, corrections programs – even treatment initiatives – are often hard to place in the community. In fact, Gateway had to deal with significant community opposition to the placement of Gateway Erie. But this program was very much needed. Therefore, Gateway was only too happy to spend its time and resources on the start-up of Gateway Erie. In fact, today, our Erie program has a census of about 30, co-exists very quietly with its neighbors in Harborcreek Township, and provides a wonderful and effective way for its residents to rejoin their home community.

The success that we have had at the Erie location is emblematic of our relationship with the DOC. We look forward to continuing to be of service as a part of the DOC community corrections effort.