

**2008 Drug and DUI Court Conference**

**Federal Partnerships for  
Effective Drug Court Treatment**

June 18, 2008  
Atlanta, Georgia

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Center for Substance Abuse Treatment  
Substance Abuse Mental Health Services  
Administration  
U.S. Department of Health & Human Services

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President George W. Bush

*“Through the efforts of families, law enforcement officers, healthcare professionals, teachers, and dedicated community activists, we have made progress in the ongoing war against substance abuse.”*

October 24, 2001

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Terry L. Cline, PhD  
Administrator  
Substance Abuse and Mental Health Services  
Administration

*“At SAMHSA, our mission includes helping prevention and treatment counselors, clinics, and health care providers develop ways to change their service systems to increase positive outcomes for their clients.”*

September 2007

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## An Introduction to the Substance Abuse and Mental Health Services Administration (SAMHSA)

- One of the eleven grant making agencies of the U.S. Department of Health and Human Services, with a budget of approximately 3 billion dollars.
- Website: <http://www.SAMHSA.gov>

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## SAMHSA's Role in Fighting Substance Misuse and Abuse

- SAMHSA works to ensure that science, rather than ideology or anecdote, forms the foundation for the Nation's addiction treatment system.
- SAMHSA serves health professionals and the public by disseminating scientifically sound, clinically relevant information on best practices in the treatment of addictive disorders and by working to enhance public acceptance of that treatment.

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## Substance Abuse and Mental Health Services Administration/CSAT

### SAMHSA's Mission:

- To build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness.

### Center for Substance Abuse Treatment (CSAT)

#### Mission:

- To improve the health of the nation by bringing effective alcohol and drug treatment to every community.

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## What we mean by “Health”

The World Health Organization defines “health” as:

*“A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”*

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## SAMHSA/CSAT’s Public Health Approach

- Population-based
- Comprehensive and holistic
- Incorporates early intervention, treatment, recovery support, and health promotion
- Works across systems and professions
- Involves people in recovery, the community, the public and private sectors
- Evidence-based

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## What we mean by Public Health

*The science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations -- public and private -- communities and individuals.*

-- C.E.A. Winslow, Professor of Public Health,  
Yale School of Medicine, 1920

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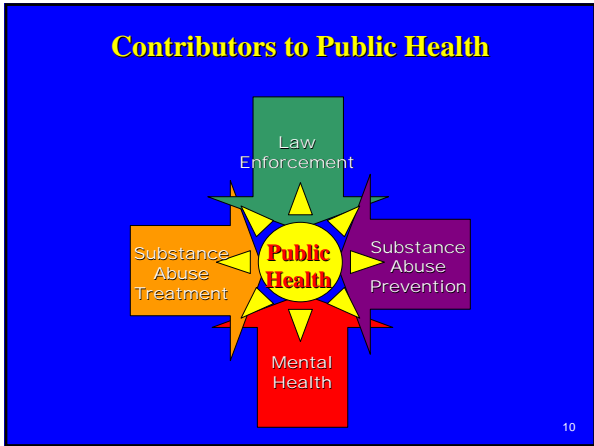
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- ### We Face Multiple Challenges
- Reaching those in need of services
  - Providing adequate resources
  - Developing culturally-appropriate, evidence-based interventions
  - Building and sustaining a qualified workforce
  - Integrating substance use disorder services into the public health paradigm
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### Past Month Alcohol Use - 2006

• <u>Any Use:</u>	51%	(125 million)
• <u>Binge Use:</u>	23%	(57 million)
• <u>Heavy Use:</u>	7%	(17 million)

(Current, Binge, and Heavy Use estimates are similar to those in 2002, 2003, 2004, and 2005)

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Source: NSDUH 2006

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## Impaired Driving: 2004-2006

- In 2006, approximately 30.5 Million persons aged 12 or older drove under the influence of alcohol at least once during the past twelve months.
  - 10.2 Million persons aged 12 or older reported driving under the influence of illicit drugs\* during the past twelve months.
- In the past year, 15.1% of current drivers aged 18 or older drove under the influence of alcohol, and 4.7% drove under the influence of illicit drugs\*.

\*marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. Source: OAS, NSDUH 2007, combined data 2004-2006

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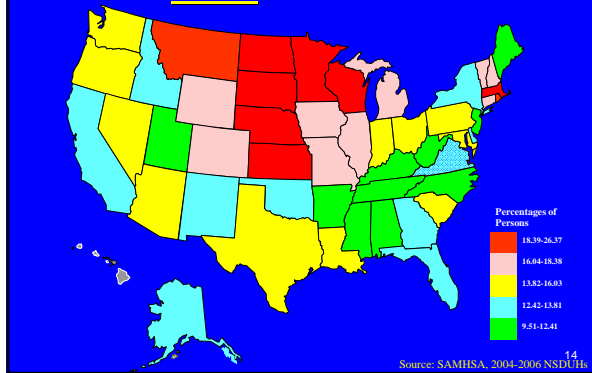
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## Percentage of Drivers 18 < Driving Under the Influence of Alcohol in the Past Year: 2004-2006




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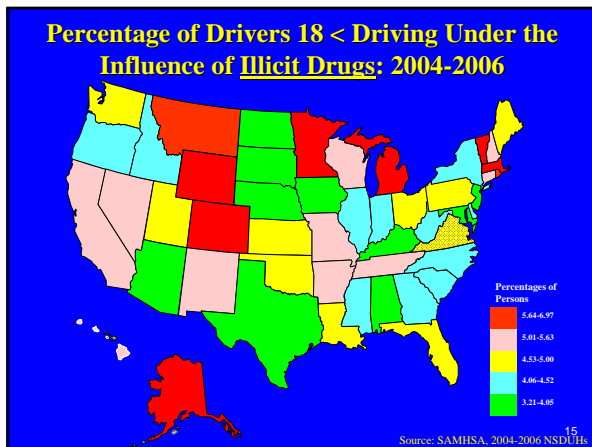
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## Percentage of Drivers 18 < Driving Under the Influence of Illicit Drugs: 2004-2006




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**Substance Misuse can:**

Lead to:

- **Worsened medical conditions** (e.g. diabetes, hypertension, dental) and
- **Worsened brain disorders** (e.g. depression, psychosis, anxiety & sleep disorders)
- **Unintentional injuries & violence**

Result in:

- **Dependence**, which may require multiple treatment services
- **Low birth weight, premature deliveries, and developmental disorders, child abuse & neglect**

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**Substance Misuse can:**

Contribute to or be associated with :

- **Homelessness**
- **Criminal justice involvement**
- **The effect and abuse of prescribed medications**
- **Unemployment**
- **Gambling**
- **Bankruptcy**
- **Legal Issues (e.g. DUI, DWI, domestic violence)**
- **Dropping out of school**

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**Substance Misuse can:**

Induce or facilitate:

- **Medical diseases** (e.g. Stroke, dementia, hypertension, cancers, dental)
- **Acquiring Infectious diseases & infections** (e.g. HIV, Hepatitis C)
- **Suicide attempts or tendencies**

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## Drug Use and Criminal Activities

- As you are well aware, working in the judicial system, drug use and criminal activities are intricately connected.
- An annual average of 1.2 Million adults (18+) were arrested for serious violent or property offenses from 2002 to 2004.
- An annual average of 60.1% of adults who were arrested from 2002 to 2004 for any serious offense were more likely to have used an illicit drug in the past 12 months than those who were not arrested (13.6%).

Source: Illicit Drug use among Persons Arrested for Serious Crimes, *NSDUH Report*, December 16, 2005 25

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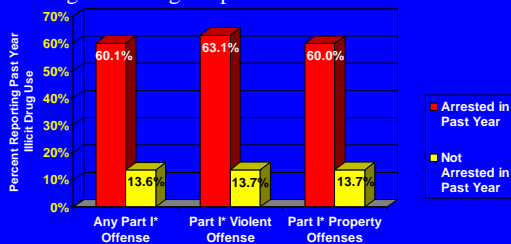
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## Drug Use and Criminal Activities

60% or more of those arrested in the past year reported illicit drug use during the previous 12 months.



Part I violent and property offenses as defined by the Federal Bureau of Investigation's (FBI's) Uniform Crime Reporting Program. Part I violent offenses include arrests for murder, rape, robbery & aggravated assault; Part I property offenses include arrests for burglary, theft, motor vehicle theft, and arson.

Source: Illicit Drug use among Persons Arrested for Serious Crimes, *NSDUH Report*, 12/16/05 26

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## Drug Use and Criminal Activities

- Among adults arrested for any Part I offense in the past year, 63.9% were arrested one time and 36.1% were arrested two or more times.
- Part I arrestees who were arrested two or more times were more likely to have used an illicit drug in the past year than those arrested only once (69.8% vs. 55.2%).

Source: Illicit Drug use among Persons Arrested for Serious Crimes, *NSDUH Report*, December 16, 2005 27

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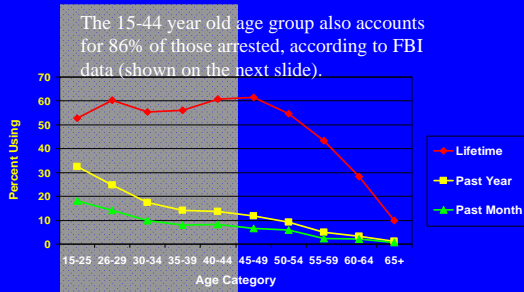
## Drug Use and Criminal Activities

- The rate of substance abuse or dependence among adult offenders on probation or parole supervision is more than four times that of the general population<sup>1</sup> (38.5% vs. 9%)
- Nearly 3/4ths of state prison inmates are in need of some substance abuse intervention:
  - 31.5% of male inmates and 52.3% of all female inmates require intensive services such as residential treatment programs.<sup>2</sup>

<sup>1</sup> NSDUH Report (2006)

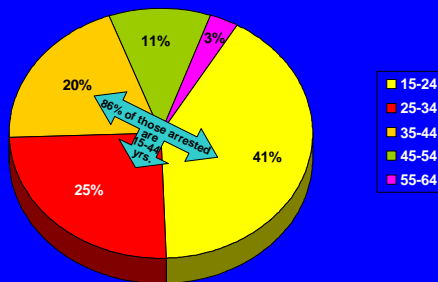
<sup>2</sup> Belenko and J. Peugh, Estimating drug treatment needs among state prison inmates, *Drug and Alcohol Dependence* (2005).

## Drug Use Among the General Population – 2006



Source: SAMHSA, Office of Applied Studies, national Survey on Drug Use & Health, 2005 & 2006

## Arrests Attributed to Age Group



Source: FBI, 2005

## Overview of the Criminal Justice Challenge

- SAMHSA's and CSAT's missions become much more complex when the many special populations served are factored in -- including those involved in the criminal and juvenile justice systems.
- The prevalence of mental health and substance abuse disorders among those involved in the justice system is troubling.
- **The justice systems provide more referrals to treatment than any other source at the state and local level.**

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## And...the Criminal Justice System is Bursting at the Seams....

- A recent study conducted by the Pew Charitable Trust reported that 1 in every 100 adults is now behind bars.
- The study also noted that at the end of 2006, there were approximately 8,500 juveniles in jails or prisons.
- 13 states now devote more than \$1 billion a year in general funds to their corrections systems. The undisputed leader is California, where spending totaled \$8.8 billion last year.

Source: *One in 100: Behind Bars in America 2008*, Pew Charitable Trust, February 2008

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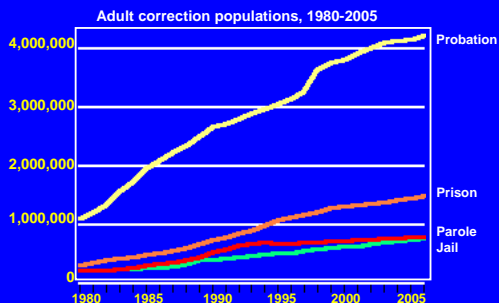
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## The Number of Adults in the Correctional Population has been Increasing



Source: Bureau of Justice Statistics Correctional Surveys (The Annual Probation Survey, National Prisoner Statistics, Survey of Jails, and The Annual Parole Survey) as presented in *Correctional Populations in the United States, Annual Prisoners in 2006 and Probation and Parole in the United States, 2006*.

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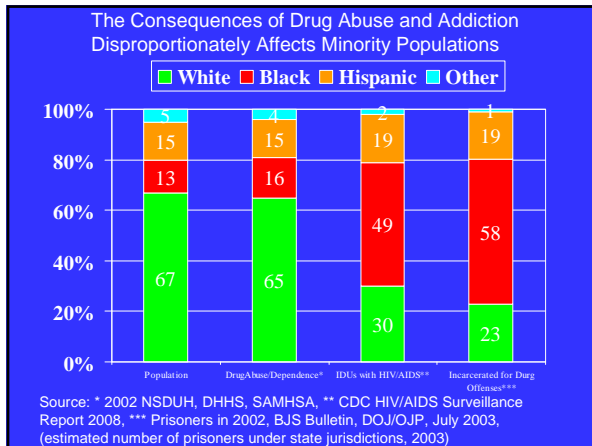
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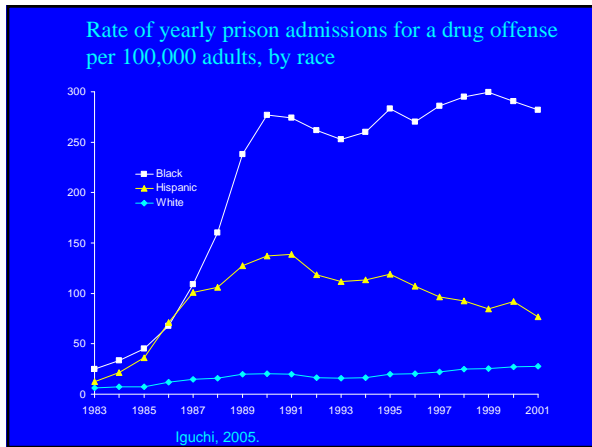
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### The Number of Adults in the Correctional Population has been Increasing

- 1 in 30 men between the ages of 20 and 34 is behind bars – for black males, that figure is 1 in 9.
- Although men are 10 times more likely to go to jail, the number of women entering prison is growing at a faster pace.
- 1 in 100 black women in their mid- to late-30's is incarcerated.
- 1 in every 53 people in their 20s is behind bars; however, only 1 in 837 over 55 is incarcerated.

Source: One in 100: Behind Bars in America 2008, Pew Charitable Trust, February 2008

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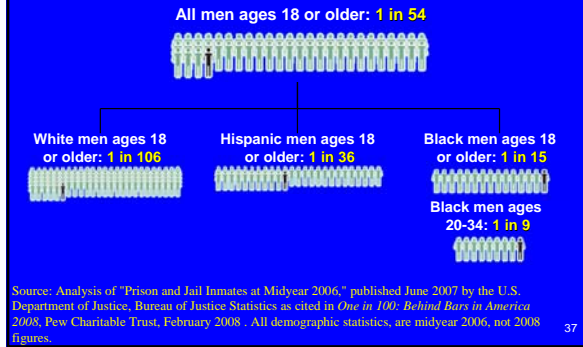
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## Men Incarcerated as of January 1, 2008




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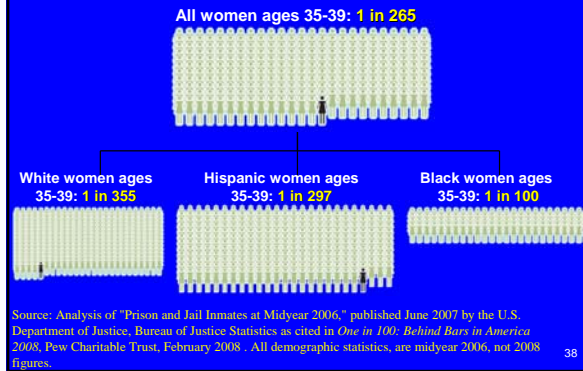
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## Women Incarcerated as of January 1, 2008




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## Criminal Justice, Substance Abuse and Mental Health: The Impact on Society

- Almost 7 MILLION persons are under justice supervision, including jail, prison, probation, or parole
- 41% on probation have alcohol and other drug (AOD) conditions
- 16% in jail or prison have a Mental Health Disorder
  - 72% of these people have a Co-Occurring substance abuse disorder
- More than 60% of male arrestees have tested positive for at least 1 illegal drug

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## Criminal Justice, Substance Abuse and Mental Health: The Impact on Society

- 670,000 + offenders return to the community from State prisons each year
- Almost 70% recidivate within 3 years of release
- 69% have a substance abuse disorder
- Less than 10% receive treatment

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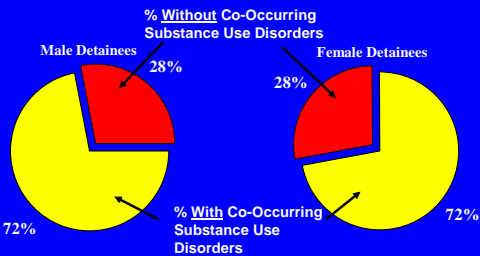
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## Co-Occurring Substance Use Disorders among Jail Detainees with Serious Mental Illnesses



Source: Teplin, L.A. 1994. "Psychiatric and Substance Abuse Disorders Among Male Urban Jail Detainees." *American Journal of Public Health* 84(2): 290-293, as cited in *The Prevalence of Co-Occurring Mental Illness and Substance Use Disorders in Jails*, SAMHSA, 2002.

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## Treating Offenders with Co-Occurring Substance Abuse & Mental Disorders

- We have been frequently told by our Drug Court Judges and clinical staff that the number of clients in the system with a co-occurring disorder of mental illness and substance abuse is significant. Yet, our CSAT grants focus on substance abuse treatment and don't usually provide services for mental health issues.
- To better address this concern, we have incorporated language into all our RFAs – including the FY 2008 TDC RFA -- to require screening and assessment for mental health/co-occurring disorders.

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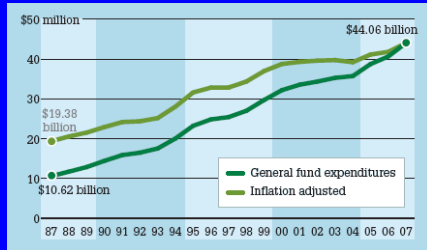
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## The Financial Impact of a Growing Prison Population

Between fiscal years 1987 and 2007, total state general fund expenditures on corrections rose **315 percent**.



Source National Association of State Budget Officers as cited in *One in 100: Behind Bars in America 2008*, Pew Charitable Trust, February 2008

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## Criminal Justice, Sanctions and Subprime Loans

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## Financial Benefit to Society of Providing Drug Abuse Treatment to Offenders

- In 2002, the estimated cost to society of drug abuse was \$180.9 billion
- \$107.8 billion of that total is associated with drug-related crime, including:
  - Criminal justice system costs
  - Costs borne by victims of crime
- The cost of treating drug abuse (including research, training and prevention) is estimated at \$15.8 billion – a fraction of the overall costs to society.

Source: Office of National Drug Control Policy, 2004 as cited in *Principles of Drug Abuse Treatment for Criminal Justice Populations*, NIDA, [www.drugabuse.gov/retrieved](http://www.drugabuse.gov/retrieved), retrieved 2/25/08

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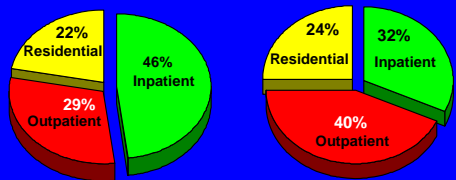
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## Care Continues to Shift Away from Inpatient to Outpatient for Substance Abuse Spending



1991 SA = \$11.4 billion

2001 SA = \$18.3 billion

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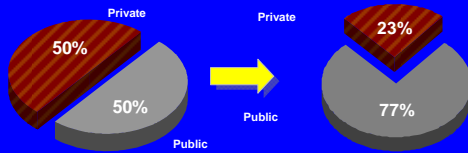
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## Greater Burden on Public Sector



1986 All SA = \$9.3B  
Public = \$4.6 B  
Private = \$4.6 B

2003 All SA = \$20.7 B  
Public = \$16.0 B  
Private = \$4.7 B

Source: Health Affairs, July-August 2007

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## Challenges for the Criminal Justice System

Justifying why drug abuse treatment should be provided to offenders:

- Effective treatment decreases future drug use and drug-related criminal behavior – benefiting the offender and society.
- Drug courts, diversion programs, pretrial release programs conditional on treatment, and conditional probation with sanctions should work together to create a community-based treatment program while the offender is under criminal justice supervision.

Source: Principles of Drug Abuse Treatment for Criminal Justice Populations, NIDA, www.drugabuse.gov retrieve#8 7/25/08

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## Challenges for the Criminal Justice System

Providing the right treatment for each drug abusing offender:

- Drug dependence criteria should be used to determine which offenders should be given higher priority for treatment.
- Less intensive interventions (drug abuse education or participation self-help sessions) may be appropriate for those not meeting drug dependence criteria.
- **Coordination between drug abuse treatment providers and criminal justice personnel is critical.**

Source: Principles of Drug Abuse Treatment for Criminal Justice Populations, NIDA, www.drugabuse.gov, retrieved 9/28/08

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## Challenges for the Criminal Justice System

Meeting the complex needs of drug abusing offenders:

- Effective treatment should take a “holistic” approach, since drug abusing offenders typically have problems in other areas – family, employment, housing, infectious diseases, mental health – that, if untreated, can lead to recidivism.
- Stress often contributes to relapse, particularly for offenders re-entering society – reuniting with family, securing housing, & complying with criminal justice supervision requirements.

Source: Principles of Drug Abuse Treatment for Criminal Justice Populations, NIDA, www.drugabuse.gov, retrieved 9/28/08

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## Challenges for the Criminal Justice System

Designing treatment services that meet the needs of drug abusing offenders:

- As the offender moves through the criminal justice system, treatment needs and appropriate services may change.
- Combinations of treatment that evolve over time can include evidence-based interventions, such as positive social and coping skills, positive behavioral reinforcement, and motivational enhancement.
- **Drug abuse treatment plans for incarcerated offenders should anticipate their eventual re-entry into the community.**

Source: Principles of Drug Abuse Treatment for Criminal Justice Populations, NIDA, www.drugabuse.gov, retrieved 9/28/08

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## Challenges for the Criminal Justice System

### Determining length of treatment for drug abusing offenders:

- Lasting reductions in criminal activity and drug abuse are related to length of treatment.
- Generally, those who complete treatment that lasts longer than 90 days have the greatest reduction in drug abuse and criminal behavior.
- A longer continuum of treatment may be indicated for individuals with severe or multiple problems.

Source: *Principles of Drug Abuse Treatment for Criminal Justice Populations*, NIDA, www.drugabuse.gov, retrieved 2/25/08 52

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## Challenges for the Criminal Justice System

### Dealing with relapse to drug use:

- Because addiction is a chronic disease, drug relapse and return to treatment are common features of an individual's path to recovery.
- A "holistic" approach to treatment that includes all aspects of potential influence (social connectedness, housing, employment, etc.) decrease the chances for a drug relapse.

Source: *Principles of Drug Abuse Treatment for Criminal Justice Populations*, NIDA, www.drugabuse.gov, retrieved 2/25/08 53

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## SAMHSA's Centers Focus on the Entire Criminal Justice-SA/MH Spectrum

- Center for Substance Abuse Prevention (CSAP) --- Focus on Prevention and Early Intervention, including FAS training.
  - Workplace Development and Drug Testing
- Center for Mental Health Services (CMHS) —Dual Diagnosis Diversion from CJ System
  - Grantee: DeKalb County Jail Diversion Program
- Center for Substance Abuse Treatment (CSAT) — Drug Courts to Prison Reentry

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### CSAT Grantees Focusing on Criminal Justice Population

- Nationally, CSAT has a total of **171 active grantees** that focus on the criminal justice or juvenile justice populations.
- These include Treatment Drug Court and YORP grantees, as well as
  - Access to Recovery (ATR)
  - Screening, Brief Intervention, Referral & Treatment (SBIRT)
  - Homeless Programs
  - HIV/AIDS programs
  - Women and Children programs

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### CSAT Programs Benefit Youth in the Criminal Justice System

CSAT grant programs from 2002 – 2007 that served youth, but were not Juvenile Justice programs:

- served 11,713 youth who were also involved in the juvenile justice system
- for a total cost of \$41 million or an average cost of \$3500 per client.

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### CSAT FY 2007 Funding for Programs Benefiting Georgia's Criminal Justice Population

Program	FY 2007 Funding
YORP	\$859,278
Recovery Community Support – Recovery	\$350,000
TCE Rural Populations	\$800,528
<b>TOTAL FY 2007 CSAT Funding:</b>	<b>\$2,009,806</b>

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## CSAT Criminal Justice Programs

- **Adolescent, Adult, and Family Treatment Drug Courts** – combines sanctioning power of courts with effective treatment programs
- **Young Offender Reentry Program (YORP)** – focuses on clients becoming productive, responsible, and law-abiding citizens
- **Rehabilitation and Restitution Program** – offers restoration of citizenship privileges to felony offenders through recovery and victim restitution

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## CSAT's Criminal Justice Grant Programs

- Include focus on diversion and re-entry for adolescents, teens, and adults with substance use and mental disorders.
- Criminal Justice program grantees are tasked with providing a coordinated and comprehensive continuum of supervision, programs and services to help members of the target population become productive, responsible and law abiding citizens.

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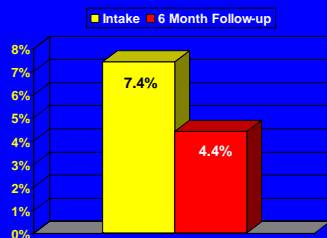
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## CSAT Criminal Justice Programs Total Outcomes

Clients reporting being arrested in the past 30 days decreased 40.5%



Source: SAMHSA data reported by grantees through the Services Accountability Improvement System (SAIS), 3/03/08

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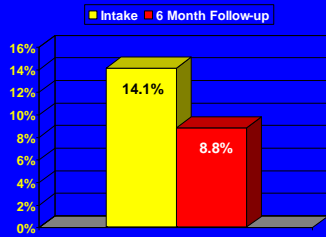
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## CSAT Criminal Justice Programs Total Outcomes

Clients reporting being arrested for drug related offences within the past 30 days decreased 37.6%



Source: SAMHSA data reported by grantees through the Services Accountability Improvement System (SAIS). 3/03/08

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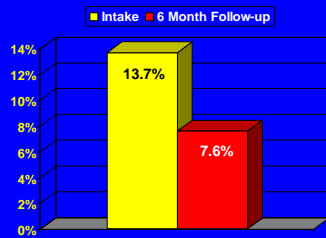
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## CSAT Criminal Justice Programs Total Outcomes

Clients reporting spending time in jail/prison within the past 30 days decreased 44.5%



Source: SAMHSA data reported by grantees through the Services Accountability Improvement System (SAIS). 3/03/08

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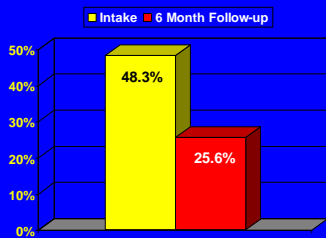
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## CSAT Criminal Justice Programs Total Outcomes

Clients reporting committing a crime in the past 30 days decreased 47.0%



Source: SAMHSA data reported by grantees through the Services Accountability Improvement System (SAIS). 3/03/08

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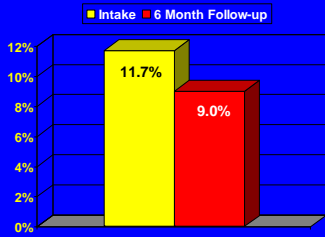
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## CSAT Criminal Justice Programs Total Outcomes

Clients reporting awaiting charges, trial, or sentencing within the past 30 days decreased 23.1%



Source: SAMHSA data reported by grantees through the Services Accountability Improvement System (SAIS), 3/03/08

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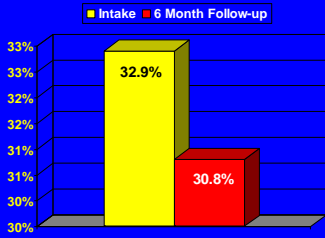
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## CSAT Criminal Justice Programs Total Outcomes

Clients reporting being on parole or probation in the past 30 days decreased 6.4%



Source: SAMHSA data reported by grantees through the Services Accountability Improvement System (SAIS), 3/03/08

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## Treatment Drug Courts

- Treatment Drug Courts have gained popularity as effective means of diverting non-violent offenders from the prison system.
- There were less than a dozen drug courts in 1990, and there are now over 2000 drug court programs. (NADCP, 2008)
- In 1995, the first juvenile and family drug courts were created; the most recent data shows there are more than 450 juvenile drug courts and over 300 family dependency treatment courts in the United States and territories. (NADCP, 2008)

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## SAMHSA's Support for Treatment Drug Courts

SAMHSA has actively supported Treatment Drug Court programs for a number of years.

- 2002- 28 Adult, Family and Juvenile treatment drug court projects were funded
- 2003- 13 Adult, Family and Juvenile treatment drug court projects were funded

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## SAMHSA's Support for Treatment Drug Courts (cont'd)

- 2005 – 16 Juvenile and Family treatment drug court projects were funded
- 2006 – 9 Juvenile and Family treatment drug court projects were funded
- 2008 – Anticipate that up to 18 Adult treatment drug court projects will be funded

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## Criminal Justice and Drug Court Treatment Programs – FY 2009

- Drug Court Treatment Grants are a priority in the President's FY 2009 SAMHSA/CSAT budget.
  - The President's FY 2009 Budget includes \$37.8 M for Treatment Drug Courts – **an increase of +280% over FY 2008.**
- Together with funds from other Criminal Justice grants that are naturally ending, \$25 million is available for new drug court grants. This increases the total grants providing substance abuse treatment for people referred by the court from 27 in 2008 to 100 in 2009

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## CSAT Family & Juvenile Treatment Drug Courts Grant Projects

- Currently, there are 25 Family & Juvenile Drug Courts grantees in the following states:

- Alabama
- Arizona
- California
- Florida
- Kentucky
- Massachusetts
- Michigan
- Missouri
- Montana
- Ohio
- Oregon
- Pennsylvania
- Texas
- Wyoming

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## CSAT Family & Juvenile Treatment Drug Courts Grant Projects

- 16 of these programs will end in September 2008.
- The remaining 9 programs will end in September 2009.
- Does this mean that SAMHSA's and CSAT's commitment to Family & Juvenile Treatment Drug Courts also comes to an end?
- The answer is a resounding 'NO'!
- We are, however, at a crossroads – a time of assessing how we got here, where we want to go, and how we're going to get there.

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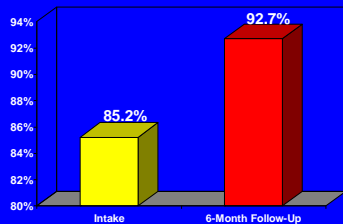
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## Treatment Drug Courts Evidences of Success

- Family and Juvenile Drug Court program clients reporting no arrests increased 8.9% from intake to 6-month follow-up.



Source: SAMHSA, OAS, SAIS data FY2004 through May 20, 2008

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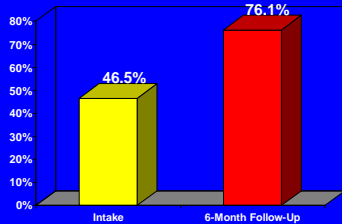
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## Treatment Drug Courts Evidences of Success

- Family and Juvenile Drug Court program clients reporting no substance use increased 63.6% from intake to 6-month follow-up.



Source: SAMHSA, OAS, SAIS data FY2004 through May 20, 2008

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## Challenges for the Treatment Drug Courts Movement

- “Convert the Unbelievers”
- Evaluate/Prove the model is “evidence-based” – satisfy OMB for federal dollars
- Promulgate fidelity to the model and expand the Statewide system
- Link with Case management systems such as TASC
- Align with and incorporate public health concepts:
  - SBIRT
  - HIV Rapid Testing
  - ATR and voucher programs
  - Infectious Diseases screening and health intervention

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## TDC PART Review

- CSAT recently completed a Program Assessment Rating Tool (PART) review of our Treatment Drug Court programs.
- PART is used by the Office of Management and Budget (OMB) to assess and improve program performance so that the Federal government can achieve better results.
- A PART review looks at all factors that affect and reflect program performance, including program purpose and design; performance measurement, evaluations, and strategic planning; program management; and program results.

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### TDC PART Review

- The PART review also identified areas of improvement within the TDC model that we are beginning to address.
- Three of these areas are:
  - Cost per capita (efficiency for the taxpayer)
  - RFA development and
  - Coordination with the Department of Justice

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### Measuring Success

- As a Federal agency, SAMHSA has specific measures of success required by OMB – and these present a challenge to Family & Juvenile Treatment Drug Court programs.
- Specifically, the challenges focus on tracking & reporting on:
  - Cost
  - Number of clients

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### Challenges

Design issues with the Family Treatment Drug Court model:

- The reported numbers of clients served does not accurately reflect the number of clients benefited.
  - 83% of clients served by Family TDC grantees are women. All of the clients are parents.
  - Wrap around services offered, such as child care, benefit the client's family members, who are not part of the reported data.

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## Challenges

Design issues with the Family Treatment Drug Court model:

- The program is voluntary and, although it may be highly recommended because it is a civil court proceeding, the threat of a jail sanction is not viable.
- Because of the voluntary nature of the program it can be more difficult to get participants involved in the program, which can cause problems for grantees trying to reach their target numbers.
- Also, defense attorneys are sometimes reluctant to recommend a client for participation.

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## Challenges

Design issues with the Juvenile Treatment Drug Court model:

- The Adult Treatment Drug Court model worked well, and the concept was introduced into the juvenile justice setting.
- Juvenile offenders have different needs that must be met by a model unique to them.
- Juvenile TDC's have also had issues reaching their target numbers for a variety of reasons.

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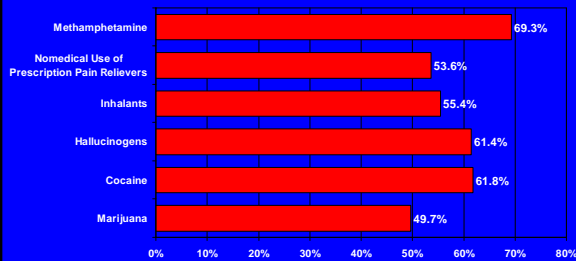
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## Challenge – Meeting Needs of Juveniles

Percentages of Youths Aged 12 to 17 Engaging in Past Year Violent Behavior, by Type of Illicit Drug Used in Past Year: 2002, 2003, and 2004



Source: SAMHSA, 2002, 2003, and 2004 NSDUJ's.

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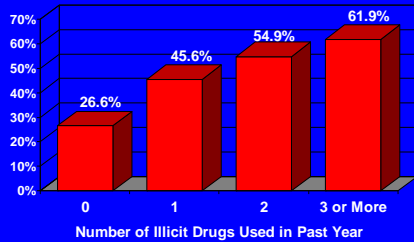
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## Challenge – Meeting Needs of Juveniles

Percentages of Youths Aged 12 to 17 Engaging in Past Year Violent Behavior, by Number of Illicit Drugs Used in the Past Year: 2002, 2003, and 2004



Source: SAMHSA, 2002, 2003, and 2004 NSDUHs.

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## Challenge – Meeting Needs of Juveniles

- Girls comprise nearly 1/3 of juvenile arrests.
- Juveniles in the criminal justice system bring complex issues – substance abuse, academic failure, emotional disturbances, physical health issues, family problems, and a history of physical or sexual abuse.
- Integrating treatment into the juvenile justice continuum is important – via juvenile drug courts, community-based supervision, juvenile detention and community re-entry.

Source: *Principles of Drug Abuse Treatment for Criminal Justice Populations*, NIDA, [www.drugabuse.gov](http://www.drugabuse.gov), retrieved 2/25/08

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## Challenge – Meeting Needs of Juveniles

Effective Treatment for Juveniles should be:

- Experiential & relevant
- Targeted to their stage of life
- Targeted to their stage of use
- Targeted to their major risk and protective factors
  - Gang Activity
  - Small Time Drug Dealing
  - GED Exam Preparation
  - Vocational Training
  - Job Placement
  - Mentoring

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**Challenge-Drug Courts & Medication Assisted Treatment**

- The overwhelming majority of drug courts shy away from supporting Medication Assisted Therapy (MAT) for opioid dependent individuals
  - Most do not permit the use of methadone or buprenorphine
  - It is well established that MAT helps facilitate retention and participation in substance use disorder treatment
- Puerto Rico’s Department of Corrections has decided to embrace the use of MAT to 1,000 inmates in three of its prisons pre-release

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**Challenge-DUI/DWI Courts & Medication Assisted Treatment**

- Adopting new strategies to assist clients in recovering from alcohol related disorders may assist DUI/DWI Courts
- Injectable naltrexone has demonstrated utility in reducing cravings associated with alcohol misuse

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**CSAT/SAMHSA Relationship with DOJ**

- To improve the effectiveness of Juvenile Treatment Drug Courts, SAMHSA/CSAT is formalizing our long-standing relationship with the Department of Justice (DOJ).
- SAMHSA/CSAT is working with DOJ to examine the potential for joint funding of Treatment Drug Courts.
- Two new interagency agreements are being developed with the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to develop and support a new juvenile drug court model based on the Robert Wood Johnson Reclaiming Futures Model

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### Reclaiming Futures Model

- The five-year initiative of the Robert Wood Johnson Foundation involves the courts, police, detention facilities, businesses, schools, faith-based organizations, and families in a network of support for the young person.
- The goal is to enable each community to
  - identify substance-abuse problems as early as possible,
  - match individual teens with appropriate & culturally relevant treatment options,
  - mobilize a range of positive influences within the young people's lives, and
  - deliver care and treatment through a coalition of service providers working under the guidance of a local court.

Source: [www.claimingfutures.org](http://www.claimingfutures.org)

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### OJJDP FY2008 Brief Interventions and Referrals to Treatment (BIRT) for Juvenile Courts and Juvenile Drug Courts

- Deadline: July 3, 2008
- This program furthers DOJ's mission by building the capacity of juvenile courts and juvenile drug courts to provide brief intervention and referral to treatment services for substance abusing juvenile offenders.
- This program is a joint effort between OJJDP and SAMHSA/CSAT
- Applications must be submitted through [grants.gov](http://grants.gov)

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### CSAT's Young Offender Reentry Program (YORP)

YORP focuses on clients becoming productive, responsible, and law-abiding citizens

- 23 Grantees throughout the U.S.
- 4,301 clients were served in FY 2004 – present
- 87% of the clients were male
- 51% of clients were 17 years old or younger, with another 47% between the ages of 18-24
- 35% of the clients identified themselves as Hispanic or Latino

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## Young Offender Reentry Program

- There are two YORP grantees in Georgia:
  - Georgia Department of Juvenile Justice
  - Cobb County Community Services Board
- Total FY 2007 funding for YORP programs in Georgia is approximately \$860,000.

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## Georgia Department of Juvenile Justice

- The Georgia Department of Juvenile Justice (Decatur, GA) provides substance abuse and other reentry services to sentenced juveniles aged 14-21 who are returning to the community from incarceration.
- The Department has worked with the private sector through the Georgia Department of Labor to help youth in the program find jobs in the community.
- Businesses involved in the effort include UPS, Aramark, and Waffle House.

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## Georgia Department of Juvenile Justice

- The Georgia Department of Juvenile Justice has also collaborated with the Department of Human Resources to link youth from Youth Drug Courts programs with an evidence-based model known as “Seven Challenges.”
- Seven Challenges groups are offered at 24 treatment providers statewide.
- Seven Challenges is a counseling program designed specifically for adolescent youth to simultaneously address drug problems as well as the co-occurring psychological problems and life skill deficits.

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### Cobb County Community Services Board

- The Center for Adolescent Wellness (Smyrna, GA) provides services to sentenced substance-abusing juveniles (between the ages of 14 and 18) who are returning to their families from adult or juvenile incarceration.
- Data collected by the grantee indicate that, although only 30% of their clients never return to detention, the program is successful in reducing recidivism among 70% of those who return once to detention.

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### Cobb County Community Services Board

- The number of youths returning after relapse is 3 out of 5 – an increase from 1 out of 5 before YORP.
- In addition, parent participation in the Center’s YORP program has increased 40% in therapy, group support services, and parent education.

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### Cobb County Community Services Board

- As a result of the Center’s improved and more cohesive relationship with county probation officers, referrals have increased 25%.
- This improved relationship results in more probation officers enforcing the youths’ participation in treatment and holding the youths accountable when they are non-compliant with the treatment process.
- The result is a greater percentage of youth who are consistent in their treatment.

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### Cobb County Community Services Board

- YORP’s Community Case Management has helped the Center to increase the number of youth who have obtained employment in the community from 1 in 5 before YORP to 3 out of 5 currently.
- The Center also credits Community Case Management with increasing the comprehensive quality of care.
  - Using assessment models, they have improved their quality, ability to track data, and follow outcomes.
  - The result is better coordination of services, enhanced community partnerships, and improved treatment interventions.

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### Georgia CSAT Grantees Targeting the Criminal Justice Population

Recovery Consultants of Atlanta, Inc. (RCA)

- RCA is the lead agency of a faith-based coalition that includes 6 predominately African American churches and an Atlanta-based Historically Black College.
- “Linkage to Care” program sends recovering individuals into the inner-city Atlanta communities to engage substance users in an effort to link them with publicly funded detoxification programs and peer-led addiction recovery support services.

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### Georgia CSAT Grantees Targeting the Criminal Justice Population

Supreme Court of Georgia – Tallapoosa Judicial Circuit Court:

- The Tallapoosa Methamphetamine Intervention Project expands and enhances the treatment services in the underserved rural Northwest Georgia counties of Polk and Haralson.
- The goal is to increase their ability to provide a comprehensive, integrated, community-based response to the increasing methamphetamine problem.

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## Georgia CSAT Grantees Targeting the Criminal Justice Population

County of Union (Blairsville, GA):

- North Georgia's Union County Commission, New Hope Counseling, uses a number of strategies to provide an integrated treatment model to treat methamphetamine abuse and associated problems.
- 80% of those served are males.

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## Future Commitment

- SAMHSA continues to be supportive of funding for Treatment Drug Courts.
- We also continue to work with and support NADCP/NDICI and the annual Drug Court Conference
  - The largest gathering of cross-disciplinary Treatment Drug Court professionals and treatment providers.
- And, we continue advocating new grants in FY 2009 President's Budget and partner with the Office of National Drug Control Policy (ONDCP), which has been a strong supporter.

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## Future Commitment (cont'd)

- Continue to support research and evaluation of Drug Courts by NIJ
- Continue to provide technical assistance and training to SAMHSA treatment drug court grantees
- Expand our view of drug court model to include new arenas, including screening/assessment of Co-occurring disorders and Recovery Models

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JOIN THE VOICES FOR RECOVERY

## Recovery Month – September 2008

GOALS:

- Support the administration’s goal of reducing demand and promoting the message that recovery is possible
- Generate momentum for hosting state and local community-based events
  - Enhance knowledge, Improve understanding, Promote support for addiction treatment
- Publicize messages that:
  - Reduce the stigma & discrimination associated with addiction
  - Encourage those in need to get treatment
  - Support those who are already in recovery

SEPTEMBER 2008  
National Alcohol and Drug Addiction Recovery Month

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JOIN THE VOICES FOR RECOVERY

## Get involved in Recovery Month

Help bring hope and healing to others

- Visit the *Recovery Month* Web site at [www.recoverymonth.gov](http://www.recoverymonth.gov)
- Use the tools to spread the *Recovery Month* message:
  - Toolkits, presentations, giveaways, public service announcements, and more
- Join thousands of individuals and organizations by hosting a *Recovery Month* event in your community
- Educate others about the effectiveness of treatment and the hope of recovery
- For more information call 1-800-662-Help

SEPTEMBER 2008  
National Alcohol and Drug Addiction Recovery Month

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## SAMHSA Publications

- **Alcoholism: The Science Made Easy** – A compilation of science-based alcohol related articles for educators, trainers and clinical supervisors to use in educational settings.
- **The ATTC Networker** -- Published three times a year, available free from your ATTC Regional Center
- **Eye on the Field** – Monthly e-mail magazine sent to subscribers or viewed on the Web site, features latest from the field, *Addiction Science Made Easy* articles and much more
- **Addiction Counseling Competencies: Knowledge, Skills and Attitudes of Professional Practice —TAP 21** -- Conceived and written by the ATTC Curriculum Committee, published in 1998, available in Spanish

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### SAMHSA publications (cont'd)

- TIP 19: Detoxification from Alcohol and Other Drugs
- TIP 23: Treatment Drug Courts: Integrating Substance Abuse Treatment with Legal Case Processing
- TIP 30: Continuity of Offender Treatment for Substance Use Disorders from Institution to Community
- TIP 33: Treatment for Stimulant Disorders (includes Methamphetamine treatment models)
- TIP 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders
- TIP 44: Substance Abuse Treatment For Adults in the Criminal Justice System

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### SAMHSA Resources

- SAMHSA Website: [www.samhsa.gov](http://www.samhsa.gov)
- SAMHSA Substance Abuse Treatment Facility Locator at <http://findtreatment.samhsa.gov>
- SAMHSA Health Information Network is our new clearinghouse – 1-877-SAMHSA-7
  - Monday-Friday 9 am – 4:30 p.
- [www.AddictionEd.org](http://www.AddictionEd.org) -- An international reference for distance education opportunities
- SHIN 1-800-729-6686 for publication ordering or information on funding opportunities
  - 1-800-487-4889 – TDD line
- 1-800-662-HELP – SAMHSA's National Helpline (average # of tx calls per mo.- 24,000)

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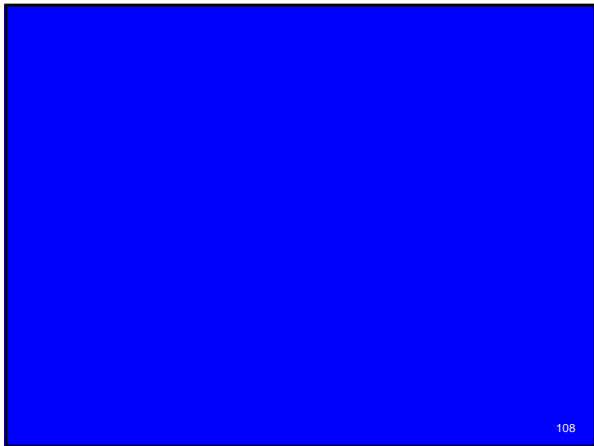
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**Shifting our Paradigm to a Recovery-Oriented Systems of Care**

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**What We Mean by “Recovery”**

Recovery from alcohol and drug problems is a **process of change** through which an individual achieves abstinence and improved health, wellness, and quality of life.

Source: CSAT National Summit on Recovery, 2005

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**Description of Recovery-Oriented Systems of Care**

A Recovery-oriented Systems approach supports person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems.

Source: CSAT National Summit on Recovery, 2005

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## Recovery-Oriented Systems of Care Approach

- In the recovery-oriented systems of care approach, the treatment agency is viewed as one of many resources needed for a client's successful integration into the community.
- No one source of support is more dominant than another.
- Various supports need to work in harmony with the client's direction, so that all possible supports are working for and with the person in recovery.

Source: *Addiction Messenger*, November 2007, Vol. 10 Issue 11, published by the Northwest Frontier ATTC. 112

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## Examples of Peer Recovery Support Services

- Peer-led support groups
- Assistance in finding housing, educational, employment opportunities
- Assistance in building constructive family and personal relationships
- Life skills training
- Health and wellness activities
- Assistance in managing systems (e.g., health care, criminal justice, child welfare)
- Alcohol- and drug-free social/recreational activities
- Peer coaching or mentoring

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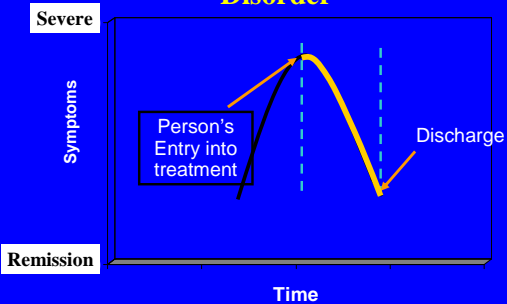
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## A Traditional Course of Treatment for a Substance Use Disorder



Resource: Tom Kirk, Ph.D

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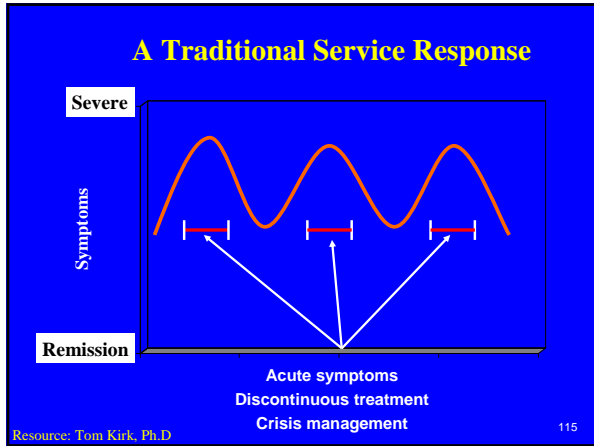
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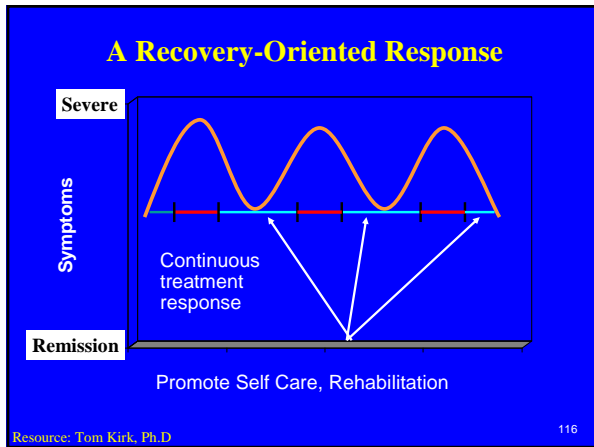
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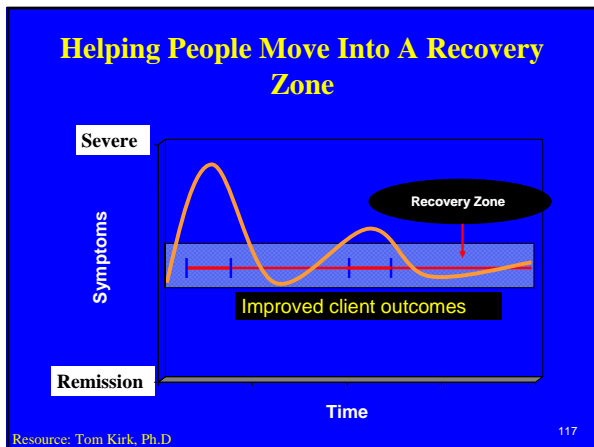
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## Benefits of Moving into a Recovery Zone

- Most clients undergo 3 to 4 episodes of care before reaching a stable state of abstinence <sup>1</sup>
- Chronic care approaches, including self-management, family supports, and integrated services, improve recovery outcomes <sup>2</sup>
- Integrated and collaborative care has been shown to optimize recovery outcomes and improve cost-effectiveness <sup>3</sup>

<sup>1</sup> Dennis, Scott & Funk, 2003

<sup>2</sup> Lortie et al. 2001; Jason, Davis, Ferrari, & Bishop; 2001; Weisner et al. 2001; Friedmann et al. 2001

<sup>3</sup> Smith, Meyers, & Miller, 2001; Humphreys & Moos, 2001)

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## Defining Recovery-Oriented Systems of Care

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## Elements of Recovery-Oriented Systems of Care

### Person-Centered:

- Individualized & Comprehensive Services
- Responsive to Culture & Personal Belief Systems
- Community-based
- Commitment to Peer Services
- Involvement of Family and other Allies
- Ongoing Monitoring & Outreach

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## Elements of Recovery-Oriented Systems of Care

### Cost Effective:

- Outcomes Oriented
- Integrated Services, resulting in Non-Duplication of Services
- Competency-based
- Effective use of Collaboration & Partnerships
- Systems-wide Education and Training
- Continuity of Care
- Research-based
- Flexible Funding

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## Goals of a Recovery-Oriented Systems Approach

- To support preventive strategies related to substance use problems & disorders;
- To intervene early with individuals with substance use problems;
- To support sustained recovery for those with substance use disorders; and
- To improve individual, family and community outcomes.

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## Enhancing Current Systems

- Many elements are not new but integrate additional concepts of a public health approach.
- Some systems enhancements include:
  - Incorporation of ongoing prevention, early engagement and early intervention across systems
  - Emphasis on recovery support services throughout the continuum of care

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## Enhancing Current Systems (cont'd)

- Some systems enhancements include: (cont'd)
  - Adoption of individualized and flexible menu of services;
  - Inclusion of chronic care approaches (i.e., recovery management);
  - Emphasis on evidence-based practices; and
  - Incorporation of community networks & resources.

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## What ROSC Means for Criminal Justice System Treatment Programs

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**Treatment Drug Courts incorporate the ROSC Model**

- Treatment Drug Courts grants allocate funds to be used by treatment providers and the courts for:
  - The provision of alcohol & drug treatment,
  - Wrap-around services supporting substance abuse treatment and recovery,
  - Case management, and
  - Program coordination.

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**How do you incorporate “Recovery” into the Justice System-Treatment Continuum?**

- Utilize the Treatment Accountability for Safer Communities (TASC) and Drug Court model strengths, including:
  - Screening, Assessment, Case Management (using strengths-based approach)
  - Referral to effective treatment partners
  - Linkages with existing systems and community supports to meet multiple needs of clients
  - Report back to the CJ system on progress
  - Use Judge’s role to sanction and to be an incentive

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