



Program Evaluation

SUBSTANCE ABUSE TREATMENT PROGRAMS FOR ADULT AND YOUTH OFFENDERS



GOVERNOR'S OFFICE OF PLANNING AND BUDGET

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Appendices are available online on the Office of Planning and Budget's website at: <http://www.opb.state.ga.us/publications/program-evaluations/program-evaluations.aspx>

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Program Evaluation

Substance Abuse Treatment Programs for Adult and Youth Offenders

Governor's Office of Planning and Budget

June 2008

Purpose

This report summarizes the results of the Governor's Office of Planning and Budget's (OPB) evaluation of the state's substance abuse treatment programs for offenders provided by the Department of Human Resources (DHR), the Department of Corrections (DOC), the Department of Juvenile Justice (DJJ), and the State Board of Pardons and Paroles. The evaluation focused on identifying the state's substance abuse treatment programs for adult and youth offenders, and examining the apparent effects of these programs.

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Executive Summary

Background

Approximately 75% to 80% of adult offenders and over 60% of juvenile offenders have a substance abuse problem. Research has shown that substance abuse treatment programs can reduce drug abuse and criminal activity. In order to reduce recidivism and lower the potential for criminal activity, the state provides substance abuse treatment programs through four state agencies.

Department of Corrections	5 treatment programs
State Board of Pardons and Paroles	3 treatment programs
Department of Juvenile Justice	6 treatment programs
Department of Human Resources	9 services or treatment programs

In general, the purpose of substance abuse treatment for offenders is to stop the substance abuse and to facilitate the individual's return to productive functioning in the family, workplace, and community.

Most state programs lack quality outcome measures making it difficult to evaluate these programs. An analysis of programs that have outcome data and national research studies indicate that treatment programs do have an impact on reducing offender recidivism. Substance abuse treatment programs have positive results and some long-term cost avoidance.

The return on investment for substance abuse treatment is hard to justify if only looking at an agency's operating expenses. One must also include the intangible benefits to society that result from lower recidivism. Lower recidivism not only impacts available bed space, but an inmate who successfully completes treatment and stays out of prison also contributes to society through fewer crimes, salary earnings, and taxes paid.

Findings

- **There is a need to develop performance measures, evaluate appropriate outcomes, and track the effectiveness of current substance abuse treatment programming.**
- **More offenders are in need of substance abuse treatment than the system can provide due to limited program capacity.**
- **A full continuum of care does not exist.**
- **Education, certification, and licensure requirements differ among state agencies that provide substance abuse treatment.**

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Background

The purpose of this report is to identify the state's substance abuse treatment programs for adult and youth offenders, and examine the apparent effects of these programs. This section provides an overview of information on substance abuse as it relates to offenders in the nation and in Georgia. There is also a discussion of best practices and a summary of the elements inherent in a successful substance abuse program.

Substance Abuse and Criminality

Research has shown offenders have a higher instance of substance abuse than the general population. It is estimated that between 60 and 83 percent of the nation's offender population has used drugs at some point in their lives, as compared to 40 percent of the total United States population.¹ Moreover, the National Justice Institute estimates that up to 80 percent of offenders have some level of substance abuse problem related to their criminal activity.² In 1999, the Arrestee Drug Abuse Monitoring Program collected data from more than 40,000 adults and more than 400 juveniles throughout the United States. The data concluded:

- Approximately two-thirds of both adult male and female felony arrestees had an illegal drug in their system at the time of arrest.
- Among juveniles, a majority of arrestees had an illegal drug in their system, and
- Between 40 and 57 percent of juveniles treated for substance abuse problems also had committed delinquent acts.³

Substance Abuse Rates for Offenders in Georgia

Department of Corrections (DOC) reports that over three-quarters of its offender population has been assessed with a substance abuse problem. Approximately 45 percent of those identified have received some form of substance abuse treatment. Only 10 percent of those identified are currently enrolled in treatment programs. A third of the adult offender population is on the waiting list and 18 percent has completed some type of substance abuse program. Of the current offenders, almost half of those identified as having a substance abuse problem were convicted of committing a violent crime.

Department of Juvenile Justice (DJJ) statistics indicate that some 60 percent of the detention population and three-quarters of the long-term secure facility placement population has been assessed with a substance abuse diagnosis. Of those assessed with a substance abuse problem in FY 2007, slightly more than 75 percent of the detention population and only 10 percent of their long-term population received treatment. A third of the youth in the detention population (RYDC) are on a waiting list for services at any given time but they seldom wait to receive services because the population is transient and youth are often discharged before 21 days.

¹ Drug Policy Information Clearinghouse, Drug Treatment in the Criminal Justice System, Washington, DC: Office of National Drug Control Policy, March 2001.

² Substance Abuse and Mental Health Services Administration, Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System, Rockville, MD: U.S. Department of Health and Human Services, 1995.

³ McBride, D., VanderWaal, C., and Terry-McElrath, M. The Drugs-Crime Wars: Past, Present, and Future Directions in Theory, Policy, and Program Interventions.

The State Board of Pardons and Paroles (SBPP) reports that approximately 80 percent of the parolee population has a history of substance abuse based on file reviews conducted during clemency considerations.⁴ In FY 2007, just over 3,500 parolees completed substance abuse treatment out of a total of 8,028.

⁴The Parole Board places a "substance abuse assessment special condition of release" on inmates who have a prior history of substance abuse.

Current State Programs for Offenders

Georgia currently provides substance abuse treatment programs for offenders through four state agencies. These programs are summarized in the following sections. **Appendix A**⁵ describes these treatment programs in detail, **Appendix B** provides background information on treatment programs in other states, and **Appendix C** provides information on new initiatives.

Department of Juvenile Justice

RYDC Substance Abuse Intervention Program

There are 22 Regional Youth Detention Centers (RYDC) designed to provide a secure placement for youth awaiting formal adjudication for an offense. 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. Youth are screened and assessed by RYDC substance abuse staff for the groups, and are placed in the group as needed.

Residential Substance Abuse Treatment Program

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 in, Appendix A*). The Seven Challenges program is the treatment curriculum utilized in the program.

YDC Substance Abuse Programs

Youth Development Campuses (YDC) are facilities for youth sentenced or committed to DJJ custody by juvenile courts.

YDC General Population Treatment Groups

Groups are provided to youth who have substance abuse or dependency issues. These groups use the Seven Challenges curriculum as a foundation for treatment, as well as other substance abuse-related materials. The groups are delivered by a substance abuse counselor and meet two times a week.

YDC General Population 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 curriculum utilized in these groups.

STP YDC Substance Abuse Groups

Substance abuse intervention or treatment groups are provided at each of the YDC facilities for youth with identified alcohol and drug abuse or dependency issues. The treatment is delivered by a licensed clinical social worker, and groups meet two times a week.

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.

5 Appendices are available online at <http://www.opb.state.ga.us/publications/program-evaluations/program-evaluations.aspx>

Department of Corrections

Residential Substance Abuse Treatment (RSAT)

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.

Motivation for Change

The Motivation for Change program is a 10-hour program that provides offenders with curriculum designed to enhance their desire to change their own behavior.

Boot Camp Plus

The Boot Camp Plus program is a 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, and with no more than one prior felony conviction.

Day Reporting Centers

Six-month programs for probationers and/or parolees developed in phase progression. The offender reports to the Day Reporting Center (DRC), and receives extensive substance abuse programming that includes assessments, drug testing, relapse prevention, 12-step meetings, and cognitive restructuring classes.

PRIME for Life

PRIME For Life is a program designed to challenge common beliefs and attitudes that directly contribute to high-risk alcohol and drug use. Using persuasion-based teaching, instructors use a variety of teaching approaches, including interactive presentation and small-group discussion.

Substance Abuse Aftercare Services Programs

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. Each program adheres to the National Institute on Drug Abuse "*Principles of Drug Addiction Treatment*".

State Board of Pardons and Paroles

Substance Abuse Assessment and Group Treatment

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 and those who test positive or exhibit other behaviors indicative of substance abuse. 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.

No Turning Back Substance Abuse Treatment Program

No Turning Back is a cognitive behavioral substance abuse treatment program provided to 60 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.

Parole Reporting Center (PRC)

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.

Department of Human Resources

Division of Mental Health, Developmental Disabilities, and Addictive Diseases: Office of Addictive Diseases

Services vary by region and may be provided to other individuals besides offenders as follows:

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 (RWF) 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.

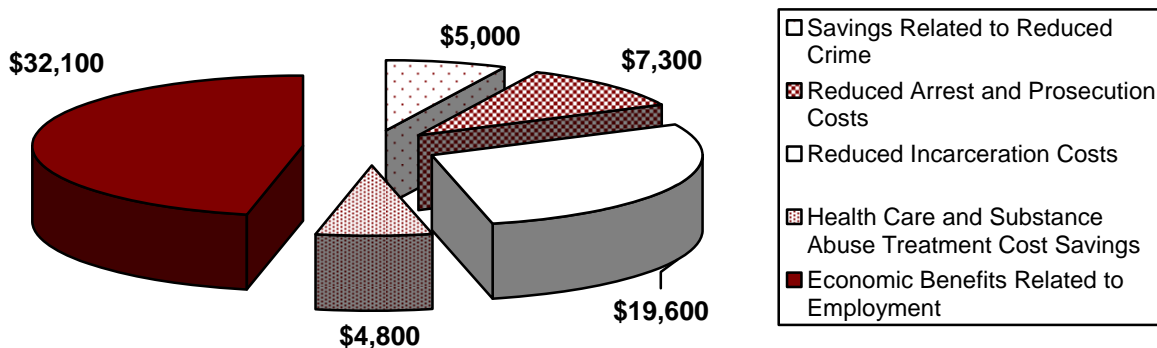
Research on the Benefits of Treatment for Offenders

Research has indicated that substance abuse treatment programs can reduce drug abuse and criminal activity.⁶ State corrections officials estimate that between 70 and 85 percent of incarcerated offenders need some level of substance abuse treatment.⁷

The United States Office of National Drug Control Policy (ONDCP) estimates that some form of substance abuse treatment was available in 90 percent of correctional facilities, but only a fraction of these offenders (about 20 percent) utilized this type of programming. According to ONDCP, treatment while in prison and while under post incarceration supervision can reduce recidivism rates by roughly half.⁸

The longer the individuals stayed in treatment, the greater the reduction in criminal activity.⁹ ¹⁰ Not only do substance abuse treatment programs for offenders reduce criminal activity after treatment, they also have a positive impact on society.

In addition, a 1998 report by the National Center on Addiction and Substance Abuse at Columbia University states that effective substance abuse treatment for offenders can provide a significant savings for taxpayers. The report lists the following economic benefits that can result from an offender successfully completing treatment and returning to the community:¹¹



Source: National Center for Addiction and Substance Abuse, Columbia University

⁶ Substance Abuse Policy Research Program, *Researchers Find Substance Abuse Treatment During and After Prison Term Reduces Re-incarceration Rates, Is Cost Effective*, Princeton, NJ: Robert Wood Johnson Foundation, July 2006.

⁷ Drug Policy Information Clearinghouse, *Drug Treatment in the Criminal Justice System*, Washington, DC: Office of National Drug Control Policy, March 2001.

⁸ National Institute of Justice, *Reducing Offender Drug Use Through Prison Based Treatment*, Washington, DC: U.S. Department of Justice, July 2000.

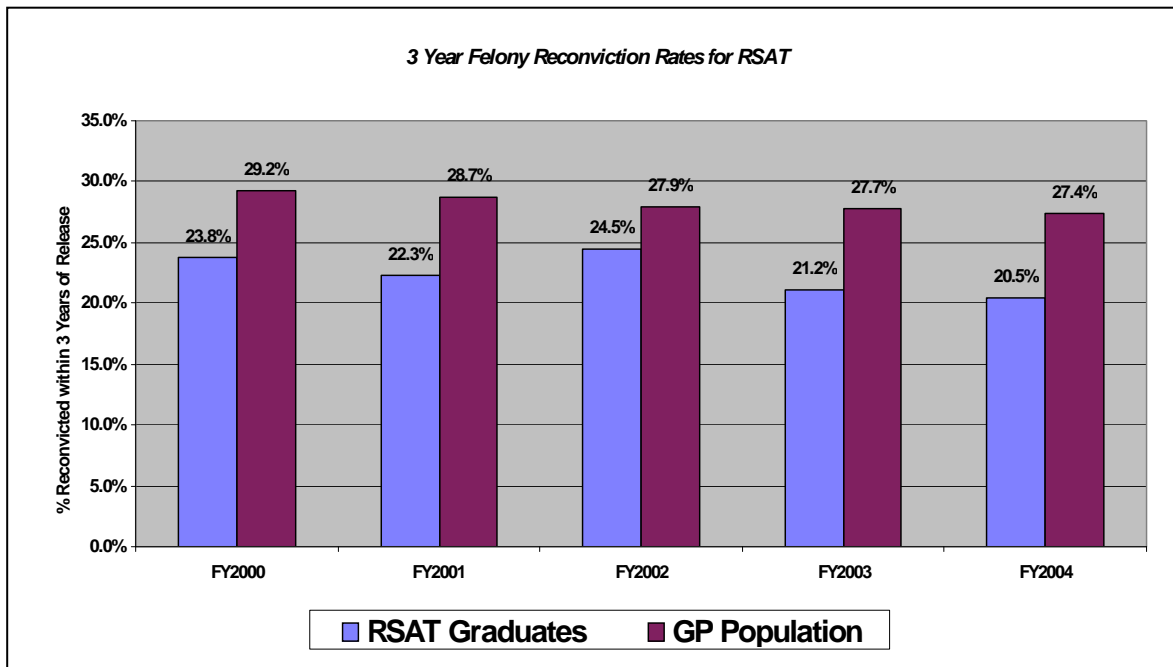
⁹ Substance Abuse and Mental Health Services Administration, *Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System*, Rockville, MD: U.S. Department of Health and Human Services, 1995.

¹⁰ American Psychological Association, *Prison Substance Abuse Treatment with Aftercare Reduces Recidivism*, Washington, DC: March 2004.

¹¹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. *Behind Bars: Substance Abuse and America's Prison Population*, (January 1998), p. 18-19. Accessed at: <http://www.casacolumbia.org/absolutenm/articlefiles/379-Behind%20Bars.pdf> (June 2008).

Substance Abuse Treatment and Recidivism Cost Analysis¹²

Substance abuse treatment programs range in cost. One of the treatment programs operated by DOC with outcome data is the RSAT program. An analysis of the RSAT program costs and outcomes is included to provide context on the impact on an agency's operating budget.



Note: (RSAT) is Residential Substance Abuse Treatment and (GP) is the General Prison Population

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 with acceptable social skills; and thereby reducing recidivism. The RSAT program does have a positive impact on lowering the recidivism rate. As the chart above shows in FY 2004 the return rate for RSAT participants was 20.5 percent versus 27.4 percent for non-participants.

The cost of the RSAT program is \$3,707 per inmate. The treatment cost is on top of the inmate housing cost of \$16,841 per year.¹³

Substance abuse treatment programs have positive results and some long-term cost avoidance. Operating expenses alone can not justify the cost of providing treatment programs. The long-term social benefits must also be considered. The following illustration is provided to better understand the operating expense of providing treatment programs like RSAT.

¹² The comparability of general population inmates to RSAT program graduates may require further evaluation. It is thought that RSAT graduates may be less likely to recidivate (even without treatment) because they are parole eligible and enter the program because of their desire to change. DOC asserts that RSAT participants come from the general population and are comparable.

¹³ Georgia Department of Corrections, *Annual Report* (2007), p.46. Accessed at http://www.dcor.state.ga.us/pdf/FY07AnnualReport_3.pdf (June 2008).

RSAT Treatment Cost-Benefit Analysis

	Sample Inmate Population	Incarceration Cost	Treatment Program	Yr 1 Total Cost	3-yr Felony Recidivism Rate	Returning Inmates	Return Incarceration cost
RSAT Group	100	\$16,841	\$3,707	\$2,054,800	20.5%	20.5	\$345,240.50
No Treatment Group	100	\$16,841	\$0	\$1,684,100	27.4%	27.4	\$461,443.40
				\$370,700			\$116,202.90
			Cost of Treatment		RSAT Recidivism		Cost Avoidance

Source: Office of Planning and Budget

This illustration has two groups of 100 inmates with substance abuse treatment needs. One group participates in the RSAT program and the other group does not. For the RSAT group, the year of treatment costs \$3,707 for treatment plus \$16,841 for incarceration expenses. The other group that does not get treated has the cost of \$16,841 for incarceration expenses.

The total cost for the RSAT group is \$2,054,800. The total cost for the non-treatment group is \$1,684,100. If one were to only consider the impact to the annual budget, it would be less expensive to not offer the treatment program. Using the FY 2004 RSAT data from the Georgia Department of Corrections, it shows that 6.9 percent fewer inmates in the RSAT group recidivate. For this illustration, that means a cost avoidance of \$116,203 for inmates that did not return to incarceration. The operating costs to provide drug treatment programs like RSAT are justified based on the overall return on investment in terms of social benefits.

Best Practices

There are many types of substance abuse treatment programs targeted at offenders, but not all are equally effective. Moreover, a large amount of research has been done over the past few decades of what works best in terms of substance abuse treatment programs for offenders.

Adult Offenders

The research is consistent in identifying the components for an effective substance abuse treatment program. The most important features in terms of program effectiveness are: a focus on treating the addiction; changing behavior through therapeutic processes; the length of the treatment program; and requiring completion of the treatment program.¹⁴

Juvenile Offenders

While there are numerous studies and research on effective program components of substance abuse treatment for adult offenders, there appears to be only a small amount of information available that specifically addresses young offenders. The elements discussed above generally correspond with the small amount known about effective program components for youth.

One study by Canada's Department of Justice¹⁵ identified essential program elements for youth substance abusers. The study found that substance abuse treatment programs for youth involved in the criminal justice system should incorporate needs such as peer relationships, and academic issues and vocational training in the treatment strategy. Program length is also important; treatment programs must be long enough to allow the youth to make progress and understand the program content. In addition, it is imperative that the youth receive structured aftercare once they return to the community.

Core Best Practice Activities

Based on the information on both adult and juvenile offenders, the evaluation team identified a core set of activities that constitute the best practices in substance abuse treatment for offenders. **Figure 1.1** summarizes the core components of an effective substance abuse treatment programs.

¹⁴ Taxman, F. *Unraveling "What Works" for Offenders in Substance Abuse Treatment Services*. National Drug Court Institute Review, Vol. II, 2.

¹⁵ Youth Justice Research, *The Effectiveness of Substance Abuse Treatment with Young Offenders*, Canada: Department of Justice Canada, January 2003.

Successful Substance Abuse Programming Structure

Figure 1.1

Screening

Specifically, this refers to the process of evaluating an individual and identifying a particular problem. Screening for substance abuse should identify key issues that need to be addressed in placing offenders in treatment, including immediate safety needs and crisis intervention.

Assessment

A comprehensive assessment is a crucial first step in determining the treatment needs of the individual. The assessment should not only identify substance abuse problems but also any physical health, mental health and previous physical, sexual or emotional abuse issues so that treatment can be tailored to the most appropriate level and intensity for the individual.¹⁶

Treatment

It is important for treatment providers to recognize that each person requires different types of treatment. It is often the case that offenders are matched with treatment based on an available program slot.

Therapeutic Community

Therapeutic communities may be located within correctional facilities and have been proven to be an effective setting for substance abuse treatment. These communities have their own housing area where participants in the program reside and receive treatment in a separate area from the general population in the facility.

Treatment Length

The length of treatment programs is crucial in effecting success. To an extent, the longer the treatment programs, the better outcomes for participating offenders.

Completion of Treatment

In addition to the timeframe of treatment, one of the other defining factors of success is full, active participation and the completion of the treatment program. Offenders who complete the treatment program have better individual outcomes than those who fail to complete the program.

Continuity of Care

Research has shown that the few months after an offender is released are the most risky time for them. Therefore, treatment must not end once an offender leaves a correctional facility. The Georgia Department of Corrections has initiated Pre-Release Centers to prepare offenders for release with re-entry skill building, substance abuse programming, academic and other skills. The Office of National Drug Control Policy states that in-prison treatment followed by post-incarceration supervision can reduce recidivism by 50 percent.¹⁷

Drug Testing

Routine drug testing of offenders in treatment is an important part of any program. If drug use is detected early, it can be addressed with little adverse impact to progress, can identify a need for therapeutic intervention, or a change in treatment.

Rewards and Sanctions

The incorporation of rewards and sanctions in treatment programs is a key component in managing behavior of offenders while in treatment. Sanctions work to keep offenders accountable during treatment. There are four main components of sanctions policies:

- 1) Violations must be clearly identified so that the offender is aware that consequences will exist for negative behavior.
- 2) The sanction must occur soon (within 24 hours) after the violation.
- 3) The sanction or consequence must be specifically identified so that the offender is fully aware of the results of non compliance.
- 4) Sanctions should progress in intensity as the number of violations increase.

Incentives or rewards are similar to the sanctions component, but instead reward and recognize good behavior. Rewards should also be given as frequently as possible to reinforce pro-social behavior exhibited by offenders.

¹⁶ Latessa, Edward J. (2007). "What Works and What Doesn't in Reducing Recidivism: The Principles of Effective Intervention." Cincinnati, OH: Center for Criminal Justice Research.

¹⁷ National Institute of Justice / NCJRS. "Reducing Offender Drug Use Through Prison-Based Treatment." *National Institute of Justice Journal*. (July 2000). Accessed at <http://www.ncjrs.gov/pdffiles1/jr000244e.pdf> (June 2008).

Findings and Recommendations

This section includes a discussion of the evaluation team's findings and recommendations divided into four themes: Outcomes and Effectiveness; Program Capacity; Continuum of Care; and Certification.

Issue One: Outcomes and Effectiveness

There is a need to develop performance measures, evaluate outcomes and track the effectiveness of current substance abuse treatment programming. While existing programs contain many of the components found in best practices, agencies need to evaluate these programs for effectiveness.

Background

The departments included in our review revealed that evaluation of the effectiveness of substance abuse treatment programs was a very limited and often non-existent practice. Outcomes, as identified by each agency, ranged from reconviction rates to the number of offenders completing a program to drug testing results. Clinical outcomes that justly and definitively support a program's effectiveness do not exist in a consistent manner.

For example, DOC collects outcome data for the Residential Substance Abuse Treatment (RSAT) program. They collect data such as the one-, two-, and three-year felony reconviction rates of program graduates. The agency is currently working on developing outcomes for the other substance abuse treatment programs. The State Board of Pardons and Paroles collects data on the number of parolees who complete substance abuse treatment and the number of parolees testing positive for drugs. Meanwhile, DJJ tracks the number of youth who participate in each substance abuse treatment program, but does not collect any clinical outcome data for the programs provided.

Outcome data is an important part of measuring whether or not a program is successful and effective. Outcomes assist in determining if programs are having a positive impact on offenders. Program outcomes can also provide information needed to strengthen programs or support the continuation of programs.

Recommendation

Each agency should develop appropriate outcome measures for determining program effectiveness. Completion data is important because research indicates that offenders who complete substance abuse treatment programs have better long-term outcomes. Numerous measures have been used to determine the effectiveness of substance abuse treatment programs, ranging from changes in drug use and criminal activity to improvements in employment, vocational skills and family relationships. However, the two primary measures are a reduction in drug use and criminal activity. If relapse and recidivism are used as outcome measures, it is important to clearly define these fields and use consistent definitions in the DOC, DJJ, SBPP and DHR.

Issue Two: Program Capacity

More offenders are in need of substance abuse treatment than the system can provide due to limited program capacity and limited staff. To maximize utilization of existing funding, agencies should review data on current treatment efforts and consider redirecting funds and resources to those efforts that demonstrate the best performance.

Background

This review identified a large offender population, both adult and youth, who are in need of some level of substance abuse treatment, but the capacity to deliver treatment is limited. Only a fraction of those identified are receiving treatment. The offender population continues to increase each year, and though each agency has substance abuse treatment programs in most facilities, the capacity is not great enough to serve the population.

Department of Corrections

For example, 76 - 80 percent of DOC's offender population has been assessed with a substance abuse problem. Only 43 - 45 percent of those individuals receive treatment.

DOC Substance Abuse Treatment Programs	Number of Offenders Served
Residential Substance Abuse Treatment (RSAT)	2,622
Motivation for Change	11,686
Prime for Life	3,176
Substance Abuse Aftercare Services	781
Total Served	18,265
DOC Population Fiscal Year 2007	53,663
Percent of DOC Population needing Substance Abuse Treatment	76% to 80% (40,784 to 42,930)
Percent receiving treatment (using lower estimate)	45% (18,265 of 40,784)
Percent receiving treatment (using higher estimate)	43% (18,265 of 42,930)

Source: Georgia Department of Corrections

State Board of Pardons and Paroles

Similarly, 80 percent of Parolees have a substance abuse history.

Pardons and Paroles Substance Abuse Treatment Programs	Number of Offenders Served
Substance Abuse Assessment and Group Treatment	9,181
No Turning Back Program	123
Parole Reporting Center	161
Total Served	9,465
Pardons and Paroles Population Fiscal Year 2007	21,100
Percent of Population needing Substance Abuse Treatment	80% (16,880)
Percent receiving treatment	56% (9,465 of 16,880)
Percent completing treatment	45% (3,597 of 8,028)

Source: Georgia State Board of Pardons and Paroles

Department of Juvenile Justice

Nearly 60 percent of DJJ's offender population placed in detention while awaiting adjudication or placement has been assessed with a substance abuse problem. Of those, 77 percent received substance abuse treatment. The low rate of service is likely the result of youth being released from the detention center before assessment and enrollment into the group can occur. This process typically requires 7 days.

Seventy five percent of DJJ's offender population placed in long-term secure facility placements have been assessed with a substance abuse problem, but only 10 percent of these youth receive treatment. DJJ received additional funding during fiscal year 2008 to provide for substance abuse intervention and treatment for youth in need in these long-term facilities. Prior to this, funding for substance abuse treatment or intervention was provided through federal fund sources with restrictions on fund utilization. With the additional funding, DJJ has expanded the RSAT program to 32 Male beds at Eastman YDC and 25 Male Beds at Sumter YDC during FY 2008. DJJ also reduced beds at Bill Ireland to 40. The total RSAT bed capacity went from 64 to 97 statewide in January 2008. DJJ also implemented General Population based Substance Abuse Treatment and Intervention Groups. In the second half of FY 2008 they will serve an additional 239 youth in these groups. This increase in service provision is directly related to the state funding received in FY 2008.

DJJ Substance Abuse Treatment Programs	Number of Offenders Served
RYDC Substance Abuse Intervention	5,094
Residential Substance Abuse Treatment (RSAT)	127
Macon YDC Substance Abuse Treatment	50 (approximately)
YDC Substance Abuse Intervention	146
YORP/Youth Impact Program (These are Included with the YDC population in the percent receiving treatment calculation)	131
Total Served	5,548 (RYDC = 5,221 and YDC = 327)
DJJ Population Fiscal Year 2007	RYDC= 12,215 YDC= 4,286
Percent of Population needing Substance Abuse Treatment	RYDC= 59% (7,207) YDC= 76% (3,257)
Percent receiving treatment	RYDC= 77% YDC=10%
Note: YDC is a Youth Development Campus and a RYDC is a Residential Youth Detention Center.	

Source: Georgia Department of Juvenile Justice

Depending on the type and quality of the program, substance abuse treatment generally presents both an economic and social return on the investment. The link between substance abuse and crime is well documented and linked to the incarceration of the majority of persons jailed or imprisoned in the United States.¹⁸

¹⁸ Stohr, Mary K., Craig Hemmens, Diane Baune, Jed Dayley, Mark Gornik, Kirstin Kjaer and Cindy Noon. (May 2003). "Residential Substance Abuse Treatment for State Prisoners: Breaking the Drug-Crime Cycle Among Parole Violators." *National Institute of Justice/NCJRS* 199948. Accessed at <http://www.ncjrs.gov/pdffiles1/nij/199948.pdf> (June 2008).

Recommendation

The agencies involved with offenders should work collaboratively to collect valid data and identify programs that are effective in reducing recidivism and consider redirecting resources to those programs. In addition, without accurate data on the effectiveness of existing programs, it will be difficult for the State of Georgia to begin building a substance abuse treatment infrastructure to address the total number of offenders in need of treatment.

Issue Three: Continuum of Care

A full continuum of care does not exist.

Background

State agency staff interviewed for this evaluation indicated that offenders who complete facility based substance abuse treatment seem to have better results when they receive continued treatment in the community. Once released into the community, offenders are faced with many temptations that are not present inside the facility such as availability of drugs, association with drug-abusing friends, and other challenges. Community programs can reinforce and supplement the progress made in the facility.

Data compiled by the National Institute on Drug Abuse (NIDA)¹⁹ supports the belief that aftercare is an important part of treatment programs for offenders. The report outlines principles of effective treatment, with specific findings relating to prison based treatment programs: "Relapse and recidivism are significantly lower if inmates continue with treatment in the community following release."

Structured aftercare in Georgia's substance abuse treatment programs for offenders is currently limited to the DOC and DJJ RSAT programs, which include a six-month aftercare component. The DOC aftercare services are offered to offenders (probationers and parolees) who complete treatment at a residential substance abuse treatment (RSAT) program or a Day Reporting Center.

DJJ and MHDDAD's Office of Addictive Diseases has developed a system of care that is conducive to transitioning youth from detention to the community. Over the last year, DHR has trained community providers on implementing this new treatment model. This program is the Seven Challenges model of substance abuse treatment. Additionally, DJJ has trained its staff and has given them the sources of community-based providers to assist in referring youth to groups at discharge. The project ensures that there is a continuum of care for substance abuse services in the community and is aimed at aiding youth with the transition back into the community.

In FY 2006, MHDDAD began to require all contractors for behavioral health services to prioritize services for select consumers, including those released from secure custody, as well as those under community supervision. Access can be made through MHDDAD's Georgia Crisis and Access Line, which is staffed 24-hours-a-day by professional social workers and counselors. Individuals in need of behavioral health services are referred to the appropriate local agency, and an appointment for service is scheduled.

¹⁹ NIH, National Institute on Drug Abuse, Principles of Drug Addiction Treatment: A Research Based Guide (October 1999). p.32 <http://www.nida.nih.gov/PDF/PODAT/PODAT.pdf> (accessed June 1, 2008)

Recommendation

Linkage to existing community-based substance abuse treatment programs and services funded by state and federal mechanisms through contract with DHR’s Division of Mental Health, Developmental Disabilities, and Addictive Diseases (MHDDAD) should be made prior to an offender being released from custody whenever possible. Offenders who meet the “core customer” definition relative to the public behavioral health delivery system should be served by available resources in their home communities.

Progress Note: Since working on this study, the agencies have collaborated to establish a link to community-based substance abuse treatment programs in an attempt to establish a continuum of care. The agencies are continuing to work on services that are conducive to transitioning offenders from the detention environment into the community.

Issue Four: Certification

Education, certification, and licensure requirements differ among state agencies that provide substance abuse treatment. Agencies should continue the existing collaborative effort to develop a workforce for the State of Georgia of certified addiction counselors.

Background

To deliver consistent, high quality treatment, it is important that the staff delivering substance abuse treatment programming is appropriately trained and has the proper certification. This not only assists in delivering the program curriculum correctly and effectively, but also aides in quickly recognizing problems with treatment among individuals.

This review revealed that each agency has different education, certification, and licensing requirements for its staff delivering substance abuse programming. The majority of the current staff has at least a bachelor’s degree. Figure 1.2 provides an overview of the current agency requirements.

Figure 1.2

Agency	Certification Required
Department of Corrections	Bachelor’s Degree
Department of Juvenile Justice	Minimum of high school graduation with enrollment in a program of social or behavioral science; however at least a Bachelor’s Degree and one-year of experience working with at-risk youth is needed in long-term facilities
Department of Human Resources	Certified Alcohol and Drug Counselor (CADC); Certified Clinical Supervisor (CCS); Certified Clinical Alcohol and Drug Counselor (CCADC); Certified Criminal Justice Addiction Professional (CCJP I & II); Certified Addiction Counselor I (CAC I); Certified Addiction Counselor II (CAC II); Master Addiction Counselor (MAC); also: LPC; LAPC; LCSW; LMSW; LMFT; LAMFT with training and supervision in the Addictions field.
State Board of Pardons and Parole	Licensed Counselor, Social Worker, Marriage and Family Therapist or a Certified Addiction Counselor

Source: Compiled by the Office of Planning and Budget

Recently, a collaborative effort was initiated by DHR to help develop a workforce of certified addiction counselors. A committee comprised of the Department of Human Resources, State Board of Pardons and Parole, Department of Juvenile Justice, Department of Corrections, and various professional associations and universities met in 2006 to explore the opportunity to establish a school where individuals in the State of Georgia could receive training and direction in order to become a certified addictions counselor. In August 2007, the 1st Annual *Georgia School of Addiction Studies* was created to launch this initiative.

Recommendation

Agencies should work to ensure that the *Georgia School of Addiction Studies* grows and continues to train individuals in the addictions field. Ultimately, all of the addiction counselors dealing with offenders in Georgia should meet standardized certification criteria.

Progress Note: The 1st Annual *Georgia School of Addiction Studies* was a success and the second school is scheduled for August 18th to 22nd, 2008.

Additionally, DOC and the Cecil Day Atlanta Campus of Mercer University have collaborated to establish an Addiction Certification Program, which consists of a 280-hour program of addiction studies delivered in seven modules over a 14-month period.

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