

APPENDICES

PROGRAM EVALUATION

Substance Abuse Treatment Programs for Adult and Youth Offenders



GOVERNOR'S OFFICE OF PLANNING AND BUDGET

June 2008

APPENDIX A

Substance Abuse Treatment Programming in Georgia

Substance Abuse Treatment and Intervention Programs for Offenders in Georgia

This section focuses on the different types of substance abuse services available to offenders in Georgia. The following sections offer specific details on the types of substance abuse treatment programming available to offenders in Georgia. These programs often reflect many of the recognized best practices identified across the nation. Each program is categorized by the department offering that particular treatment. A brief section describing these departments offers more insight into the manner in which these offender populations are generally managed.

Department of Corrections

The Department of Corrections (DOC) administers the prison and probation sentences of offenders adjudicated by Georgia courts. At any given time, more than 52,000 of these offenders are serving prison sentences, and another 140,000 offenders are on probation. The Corrections Division is responsible for the direct supervision of all offenders sentenced to the Georgia Department of Corrections. The Division operates and maintains a variety of physical infrastructure:

- 37 state prisons, housing nearly 37,000 inmates
- 3 private prisons
- 24 county prisons
- 9 transitional centers
- 6 inmate boot camps
- 1 probation boot camp
- 19 probation detention centers
- 13 diversion centers
- 5 day reporting centers
- 120 probation offices



Authority: Titles 9, 42, and 77 of the Official Code of Georgia Annotated

Residential Substance Abuse Treatment (RSAT)

Program Description

RSAT is a six and nine-month program targeting high-risk, high-need offenders with a history of substance abuse as a causative factor leading to correctional supervision. The goal of the RSAT program is to return to society a graduate who is law abiding, self-supporting, and pro-social citizen, and thereby reducing recidivism.

The foundation of this program is rooted in research studies by renowned researchers in the fields of substance abuse and corrections such as Edward J. Latessa, James Bonta, Paul Gendreau, D.A. Andrews, and others. The program also incorporates the 13 National Institute of Drug Abuse (NIDA) principles that support effective substance abuse treatment:

- Effective treatment is multifaceted, addresses multiple needs, and is not directed solely at alcohol or drug abuse issues.
- Treatment should be based on an individualized assessment and plan of intervention. The assessment instrument and treatment plan should address a wide area of needs, and be ongoing and modified over time.
- Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
- Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.
- Treatment does not need to be voluntary to be effective. Strong motivation can facilitate the treatment process. Sanctions and reinforcement within the criminal justice system can increase treatment entry, retention, rates, and success of treatment intervention.
- Possible drug use during treatment must be monitored continuously.

The RSAT and Boot Camp Programs are an intensive, highly structured residential therapeutic treatment community where offenders are housed separately from the rest of the offender population. The Therapeutic Community (TC) is composed of peer groups and counselor staff that constitute the community in a residential facility.

The operation of the community itself is the task of the offenders working together under the authority and supervision of staff. RSAT incorporates process groups, psycho-educational groups, individual counseling, limited work details, a vocational component, exercise, store, visitation and religious services into the program. The participant's schedule is a demanding one that balances work with intensive individual and group counseling sessions.

Program Elements

The program is structured in four cohesive phases of varying time frames composed of a "Phase I" Assessment and Orientation. Phase I is the participant's first experience in

the RSAT program, and this phase will serve to orient the participant to the program, the therapeutic community, and to treatment in general. Phase I utilizes valid assessment tools at both pre- and post-treatment (Texas Christian Union Drug Screening: Brief Intake). “Phase II” is an active treatment phase, that focuses on identifying, questioning, and replacing distorted criminal thinking patterns with realistic alternatives to criminal behavior and maladaptive coping strategies. The third phase, re-entry (pre-exit planning) affords more opportunity for actively practicing the skills and responses learned during active treatment. The focus of group sessions shifts from the acquisition of new behaviors and thinking to the application and practice of the concepts and skills already acquired. The final phase is relapse prevention – exit planning with the focus shifting to the integration of all that has been learned, practiced and refined. This integration occurs through the development of an in-depth, specific relapse prevention plan.

Throughout the six or nine-month programs, offenders participate in random drug screening. Progression through each phase is based on performance measures and meeting individualized goals.

The RSAT program operates within a Therapeutic Community (TC) where offenders have been segregated from the general population. The TC works as an adjunct to the treatment curricula by providing a structured community setting. The daily programming includes participant education, skills training, family dynamics, and relapse prevention.

Program Sites

Name of Institution Location	Number of Clients Served Demographics /Cost Per Client	Funding
*Lee Arrendale	198 Clients Female Probationers/ Average Cost \$3,707.60	\$734,517.20 State Funding
Bainbridge	384 Clients Male Probationers/Average Cost \$3,707.60	\$1,423,714.70 State Funding & Central Project Funds
Homerville	200 Clients Male Parolees/Average Cost \$3,707.60	\$720,744.30 Central Project Funds
*Johnson SP	192 Clients Male Inmates/ Average Cost \$3,707.60	\$715,357.30 State Funding
Pulaski	96 Clients Female Inmates/ Average Cost \$3,707.60	\$441,024.10 State Funding
Scott SP	240 Clients Male Inmates/Average Cost \$3,707.60	\$842,358.02 State Funding
Boot Camp Plus	200 Clients Male Inmates \$3,707.60	\$720,744.30

* Price difference due to demographics of programming

Referral Process

Inmates are referred from the Georgia Department Pardons and Parole. Nearly 90 percent of inmates who enter the RSAT and/or Boot Camp Plus programs are referred from parole.

Probationers assigned to Lee Arrendale, Bainbridge and non-parole referrals (inmates) must have a history of substance abuse or dependence. At diagnostics, a substance abuse history is recorded including the types of substances abused, the frequency and amount of substances used, legal implications, and a note of whether the inmate has ever been in treatment. The COMPAS/TCUDS are the assessment instruments utilized for identifying the offenders.

Inmates must be parole eligible and within one year of tentative release, while probationers are sentenced to complete the program. Program participants cannot have any sexual offenses, violent crimes, or disciplinary reports of the type that may place staff in jeopardy for injury.

Once an inmate has been identified and screened based on their needs, they are entered into the Offender Tracking Informational System (OTIS). Classification will further screen them to ensure they are parole-mandated, and meet the criteria for placement.

Once the inmate arrives at the RSAT site, he or she receives a full assessment from Spectrum staff to determine the risk for re-offending via the completion of a Texas Christian University Drug Screen Brief Intake, and a more in-depth substance abuse evaluation via an Addiction Severity assessment (ASI). If the inmate is determined to be a substance abuser or substance-dependent, he signs an agreement to participate in the program, and is assigned a primary counselor.

Program Administration

The program is staffed with counselors hired by Spectrum Health Systems, Inc., who must be either certified addiction counselors or in the process of being certified. Each counselor works closely with GDC counselors on case management. An individual treatment plan is developed for each participant with goals and objectives for each phase of the program. A recovery plan is developed for aftercare, and is implemented upon release from prison. The program is assignment rich, and the inmates participate in role-plays, sole plays, public speaking, leading both morning meetings and 12-step meetings, and other leadership development assignments. Middle Georgia Technical College teaches the RSAT vocational portion.

Both security and non-security staff receive training, ranging from the warden to front-line staff. Everyone in the prison needs to be aware of the purpose of RSAT in order to support program effectiveness. RSAT participants are held to a very high standard. Anyone who routinely has contact with an RSAT student is asked to participate in a

multi-disciplinary team meeting to discuss each participant's behavior. The inmate is expected to apply the information learned in each class to his behavior. RSAT inmates understand what is expected of them, and are held accountable for their behavior and attitude, whether good or bad.

Program Eligibility, Participation, and Graduation Process

Literacy is not a requirement of the program, but a cognitive ability to learn is. If a person does not meet an acceptable level of cognitive ability, he is released from the program without penalty. If a person who has the ability to participate in the program, but refuses by either active resistance or passive resistance, then a series of progressive disciplinary sanctions are imposed to modify the negative behavior. These sanctions include verbal warnings, written assignments, work details, phase setbacks, and finally, termination. Once a participant is terminated from the program, the parole board is notified, and in most cases, the inmate will not be released from prison at the previously scheduled TPM date.

Alternately, upon completion of RSAT, the graduate receives a diploma and it is anticipated that he will parole during his PIC or TPM month. Once the graduate is paroled, the parole plan, completed in the final phase of RSAT, is forwarded to the parole officer. Those offenders who successfully complete the certified RSAT vocational program receive 15 technical college credits in the area of Business Office Technology and Customer Service. This program incorporates cognitive behavioral teaching in all aspects of the vocational program.

Motivation for Change

The Motivation for Change program provides offenders with curriculum designed to enhance an offender's desire to change his behavior, specifically as it relates to substance abuse. This 10-hour program is provided to all incarcerated offenders, as mandated by O.C.G.A. §42-5-20. This program is offered at all sites statewide at no cost to DOC. To date, the completion success rate to date is 9,377 inmates and probationers statewide.

Boot Camp Plus

Boot Camp Plus is 160 bed, six-month residential substance abuse treatment program located at Scott State Prison. This program targets individuals with drug offenses (excluding dealers), under the age of 40, with no more than one prior felony conviction, and between 25 months and five years to serve.

These offenders are housed separately from General Population and other RSAT inmates. Their daily routines include morning/evening meetings, individual sessions, group sessions, random drug screening, and 12 step meetings. Drilling and Cadence regimens are also a part of this program and Georgia Department of Corrections personnel supervise this part of the program.

The program is divided into four (4) phases: Assessment and Orientation, Active Treatment, Re-entry, and Relapse Prevention. This program is performance based. Progressive discipline is used and exhausted before inmates are terminated, with the exception of cardinal rule violations.

Program Sites

Scott SP

Cost per Offender	\$379.10
Client Demographics	Male offenders between the ages of 17-40
Program Outcomes	Three year felony reconviction rate
Program Funding	State Funds

Community Based Programs

The Georgia Department of Corrections provides a range of intensive outpatient substance abuse programs and services to probationers and/or parolees within community-based settings. The Substance Abuse unit provides quality assurance to support the various programs. This program is a six-month program developed in phase progression. The offender reports to the day reporting center, and receives extensive substance abuse programming that includes assessments, drug testing, relapse prevention, 12-step meetings, and cognitive restructuring classes.

Program Sites

Name of Institution Location	Number of Clients Served Demographics /Cost Per Client	Funding/Outcome Success (See attachment) Approximate amounts
Griffin Day Reporting Center	Male/Female Probationers	\$500,000.00 State Funding
Macon Day Reporting Center	Male/Female Probationer	\$500,000.00 State Funding
Rome Day Reporting Center	Male/Female Probationer	\$500,000.00 State Funding
Clayton Day Reporting Center	Male/Female Probationers	\$500,000.00 State Funding
Tifton Day Reporting Center	Male/Female Probationers	\$500,000.00 State Funding
Athens Day Reporting Center	Male/Female Probationers	\$500,000.00 State Funding
Savannah Impact Program	Up to 400 Male/Female Probationers	\$17,340.00/ Remainder of funding is funded from local government

PRIME for Life

Program Description

PRIME For Life is a program designed to gently, but powerfully, challenge common beliefs and attitudes that directly contribute to high-risk alcohol and drug use. The content, process, and sequence of PRIME For Life are carefully developed to achieve both prevention and intervention goals. The program goals are as follows:

- Reduce problems caused by high-risk drinking or drug use,
- Reduce the risk for long-term health problems and short-term impairment problems, and
- Help people successfully protect the things they value.

Using persuasion-based teaching, instructors use a variety of teaching approaches, including interactive presentation and small-group discussion. Participants use work books throughout the course to complete a number of individual and group activities. Material is presented using a DVD platform with animation, full-motion video clips, and audio clips to enhance the presentation. PRIME for Life is utilized within DOC as a psycho-educational group. The program was designed to meet the legal mandate for substance abuse for offenders who are in need of substance abuse programming.

PRIME For Life is used for people convicted of driving under the influence (DUI) of alcohol or other drugs. It is used statewide for DUI offenders in Georgia (1991), Hawaii (2004), Indiana (2001), Iowa (1991), Kentucky (1991), Maine (2001), North Dakota (1991), South Carolina (1997), and Utah (2000), and is one of several programs that may be used in many states.¹ It is carefully designed for effective “therapeutic education” for people who make high-risk drinking choices. A decade of evaluation shows the curriculum changes attitudes and behaviors with first- and multiple-time offenders, and has impact across DSM diagnostic categories.²

PRIME For Life is intended for adults in many settings, from court-ordered audiences, to the workplace, to places of worship. The program is offered through welfare-to-work programs and military systems throughout the world. When parents receive PRIME For Life, they not only learn information to reduce the risk that their children will experience any type of alcohol-related problem over their lifetime, but also learn how to communicate this information. The curriculum is used with parents whose children are participating in court diversion or juvenile justice programs. PRIME for Life is one component of a comprehensive prevention program.

¹ PRIME For Life. “Impaired Driving Evaluations.” (2006). Accessed at <http://www.primeforlife.org/homepage.cfm?CFID=31197&CFTOKEN=37458115>

² Ibid

Prevention is defined as a comprehensive and systematic effort to reduce the risk that people of any age, who do not already have alcoholism or drug addiction, will experience alcohol-or drug-related health or impairment problems at any point in life.

There are several key points in this definition of prevention. First, the appropriate target group for prevention is anyone who does not already have alcoholism or drug addiction. This means that everyone, whether or not they drink, use drugs, or have experienced an alcohol- or drug-related problem, can benefit from prevention if they have not already developed alcoholism or drug addiction. Second, prevention needs to be designed to reduce risk for both health and impairment problems rather than addressing one type of problem to the exclusion or expense of the other. Last, prevention works to achieve prevention for a lifetime, not just for a period of life, such as adolescence.

As a component of the prevention effort, PRIME for Life is designed to reduce the risk of problems, and focuses on three measurable behavioral prevention goals:

- Increase abstinence for a lifetime
- Delay of the age of first use
- Reduction of high-risk choices

Program Administration

Initial training and cost for the PRIME for Life program in Corrections is \$60,000 per fiscal year. The costs cover books, materials and training for up to 70 new counselors and two boosters training per year for certified correctional staff. Initial training for the PRIME for Life costs \$895 per instructor in community settings. At the instructor training, instructors receive a full-color instructor manual, set of four DVD program teaching discs; a two-color participant work book; a set of color teaching posters (per teaching site); and an instructor resource disc with complete program documentation. In addition to the initial quality training, PRI provides several ways of helping instructors keep current and to further develop their skills including continuing education conferences, a newsletter, and an exclusive instructor website.

The full cost of implementing the curriculum includes the cost of purchasing one work book for each participant. Work books are copyrighted and may not be duplicated. While instructors or their agencies purchase the work books where possible, the participants are charged a fee to cover this and/or other costs of implementing the program.

Program Sites

Hancock SP, Washington SP, Johnson SP, Scott SP, Central SP, Macon SP, Dooly SP, Dodge SP, Telfair SP, Lee SP, Calhoun SP, Autry SP, Macon DRC, Tifton DRC, Turner PRC, Western PRC, Pelham PRC, Emmanuel PDC (Swainsboro and Twin City), Macon TC, Columbus TC, Milledgeville Probation, Macon Probation, McRae Probation, Warner

Robins Probation, Jackson Probation, Conyers Probation, Monroe Probation, Thompson Probation

Hays SP, Arrendale SP, Phillips SP, Metro SP, Georgia SP, Rogers SP, Smith SP, Pulaski SP, ASMP, Wilkes PRC, Rome DRC, Clayton DRC, Griffin DRC, Lamar PRC, Appling PRC, Paulding PRC, Coastal TC, LaGrange TC, Augusta TC, Dahlonoga Probation, Waycross Probation, Augusta Probation, Savannah Probation, McDonough Probation, LaGrange Probation, Springfield Probation, Hinesville Probation, Claxton Probation, Lawrenceville Probation, Douglasville Probation, Ware SP, Augusta TC

Cost per Offender	\$25
Client Demographics	Male and female inmates
Program Completion	2,081 successful graduations
Program Funding	Central Project Fund

Substance Abuse Aftercare Services Programs Locations and Descriptions

Each of these programs has been designed and monitored by the Risk Reduction Services of the Georgia Department of Corrections. The mission of these programs is to provide services to offenders who have been identified as high-risk, and in need of substance abuse treatment after they have completed RSAT or DRC. All substance abuse programs are cognitive-behavioral in design, and are based on the *What Works* literature. Each program adheres to the National Institute on Drug Abuse *“Principles of Drug Addiction Treatment”*.

Program Sites

Site	Location	Day	Time
Atlanta Parole Reporting Center	3201 Atlanta Industrial Pkwy. Building 100 Suite 107 Atlanta, GA 30331	Group 1- Mon Group 2- Tues Group 3- Wed Group 4- Thur	5:30-7:30
Albany Probation Office	1303 Evelyn Avenue Albany, GA 31702	Monday	6:30-8:30
Blakely Probation Office	Blakely Civic Center 170 Howell Ave. Blakely, GA	Tuesday	6:00-8:00
Brunswick Probation Office	Coastal Addiction Counseling 3216 Shrine Road Brunswick, GA	Wednesday	6:00-8:00
Clayton Day Reporting Center	1331 Citizens Parkway Morrow, GA 31201	Group 1- Mon Group 2- Tues	5:30-7:30 9:00- 11:00
Dahlonoga Probation Office	North Georgia Counseling & Education Center 431 N. Grove St. Suite E. Dahlonoga, GA 30533	Saturday	1:30-3:30
Douglas Probation Office	319 E. Ward St. Douglas, GA 31533	Monday	6:30-8:30
Eastman Probation Office	Dodge County Courthouse Grand Jury Room, 5401	Tuesday	6:00-8:30

	Anson Ave. Eastman, GA		
Griffin Day Reporting Center	Griffin Day Reporting Center 1435 N. Expressway Griffin, GA 30224	Group 1- Mon Group 2-Tues Group 3-Wed Group 4- Thur	6:00-8:00 6:00-8:00 6:00-8:00 9:00-11:00
LaFayette Probation Office	LaFayette Probation Office 109 Main Street LaFayette, GA 30728	Monday	4:00-6:00
Lawrenceville Probation Office	Lawrenceville Probation Office 410 Oak Street Lawrenceville, GA 30046 Mailing Address: P.O. Box 1305	Thursday	5:30-7:30
Macon Day Reporting Center	Macon Day Reporting Center 543 Second St. Macon, GA 31202	Tuesday Thursday	6:00-8:00 6:00-8:00
Rome Day Reporting Center	Rome Day Reporting Center 1604 N. Broad St. Rome, GA 30161	Monday Thursday Thursday	5:30-7:30 10:0- 12:00 5:30-7:30
Savannah Impact Office	144 Drayton Street Savannah, GA 31401	Tues. & Thurs.	6:00-8:00
Thomasville Probation Office	436 H Smith Avenue Thomasville, GA	Tuesday	5:00-7:00
Tifton Day Reporting Center	Tifton Day Reporting Center 1155 Davis Avenue Tifton, GA 31793 Mailing Address: P.O. Box 1149 Tifton, GA 31794	Tuesday Thursday	4:30-6:30 6:00-8:00
Waycross Probation Office	306 Albany Avenue Waycross, GA 31502	Monday	6:00-8:00

Cost per Offender
Activity Measures

\$166.21
FY 2006: 708 successful graduations
FY 2007: 363 enrollments
Central Project Fund (\$262,000)

Program Funding

Middle Georgia Technical College (MGTC) Vocational Education

MGTC provides RSAT Vocational training to detainees assigned at Lee Arrendale State Prison, as well as inmates at Scott State Prison, Johnson State Prison and Pulaski State Prison, which gives the detainees and inmates an opportunity to increase their employability. MGTC has developed a vocational training plan for RSAT vocational program. The training includes customer service, job search, and retention and personal improvement skills.

Program Sites

Johnson SP, Pulaski SP, Scott SP, Lee Arrendale SP

Cost per Offender	\$1005.50
Client Demographics	Male and female offenders
Program Completion	1,763 successful graduations (as of May 2007)
Program Funding	State Funds (\$730,000)

Department of Human Resources – Division of Mental Health, Developmental Disabilities, and Addictive Diseases: Office of Addictive Diseases

The Department of Human Resources (DHR) is responsible for the delivery of public health, behavioral health, regulatory services, and child welfare and economic services, through regulatory inspection, direct service delivery and financial assistance programs.

The Division of Mental Health, Developmental Disabilities, and Addictive Diseases (MHDDAD) was created to establish, administer and supervise the public behavioral health delivery system, as well as provide support to persons with developmental disabilities. The division is charged by law to provide adequate mental health, developmental disability, and addictive disease services to all Georgians; provide a unified system which encourages cooperation and sharing among government and private providers; and, provide services through a coordinated and unified system that emphasizes community based services.

The Office of Addictive Diseases was established January of 2005, within the Division of Mental Health, Development Disabilities and Addictive Diseases. Prior to this, the substance abuse program office was embedded within the Office of Mental Health and was not a stand-alone section within MHDDAD. The establishment of the Office of Addictive Diseases enabled substance abuse treatment services to be part of executive management in the Division of MHDDAD, thus ensuring that Georgians suffering from the disease of addiction receive equal attention as those with a serious and persistent mental illness or persons with developmental disabilities. Currently, the Office of Addictive Disease works to allocate state and federal funding to local communities for an array of effective treatment services that address the myriad of substance abuse issues that manifest in Georgia's citizenry.

Services vary by region, and may include the following:

- *Outpatient Services:* Evaluation, diagnosis, comprehensive assessment of needs, group, individual and family counseling, as well as consumer and family education programs as determined by appropriately credentialed addiction professionals
- *Intensive Outpatient Services:* A minimum of nine hours of skilled treatment services each week, which may include individual and group counseling, family therapy, educational groups, occupational and recreational therapy, psychotherapy and other treatment regimens as determined by appropriately credentialed addiction professionals
- *Crisis Services:* Telephone or face-to-face intervention with the consumer and family to address immediate crisis and link to services. Available around the clock and in any setting
- *Detoxification:* Helps adults and teens at risk of complications withdraw safely from the physical affects of alcohol and drug use
- *Residential Programs:* Intensive treatment and structure to help people live a drug-free life style, for adults or adolescents with severe addictive disease

- *Ready For Work (RFW) Programs:* Treatment for TANF-eligible women, who are unable to find jobs due to alcohol or other drug problems. Includes intensive outpatient treatment, continuing care and residential treatment with a therapeutic childcare component
- *Multiple Offender Program:* A risk reduction program for people who have met the statutory definition of a “multiple DUI offender” (more than two convictions for DUI within a 5-year period). The program includes a clinical evaluation by appropriately-credentialed addiction professionals and completion of recommended treatment
- *Medication Assisted Therapy:* Treatment for individuals dependent on opioids
- *Drug Courts:* Programs for substance-abusing offenders who are mandated to extensive supervision combined with a substance abuse treatment program. In exchange for successful completion of the program, the drug court may dismiss the original charge, reduce or set aside a sentence, offer some lesser penalty, or offer a combination of these

DHR, through MHDDAD, provides substance abuse treatment services to Georgia citizens who meet certain eligibility criteria. In addition to the services described above, DHR provides services that target the ex-offender population specifically. The framework for this type of service and intervention is referred to as Community Integration, and is being provided according to the parameters associated with the following programs and initiatives.

Authority: Titles 3, 5, 8, 9, 12-14, 15-11, 16, 17-7-130, 17-7-131, 18, 19, 25, 26, 29-5-2, 30-5, 31, 34, 36, 37 38-3-29, 3-40, 43-45, 47-50, Official Code of Georgia Annotated

MHDDAD Office of Addictive Diseases: Initiatives/Services for Adults, Children, and Families

Services are provided across the state through contracts with 25 community service boards, boards of health and various private providers, and through state-operated regional hospitals. Community programs provide screening to determine if a person has a disability that could benefit from MHDDAD services, diagnosis and a comprehensive assessment of needs.

CORE CUSTOMER CLASSIFICATION AND ELIGIBILITY DETERMINATION

There are four variables for consideration to determine whether an individual qualifies as a “Core Customer” for adult mental health and addictive disease services.

Age: An individual must be over the age of 18 years old. Individuals under age 18 may be served in adult services if they are emancipated minors under Georgia Law, and if adult services are otherwise clinically/developmentally indicated.

Diagnostic Evaluation: The state MHDDAD system utilizes the Diagnostic and Statistical Manual of Mental Disorders (DSM) classification system to identify, evaluate and classify an individual's type, severity, frequency, duration and recurrence of symptoms. The diagnostic evaluation must yield information that supports a psychiatric disorder and/or substance related disorder primary diagnosis (or diagnostic impression) on Axis I in accordance with the latest edition of the DSM. The diagnostic evaluation must be documented adequately to support the diagnostic impression/diagnosis.

Functional/Risk Assessment: Information gathered to evaluate an individual's ability to function and cope on a day-to-day basis comprises the functional/risk assessment. Such information includes the individual's resource utilization, role performance, FY 2008 Provider Manual Part I/Section I MH and AD Adult Core Customer Definition Page 1 of 7 social and behavioral skills, cognitive skills, communication skills, independent living skills, personal strengths and adaptive skills, needs and risks as related to a psychiatric disorder, substance related disorder or co-occurring disorder. The functional/risk assessment must yield information that supports a behavioral health diagnosis (or diagnostic impression) on Axis I in accordance with the DSM.

Financial Eligibility: For state funded supports, the individual must have no other means of paying for the services needed. If there is no other means to pay for the authorized services then the consumer will pay based on his/her ability to pay in accordance with the Division's Policy on Consumer Fee Collections and Sliding Fee Scale.

PRIORITY FOR SERVICES

The following individuals are the priority for ongoing support services. These individuals, once it has been determined they meet core customer, must be seen within 2 hours of contact if in crisis, within 24 hours for emergent problems and within 5 days from application or referral for services for routine needs.

- The first priority group for services is individuals currently in a state operated psychiatric facility, state funded/paid inpatient services, a crisis stabilization or crisis residential program.

- The second priority group for services is:
 - Individuals with a history of one or more hospital admissions for psychiatric/addictive disease reasons within the past 3 years
 - Individuals with a history of one or more crisis stabilization program admissions within the past 3 years
 - Individuals with a history of enrollment on an Assertive Community Treatment team within the past 3 years
 - Individuals with court orders to receive services

- Individuals under the correctional community supervision with mental illness or substance use disorder or dependence;
- Individuals released from secure custody (county/city jails, state prisons, diversion programs, forensic inpatient units) with mental illness or substance use, disorder or dependence
- Individuals aging out of out of home placements or who are transitioning from intensive C&A services, for whom adult services are clinically and developmentally appropriate
- Pregnant women
- Individuals who are homeless
- IV drug users.

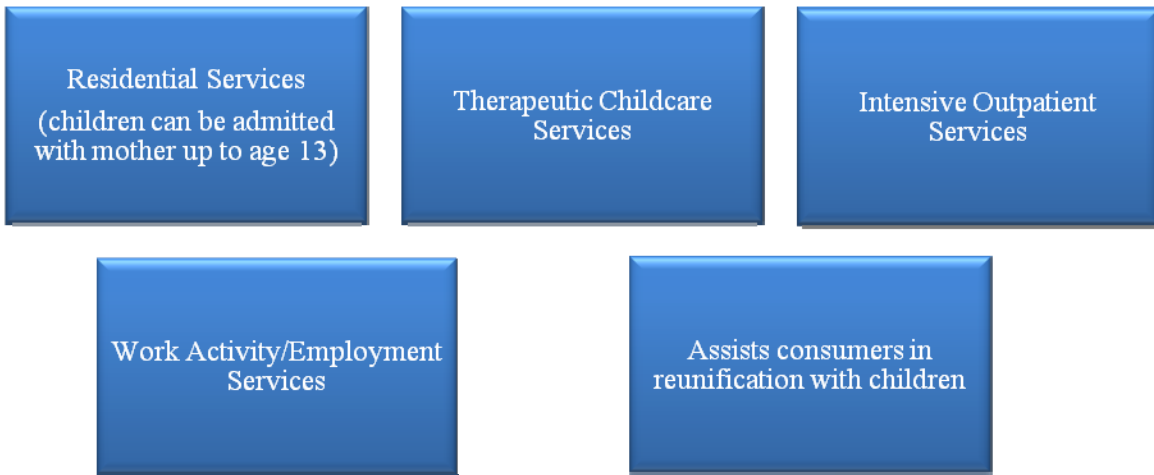
Women's Services:

Ready For Work- Substance Abuse Treatment Services:

The TANF Ready for Work Programs specifically focuses on the delivery of services and treatment that reduce female barriers to entering substance abuse treatment and/or address their specific substance abuse treatment needs. The goal of the Ready for Work (RFW) Program is to remove substance abuse as a barrier to employment. The RFW program recognizes that effective treatment can help women impaired by drug and/or alcohol abuse succeed both as employees and as parents. In order to address both the needs of women and their children, the treatment, education and intervention components of RFW are designed to provide an organized and comprehensive array of services.

Therapeutic Childcare Services:

The Therapeutic Childcare component that is offered in conjunction with the residential facilities provides a nurturing environment that addresses and resolves behavioral issues from a therapeutic perspective. Therapeutic Childcare offers a holistic approach to children in that it provides the necessary resources to address physical, mental, emotional, and social development.



Adults

Complete Service Array for Adult Substance Abuse Services:



Substance Abuse Treatment for Residents of Identified Methamphetamine Affected Areas

The objectives of these new pilot programs are to implement outpatient treatment programs for methamphetamine abusers with the goals of:

- Increasing access to treatment for methamphetamine-addicted parents involved with the Department of Family and Children's Services (DFCS)
- Eliminating or reducing the abuse of or dependency on methamphetamines in identified methamphetamine-impacted areas

- Reducing substance abuse use among children of substance abusers in the impacted catchment areas identified herein.

Methamphetamine treatment services, utilizing the Matrix Model, are being offered to methamphetamine addicted parents in the following identified counties: Dade, Walker, Chattooga, Floyd, Bartow, Cherokee, Screven, Rabun, Habersham, Paulding, Jackson, Troup, Gwinnett, Hall, Bibb, Stephens, and Barrow. These counties are considered “pilot sites” and will be evaluated for possible replication in subsequent years. Listed below are the MHDDAD Regions and the contracted providers.

**Community Integration:
Supervision, Treatment, and Public Safety**

MHDDAD is currently contracting with three providers to provide outpatient treatment services for persons assessed as being in need of AMERICAN SOCIETY OF ADDICTION MEDICINE Level 2.1 substance abuse treatment and concurrently involved in the criminal justice system (e.g. parolees and probationers). Level 2.1 services generally involve 9 or more hours of structured programming per week, consisting primarily of counseling and education about substance-related and mental health problems.

The objectives of these new pilot programs are to implement outpatient substance abuse treatment programs in selected areas of the State: Richmond, Gwinnett, Dougherty, and Walker counties.

Child and Adolescent Services

MHDDAD funds two Adolescent Intensive Residential Treatment centers that provide twenty-four hour supervised residential treatment program for children and adolescents ages 13-17 year olds, who are in need of a structured residence due to substance abuse located in the geographic metro part of the State and southern part of the State in order to afford statewide access. Assessment is used to determine appropriate level of care as defined by American Society of Addiction Medicine Level 3.5.

8 Intensive Residential
Treatment Programs (IRT'S)
142 Beds

MHDDAD funds four Adolescent AD Group Homes that provide a structured temporary living situation for youth 13-17 years olds dealing with substance abuse related disorders. The average length of stay will be based on the needs of the youth, but it is anticipated to be 6-9 months. Each group home has an outpatient AD treatment component as American Society of Addiction Medicine level 2.1-2.5. Treatment services are gender specific, individualized and based on the adolescent's individualized resiliency plan.

4 Group Homes (Recovery Residences)
33 Beds

Unduplicated Counts of Substance Abuse Consumers¹ With Referrals From the Criminal Justice System² FY07³

Referral Source ⁵	Unduplicated Counts of Consumers ⁴		
	Adults (Age > 17)	C&A (Age 0-17)	All Ages
Unduplicated Consumers With Any Criminal Justice Referral Source Reported	2,205	341	2,546
Unduplicated Consumers With Any Referral Source Reported ⁵			14,335
Criminal Justice Referrals % of Total Referrals			17.8%

Notes:

¹ For the purposes of this report, "substance abuse consumers" are those for whom the consumer's primary diagnostic category was identified as substance abuse.

² For the purposes of this report, "criminal justice" referrals include any consumer for whom Criminal Court, Juvenile Justice, or Law Enforcement was identified as a referral source at least once.

³ This report includes consumers whose service authorization periods included dates in FY07 (7/1/2006 - 6/30/2007).

⁴ Consumers are counted only once per referral source category regardless of the consumer's number of referrals in that category.

⁵ Consumers for whom no referral source was reported are not included in this report.

Source: APS (#2007A-007a-b), 8/27-28/2007. Table prepared by: MHDDAD Information Management Unit, 8/28/2007.

State Board of Pardons and Paroles

The State Board of Pardons and Paroles is a part of the executive branch of Georgia's government, authorized to grant paroles, pardons, reprieves, remissions, commutations, and to restore civil and political rights. In continuous service since its establishment by Constitutional law in 1943, the Board is one of the nation's most experienced, innovative, and respected paroling authorities. Parole is the discretionary decision of the State Board of Pardons and Paroles to release a certain offender from confinement after he or she has served an appropriate portion of a prison sentence. Persons on parole remain under state supervision and control according to conditions which, if violated, allow for re-imprisonment.

The State Board of Pardons and Parole has identified two core businesses: making informed parole decisions (clemency) and transitioning offenders back into the community (field supervision). Parole Officers spend a majority of their time in the community intervening with parolees and their families, talking to employers, networking with police officials and staying in touch with treatment providers to ensure compliance with the conditions of parole.

During 2007, 21,000 parolees were under supervision. Performance measures associated with supervision of these cases reveal that 61 percent of parolees successfully completed their period of parole supervision according to the formula prescribed by the Bureau of Justice statistics. This compares very favorably to the 46 percent national average of parolees who successfully complete parole supervision.

Authority: Title 42, Official Code of Georgia Annotated

Substance Abuse Assessment and Group Treatment

Program Description

SBPP contracts with Spectrum Health Systems, Inc., (SHS) to provide substance abuse assessments and American Society of Addiction Medicine (ASAM) Level One substance abuse services to parolees in every parole district in Georgia. These services are provided by contract counselors who are either certified or licensed or in the process of becoming so. Counselors utilize the Addiction Severity Index (ASI) to assess parolees with a special condition for a substance abuse assessment. Parolees who test positive or exhibit other behaviors indicative of substance abuse may also be referred for an assessment. Those determined to be in need of further treatment are then referred to the ASAM Level One group or a higher level of care, if needed and available.

Program Elements

SHS utilizes a group treatment curriculum based on the principles of effective drug addiction treatment. Parolees remain in these groups for a minimum of 12 weeks.

Referral Process

Parole officers are responsible for referring parolees to the contract counselor for a substance abuse assessment. The counselor determines if treatment is needed or not. When treatment is deemed necessary, it is the parole officer's responsibility to advise the parolee when and where to report for group. In some instances, a higher level of care is identified, and the parole officer works with the counselor to make an appropriate referral, providing such services are available.

Program Administration

The contract with SHS requires that staff delivering the groups be licensed (counselor, social worker, or marriage and family therapist) or certified addiction counselors. Non-licensed and non-certified staff may be hired if no candidates are available meeting the requirements. They must be in the process of licensure and/or certification, and have two years within which to achieve this classification. SHS is not authorized to hire more than 10% of "in-process" candidates at any given time.

Program Sites

All 48 parole districts in Georgia

Cost Per Client

\$175 per program graduate, not including assessment cost (\$255 per program graduate, including assessment cost)*

*Note: Figure does not include assessment costs for parolees who were assessed and no treatment was indicated, or who were referred to a higher level of care.

Clients Served

In FY 2007, 11,919 parolees received a substance abuse assessment, and 9,181 were enrolled in substance abuse treatment. During that time period 3,597 successfully completed the treatment component.

No Turning Back Substance Abuse Treatment Program

Program Description

No Turning Back is a 60-bed, cognitive behavior-based substance abuse treatment program provided to eligible parolees at the Whitworth Parole Center in Hartwell. The program is part of the agency's contract with Spectrum Health Systems, Inc. Parolees are selected for participation based upon the results of an assessment conducted upon admission to the Center.

The five-month program emphasizes recovery from addiction, relapse prevention and release preparation. The No Turning Back program accepted its first participants in February 2005. During FY 2007, 108 parolees successfully completed the program. Only two parolees failed to complete the program due to non-compliance with the program rules and regulations. The parolees are being tracked to determine whether or not they successfully complete parole supervision upon their release from the program.

Program Elements

Foundations of Recovery

Week	Core Skills	Principles of Recovery	Relapse Prevention
1	Affirming Asserting	Don't Feed Your Monsters Avoid Your Triggers	Understanding Relapse
2	Brainstorming Calming	Stick to your Structure Think It Through	Here's Looking at Urges & Cravings
3	Danger-Spotting Forecasting	Trust the Truth Learn by Practice	Breaking the Behavior Chain
4	Focusing Prioritizing	Step Slow & Steady Make the Moment Count	Handling More Urges & Cravings
5	Humanizing View Switching	Reach Out & Open Up Be A Member	Coping With High Risk Situations 1
6	Resourcing	Remember the Past	Coping with High Risk Situations 2
7	Tension Sensing	Nourish Your Spirit Respect Life	Pain & Prescription Drugs
8	Self Listening	Put Recovery First	Roadblocks & Body Language

Relapse Prevention Skills

Week	Relapse Prevention Groups
9	Interpersonal Skills Training 1
10	Preventing a Lapse Getting Out of a Lapse
11	Relapse Prevention Planning 1 Relapse Prevention Planning 2
	Straight Ahead Groups
12	Maintaining Your Recovery Social Networks and Recovery
13	Support Groups and Recovery Family Recovery Issues: Support & Solutions
14	An Effective Communication Style Skills for Better Relationships
15	Coping With Stress Managing Anger in Relationships
16	Challenges for the Future Graduation and Beyond

Release Preparation

Week	RePAC	Directed Process Group
17	Life Balance	Denial Rating Scale
18	Work & Recovery	1 st Step Overview
19	Your 1 st Days Out	1 st Step
20	Keeping On	What Is Recovery

Program Sites

Whitworth Parole Center-Hartwell, GA.

Referral Process

During the classification process, DOC uses the Northpointe COMPAS assessment instrument to assess key risks and need factors in the population. Substance abuse is one of the need factors measured by the instrument. A substance abuse screen, the Texas Christian University Drug Screen, is attached to the COMPAS assessment and is a part of the determination of need for substance abuse treatment. It is designed for the criminal justice population, and includes 15 items that represent clinical and diagnostic criteria for substance dependence as noted in the Diagnostic and Statistical Manual (DSM). Parolees are placed in the No Turning Back program based upon the results of this process and the availability of space in the program

Program Administration

The contract with SHS requires that staff delivering the groups be licensed (counselor, social worker, or marriage and family therapist) or certified addiction counselors. Non-licensed and non-certified staff may be hired if no candidates are available meeting the requirements. They must be in the process of licensure and/or certification, and have two years within which to achieve this classification. SHS is not authorized to hire more than 10% of “in-process” candidates at any given time.

Cost per Offender	\$308
Program Completion	108 successful graduations (FY 2007)
Program Funding	State Funds (\$43,742)

Parole Reporting Center (PRC)*Program Description*

The PRC’s mission is to provide parolees the opportunity to change addictive and criminal behavior by providing evidence-based substance abuse and cognitive skills programming. The program goals are to increase the likelihood of successful parole

completions, and to reduce the risk of drug usage. The program has a capacity limit of 75 parolees, and targets males in Fulton County who have received a substance abuse assessment and are in need of a more intensive level of care.

Program Elements

PRIME For Life (P4L): “Therapeutic education” for individuals who make high risk alcohol/drug use choices, as based upon the persuasion protocol; closed group, limited to 20 participants; length and frequency: 20 hours (two hours per group, two times per week)

Behavior Stabilization (BS): Cognitive behavioral intervention which focuses on why the offender is using substances, the offender’s cognitive processes related to substance use, shoring up motivation, commitment to stop using, and practicing refusal and relapse prevention skills; based on NIDA curriculum; participation based on ASI score; closed group, limited to 16 participants; length and frequency: 16 hours (two hours per group, two times per week)

Relapse Prevention (RP): Cognitive behavioral curriculum based upon relapse prevention therapy, which breaks down the recovery process into specific tasks and skills; helps offenders recognize signs of relapse and how to prevent it; based on SAMHSA Center for Substance Abuse Treatment curriculum; open group, limited to 16 participants; length and frequency: 64 hours (two hours per group, two times per week)

Moral Reconciliation Therapy(MRT): A systematic treatment strategy designed to enhance self-image, promote growth of positive, productive identity and facilitate the development of higher stages of moral reasoning; open group, limited to 15 participants; length and frequency: six months. (one-and-a-half hours per group, one time per week)

Program Sites

Atlanta, Fulton County

Referral Process

Parole Officers in Fulton County may refer parolees to the PRC. Parolees are then assessed by a PRC counselor using the Addiction Severity Index (ASI), an assessment interview designed to detect and measure the severity of potential problems in seven areas commonly affected by alcohol and other drug dependence. These areas include medical, employment, alcohol, drug, legal, family, and social and psychiatric problems.

Program Administration

Staff conducting substance abuse assessments and delivering behavior stabilization and relapse prevention groups must have a college degree and be licensed (counselor, social worker, marriage and family therapist) or a certified addiction counselor.

Counselors and parole officers are trained to deliver PRIME For Life and Moral Reconciliation Therapy.

Program Completion
Program Funding

161 admissions (FY 2007)
State Funds

Department of Juvenile Justice

The Department of Juvenile Justice (DJJ) has a twofold role: to provide for the supervision, detention and rehabilitation of juvenile delinquents committed to the state's custody or supervision, and, to provide necessary public safety services by appropriately separating youth offenders from the community. DJJ provides its services to nearly 60,000 youth every year, and maintains a daily population of about 22,000. Youth who enter the department's care include those sentenced to probation, short-term incarceration, or committed to the state's custody as part of a long-term confinement plan.

There are 22 Regional Youth Detention Centers (RYDCs). The RYDC facilities are designed to provide a secure placement for youth awaiting formal adjudication for an offense. There are approximately 1,200 youth on any given day housed in these facilities, based upon average.

The state currently operates eight Youth Detention Campus (YDC) facilities, which house juvenile offenders committed to the state for a maximum of two to five years, as well as those youth sentenced to a short-term incarceration program for a maximum of 60 days. The average daily population for these facilities totals nearly 1,000 youth.

Authority: Titles 15-11 39-3, and 49-4A, Official Code of Georgia Annotated

RYDC Substance Abuse Intervention Program

Program Description

The RYDC Substance Abuse Intervention Program was implemented in FY 2006, and is designed to provide intervention services to all youth admitted to RYDC facilities with substance abuse or dependency issues. The program is designed to provide youth with early intervention programming related to the youth's specific use or abuse. The program uses a curriculum known as "A New Freedom" as the foundation for the intervention. The intervention is provided in group settings, and is designed to expose youth to topics specific to identifying whether they have problems associated with their past drug or alcohol use/abuse, and helps them consider their motivation for treatment. Youth are screened and assessed by RYDC substance abuse staff for the groups, and are placed in the group as needed.

The curriculum is a comprehensive workbook-based program developed by A.R. Resources, Inc. It is an evidence-based, and is the foundational material for the Substance Abuse Intervention groups in the RYDC facilities.

Program Elements

The New Freedom curriculum is based upon the theoretical foundation of Motivational Enhancement Theory, Cognitive Behavioral Theory, and the Transtheoretical Stages of Change. Intervention strategies include motivational interviewing, cognitive behavioral concepts, risk-factor management, social learning concepts, and relapse prevention. A critical goal is increasing self-confidence, resilience (self-efficacy), and successful management of individual-specific risk factors – a critical part of relapse prevention.

The New Freedom curriculum is a comprehensive, strength-based change program. It is designed to be responsive to high-risk factors, and to facilitate and enhance positive development of pro-social constructive behavior. This intervention provides students with an opportunity to examine and reinforce effective self-efficacy. Competency-based, self-efficacy skills include problem-avoidance and problem-solving skills, refusal skills, and decision-making skills. An increase in self-efficacy fosters resilience to alcohol, tobacco, other substance use and abuse, violence, and other antisocial behaviors.

The curriculum is primarily comprised of multiple workbooks. It can be used in an individual or a group setting. The curriculum is supplemented with lesson plans, assessment tools, charts, tables, worksheets, activity cards, and skill-building activities. All materials are developed based upon a grade three to seven reading level. Behaviorally stated objectives and lesson plans permit intervention specialists to monitor progress and results.

Multiple workbooks are designed to be responsive to high-risk factors, and to introduce and reinforce pro-social constructive behavior. These materials provide a logical progression to intervention strategies by addressing defensiveness and cognitive change issues, and by addressing thoughts and feelings. When the student is ready to learn new approaches, intervention specialists provide guidance in mastering new problem solving, thinking, and coping skills.

Program Sites

All the DJJ RYDC facilities

Metro RYDC
Martha Glass RYDC
Aaron Cohn RYDC
Augusta RYDC
Blakely RYDC
Crisp RYDC

Marietta RYDC
Dalton RYDC
Griffin RYDC
Gainesville RYDC
Loftiss RYDC
Macon RYDC

Dekalb RYDC
Rome RYDC
Paulding RYDC
Sandersville RYDC
Albany RYDC
Claxton RYDC

Waycross RYDC
Gwinnett RYDC

Savannah RYDC

Gwinnett RYDC

Cost per Offender	FY 2006: \$298; FY 2007: \$103
Program Completion	FY 2006: 900 enrollments; FY 2007: 5,094 enrollments
Program Funding	FY 2006 and 2007: State Funds (\$268,000)

Program Performance Measures

- All youth assessed for substance abuse or dependency will receive appropriate intervention services while in an RYDC
- Program will notify family regarding youth's involvement in care, and refer youth for follow-up services in the community upon discharge from a DJJ facility

Residential Substance Abuse Treatment Program

Program Description

Within DJJ, RSAT is a six-month Residential Substance Abuse Treatment program, which targets high-risk, high-needs offenders with a history of substance abuse, as a causative factor leading to correctional supervision. The goal of the RSAT program is to return to society a graduate who is law abiding, self-supporting, and a pro-social citizen, thereby reducing recidivism (*for additional information, see section under DOC programming, pp. 19*). DJJ's RSAT program serves 40 male youth at the Bill E. Ireland Campus YDC, 32 male beds at Eastman YDC and 25 male beds at Sumter YDC.

Program Eligibility, Participation, and Graduation Process

During the twelve months prior to incarceration, the youth must have abused substances regularly; the severity and frequency of use are considerations for establishing admission priority. A DSM IV Diagnosis of Abuse or Dependence must be present, with consideration being given to those youth with dependence and/or a true Polysubstance diagnosis (nicotine and/or caffeine abuse and dependence are not qualifying diagnoses). The youth must have a minimum six-month length of stay. The youth may have a family history of abuse. Male youth will be placed at Bill E. Ireland YDC facility throughout the state for RSAT treatment.

Youth will not be admitted who possess an uncontrolled mental illness or behavior issues which are more acute and/or severe than the present substance abuse issues, a history of substance sales, but not substance use, or amenability to treatment. Factors such as mental retardation that may negatively impact the effectiveness of treatment are also considerations.

Youth must complete all treatment objectives established by the RSAT program: actively participating in the Seven Challenges treatment groups, completing a relapse

prevention plan, having an aftercare plan coordinated with substance abuse counselor and facility counselor, and participating in two monthly individual therapy sessions during his placement in the program.

Program Elements

The department has the responsibility to provide youth with the best programming possible to assist them in realizing they have a substance abuse problem and providing them the tools needed to make better choices. The program is based on treating the youth in several areas of their lives. Opportunities are provided to address many aspects of the youth's life through groups, individual sessions, treatment planning, and family sessions based on this foundation.

Youth will be provided with a good orientation to the program so they understand what the department does, and what is expected of them. Youth will also have a clear understanding of what it takes to complete the program. Each youth will have a treatment plan that outlines what it is they need to work on while on the unit. The plan will be a contract with the youth listing measurable objectives and the interventions that they can expect while on the unit. Each youth completing the program will have a good aftercare plan and will develop a relapse prevention plan.

The department will strive to include families in treatment by providing education surrounding substance abuse. The RSAT unit program will be driven by a strong quality assurance program to include peer reviews and statistics in order to analyze trends and program needs. Corrective actions are developed as issues and problems arise. The department will continue to seek out educational opportunities for RSAT staff to insure that they are equipped with the latest information related to substance abuse and adhere to best practices. The curriculum will be monitored with current research in order to determine if adjustments need to be made to better address the youth's needs.

Aftercare will be provided to every youth that successfully completes the RSAT program. In most cases, this should be a minimum of six months in duration. If the youth is recommitted, transferred to the Department of Corrections (DOC), or spends more than one month in a RYDC, aftercare is terminated. Youth will have a RSAT aftercare plan developed with a Juvenile Probation Parole Specialist (JPPS) staff member that feeds into the DJJ service plan. The service plan for substance abuse aftercare will specifically identify community interventions or supports that are realistic for the community to which the youth is returning. These plans for aftercare intervention and/or supports will be documented in the RSAT record and will include the relapse prevention plan. The individualized plan should address at a minimum the following parameters:

- The expected length of aftercare;
- Drug screens, and if so, how often they are to be done (they must be done randomly at least quarterly, if they are available in the youth's home community);

- Whether there is a requirement for attendance in AA or NA, or other support group if available, and if so, the frequency for attendance;
- Whether there are recommendations for any family treatment (if services are available in the youth's home community);
- Whether there is any additional drug education services that are needed for youth or family; and,
- A relapse and prevention plan.

Each new admission receives a drug screen within the first week of admission into the program. Ongoing urine screens are administered randomly to a third of the population on a monthly basis. Any youth suspected of use violations can be tested at any time, but the results of the test are not used for punitive reasons. During aftercare, urine screens are recommended in the relapse prevention plan, and results are monitored through the quarterly contracts with community JPPS staff members. Family contacts may also be initiated to monitor progress.

Program Administration

RSAT program staff must meet state minimum requirements for positions based on the Georgia Merit systems standards for hire. The RSAT program is staffed in order to maintain a reasonable caseload of youth enrolled in the program. Currently, there is seven full-time RSAT staff, including a Program Director, an Intake Psychometric Specialist, four substance abuse counselors, and a unit secretary. Staffs attend all mandatory trainings offered by the Office of Behavioral Health annually. Funding is maintained in the program budget to train staff in substance abuse specific trainings as made available. Staff is required to maintain certification for PRIME for Life program, as funded through the RSAT budget.

Cost per Offender	FY 2006: \$1,769; FY 2007: \$1,592
Program Completion	FY 2006: 123 enrollments; FY 2007: 120 enrollments
Program Funding	FY 2006: State Funds (\$217,639) FY 2007: State Funds (\$190,060)

YDC Substance Abuse Programs

In December 2007, DJJ collaboratively with DHR, trained staff on using the Seven Challenges program and subsequently DJJ has converted all of the long-term YDC Substance Abuse Treatment groups and RSAT units to use this model. The effort was intended to facilitate the transition of youth from facility-based treatment to community-based treatment. The program change also enhanced DJJ's treatment program from an intervention-based model to a promising practice model recommended by the Center for Substance Abuse Treatment.

YDC Substance Abuse Intervention Groups

YDC Substance Abuse intervention groups are provided at each of the YDC facilities for youth with identified alcohol and drug abuse or dependency issues. The Seven Challenges Program is the treatment program utilized in these groups. Youth who are not eligible for RSAT programming in male facilities receive this level of service. Groups occur on all Long-term YDC campuses: Augusta YDC, Macon YDC, Sumter YDC, Muscogee YDC, Eastman YDC, and Bill Ireland YDC.

YDC Substance Abuse Treatment Groups

YDC Substance Abuse Treatment groups are provided at each of the YDC facilities for youth with identified alcohol and drug abuse or dependency issues. Youth who are not eligible for RSAT programming in male facilities, have more severe treatment needs or due to time or behavior reasons cannot enter an RSAT program, will receive this level of service. The Seven Challenges Program is the treatment program utilized in these groups. Groups occur on all Long-term YDC campuses: Augusta YDC, Macon YDC, Sumter YDC, Muscogee YDC, Eastman YDC, and Bill Ireland YDC.

STP YDC Substance Abuse Groups

Substance Abuse intervention groups are provided at each of the YDC facilities for youth with identified alcohol and drug abuse or dependency issues. Groups using the "New Freedom" foundational materials are being conducted at the following facilities: Savannah River Challenge, Augusta YDC, McIntosh YDC, and in various community-based settings. Funding for this program is covered in the mental health budget for each facility, though the full cost of operation data was not attainable.

Cost per Offender	FY 2006: \$120; FY 2007: \$130
Program Completion	FY 2006: 150 enrollments; FY 2007: 138 enrollments
Program Funding	FY 2006 and 2007: State Funds (\$18,000)

Program Performance Measures

- All youth identified as needing substance abuse services will receive appropriate substance abuse programming in two areas:
 - *Treatment*: RSAT for males, and Macon YDC treatment for females
 - *Intervention*: Used if need for treatment level of care is not required or youth is not eligible for treatment due to time or other clinical constraints. Each youth receiving intervention services will receive pre- and post-testing for PRIME for Life program
-
- Program will notify family regarding youth's involvement in care, and refer youth for follow-up services in the community upon discharge from a DJJ facility

Youth Offender Reentry Project (YORP)/Youth IMPACT Program

YORP is a non-facility-based reintegration program based in Region III (Metro Atlanta) in which the department provides reentry services to adjudicated juveniles, ages 14 through 21 diagnosed with substance abuse or dependency issues, and who are returning to the community from incarceration. Youth IMPACT provides effective community based substance abuse treatment capacity to serve substance abusing youth offenders who are also in need of coordinated reentry services. Some 525 youth have received services over the life of the project. The YORP/Youth IMPACT project is a federally funded grant from the Substance Abuse Mental Health Services Administration (SAMHSA) – Center for Substance Abuse Treatment.

The Global Assessment of Individual Needs (GAIN), three evidence-based models and a culturally relevant Hispanic outpatient model are utilized in YORP: 1) motivational enhancement therapy and cognitive behavioral therapy (five sessions), 2) motivational enhancement therapy and cognitive behavioral therapy (seven supplemental sessions), and, 3) adolescent community reinforcement approach for adolescent cannabis users. These models are employed within a continuum of care that is managed by a care coordination provider from the Georgia Council on Substance Abuse (GCSA). This care coordination approach ensures that each offender with substance use and related problems returning to the community following incarceration, as well as his or her family or caretaker, if appropriate, will be appropriately assessed and matched to a culturally relevant treatment model; this includes a package of recovery support and wrap-around services focusing on employment, faith-based, housing, and mentoring services which are monitored to ensure service effectiveness. The project includes the integration of a variety of systems, which through deliberate coordination; assure that the needed service mix is available to the ex-offender.

Cost per Offender	FY 2007: \$3,089
Program Completion	FY 2007: 131 enrollments
Program Funding	FY 2007: Federal Funds (\$500,000)

**Note:* Cost for YORP project includes payroll for administration of grant, and purchased services for youth

Program Performance Measures

- All youth released to SA program will be referred to MET/CBT treatment, as well as identified ancillary referrals based on need.
- Each youth will receive a GAIN Quick Assessment and GPRA (Government Performance Results Act) screening at intake, and a GAIN Quick M-90 assessment and 180 day GAIN Quick M-90 and GRPA assessment. Specific outcome data will be available based on the results of the stated assessments.
- A final program evaluation is scheduled to be completed by the project evaluator (Eric Wagner, Ph.D.) at the end of the grant. Periodic outcome data are evaluated to monitor the program effectiveness and needs.

APPENDIX B

Other States Background Research



As part of this evaluation, OPB examined programming and other initiatives related to substance abuse treatment for offenders in other states. This research was conducted during May, June, and July 2007. The purpose of this research was to compare the treatment programs offered in Georgia to those offered in other states in terms of assessments used, outcomes of the programs, staff requirements, percentage of offender population served, and the costs of the programs. The following sections detail programs and practices utilized by other states to identify and diagnose substance abuse issues in offender populations, and the manner in which offenders are treated and rehabilitated in both secure and community-based settings.



ALABAMA

Board of Pardons and Paroles

The Alabama Board of Pardons and Paroles Human Resources Development Institute (HRDI) provides substance abuse treatment for offenders at the LIFE Tech Programs. The LIFE Tech Center provides a therapeutic residential community where women and men, as a condition of their parole, receive treatment provided by HRDI. Services include but are not limited to the following: behavioral health assessment, 15 hours of group counseling per week, weekly individual counseling per treatment plan, and five hours of sponsored and supervised activities per week. The aforementioned list is a basic schedule. Each client's treatment is individualized, and may have more or less components than the basic schedule.

For assessment purposes, HRDI uses the ASI as based on ASAM. Based on two years of data, HRDI has a recidivism rate of 2.4 percent. According to the survey, staff requirements are as follows: counselors must have a MS degree or a BS degree with experience in substance abuse. Counselors who provide assessments must have a MS with a license. LIFE Tech's total offender population is approximately 250 females and 400 males – of these, 95 percent need substance abuse treatment, all of whom receive treatment. The average cost of the program per client per month is approximately \$900.

Department of Corrections

The Alabama Department of Corrections offers nine different chemical dependency programs. These programs are the eight-week SAP, eight-week Secular SAP, six-month Secular SAP, Dual Diagnosis, Therapeutic Community, six-month Crime Bill Program, Relapse, Methamphetamine Group, and Aftercare. Each of these programs

operates within state prisons. For assessment purposes, the Alabama Department of Corrections uses the intake psychosocial assessment and MMPI. Recidivism rates are as follows:

- General prison population: 30 percent
- Substance abuse programs: 23 percent
- Crime Bill: 6 percent

Staff requirements are a BS or MA in a counseling related field; certification is preferred, though licensing is optional. The Alabama Department of Corrections currently has an offender population of 28,000 inmates. Approximately 80 percent of inmates at intake are identified as needing substance abuse treatment. Approximately 63 percent of the inmate population was actively involved in substance abuse treatment during the year. On any given month, approximately 18 percent of inmate population is actively involved in substance abuse treatment. The annual costs are approximately \$2.5 million, supporting 60 programs in 25 facilities with 75 substance abuse prevention staff.

Arkansas



Department of Corrections

The Arkansas Department of Correction has one basic alcohol and drug modality of treatment delivery, called a residential therapeutic community. There are two levels of this model. The main difference between the two refers to the severity of the client problem, the treatment materials used, and the length of treatment. Substance Abuse Treatment Programs (SATP) last for a minimum of six and a maximum of 12 months. The CSATP Therapeutic Community is nine-month minimum and 12-month maximum program. Both involve a system of “doing” treatment, rather than “giving” treatment.

There are 386 SATP slots, and 215 CSATP slots housed in areas separate from the general population at five different prison units. Treatment serves both the male and female population. For assessment, inmates are pre-screened upon entry to the DOC, and placed on a referral list for further evaluation for programming by psychosocial intake. They are further evaluated by treatment staff appropriate to that particular programming. After entry, further testing is given to ensure treatment planning is individualized. Recidivism rates for RSAT programming are currently 13.5 percent overall since 1997. The SATP programming has been modified to six- to 12-month TC model since November 2006, and no figures were available as of the writing of this report.

Staff in Arkansas, are required to achieve licensure to provide treatment services, and quarterly audits are performed by Alcohol and Drug Abuse Prevention state office with a mandatory one to three year re-licensing review process. All personnel working in addictive disease treatment programming in the DOC must become ASACB state board

certified within five years of hire. Clinical supervision by a certified individual is mandatory for licensure achievement. All state employees must meet education requirements for the position.

Inmates committed to the ADC number 12,935 male and 1070 female. Currently, it costs \$1.13 per day for treatment. This is in addition to the daily incarceration costs of \$52.64.

Department of Human Services: Division of Behavioral Health Services

DHS contracts for alcohol and drug treatment for utilization by the general public. The Arkansas Department of Corrections and the Arkansas Department of Community Corrections (DCC) provide alcohol and drug treatment within their facilities. DHS does not fund these programs. The DCC funds alcohol and drug treatment for drug court clients in the state, and these are through locally licensed alcohol and drug treatment programs.



Delaware

Department of Corrections

Delaware Department of Corrections' programs can be grouped into three major categories: Level Five Programs, Level Four Programs, and Aftercare. Level Five Programs are residential substance abuse programs ranging in length between nine and 18 months, which utilize the treatment method known as Therapeutic Communities (Key and Green Tree Programs). There are four of these programs for males, and one for females throughout the correctional facilities. Level Four Programs are "step-down" programs designed to accommodate inmates who finish the Level Five programming, and have six to nine months remaining on their maximum release date. These programs are minimum security, and inmates are able to work in the community after completing two months of orientation. The final category is the aftercare programs.

There are approximately 300 released inmates enrolled in these programs which are designed to monitor inmates once they are released to the community. Inmates are expected to complete six months of aftercare programming following completion of the Level Five and Four programming. Delaware DOC uses the Addiction Severity Index (ASI) as the main assessment tool in addition to interviewing, and a thorough review of treatment records.

The outcome of participation in Delaware's residential programs is dependent upon the inmates' progress. If an inmate successfully completes the nine to 18 month residential program, then he or she is asked to participate in a Level Four work release program for six months in order to prepare the inmate for re-entry into society. After completing six months of successful work release program, the inmate will be enrolled in the six month aftercare program, where all released inmates who completed both Level Five and Four

programming are expected to participate in aftercare activities such as individual counseling, group counseling, and occupational counseling.

Staff is required to have drug counseling credentials such as CAAC or CADC. Newly hired counselors are permitted to work, even though they might not have the required credentials, if they agree to pursue certification in the substance abuse field within a year.

Currently, the Delaware DOC offender population is 7,200. Of this population, approximately 50 to 60 percent are in need of substance abuse treatment programs. Approximately 15 to 20 percent are enrolled in substance abuse treatment programs. The estimated cost per inmate enrolled in a substance abuse program is approximately \$5,000 a year.



Florida

Florida has four types of substance abuse programs for offenders:

- Non-secure Substance Abuse Treatment Programs: six-month community-based substance abuse therapeutic communities
- Long-term Residential (Secure) Substance Abuse Treatment: an identical program lasting for twelve months
- Probation and Restitution Centers (PRC's): community-based residential programs for selected offenders under department supervision
- Recently Released Inmates Outpatient Treatment Programs: therapeutic activities and interventions for offenders designed to assist them in their recovery from substance abuse while they maintain residence and employment in the community

Upon arrival at a Florida Department of Corrections reception center for initial processing, each inmate is screened and assessed to determine if the inmate meets the department's criteria for mandated substance abuse program participation. Criteria for mandated substance abuse program services is based upon the presence of a diagnosed psychoactive substance dependence or use disorder, the severity of the addiction, a history of criminal behavior related to substance abuse, a sentencing authority recommendation for substance abuse program services, unsuccessful participation in community-based substance abuse services, sentencing by a Drug Court or Drug Division, and other classification or program criteria as determined by the department to ensure security and optimal program placement.

Outcomes for the Florida DOC programs have been positive. Research has shown that inmates who complete substance abuse programs are 6.2 percent less likely to recidivate than those who do not complete a program. Over two-thirds of substance abuse program completers are successful after release. Substance abuse impacts are

found even among offender groups that normally have higher recidivism: e.g. males, younger males, black offenders, prior recidivists, and special education inmates.

Inmates with precursor offenses, such as those who indicate a history of criminal behavior related to substance abuse and dependency, completing a substance abuse program are 13.2 percent less likely to recidivate than those with precursor offenses who do not complete a substance abuse program. Inmates who complete a substance abuse program and participate in a work release program for at least 60 days are 5.9 percent less likely to recidivate than those who complete a program and have no work experience.

The total offender population as of July 1, 2006 was 88,266. Of that population, approximately 65 percent have been consistently screened to be in need of substance abuse treatment services. The costs of the programs are approximately \$6,339 per inmate per year, in addition to the annual incarceration rate of \$19,000 per inmate.

However, some of these costs are theoretically offset by reductions in recidivism. The recidivism rate for the 3,129 inmates who completed a substance abuse program was 31.4 percent compared to 35.4 percent for those who did not complete a program. This reduction in recidivism translates into approximately 125 inmates not returning to prison. Avoiding re-incarceration for one year amounts to a theoretical annual cost savings of approximately \$2.4 million.



Kentucky

Department of Corrections

The Kentucky Department of Corrections uses three types of substance abuse programming for offenders. These programs include Community AODA (Alcohol and Other Drug Abuse Programs), the Institutional Pre-Treatment Drug and Alcohol Educational Program, Intensive Residential Substance Abuse Treatment (IRSAT). The residential programs are further divided into 6 month programs, and have a total of 390 treatment beds. Life without a Crutch is a substance abuse program for women that is a six to eight month program with follow-up and aftercare treatment.

Research has shown three key successes:

- Illegal drug use decreased for jail and prison clients
- Most clients (80 percent of jail and 90 percent of prison) attended AA/NA
- Many of these offenders (48 percent of jail and 90 percent of prison) participated in community treatment. About two-thirds of both jail and prison clients were not incarcerated within 12 months upon release.

The total offender population as of June 30, 2005 was 19,215. Of those incarcerated, 60 percent suffer from substance abuse or dependency. Figures for those receiving treatment were not available.



Louisiana

According to the State of Louisiana Department of Corrections, in FY 2005 and 2006, the average number of participants in substance abuse programs was 4,180, and the dollars spent totaled \$8.3 million.



Mississippi

The state of Mississippi has four types of substance abuse programs. The Central Mississippi Correctional Facility (CMCF) Alcohol & Drug Program has a stated purpose of providing treatment for clients with substance abuse problems, and to prepare them to function successfully in society upon their release. The program's services are designed to give the clients insight into their substance abuse problems, and to assist them in becoming productive citizens once back in society.

The CMCF programs consists of a short-term 12-week alcohol and drug treatment program for females, a long-term 28-week alcohol and drug treatment program for females, a long-term six to 12-month Residential Substance Abuse Treatment program for females, and a short-term 12-week alcohol and drug treatment program for the male special needs population.

The Mississippi State Penitentiary (MSP) Alcohol and Drug Therapeutic Community Program is designed to promote positive involvement of male offenders in an environment with a primary focus on successful reintegration into society. The MSP offers long-term, therapeutic community treatment programs for eligible offenders at Unit 28 (Special Needs: HIV/AIDS) and Unit 30 programs. Each program has an average length of stay of six to nine months. Unit 31 is a short-term, 12-week educational program for physically disabled offenders.

The South Mississippi Correctional Facility Alcohol and Drug Program is designed to provide treatment and rehabilitation services to male offenders who have a history of substance abuse problems, or who have committed alcohol- and drug-related crimes. This program consists of a short-term 12-week program for the general population, a long-term six-month program for the general population, a short-term 12-week program for community work center returnees, and a short-term five-week RID alcohol and drug program.

Residential Substance Abuse Community Pre-Release Centers seek to extend alcohol and drug treatment services to offenders who are currently housed in approved

community work centers. These services are provided to incarcerated offenders who have been identified and documented as having substance abuse problems, and who are near release from prison. This program consists of a long-term program (averaging six to 12 month) and a short-term program of 12 weeks.

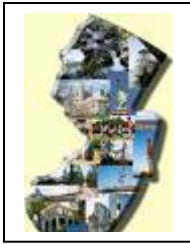
There are five assessment tools and plans used to determine and manage client needs:

- *Pre- and Post-Test*: A questionnaire used to determine a client's general knowledge of addiction and the effects of chemical use.
- *DSM IV*: Evaluation and diagnosis
- *CAGE Questionnaire*: A self indicator of awareness of a drug and/or alcohol problem
- *Intake Screening Profile*: Outline for client interview to obtain personal, family and chemical use history, identify present problems, and determine initial treatment requirements
- *Needs Assessment Aftercare Plan*: An individualized plan of maintenance based on the client's strengths, needs, individual goals, and community resources

The staff requirements vary according to position:

- For an Alcohol and Drug Counselor assigned to a prison a Bachelor's Degree in psychology, guidance and counseling, sociology, criminal justice or a directly related field is required. Also accepted is a high school diploma or GED with four years of directly related experience.
- For an Alcohol and Drug Treatment Center Coordinator, a Master's Degree in law enforcement, criminal justice, criminology, guidance and counseling, sociology or related field or two years work related experience, or Bachelor's Degree in above fields and three years related work experience, or high school diploma or GED and seven years of related work experience is necessary.
- For a Branch Director II, a Master's Degree and five years of experience, or Bachelor's Degree and six years experience in a administrative, professional capacity (1 year of which must have included line or functional administrative or advanced technical supervision), or a high school diploma or GED and 10 years of experience in an administrative, professional capacity is needed.
- For a Division Director I, a Master's Degree and five years of experience, or Bachelor's Degree and 10 years of experience in an administrative, professional capacity – two years of which must have been in line or functional administrative or advanced supervision – is required.

The total offender population in Mississippi is 21,969. Of this population, 17 percent need substance abuse treatment, and of these 31 percent receive it. The cost of the programs per participant is undetermined.



New Jersey

Division of Addiction Services

Housed within the New Jersey State of Human Services, the Division of Addiction Services funds three initiatives for the criminal justice population. These initiatives are the Mutual Agreement Program (MAP), the Juvenile Justice Commission Program, and the Adult Drug Court Program.

The goal of the MAP program is to afford the opportunity of private chemical abuse treatment as a special precondition of parole for the NJDOC inmates who otherwise might not achieve parole status, and NJSPB parolees as required under special conditions of parole, for the purpose of reducing the likelihood of returning back to criminal behavior. MAP has six residential programs, three halfway house programs, and five intensive outpatient services programs.

For assessment purposes, the Division of Addiction Services issued a request for proposals to provide substance abuse assessment and referrals for New Jersey State Parole Board Clients. The awardees of this contract will utilize the Addiction Severity Index (ASI), along with the Level of Care Indicator (LOCI), and enter the data in the New Jersey Substance Abuse Monitoring System, which identifies national outcome measures.

MAP is currently a prepaid slot program with 92 prepaid beds, at a cost of \$23,644 per bed, and another 26 halfway house beds, at a cost of \$19,801 per bed, totaling 118 prepaid residential beds. There are 52 intensive outpatient services placements available at a cost of \$6,585 per "bed". In November 2007, the program will be moving to a fee-for-service network with the following reimbursement rates:

- Outpatient Individual/Family: \$48 per hour
- Outpatient Group: \$22 per hour
- Intensive Outpatient: \$69 per day
- Long Term Residential: \$66 per day
- Halfway House: \$55 per day
- Prescription Medication: Actual cost of one-time 30-day supply for life threatening or psychotropic medications

The Juvenile Justice Commission (JJC) Program provides residential substance abuse treatment programs for youth involved in the juvenile justice system and under JJC's custody and care. Juveniles are assigned through JJC's classification process or the court liaison referral process. This approach provides the juvenile offenders the opportunity for substance abuse rehabilitation. It is also a more cost-effective measure than the daily costs associated with incarcerating offenders.

Long-term residential treatment programs provide 10 hours per week of individual, group and family therapy for each client during his residential stay. They also provide

assessment and treatment for co-occurring disorders. Programs offer didactic education with special topics provided. Clients receive educational services required by New Jersey State law, and participate in age appropriate recreational activities. Short-term residential substance abuse treatment for JJC young adults (18 to 24 years of age) is also provided.

The JJC assessors are Certified Alcohol and Drug Counselor (CADC), and provide a five-step assessment process:

- File review
- Comprehensive Adolescent Severity Inventory (CASI) adolescent assessment
- Customized bio-psycho-social assessment
- Cross reference diagnosis with adolescent ASAM criteria
- Comprehensive narrative to determine level of care

For educational requirements, treatment program staff must follow New Jersey professional licensure standards. These include Licensed Clinical Alcohol and Drug Counselors (LCADC) and Certified Alcohol and Drug Counselors (CADC). Costs associated with the program include the provision of 67 residential prepaid beds at a cost of \$28,376 per bed, and 792 bed days for short-term residential treatment for JJC young adults at a reimbursement rate of \$143 per day.

The New Jersey Adult Drug Court Program is a collaborative agreement between the Administrative Office of the Courts, Division of Criminal Practice, and the Department of Human Services: Division of Addiction Services. Under this agreement, the AOC provides funding to DAS to contract with and monitor licensed private treatment agencies for the placement and treatment of certain offenders who have been deemed eligible for sentencing, in lieu of traditional incarceration in the Drug Court Initiative. Treatment providers participate in weekly drug court team meetings and represent clients in court.

For assessment purposes, the Treatment Assessment Service for the Courts (TASC) evaluator uses the Addiction Severity Index (ASI) to determine levels of care. These TASC evaluators then provide the appropriate initial placement into treatment using the DAS bed management system.

Since April 2002 there have been 6,623 participants in the Adult Drug Court program, and the program boasts a 66 percent retention rate. There are currently 2,826 participants in the program. Within three years of graduation, the recidivism rate breaks down as follows:

- Current rate of re-arrest in NJ for new indictable crimes: 14 percent
- Current rate of conviction in NJ for new indictable crimes: 7 percent

Treatment program staff must follow New Jersey professional licensure standards; these include Licensed Clinical Alcohol and Drug Counselors (LCADC) and Certified

Alcohol and Drug Counselors (CADC). One field staff (Drug Court Treatment Liaison) must be at least Master's level and licensed. Drug Court Coordinators and Drug Court Managers have the same educational certification and licensing requirements.

There are 286 pre-paid long-term (six months) slotted beds with nine residential treatment providers. Currently, these beds are assigned to each of the 15 vicinages. Each bed costs \$23,644 per year. The New Jersey Drug Court also has the ability to place participants in fee for service beds. These are non-contracted beds that are available to any state initiative, and the Court currently has 65 participants in fee-for-service beds.

Drug Court reimbursement rates are as follows:

- OP Individual: \$48 per hour
- OP Individual: \$25 per half hour
- OP Group : \$22 per hour
- IOP: \$69 per day
- Short Term Residential: \$143 per day
- Sub-Acute Detox: \$202 per day
- Sub-Acute Inpatient Detox: \$404 per day
- Psychiatrist or Psychologist: \$123 per interview, or \$62 per half hour
- Partial Care: \$82 per day
- Physical Exam and/or Lab Work: \$140
- Prescription Medication: Actual cost of one-time 30-day supply for life threatening or psychotropic medications
- Medical Monitoring: \$41 per session
- Transportation: \$0.31 per mile
- Methadone Treatment: \$103 per week
- Methadone IOP: \$69 per day and \$103 per week
- Treatment staff attendance at drug court team meetings: \$25 per hour
- Pregnant and Post-Partum: \$249 per day
- Women and Children: \$198 per day
- Long Term Residential: \$66 per day
- Halfway House: \$55 per day
- Group Therapy: \$22 per hour
- Multi-Family Group: \$22 per family
- Family Counseling: \$48 per hour
- Psycho-Educational: \$20 per hour per person
- Inpatient Individual Counseling: \$48 per hour



North Carolina

The North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), and DHHS has a formal Memorandum of Agreement with the Administrative Office of the Courts and the Department of Correction to clarify the various agencies' roles and responsibilities related to individuals with substance use disorders that are involved in the criminal justice system. Basically, the MOA outlines DMH/DD/SAS responsibilities for community based services, DOC responsibilities for services for inmates and probationers and parolees, and AOC responsibilities for court operations, including drug treatment courts, as funded by DMH/DD/SAS.

Some specialized offender programs include the following array of services:

- Treatment Accountability for Safer Communities (TASC), administered by DMH/DD/SAS, is a statewide program that links treatment and justice system goals of reduced drug use and criminal activity through services that increase treatment access, engagement, and retention. Functioning as the bridge between the criminal justice and the treatment systems, TASC provides the following specific services:
 - Screening and assessment,
 - Referral and placement,
 - Care planning, coordination, and management, as well as
 - Progress reports to the justice system.
- Driving While Intoxicated (DWI) related substance abuse services are overseen by DMH/DD/SAS. This includes policy development, training, and compliance regarding DWI-related laws and rules; authorization of DWI assessors, ADET Schools & ADETS Instructors
- Drug Education Schools (DES), administered by DMH/DD/SAS, is a diversion opportunity for first-time drug offenders.
- Criminal Justice Partnership Programs (CJPP), administered by the Division of Community Corrections, within DOC seeks to reduce recidivism, probation revocations, substance abuse, dependency, and the cost of incarceration. Types of programs include day reporting centers, satellite substance abuse treatment and resource centers.
- DART and DART-Cherry, administered by Division of Alcoholism and Chemical Dependency Programs (DOC)
 - DART programs are prison-based, and provide an opportunity for inmates to engage in treatment and early recovery. Programs are generally offered in a medium-security prison where DART program space is separate from the prisons other programs or inmate housing.
 - DART-Cherry is a residential treatment facility responsible for the delivery of chemical dependency treatment services to probationers sent by the courts, and parolees released from the DOC, who are transitioning back to the

community. DART-Cherry programs include a 28-day modified Minnesota Model of Substance Abuse Treatment, and two 90-day therapeutic community programs.

The array of substance abuse services needed for offenders includes detoxification services, crisis services, intensive outpatient treatment, comprehensive outpatient treatment, residential services, community support, and halfway houses. TASC provides the majority of substance abuse assessments for offenders under supervision in the community and utilizes the ASI-MV and face-to-face structured interviews. The ASI-MV is an interactive CD-ROM program that allows for client self-administration of the ASI. It uses an audio and video program which guides clients through a series of on-screen “offices” in which they meet with virtual interviewers. Questions and answer options are presented verbally, as well as written on the screen, so that clients need not be literate to self-administer the ASI. Upon completion, reports are immediately available for staff members.

A variety of screening and assessment tools are used for DWI assessments:

- *Mortimer-Filkens Test*: A two-part test, specifically developed for evaluating DWI offenders, is comprised of two parts – a 58-item, self-administered questionnaire, and a 70-item structured personal interview.
- *Driver Risk Inventory (DRI)*: A 139-item, self-reporting test that provides risk level classification categories and recommendations. It is available in English and Spanish versions. Tests can also be given in paper/pencil format.
- *Minnesota Assessment of Chemical Health (MACH)*: The MACH is an interactive, computer-based chemical health assessment. The MACH uses a standard set of questions, but it is designed to interact with the client through a process called “branching”. This means a client’s answer will determine which part of the program is next explored.
- *Substance Abuse/Life Circumstance Evaluation (SALCE)*: The SALCE is derived from and includes the ADE (Automated Drinking Evaluation) test. The 98-item SALCE also identifies and evaluates alcohol and drug use, as well as identifies areas of stress in the respondent’s current life circumstances.
- *NEEDS Assessment*: A 130-item survey, available in English and Spanish, which is an expansion of the SALCE. It uses DSM-IV classifications for substance use disorders, and ASAM patient placement criteria for treatment recommendations.
- *Addiction Severity Index (ASI) and the ASI Multimedia Version (ASI-MV)*: The ASI is an assessment instrument designed to be administered as a semi-structured interview in one hour or less to patients who are present for substance abuse treatment. The instrument gathers information about seven areas of a patient’s life: medical, employment and support, drug and alcohol use, legal, family history, family and social relationships, and psychiatric problems. Using a 10-point scale, interviewer severity ratings indicate the degree of patient problems in each of the seven problem areas, as based on historical and current

information. The ASI-MV is a multimedia version of the Addiction Severity Index. It is client self-administered in video and audio format.

- *Juvenile Automated Substance Abuse Evaluation (JASAE)*: This 102-item questionnaire, which is targeted to the 12- to 18-year-old group, is based on the same principle as the SALCE, but is geared to the norms and values of the adolescent.
- *Substance Use Disorder Diagnostic Schedule (SUDDS-IV)*: The SUDDS-IV is an objective, event-oriented, 30- to 45-minute structured diagnostic interview that yields information for the lifetime and current diagnosis of alcohol and other drug dependencies according to DSM-IV/DSM-IV-TR. Diagnostic findings can be determined by the clinician immediately after administration. The SUDDS-IV can be administered by using an interview booklet, and scored on an accompanying score sheet.
- *Research Institute on Addictions Self Inventory (RIASI)*: The RIASI is a 49-item instrument developed as a brief screen to identify individuals who might require a more thorough diagnostic assessment for an alcohol-use disorder, and as a potential predictor of subsequent DUI recidivism. It consists of 41 true-false items, and eight items in which the respondent fills in the frequency or quantity of certain behaviors or events. The RIASI represents a careful and empirical development of a screening device for use with the DWI population. Developed specifically for the New York State Drinking Driver Programs, it is now being used in several states. As with the MacAndrew Alcoholism Scale (MAC), the RIASI is designed to screen for alcoholism using “covert content items,” which are items which do not directly mention drinking.
- *Alcohol Use Disorder Identification Test (AUDIT)*: The AUDIT is a 10-item screening instrument developed in 1982, as a result of interest from the World Health Organization in a tool that would be appropriate for a variety of cultural settings. It consists of questions that have reliably identified high-risk drinkers in a six-nation study. They include three questions about alcohol use, four about dependence, and three about problems resulting from drinking. The 10-item AUDIT can be given as a self-administered test or the questions can be read aloud. The AUDIT takes about 2 minutes to administer.
- *Substance Abuse Subtle Screening Inventory (SASSI)*: This self-administered, 52-item, true-false instrument identifies chemical abusers regardless of their drug of choice, socioeconomic status, or stage of symptom progression. It is appropriate for ages 13 to adult.
- *MacAndrew Alcoholism Scale (MAC)/Revised (MAC-R)*: The MAC consists of 49 objective true-false statements included in the 566-item MMPI, which was developed in the 1930s. The MAC-R, also consisting of 49 items, was created in the MMPI-2 in 1989. The MAC is designed to screen for alcoholism using “covert content items,” which are items which do not directly mention drinking. Both MAC and the MAC-R are self-administered tests, work as well for drugs as alcohol, and are easily scored by clerical personnel. Both the MAC and the MAC-R measure the potential for addiction to alcohol and other drugs.

- *Personal Experience Screen Questionnaire (PESQ)*: The 38-item PESQ gives a rapid, accurate, and empirically validated measure of adolescent substance abuse in 12 to 18-year-olds.
- *Michigan Alcoholism Screening Test (MAST)*: The MAST is one of the most widely used measures for assessing alcohol abuse. The measure is a 25-item questionnaire designed to provide a rapid and effective screening for lifetime alcohol-related problems and alcoholism. It is also useful in assessing the extent of lifetime alcohol-related consequences. Although not intended to be a complete measure of alcohol-related problems, the MAST provides a gross, general measure of lifetime problem severity that can be used for choosing treatment intensity and guiding further inquiry into alcohol-related problems.
- *Michigan Alcoholism Screening Test for Alcohol and Drugs*: The MAST/AD is a modification of the Michigan Alcohol Screening Test, designed to include problems associated with other drug abuse and dependency besides alcohol. It consists of 24 questions, each taken directly from the MAST, but edited to include a reference to drug use as well.
- *Triage Assessment for Addictive Disorders (TAAD)*: The TAAD is a brief, structured interview covering current alcohol and drug problems related to the DSM-IV criteria for substance abuse and dependence. It is intended for use in situations where a basic face-to-face screen or triage for a current diagnosis is desired with a minimum time commitment. The user can document negative findings for those who deny any problems, or focus further assessment on positive diagnostic findings. The interview consists of 31 items, takes 10 minutes to administer, and two to three minutes to score.

The North Carolina Substance Abuse Professional Practice Act requires that all persons offering substance abuse services must be registered, certified or licensed with the North Carolina Substance Abuse Professional Practice Board. Available credentials include licensures for the following positions:

- Certified Substance Abuse Counselor (CSAC)
- Licensed Clinical Addictions Specialist (LCAS)
- Certified Clinical Supervisor (CCS)
- Certified Substance Abuse Prevention Consultant (CSAPC)
- Certified Substance Abuse Residential Facility Director (CSARFD)
- Certified Criminal Justice Addiction Professional (CCJP)

As of May 2007, the prison population was 38,424, and the probation and parole population was 117,550. According to a variety of studies, approximately 80 percent of state and federal inmates, 67 percent of probationers, and 80 percent of parolees are seriously involved with drugs or alcohol. In FY 2005 and 2006, 498 intermediate punishment offenders exited prison, and the probation population consisted of 29,051 individuals. Using a 70 percent estimate, it is possible to project 20,684 offenders in this sub-population are in need of services each year.



South Carolina

Division of substance abuse services within the SC Department of Corrections assess and provide educational and therapeutic substance abuse programming opportunities. These include:

- Women's Recovery Academy: 96-bed residential program for adult female offenders, designed to provide offenders with six to nine months of structured programming that is gender specific and uses a Therapeutic Community Model treatment approach.
- Goodman Addiction Treatment Unit: 47-bed residential program for young straight-time sentenced and youthful offender females, designed to provide offenders with six months of structured programming that is gender and age specific, uses a Therapeutic Community Model treatment approach.
- Correctional Recovery & Straight Ahead Academies: 272-bed program for youthful offender males (17-25). The participation length is typically six to nine months and is designed to address substance abuse, cognitive and behavioral issues specific to this age group.
- The Horizon Addiction Treatment Unit: 384-bed residential program for males serving an adult straight-time sentence (256 beds are currently operational), designed to address substance abuse, criminal-thinking and other life skill issues using a Therapeutic Community Model treatment approach for six months. Court ordered and conditionally paroled offenders with identified substance abuse program needs are assigned priority admission status.
- Screening, Identification & Orientation Program: This program is designed to screen and identify all newly admitted male and female offenders for potential substance abuse program needs.
- Sentencing Alternative Program: intensive long-term residential substance abuse treatment programs offer a possible alternative to long-term sentencing for many non-violent offenders

Department of Alcohol and Other Drug Abuse Services

A variety of programming for substance abuse treatment related to offender populations exists within the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS):

- *The Bridge*: This specialized transitional program provides intensive case management services for adolescents who are preparing to leave alcohol and other drug inpatient treatment facilities, juvenile justice facilities, or other residential settings, and return home to their families and communities. It has been successful in reducing recidivism and alcohol and other drug use among the target population, and improving life skills by working with the adolescents to stay in school, get jobs, participate in GED programs, and move on to college; it

is also improving family functioning by involving them in family-strengthening activities.

- *Drug Courts:* Special courts that provide judicial supervision for nonviolent juvenile and adult criminal offenders as they participate in addictions treatment services. Through an intensive, long-term program lasting from nine to 12 months, drug courts monitor the offenders' progress in treatment in an effort to stop their use of drugs, end their involvement in crime, and improve their ability to function as responsible citizens and family members. The courts hold the offenders accountable for their progress in the program by requiring weekly or frequent random drug tests, regular participation in intensive treatment services (initially three to four times per week), and weekly appearances in court to allow the judge to gauge each offender's progress in treatment.
- *John G. Richards Therapeutic Community:* Residential treatment services for male juvenile offenders who have a history of alcohol and/or other drug problems. Housed in three dormitories at the South Carolina Department of Juvenile Justice (DJJ), this 96-bed program provides an extensive array of residential treatment services, as well as continuing care for the juveniles after they are released from DJJ to return home. Following the completion of a renovation process, the Institution will consist of five dormitories housing a total of 160 beds. The program is an interagency collaborative effort funded through DJJ, and operated by DAODAS.



Tennessee

There is multiple substance abuse programs provided for offender populations:

- *Drug Education:* Available at all TDOC facilities.
- *Correctional Treatment Academy:* A nine to 12-month, structured, high-intensity modified therapeutic community for serious and violent offenders with additional issues other than substance abuse.
- *Substance Abuse Felony Treatment:* A nine to 12-month modified therapeutic community for non-violent offenders.
- *Transition Center:* A nine to 12-month program utilizing a modified therapeutic community with a focus on reentry issues such as community services, vocational educational, and employment readiness

For assessment purposes the CAGE Questionnaire and the Michigan Alcohol Screening Test are used. FY 2003 saw 12,967 admissions, of those, 2,872 were for drug offenses.



Virginia

Substance abuse treatment programs are made available under three classifications of service. Residential options

include the Community Residential Programs, Youthful Offender Program, Diversion Center Incarceration Program and Detention Center Incarceration Program. Non-residential options include State Probation and Parole, Intensive Supervision (ISP), Monitoring through Technology (MTT), Day Reporting Programs (DRP), and Drug Courts. There are also Therapeutic Community (TC) programs available.

These programs use three different assessments: a Framework for Breaking Barriers, a cognitive reality model, substance abuse screening, assessment, testing and treatment (DSAT) program; and, STRAIGHT – A Program for Life. The Therapeutic Community (TC) program reduces recidivism rates to half the rate of non-participants, and as low as six percent when TC programming is paired with community follow-up services.

All Probation and Parole districts have a MOA with their CSBs for treatment services. There are 36 private vendors under contract to provide outpatient or residential services. DOC has developed a network of services to ensure participants enter residential therapeutic communities, followed by peer support groups and relapse prevention services upon their return to the community. Contracts with private service providers provide for 66 beds for these offenders.

As of 2005, the average daily offender population for the Institution was 31,045, and 49,365 for Probation and Parole. Of those inmates, 80 percent have a history of substance abuse that contributed to their criminality – of these; 7 percent are receiving substance abuse treatment. The costs for the programs can be broken down as follows:

- *Intensive Supervision Program*: FY 2005 had 2,085 cases (Probation and Parole); cost per case – \$2,433
- *Monitoring Through Technology*: Average monthly caseload – 28; participation fee – \$50 to \$100
- *Community Residential Programs*: Offenders pay for room and board at a cost of \$35 to \$84 per offender
- *Rehabilitation and Treatment Services*: \$1.7 million within DOC



West Virginia

West Virginia has five substance abuse programs for offenders:

- *ALADRUE*: The agency's three-tiered and non-residential substance abuse program for offenders in various stages of drug and alcohol addiction. The program is available in all facilities across the state, and consists of three phases: Phase I – psycho-education; Phase II – recovery; and, Phase III – relapse prevention.
- *Long Term RSAT*: Operates within five Division of Corrections' facilities providing treatment beds for chronic alcoholics and addicts within prisons.

- *Third Base Coaching*: Faith-based component of the reentry initiative. Intended to provide an opportunity for offenders who discharge their sentence, or receive parole, to establish a one-on-one relationship with a mentor from the faith community. Promotes participation in community activities, which include AA/NA.
- A Woman's Way through the 12 Steps
- Helping Women Recover

The agency also operates one community-based center that serves as an aftercare unit for offenders completing the Therapeutic Community. Offender programs within correctional facilities are provided through partnerships between the Division of Corrections, the Department of Education: Office of Institutional Education Programs, and PSIMED Corrections, LLC, a contracted mental health service provider. Specialized training to staff in the amount of 416 hours was facilitated across the state, and seven DOC employees were certified as Criminal Justice Addiction Professionals.

Both individual and collective assessment criteria are generally screened utilizing the Texas Christian University Drug Dependency Screen (TCUDDS). The current offender population is 22, 871, of that, 45 percent report substance abuse problems. At present, there are 672 substance abuse treatment beds. The total cost for all programs, including non-offender populations, appears to be about \$120 million.

APPENDIX C

Current Best Practices and Initiatives in Georgia

Recently Funded Initiatives

The FY 2008 budget included substantial funding for substance abuse treatment programming for both adult and juvenile offenders. The following initiatives represent the state's recognition of this endemic problem in these populations, and its commitment to effective rehabilitative treatment:

DOC

- \$720,000 for a boot camp substance abuse treatment program
- 12 months of operating funds for the Bainbridge Probation Substance Abuse Treatment Center (384 beds)

DJJ

- \$400,000 for substance abuse treatment programs at various DJJ Youth Development Campus facilities to deter youth from engaging in further delinquent activity upon release

State Board of Pardons and Paroles

- Nearly \$1.1 million to provide substance abuse treatment for parolees to further support successful parole completion.
 - Of these funds, \$992,619 provides for a residential option for substance abuse treatment services for parolees, including one additional program assistant position
 - An additional \$72,952 provides for substance abuse aftercare for parolees returning to the community

Addiction Certification Program

Georgia Department of Corrections(GDC) and Mercer University

A new precedent has been made within DOC as related to certification and training initiatives for substance abuse treatment staff. In adhering to established best practices literature, the department realized the need for certifying addiction counselors in the day reporting centers and facilities. There is a shortage of addiction counselors within the state, so the department decided to contact several universities who would be willing to develop courses that would qualify the GDC counselors in the educational component of the certification process. Mercer University in Atlanta has developed a program very similar to what the department needed. In a joint effort, Mercer and GDC developed a seven-module program to include the 12 core functions of addiction education. Each module is forty hours of classroom instruction lasting for a period of one week.

This certification requires 280 hours of classroom instruction at Mercer University, 300 hours of clinical supervision and 4,000 hours of program delivery. A written and oral exam is also required. Week-long sessions are scheduled every other month. Completion of these modules will prepare the participants to take the certification exams. All counselors in this class will be delivering substance abuse programming. The GDC is paying \$400 weekly per participant in addition to travel expenses. Participants who successfully attain certification are eligible for a 10 percent pay increase. However, this process is time consuming, and no salary increases are expected for a minimum of two years.

Substance Abuse Treatment Continuum

In FY 2007, MHDDAD and the State Board of Pardons and Paroles began planning for a cross-system project to create a substance abuse continuum of care for parolees in four select Board Districts.³ The goal of the project is to provide needed substance abuse services and supports that enable parolees to live in the community in the least restrictive setting, while ensuring public safety. Treatment and recovery supports include the following services and periods of treatment:

- Level I: Assessment and Outpatient Services – Assessment and minimum of 120 days
- Level II: Intensive Outpatient Services – 60 to 180 days
- Level III: Residential – 90 to 180 days
- Aftercare: 180 days

Funding for this demonstration project is a mixture of state and federal dollars, and the project will be evaluated by an independent reviewer. Implementation of all components of the project is expected to be completed by December 1, 2007. In addition to additional treatment capacity, expected outcomes include an increase in successful parole completions, a decrease in post-release recidivism rates, increase in abstinence from drugs, and an increase in stable housing and employment.

Georgia School of Addiction Studies

The Georgia School of Addiction Studies (GSAS) is a comprehensive training event aimed specifically at increasing and enhancing the focus of the addiction professional workforce. Currently between the two Certification Boards in Georgia there are only approximately 700 Certified Addiction Professionals across the state, making the Georgia School of Addiction Studies vital to workforce development in the State of Georgia. For the first time representatives from several state agencies, membership boards, certification boards, universities and community providers met and formed the Board of Directors for the GSAS. The agencies involved included:

³ Lafayette (Walker, Dade, Catoosa, and Chattooga Counties), Richmond (Richmond and Columbia Counties), Lawrenceville (Gwinnett County), and Albany (Dougherty County)

- DHR Office of Addictive Diseases
- Public Health Office of Prevention
- State Board of Pardons and Parole
- Department of Corrections
- Department of Juvenile Justice
- Alcohol and Drug Certification Board of GA
- Georgia Addiction Counselors Association
- License Professional Counselors Association of GA
- National Association of Social Workers – Georgia Chapter
- Georgia Counsel on Substance Abuse
- University of Georgia School of Pharmacy
- Community Service Board Association
- Mercer University Department of Community Counseling
- APS Healthcare
- Recovery Place
- Atlanta Union Mission
- The Heritage Foundation
- Southeast Addiction Technology Transfer Center

The Board has developed by-laws, has become incorporated and is in the process of becoming a 501©3 so that training efforts may continue. This effort represents the first time a group of professionals from these agencies have come together to specifically grow the addiction counselor workforce into an organized and viable force.

The First Annual Georgia School of Addiction Studies was held August 27–31, 2007 at Callaway Gardens, The Lodge Conference Center. The school offered an extensive menu of courses and workshops for professional growth and development, including: Substance Abuse Prevention Specialist; Trauma and Recovery; MATRIX Model; Youth Treatment Models; Cultural Competencies; Pharmacology; HIV/AIDS; Gambling Incidence in Georgia; Opioid Addiction, just to name a few.

The Second Annual Georgia School of Addiction Studies will be held August 18–22, 2008 at the Augusta Marriott and Conference Center, Augusta, GA. The Georgia School of Addiction Studies is a week-long program of professional development, information exchange and networking. The school is designed to bring knowledge and skill development to individuals who play a role in the treatment of addictive diseases. This year’s GSAS will offer: Teen MATRIX Model; Seven Challenges; Substance Abuse Prevention Specialist; TREM; Group Counseling Skills; NIATx; Ethics and many more.

The Child/Adolescent State Infrastructure Grant (CASIG) and State Adolescent Coordination (SAC) Grant Integrated Project:

Complete Service Array for Child and Adolescent Substance Abuse Services:

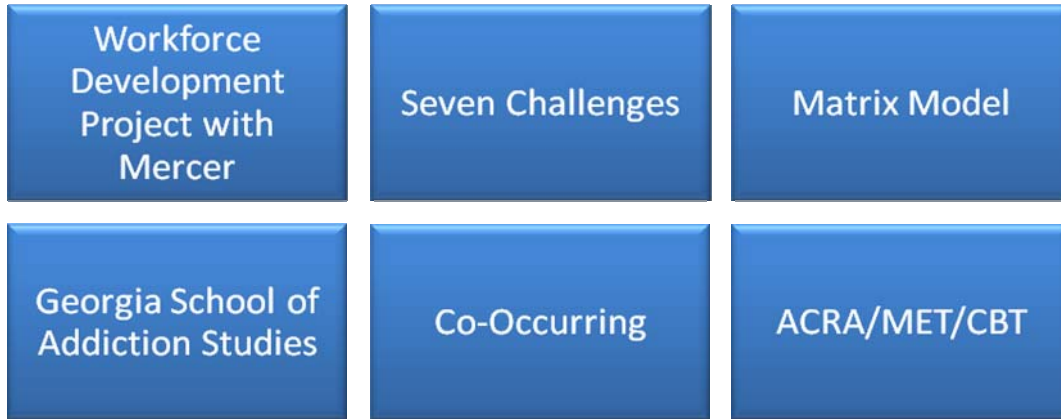


These combined grants are designed to strengthen and enhance the capacity of Georgia to develop, expand and sustain behavioral health services for children and adolescents experiencing Serious Emotional Disturbance (SED), substance abuse (SA) and/or co-occurring disorders (COD) and their families.

The goals and objectives of this project are as follows:

- Develop a shared vision/strategic plan across child-serving agencies for the development of a system of care for the delivery of behavioral health services to children/adolescents who experience Serious Emotional Disturbance (SED), substance abuse (SA) and co-occurring disorders (COD).
- Develop funding strategies to coordinate, improve and maximize capacity for the delivery of behavioral health services.
- Develop and expand specially trained workforce with specialty knowledge in working with children/adolescents experiencing SED, SA and COD.
- Promote youth/family outreach and engagement in the design and implementation of the behavioral health service delivery system.
- Develop policy and practice guidelines that eliminate barriers, promote and support behavioral health service system improvements.
- Participate in and actively share learning with other Georgia state agencies/stakeholders and other States to leverage training, support, dissemination, intervention adoption and evaluation/research to improve the treatment system for youth and their families.

Office of Addictive Diseases Training Initiatives:



The Division's Office of Addictive Diseases seeks to encourage the use of treatment methods for youth that can be implemented within a variety of treatment settings, in order to expand services available for adolescents with substance use problems. The following are the evidenced based treatment method trainings being offered by DHR Office of Addictive Diseases:

The Seven Challenges®

Program is designed for adolescent and young adult substance abusing or substance dependent individuals, to motivate a decision and commitment to change. It helps young people look at themselves, understand what it takes to give up a drug abusing lifestyle - and prepare for and attain success when they commit to such change. It is a comprehensive program that is developmentally appropriate, research based, culturally sensitive and holistic.

Adolescent Matrix Model

The matrix Model for Teens and Young Adults, like the matrix model for adults, is a comprehensive, organized set of evidence-based therapeutic interventions. The teen Matrix Model consists of research-based techniques integrated into an approach that includes individual sessions, family sessions, group sessions, Twelve Step programs, and separate parent and adolescent substance-education groups. The complex social environment of the adolescent- including family, school, community, peers, and juvenile justice involvement - is an important consideration in developing appropriate treatment, as is the developmental stage of the adolescent. The client receives extensive information about issues critical to addiction and relapse. The Teen Matrix Model help client's family take an active role in substance-abuse recovery; the explicit framework lets clients know exactly what is expected of them, alleviating anxiety; consists of exercises that promote self-esteem, dignity, and self-worth; and offers an instructional design that will turn basic information into "ah-ha" moments.

MET/CBT

Treatment focuses on enhancing intrinsic motivation to change through exploring and resolving ambivalence; providing feedback to encourage personal responsibility for change; developing personal goals; practicing healthful skills

Adolescent Community Reinforcement Approach (ACRA)

Treatment approach recognizes the powerful role the environment plays in encouraging or discouraging drug use; it attempts to rearrange environmental contingencies in order to make substance use a less rewarding behavior; it blends an operant model with a social systems approach to teach teens new ways of handling life's problems without drugs or alcohol; focuses on the interpersonal interaction between individuals and those in their communities; teaches adolescents when and where to implement the techniques learned in treatment as well as how to build on positive reinforcements and use existing community resources that will support positive change; and guides adolescents in developing a positive support system.

Multiple DUI Offender Program (MOP)

Georgia has approximately 60,000 DUI arrests each year. Of these approximately 17 percent or (over 10,000), have had previous DUI's. Georgia law requires that multiple DUI offenders:

- Complete DUI School
- Have a clinical evaluation
- Pay fines
- License suspension period
- Ignition interlock for 6 months
- Complete treatment recommendation

DHR is responsible for the rules and policies concerning who can be a Clinical Evaluator (CE) or Treatment Provider (TP), and the operating procedures.

MOP maintains the registry of the evaluators and providers, audits their activities, collects monthly reports, and does the initial training for all CE & TP plus their continuing refresher training.

There are 372 CE's and 250 TP's around the state. There are five regional field auditors who inspect the records to ensure compliance. The MOP is a highly automated web based information, reporting, and database systems.

Appendix D

Methodology

The evaluation team conducted interviews during May, June, and July 2007, with representatives from the Department of Corrections, Department of Human Resources, Department of Juvenile Justice and the State Board of Pardons and Paroles regarding each department's substance abuse treatment programs. These interviews provided the initial background information necessary to begin the evaluation of existing treatment programs.

Each agency provided data on each of its treatment programs, including a description of the program, location, cost per client, number of clients served, demographics of clients, outcomes, and funding. This data was incorporated into a larger database in order to develop a comprehensive inventory of the state's treatment programs for analytical purposes.

Site visits were made to Scott and Arrendale State Prisons, Bill Ireland, Augusta and Macon Youth Development Campuses, Marietta and Gwinnett Regional Youth Detention Centers, Whitworth Parole Center, and the Atlanta Parole Reporting Center in Fulton County. Interviews were conducted with the facility staff, including the counselors present. The evaluation team observed group sessions of substance abuse treatment at each facility. The team also toured the facilities and observed sleeping quarters, dining, recreational, and classroom areas.

Research was conducted on best practices for substance abuse treatment programs for offenders. The research focused on what works best in terms of positive outcomes for offenders participating in substance abuse treatment programs, and the specific elements proven to be effective in these programs.

The evaluation team conducted research on other states' substance abuse treatment programs for offenders. The states contacted were Alabama, Arkansas, Connecticut, Delaware, Florida, Kentucky, Louisiana, Mississippi, North Carolina, New Jersey, South Carolina, Tennessee, Virginia, and West Virginia. These states were selected based on recommendations from agency representatives and those states classified as part of the "southeastern" region, as defined by the National Association of State Budget Officers. The purpose of this research was to compare the treatment programs offered in Georgia to those offered in other states in terms of assessments used, outcomes of the programs, staff requirements, percentage of offender population served, and the costs of the programs.

Using all of the information obtained from each agency, site visits, best practices research, and other states research, the evaluation team completed an analysis to develop findings as a result of the program appraisal. This process was a collaborative effort with input from each agency. Workable solutions were conducted jointly to propose efficiencies and improvements to identified areas.