

## Summary and conclusions of the evaluation of the pilot projects on judicial addiction care in the Dutch prison system

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### 1. Introduction

The pilot projects called *Integral Chain Care*, *Front Door* and *Comorbidity* are part of the Judicial Addiction Care programme, which is linked to the Recidivism Reduction programme. The goal of the pilot projects is to create and test modes of operation that can later be implemented in other penitentiaries.

For the realization of the pilot projects, a project team was set up, consisting of the following members:

- Central project manager from the Custodial Institutions Service of the Ministry of Justice;
- Project manager from the SVG ( Foundation for the Rehabilitation of Addicted Prisoners, a division of GGZ Nederland [umbrella organization for mental care])
- Prison System Policy Officer from the Custodial Institutions Service of the Ministry of Justice;
- Project managers of the three pilot projects.

The central project manager is chairman of the project team and controls the project. The central project manager also harmonizes the three pilot projects and is responsible for the results of the subprojects (the pilot projects). Furthermore, the central project manager is in charge of budget control.

The project manager from the SVG facilitates the involvement of GGZ institutions.

The Prison System Policy Officer is responsible for policy information in support of the project.

Each pilot project has two project managers: one from the penitentiary and one from Judicial Addiction Care (JVZ).

The members of the project team meet every six weeks and discuss, among other things, the progress of the pilot projects on the basis of trimester reports. In these reports, questions on the progress of the pilot projects are answered systematically. A number of quantitative indicators for measuring the goals for inflow, transfer and outflow have been developed. These indicators have been set by the central project manager, the project managers of the pilot projects and the Research and Documentation Centre of the Dutch Ministry of Justice (WODC).

The objective of the pilot projects is to recognize, select and motivate addicted detainees and to transfer them to suitable follow-up care.

The pilot projects stress various aspects of the modes of operation and target groups. *Integral Chain Care* focuses on the logistics of getting (inflow) and keeping addicted recidivists in care. *Front Door* is aimed at improving the screening, diagnosis and motivation of addicted detainees. *Comorbidity* specifically focuses on getting and keeping dually diagnosed detainees in the right care programme.

The pilot projects were evaluated on the basis of document analysis, interviews with employees and detainees who participated in the pilot projects, and data from the pilot projects.

## **2. Methodological comments**

All three pilot projects were initiated on the basis of specific action plans. The quality of these plans was not checked before the commencement of the pilot projects. Part of the plans still had to be worked out and further developed in practice. Due to the absence of control groups, and as no zero measurement was taken, it is impossible to ascertain whether a different mode of operation in a similar setting would have been more effective or efficient.

The objective of this project is to describe the methods used and developed during the project, and to evaluate them in the light of the pilot projects' objectives and compare some of the results with the pilot projects' quantitative goals.

## **3. Objectives of the pilot projects**

### *Integral Chain Care*

The pilot project Integral Chain Care was set up by the Arnhem Penitentiary (location: South Arnhem Detention Centre) and 'De Grift', the provincial centre for treatment of drug addicts (JVZ cluster) in Arnhem. The objective of the Integral Chain Care pilot project is to identify the target group as quickly as possible and to guide it towards follow-up care outside the detention centre.

The target group of the pilot project consists primarily of addicted recidivists who featured on the list of candidates compiled by the police forces of the central and southern regions of the province of Gelderland. These lists contain all the addicted recidivists in the Arnhem/Nijmegen region who are eligible for coercive and compulsory care programmes. The pilot project's secondary target group consists of drug addicts who have been in contact with the police several times and who have problems in various other areas. These addicts may come from the Arnhem district or some other district.

The pilot project Integral Chain Care also includes early intervention at the police station and guidance towards the South Arnhem Detention Centre. In the context of this pilot project, several activities are being developed by the intake section, regular sections and the special care section of the detention centre. The Kompas section (specifically established for this pilot), previously known as the Addiction Support Unit, runs a programme for the target group. This section consists of 25 cells. In the Kompas section, two programmes have been set up for the target group. In one programme, screening and observation are central, in the other motivational accompaniment and guidance towards care. The pilot project Integral Chain Care is linked to a project called 'Integral Chain Management of Coercive and Compulsory Care Programmes'. This is a network of parties collaborating at district level, including the cities of Arnhem and Nijmegen, the district court, the police regions of central and southern Gelderland, De Grift and the Arnhem Penitentiary. The above-mentioned project is aimed at addicted recidivists in the Arnhem-Nijmegen region, and its main objective is to reduce the crime recidivism rate. Agreements between the integral chain partners have been laid down in a covenant. In this project the police are jointly responsible for compiling the aforementioned list of candidates and for identifying candidates for the pilot project Integral Chain Care. In this pilot project, the collaboration between De Grift and the Arnhem Penitentiary is of central importance.

### *Front Door*

The pilot project called Front Door has been developed by staff from the Northern North Brabant Penitentiary (location: Oosterhoek) in Grave and the judicial addiction centre Novadic (now called Novadic-Kentron). The objective of Front Door is to improve the diagnosis of addicted detainees in order to optimize the preparation for and guidance towards follow-up care.

Front Door consists of two phases: Screening/Diagnostics and Motivation/Guidance Towards Care. In the first phase, the emphasis is on diagnosis, screening and indications. In the second phase, the main focus is on keeping detainees motivated and prepare them for placement in a follow-up care programme. The pilot project is being conducted at the Addiction Screening Section (SAV), a former Addiction Support Unit. This unit consists of 24 cells. In this pilot project, assessment procedures are central.

### *Comorbidity*

The pilot project of Comorbidity is carried out jointly by the Haaglanden Penitentiary (location: Scheveningen) and GGZ Parnassia JVZ. The objective of the pilot project is to offer suitable care during and after detention to detainees who have both psychiatric and addiction problems. To provide them with the proper care, the participants in this pilot project are screened and analysed by Parnassia staff. To prepare the participants for the care pathway, a programme called “A New Perspective” has been developed. This programme is provided by Parnassia staff in the Special Care Section. Furthermore, two other modules have been developed specifically for unplaceable detainees: “Aggression Regulation” and “Frustration Tolerance.” These modules were provided outside the penitentiary. To improve the transfer of participants to social care institutions, collaboration protocols have been drawn up, regulating the collaboration with various establishments. In this pilot project, the emphasis is on offering proper care to a difficult target group during and after detention.

## **4. Mode of operation**

Not all aspects of the project plans were fully thought through when the pilot projects started. The approach and mode of operation were being further developed and elaborated while the present study was underway. The present study shows that there are several similarities between the developed modes of operation.

### *Inflow*

All three pilot projects have an inflow procedure ensuring that only the detainees who belong to the target group become part of the pilot project.

### *- Integral Chain Care*

The JVZ staff screen detainees being processed by the intake section of the South Arnhem Penitentiary. On the basis of the intake interviews, recommendations are made as to whether a detainee should be placed in the Kompas section or in some other section. During the Internal Placement Consultations, it is finally decided where the detainee will be placed.

Initially, the selection and placement of addicted detainees from the target group of Integral Chain Care did not run very smoothly. JVZ staff ‘outside’ the penitentiary sometimes forgot to mark the file of a recidivist on the list of candidates, and the public prosecutor sometimes thwarted the guidance towards the South Arnhem Penitentiary. The cells in the Kompas section were therefore often occupied by addicted detainees who did not belong to the primary target group.

*- Front Door*

The medical services of the Northern North Brabant Penitentiary interview all incoming detainees. Addicted detainees are referred to Front Door. Front Door has developed an assessment procedure for candidates for the pilot project. On paper, the procedure consists of two interviews: one with an officer from the penitentiary and one with a JVZ officer. However, due to lack of time, only the officer from the penitentiary is conducting the intake interviews. This officer is likely to ask the same questions as the JVZ officer. During the Intake Consultations, it ascertained whether the candidate is eligible for this pilot project. This consultation is attended by a Novadic officer, the head of the SAV and a number of SAV staff, and a prison psychologist. Front Door had practically no problems with the inflow of detainees belonging to the target group.

*- Comorbidity*

Prison officers, medical service staff and the psychologist/psychiatrist of the Haaglanden Penitentiary can all put a detainee's name on the agenda of the Psycho-Medical Consultations (PMO) for placement a Special Care Section. Criterion for placement is that the candidate has one or more psychological disorders. GGZ-Parnassia JVZ staff select candidates for the pilot project of Comorbidity from the detainees who are placed in a Special Care Section. These candidates have psychological disorders *and* they are addicted. Ultimately, it is the Psycho-Medical Consultative Body that decides whether a detainee is eligible for the Comorbidity pilot project.

Comorbidity succeeded in finding enough participants for the programme called 'A New Perspective'. However, due to staffing, communication and coordination problems, no participants were found for the modules specifically developed for the 'unplaceables'.

JVZ staff thus play an important part in the selection of candidates for all three pilot projects. The actual decision as to whether candidates are eligible for the pilot projects is taken in consultation (Internal Placement Consultations, Intake Consultations or Psycho-Medical Consultations).

**Transfer**

The transfer of detainees involves either an internal programme or an external programme. Internal programmes are offered within the penitentiary. An external programme involves placement in a care institution. JVZ staff play an important part in the transfer of detainees to follow-up care.

In the pilot project Comorbidity, Parnassia staff continue to provide guidance to detainees who have been placed in an internal programme, i.e. on the condition that the detainees are placed in a penitentiary near the Haaglanden Penitentiary. Participants in an external programme are assigned to a probation officer from outside the penitentiary. This probation officer is to make sure that the detainee meets his commitments. In the Integral Chain Care and Front Door pilot projects, the guidance of detainees is transferred to the follow-up care unit and it is more than likely that the detainees are no longer monitored from then on.

Particularly in the beginning, the placement of ex-detainees in an external follow-up programme was experienced as problematic in the Integral Chain Care and Comorbidity pilot projects. This was solved by appointing a JVZ treatment coordinator (Integral Chain Care) and making specific arrangements (Comorbidity).

## **Programme**

All three pilot projects involve a fixed weekly programme of regular activities such as sports, work, education, creativity and recreation in the fresh air, but also activities that have been specifically designed for these pilot projects, such as group conversations.

### *Group conversations*

All three pilot projects also involved group conversations. In the Integral Chain Care and Front Door pilot projects, these conversations are organized by prison officers as well as JVZ officers. The latter are the only ones who organize such conversations in the Comorbidity pilot project.

The group conversations organized by the JVZ officers are meant as a preparation for the post-detention period. The conversation topics include how to cope with addiction, use of medication and how to socialize with others. Furthermore, information on possible follow-up programmes is provided. These conversations are designed in such a way that detainees can motivate each other, learn from each other and experience how it is to function and behave in a group. The basis of this is that group conversations are also frequently used in the follow-up care units. Any participant in the Comorbidity and Front Door pilot projects can take part in these group conversations; in Integral Chain Care, the detainees have to sign up (due to a lack of available places).

The group conversations organized by prison officers serve a different purpose. At these meetings, the topic is the developments in the unit.

In general, the participants are moderately satisfied with these conversations with JVZ officers. However, the detainees in the Integral Chain Care pilot project are less satisfied with the conversations with the prison officers, as they find these conversations useless.

### *Individual conversations*

JVZ staff involved in the pilot project also have individual conversations with the detainees. The goal of these conversations is to assess the detainees' abilities and limitations and to motivate them to participate in the follow-up programme. Most detainees are satisfied with these conversations. Prison officers also have individual conversations with Front Door participants for the same reason. The majority of the participants are satisfied with these conversations.

### *Urine checks*

In order to check whether the detainees are committed to the agreements made with regard to substance use, urine checks are conducted in all sections involved in the pilot projects. The Integral Chain Care pilot project lacks a urine collection facility. This provides detainees with more opportunities for urine fraud.

## **Facilities**

In all pilot projects, the officers involved enter the same data into different computer systems, as the computer systems have not yet been linked up. The result is a very labour-intensive bookkeeping. JVZ staff in the Comorbidity and Integral Chain Care pilot projects cannot email, because they do not have access to the Internet.

Such tools could of course save time. Additionally, there are no proper rooms for the group conversations in the units (Comorbidity and Integral Chain Care); there are no telephones in the conversation rooms (Integral Chain Care); and the staff involved have to share a very small room (Comorbidity).

### **Collaboration and consultation**

All three pilot projects include fixed times for mutual consultation times, or use an existing consultation arrangement to discuss the pilot project. During these consultations information is exchanged, appointments are made and modes of operation are synchronized. These consultations are attended by staff of the involved disciplines. These officers state that they are satisfied with these consultations.

### **Transport**

Detainees who are transferred to a care institution, are accompanied by a prison officer.<sup>1</sup> This minimizes the chance of drop out. If a detainee is to travel to the care institution by himself, chances are that he will not show up. At the national level, efforts are being made to formulate and formalize agreements on the transport between penitentiaries and care institutions. However, at the time of the pilot projects, this had not yet been realized.

### **Staff**

To facilitate the pilot projects, the Northern North Brabant Penitentiary (Front Door) and Arnhem Penitentiary (Integral Chain Care) have made extra FTEs available. The Haaglanden Penitentiary (Comorbidity) did not create any extra FTEs. JVZ created extra FTEs for the Integral Chain Care pilot project, but later on, as a result of budget cuts, the number of FTEs was reduced .

Unlike the staff involved in the Comorbidity pilot project, most staff in the Front Door and Integral Chain Care pilot projects were experienced in working with addicted detainees. Almost all prison officers involved in these pilot projects took expertise-improving courses, for example, in order to learn how to deal with aggressive detainees and acquire insight into psychiatric disorders.

All JVZ staff were experienced in dealing with addicted detainees. There were also a number among them who took courses to improve their expertise.

## **5. Differences between the pilot projects**

Although the pilot projects have many similarities, there are also a number of differences. These are:

- Philosophy and target group
- The length of the integral chain of the pilot project
- The locations of the pilots studies
- The part played by prison officers

These differences will be discussed further below.

### *Philosophy and target group*

The pilot projects vary in terms of philosophy and target groups. Particularly the target group of the Comorbidity pilot project differs from those of the other two pilot projects. The philosophies and target groups of the Front Door and Integral Chain Care pilot projects are very similar.

Integral Chain Care was designed to motivate addicted detainees to work on their addiction problems during their detention time or to keep working on it. The Integral Chain Care's target group consists mainly of addicted recidivists. In order to prevent the detainees from dropping out of the pilot project, the pilot project's design has a low threshold and all the activities are offered on a voluntary basis. Showing initiative is important in the philosophy of the Integral Chain Care pilot project. A detainee can show initiative by participating in group conversations, contacting a JVZ officer or by

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<sup>1</sup> Detainees can appeal to Article 43 of the Prisons Act (PBW) if they wish to be transferred to a care institution during their detention.

participating in activities such as sports. If a detainee shows no initiative after approximately five weeks, he is removed from the Kompas Section. As the inflow of the primary target group did not meet the expectations, there was a change in the philosophy and mode of operation of the pilot project in 2004. From then on, all detainees who met the criteria of the target groups were placed in the Kompas section. In other words, the mode of operation and the pilot project's target group changed dramatically due to practical considerations.

Front Door has a low threshold and focuses on addicted detainees who are motivated to combat their addiction. The majority of the activities are offered on a voluntary basis, because the officers do not want to put too much pressure on the detainees, but only to increase their sense of responsibility and initiative. The target group of the Front Door pilot project consists of detainees who have a record of recidivism.

The objective of Comorbidity is to initiate the transfer of addicted detainees with psychiatric problems to the proper care institutions. Before this pilot began, there was no regular transfer of detainees to the Parnassia psycho-medical centre. By charting the care opportunities for detainees, and preparing them better for care, it is tried to improve this transfer. Comorbidity focuses on addicted detainees who suffer from one or more psychiatric disorders.

#### *The length of the integral chain of the pilot project*

The length of the three pilot projects varies. The Integral Chain Care pilot project begins at the police station and ends when the participant is transferred to a follow-up programme. The Front Door pilot project begins at the intake section of the penitentiary and ends as soon as the participant has been transferred to a follow-up programme. The participants of both these two pilot projects are then no longer monitored.

The Comorbidity pilot project begins at the Special Care Section of the penitentiary. The participants who are placed in a programme provided near The Hague are guided by Parnassia. Participants who are placed externally are guided by a probation officer.

#### *The locations of the pilots studies*

The locations of the pilot projects vary. Integral Chain Care is conducted in the Kompas section, which consists of 25 cells. Visual contact with detainees in other sections is possible. Front Door is conducted in the Addiction Screening Section (SAV). This section consists of 24 cells, has a recreational area, and is solely for participants in this pilot project. The detainees in this section do not come into direct contact with other detainees in the penitentiary. This creates a tranquil atmosphere in the section. Comorbidity is conducted in the Special Care Section (BZA) of the Haaglanden Penitentiary. This section also has detainees who do not participate in this pilot project. These are often sex offenders. Unlike the other two pilot projects, this pilot project does not take place in a section specifically designated for the pilot project. The sex offenders have a negative effect on the atmosphere in the section.

#### *The part played by prison officers*

The prison officers in the pilot projects play different parts. The prison officers involved in Front Door are most involved in the pilot project. They conduct intake interviews, have individual and group conversations with the detainees, and they act as a mentor for four or five detainees. Both the detainees and the prison officers are satisfied with this mentorship. The detainees appreciate that they have one person they can contact and the officers state that the mentor tasks give their jobs more meaning. According to the officers, this mentorship has two advantages: the officers gain insight into the detainees' psyches much quicker and detainees can no longer hide in a group as there is always a mentor paying attention.

Furthermore, the prison officers attend multidisciplinary diagnostic consultations and write sectional reports.

The task of prison officers in the Integral Chain Care pilot project is to guide the participants, to motivate them to take part in the different parts of Kompas programm and to organize group conversations. As the staff believe that the period in which the detainees participate in the pilot project is not long enough for them to establish strong relationships with them, mentorship is no option here.

The staff attend the weekly progress meeting, at which the participants in the pilot project are evaluated.

In the Comorbidity pilot project, the staff take on a facilitating role. They observe the detainees and they pass on information on the detainees' behaviour to the JVZ officers. They attend group conversations, but they do not play an active part. Nor do they have structural conversations with the detainees. Unlike the prison officers in the other two pilot projects, the staff of the Special Care Section and the Haaglanden Penitentiary have not been granted extra time for pilot project activities.

## **6. Problems caused by target group characteristics**

Since early 2004, all detainees on the list of candidates in the Integral Chain Care pilot project have to be placed in the Kompas Section. Consequently, detainees who are not motivated to work on their addiction are also placed in this section. These unmotivated and 'difficult' detainees influence the atmosphere.

When they do not show enough initiative, they are removed from this section and transferred to a regular section in the penitentiary. The problems in the Kompas Section would be even greater if more unmotivated detainees had been placed here.

The intake procedure developed for the Front Door pilot project failed to truly differentiate between the willing and the unwilling (those who only pretend to work on their addiction). Here, too, unmotivated detainees influence the atmosphere negatively now and again.

In the Comorbidity pilot project, there were practically no problems with the detainees; it was well-known in advance that the target group consisted of difficult detainees. However, sometimes group conversations were cancelled, because not all detainees knew how to function in a group.

The pilot projects often succeeded in improving the motivation of the detainees who were already motivated to some extent. It is only useful to guide them to a special care section if they are motivated to some extent. Unmotivated detainees often have a negative effect on the atmosphere in a section and often drop out. They are then placed in a regular section. Because of the low threshold of the pilot projects, the use of methadone is allowed. In the Integral Chain Care pilot project, this occasionally caused problems when detainees were placed in a follow-up programme as the use of methadone is prohibited in the majority of the institutions that provide follow-up care.

## **7. Views and experiences of staff and detainees**

### *The staff perspective*

The general objectives of the pilot projects are clear to the staff, but this cannot be said of the approach, mode of operation and specific tasks of each pilot project. For instance, the members of staff do not always know how they should achieve the objectives of the pilot projects and what their tasks are. Furthermore, the management structure is clear, but the communication lines are too long. The officers in the Front Door pilot project say the pilot project is clear and properly managed. However, some members of staff believe that not all aspects of the mode of operation have been

taken into consideration, particularly where the transfer of detainees to follow-up care is concerned. When no follow-up care has been arranged for the detainees, they are placed in a regular section, until they are ready to be transferred. It is not unlikely that the detainees lose their motivation during the delay. In the Comorbidity pilot project, as in Integral Chain Care, it is not entirely clear what is expected of the staff. Most of them think there is not sufficient direct control. This would be caused by the long period the position of Head of the Special Care Section remained vacant.

According to the staff, the mode of operation helps detainees prepare for the follow-up programme during or after detention. The members of staff are content with the collaboration between the penitentiary and JVZ, but far less so with the actions of other partners such as the Public Prosecutor. The low threshold of the pilot projects is seen as a problem, particularly in the Integral Chain Care and Front Door pilot projects.

#### *The detainees' perspective*

The detainees are satisfied with the pilot projects. Almost all the participants say they would recommend these pilot projects to other addicted detainees. They are also satisfied with the guidance and care provided, although some regret that not much attention is paid to financial and accommodation problems. Three-quarters of the participants in the Integral Chain Care and Front Door pilot projects state that they have become more aware of their problems during their stay in the SAV/Kompas section.

## **8. Indicators and standards**

Together with the central project manager and the WODC, local project managers have selected several quantitative result indicators. On the basis of their estimates, standards have been defined for these indicators. The results of the pilot projects are presented in the trimester reports. Unfortunately, the reports could not be fully standardized, so some aspects cannot be compared. The indicators and corresponding standards for each pilot project are presented in Table 1.

In 2003, 158 detainees had an intake interview for the Integral Chain Care pilot project, 33 fitted the primary target group (list of candidates) and 125 the secondary target group. In that same year a total of 86 detainees were placed in the Kompas section through the Integral Chain Care pilot project; 17 from the primary target group and 69 from the secondary target group. The occupancy rate achieved by recidivists from the list of candidates is therefore 20%, which is far less than the anticipated 80%. The primary target group did not meet the standard, but the primary and the secondary target groups together did.

In the year 2003, 33% of the detainees who were guided by the JVZ were transferred to an external programme and 34% to an internal programme. The prognosis was 40% for external transfer and 20% for internal transfer. So the standard for external transfer was almost met, and the standard for internal transfer amply. Of the detainees who were transferred to external programmes in 2003, more than half (54%) were still in a programme two months later, which is under the standard of 65%.

The primary target group of the Integral Chain Care pilot project met only one of five standards; the primary and secondary target groups together met three of the five standards.

Table 1 – Overview of the quantitative indications and target objectives for 2003

	Integral Chain Care		Front Door		Comorbidity	
	standard	realized	standard	realized	standard	realized
1. Number of intakes			Not set	-	Not set	-
• primary target group	100	33				
• primary + secondary target groups	100	158				
2. Inflow into the pilot project (Front Door)			100 a year	117		
Inflow into the programme (Comorbidity)						
• “A New Perspective”					20 a year	43
• “Unplaceables”					15 a year	0
3. Occupancy rate						
• primary target group	80%	20%	80%	100%	Not set	
• primary + secondary target groups	80%	100%				
4/5. Number of placements in a follow-up programme	40% external 30% internal	33% 34%	Not set	-	70% of the transferred detainees	74% (A New Perspective)
6. Number of detainees still in a programme two months after transfer	65% of the number of external transfers	54%	65% of the transferred detainees	unknown	65% of the transferred detainees	62% (A New Perspective)

The Front Door pilot project had an inflow of 117 detainees, which is above the standard of 100. The occupancy rate of detainees in the primary target group is 100%. The number of detainees who have been placed in an external follow-up programme and are still in a programme after two months cannot be determined on the basis of the trimester reports. It is therefore not clear whether this standard is met. Front Door met two of three standards for one indicator, it could not be ascertained whether Front Door met the standard.

Comorbidity consists of one programme and two modules. In 2003, 43 detainees were transferred to the programme called ‘A New Perspective’; no detainees were transferred to the two modules for ‘unplaceables’. The lack of interest in these modules was due to start-up problems, the selection and referral procedures of the detention centre’s intake section and lack of coordination in the Psycho-Medical Consultations. Therefore no eligible candidates were found. There was an outflow of 74% of the participants in ‘A New Perspective’ to a follow-up programme. After two months, 62% of the outflow were still in an external programme, which is slightly under the standard of 65%. ‘A New Perspective’ meets two of three standards, and the third one almost. The standards of the two modules have not been met.

The pilot projects met a total of five out of thirteen set standards; one indicator has not been measured. In other words, the larger part of these pilot projects fails to achieve the set standards. It has to be mentioned, however, that these standards were based on estimates and not on experiences with similar modes of operation.

## 9. Conclusions

All three pilot projects have developed an inflow procedure, a mode of operation for the period that the detainees remain in the penitentiary during the pilot project, and a transfer procedure to follow-up care. These methods have been developed on the basis of the action plans. At the beginning of the pilot projects, these had not yet been fully worked out. This is, however, inherent to the pilot projects, as the objective was to develop and test modes of operation.

The pilot projects' modes of operation have been elaborated and further developed during the present project, but have unfortunately not in all pilot projects been recorded in reproducible procedure descriptions that might serve as guidelines for others. In practice the developed modes of operation did not always work optimally.

### *Integral Chain Care*

The procedure developed by the Arnhem Penitentiary and De Grift's JVZ cluster for the Integral Chain Care pilot project to get addicted recidivists from the list of candidates more adequately into a programme did not work well in practice. In 2003 the occupancy rate for the Kompas section achieved by recidivists from the list of candidates is 20%, which is far less than the anticipated 80%. This integral chain does not perform as expected in this area. One reason for this is that the JVZ staff outside the penitentiary forgot to mark early intervention reports on recidivists as such, and thus failed to report potential candidates.

The occupancy rate for 2004 is much higher, but this is due to a change in mode of operation: all addicted recidivists had to be placed in this section.

Particularly in the early phase of the pilot project, there was a lack of coordination between the Public Prosecution Service and the district police station, and sometimes this even thwarted the programme initiated in the Kompas section.

The conclusion must be that the objective of the pilot project on Integral Chain Care (i.e. to develop a solid collaboration between De Grift and the Arnhem Penitentiary) has been realized in part: the collaboration is better, but there is still room for improvement. Particularly in the first stage, where detainees are guided towards the penitentiary, things go wrong from time to time.

### *Front Door*

The goal of the Front Door pilot project conducted by the Northern North Brabant Penitentiary and Novadic-Kentron is to improve the assessment of addicted detainees, and thus optimize the transfer to clinical or ambulant follow-up care programmes. These two partners succeeded in developing a mode of operation for selecting, screening, diagnosing and motivating addicted detainees that is applicable in practice. The working method is well documented in the project description ('The Front Door Pilot Project'). The intake (selection) is based on an item list, specially designed for this pilot project. The intake procedure is not yet perfect; several unmotivated detainees enrolled during the pilot project. Front Door does not run smoothly in this respect. A new aspect of Front Door is that mentor meetings and interviews are conducted to screen and motivate detainees. These meetings and interviews are organized by prison officers on the basis of specially designed questionnaires.

The coordination with the Public Prosecution Service was not always as desired. Detainees were sometimes released while they were halfway through the pilot project. The data of 2003 show that the inflow target and the occupancy rate were realized. It may be concluded that Front Door has developed, as intended, a mode of operation for selecting, screening, diagnosing and motivating addicted detainees.

### *Comorbidity*

The objective of Comorbidity is to offer suitable care to detainees with psychiatric and addiction problems during and after their detention.

For a part of the target group, the Haaglanden Penitentiary and Parnassia have developed a programme called 'A New Perspective'. Both staff and detainees are satisfied with this programme. The type of section involved (a unit for sex offenders), the lack of certain facilities (e.g. a conference room), and inadequate management (due to the fact that the vacant position of head of the department was not fulfilled for a long time) prevented the optimum implementation of the programme.

Proper prior agreements between the two parties could have prevented some of the problems. Together with a number of care institutions, Parnassia has drawn up protocols for the placement of participants in follow-up programmes. Even though these protocols could not prevent that the placement of some detainees did not go so smoothly, the 2003 target objective for the transfer of detainees from 'A New Perspective' to a follow-up programme has been realized. The number of detainees that were still in an external programme after two months is slightly below the set standard. As the number of detainees who were transferred to 'A New Perspective' was twice as large as anticipated, the standard was more than amply met. Parnassia staff continued to guide the detainees who were transferred to a penitentiary near the Haaglanden Penitentiary. Participants that were transferred to external programmes are assigned a probation officer to guide them.

Due to start-up problems, the selection and referral procedures of the detention centre's intake section, and the lack of coordination in the Psycho-Medical Consultations, no participants were transferred to the two modules developed for the group of 'unplaceables'. The most difficult target group has not yet been reached. Definite agreements between Parnassia and the penitentiary could have prevented this.

It may be concluded that Comorbidity has succeeded in realizing suitable care in the shape of 'A New Perspective' for a part of the target group. This mode of operation needs to be clearly described so that other penitentiaries may be able to implement this programme. Because no detainees participated in the modules for the 'unplaceables', it cannot be ascertained whether or not these modules provide suitable care. The target group was not registered for the modules due to internal problems.

### *Finally*

This project revealed several positive factors of the pilot projects:

- 1) A solid and structured collaboration between several disciplines (prison officers, medical services, psychologist, BSD, JVZ, etc.) (Integral Chain Care, Front Door, Comorbidity);
- 2) Individual and group conversations with detainees organized by JVZ officers (Front Door, Comorbidity);
- 3) Mentorship (Front Door);
- 4) Staff experienced in guiding and working with addicted detainees (Integral Chain Care, Front Door);
- 5) Improvement of the prison officers' expertise (Integral Chain Care, Front Door, Comorbidity);
- 6) Improvement of JVZ officers' expertise (Comorbidity).

There were also a number of negative factors:

- 1) Due to compulsory placement and a less than perfect assessment procedure, unmotivated participants were also enrolled (Integral Chain Care, Front Door);
- 2) Failure to comply with arrangements made with partners in the chain (or absence of such arrangements), particularly in the initial phase (Integral Chain Care, Front Door);
- 3) Lack of leadership on the shop floor and imperfect mode of operation in certain areas (Integral Chain Care and Comorbidity);
- 4) Insufficient number of places in follow-up facilities (Integral Chain Care);
- 5) No clarity about the criteria used for intake and transfer of detainees (Integral Chain Care);
- 6) Transport to follow-up facilities (Integral Chain Care and Front Door);
- 7) Lack of proper facilities (Integral Chain Care and Comorbidity);
- 8) Policy developments and budget cuts in the prison system and the probation and after-care service (Integral Chain Care and Front Door).

#### *Follow-up research*

No statements can be made as to the effectiveness of the pilot projects, because the pilot projects had not been implemented long enough for this when the present project was conducted. For this purpose, a follow-up project with comparable conditions should be set up.

Also very little can be said about how the participants in the follow-up programmes are doing. Projecting participants in a follow-up programme for more than two months was not part of the design of this project. Questions that cannot be answered right now are: Are the participants still in the programme after a longer period of time? Why do they drop out? What happens to them after they have finished the follow-up programme? Do they relapse into their old behaviour or can they make a new start? Does it matter whether they enter the programme by means of the pilot project's mode of operation? A follow-up project on the participants in follow-up care and the ones that have dropped out would provide more insight into the results of these pilot projects.