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WELCOME

PREVENTION AT WORK SYMPOSIUM

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OPENING SESSION

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QUENCY POWELL

STAND, Inc. Board of Directors

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STAN WATSON

DeKalb County Board of Commissioners

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CHARLES SPERLING

STAND, Inc.

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JAMES DONALD

Georgia Board of Pardon and Paroles

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GENERAL SESSION I

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DIANE SHERMAN

ACTS Consulting

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CASSANDRA PRICE

Georgia Department of Behavioral Health & Developmental Disabilities

Division of Addictive Diseases

Mission

- The Division of Addictive Diseases (DAD) is responsible for ensuring that **Prevention, Treatment, and Recovery** services are available to the citizens of Georgia. DAD contracts with providers in all 6 regions to provide services to men, women, and children who are struggling with or are at risk for substance use or abuse disorders.

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Programs/Services

- Substance Abuse Treatment
- Substance Abuse Prevention
- DUI Intervention Program
- Federal Grants

Substance Abuse Treatment

- Adult
- Women
- Child and Adolescent

Adult Services

- Core Services
  - Diagnostic Assessment, Behavioral Health Assessment & Service Plan Development, Psychological Testing (Allowable) Crisis Intervention, Psychiatric Treatment, Nursing Assessment and Care, Medication Administration , Community Support Individual, Individual Outpatient Services, Family Outpatient Services, Group Outpatient Services, Pharmacy and Lab Services
- Specialty Services
  - Crisis Stabilization Units
  - Residential
  - Detoxification
  - Narcotic Treatment Programs
  - HIV (EIS)
  - Treatment Courts
  - Recovery Support Centers

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Women's Services

- Residential
- Outpatient
- Transitional Housing

Georgia's Ready For Work Program

- **19 Residential Sites**
- **17 Outpatient Sites**

- Highest priority is given to the following:
  - Pregnant Women
  - IV Users
  - Women who meet the "needy family"
  - CPS involvement
  - TANF recipients

Child and Adolescent Services

- Adolescent Intensive Residential Treatment Programs
- Adolescent Addictive Diseases Group Home
- CORE Outpatient Services/Youth Clubhouse Programs

Substance Abuse Prevention

- Approximately 120 prevention providers
- Approximately 40 federally recognized evidence-based programs

Future of Substance Abuse Prevention

- RFP recently released to impact population level change of behaviors and trends of alcohol use and abuse among youth and young adults ages 9-25 years

- Implementation of Strategic Framework Statewide

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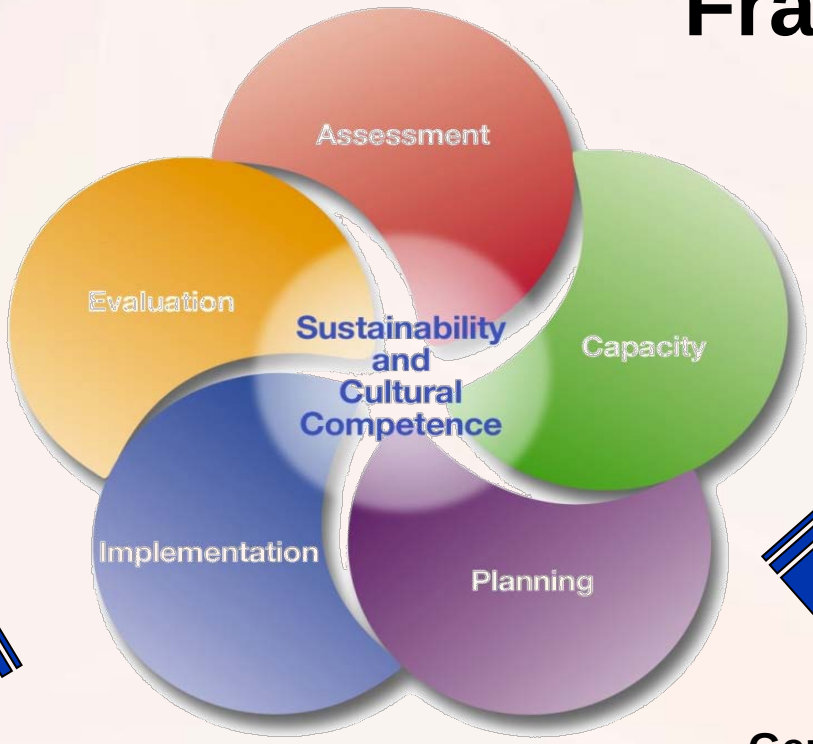
Infusion of the Strategic Prevention Framework



State Systems
Prevention Infrastructure

General Public
Awareness and Outreach

Community Coalitions
Action Mechanism

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DUI Intervention Program

- 200,000 DUI arrests in GA
- 50,000 come to DUI school
- Average BAL is 0.15
- Fatalities due to alcohol are down 81% since 1982
- 675 clinical evaluators
- 325 treatment providers
- Estimates are for every DUI arrest the offender was eligible 400 to 800 times

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DUI PROCESS

DUI

↓

DUI SCHOOL

↓

EVALUATION

↓

TREATMENT (IF RECOMMENDED)

Federal Grants

- SBIRT - Georgia BASICS is a 5 year, $12,600,000, Cooperative Agreement with the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment designed to implement, diffuse and sustain substance use screening, brief intervention, and referral to treatment (SBIRT) in the State of Georgia.

- The **SPF SIG** program is one of SAMHSA's infrastructure grant programs. SAMHSA's infrastructure grants support an array of activities to help grantees build a solid foundation for delivering and sustaining effective substance abuse and/or mental health services.

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Challenges

- Funding- In FY 09, the Addictive Diseases budget was reduced by 24%
- Providing a full continuum of care (unmet need)
- Federal MOE (maintenance of effort)

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New Initiatives

- Certified Addiction Recovery Empowerment Specialist (CARES)
- Recovery Centers
- Clubhouse Programs
- CSU Transitional Pilot

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Future

- Ensure intensity and quality of services
- Continue to implement recovery support services into system (ROSC)
- Develop provider's that are truly co-occurring capable
- Coordinate with primary health centers

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Reentry; why is it important?

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- Decreases recidivism
- Reduces victimization
- Prevents harm
- Targets funding toward the interventions that bring greatest returns
- Potential to reduce societal costs
- It’s the right thing to do

Supporting Data

- According to the United States Department of Justice, 70-80 percent of offenders are under supervision for drug-related offenses.
- According to the National Institute on Drug Abuse, it is estimated that for every dollar spent on addiction treatment programs, there is a $4 to $7 reduction in the cost of drug-related crimes.
- Studies show that treatment can cut drug abuse in half, reduce criminal activity up to 80 percent, and reduce arrests up to 64 percent.
- Treatment programs are the best alternative for interrupting the drug abuse and criminal justice cycle for offenders.

How can reentry be successful?

Step 1- (while in institution)- offender is assessed, and, ideally, in treatment, vocational, or educational programs that address identified needs.

Step 2- (early transition phase done in and out of institution)- this happens prior to release and the first month or so in the community. It consists of the following;

- intensive preparation for release (strength based)
- formalizing basic elements of the reintegration plan
- establishing stable connections in the community.
- plan must first ensure that basic survival needs are met at release—food, shelter, and a legitimate source of financial support.

How can reentry be successful?

Step 3- begins in the second month after release and continues until the end of the supervision period. The focus shifts to the following;

- sustaining gains made in the initial release period
- refining and maintaining the reentry plan
- Becoming independent from case management process.
- Use of community foundation -Non-governmental service agencies, faith-based and neighborhood organizations, family members, etc.

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DBHDD

- DBHDD website www.dbhdd.georgia.gov
- Georgia Crisis & Access Line
  800/715-4225 or visit www.mygcal.com
- Division of Addictive Disease main phone number 404-657-2331

References

Chapter 2- 3 *Community Programs to Promote Youth Development* (2002). National Academy of Sciences (2002)

Costello, Joan, Mark Toles, Julie Spielberger & Joan Wynn. (1999). “History, Ideology and Structure Shape the Organizations that Shape Youth.” In *Youth Development: Issues, Challenges, Directions.* Public/Private Ventures. Pp. 176-231.

Csikszentmihalyi, Mihaly & Barbara Schneider. *Becoming Adult: How Teenagers Prepare for the World of Work*. New York: Basic Books, 2000

Harvard Family Research Project. “Moving Beyond the Barriers: Attracting and Sustaining Youth Participation in Out-of-School time Programs” Issue 6: July 2004.

Perkins, Daniel F., Bordne, Lynne M., Villarruel, Francisco A., Carlton-Hug, Annelise, Stone, Margaret R., Keith, Joanne G. (2007). "Participation in Structured Youth Programs Why Ethnic Minority Urban Youth Choose to Participate or Not to Participate." *Youth & Society*, 38, 420-442

Roth, Jodie & Jeannie Brooks-Gunn. (2003). “Youth development programs: Risk, prevention and policy.” *Journal of Adolescent Health.* 32:170-182

Additional References

- Washington State Institute for Public Policy
- Conducts evaluations of evidence-based offender treatment interventions in the
- State of Washington
- Center for the Study and Prevention of Violence, University of Colorado
- Conducts studies, provides information, and offers technical assistance
- regarding violence prevention
- The Corrections Institute, University of Cincinnati
- Assists agencies seeking to change offender behavior
- Bureau of Government Research, University of Maryland
- Helps government agencies identify and implement "best practices"
- Institute of Behavioral Research at TCU
- Studies addiction treatment in community and correctional settings
- Campbell Collaboration
- Studies the effects of interventions in social, behavioral, and educational arenas
- National Criminal Justice Reference Service

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NEIL KALTENECKER

Georgia Board of Pardon and Paroles

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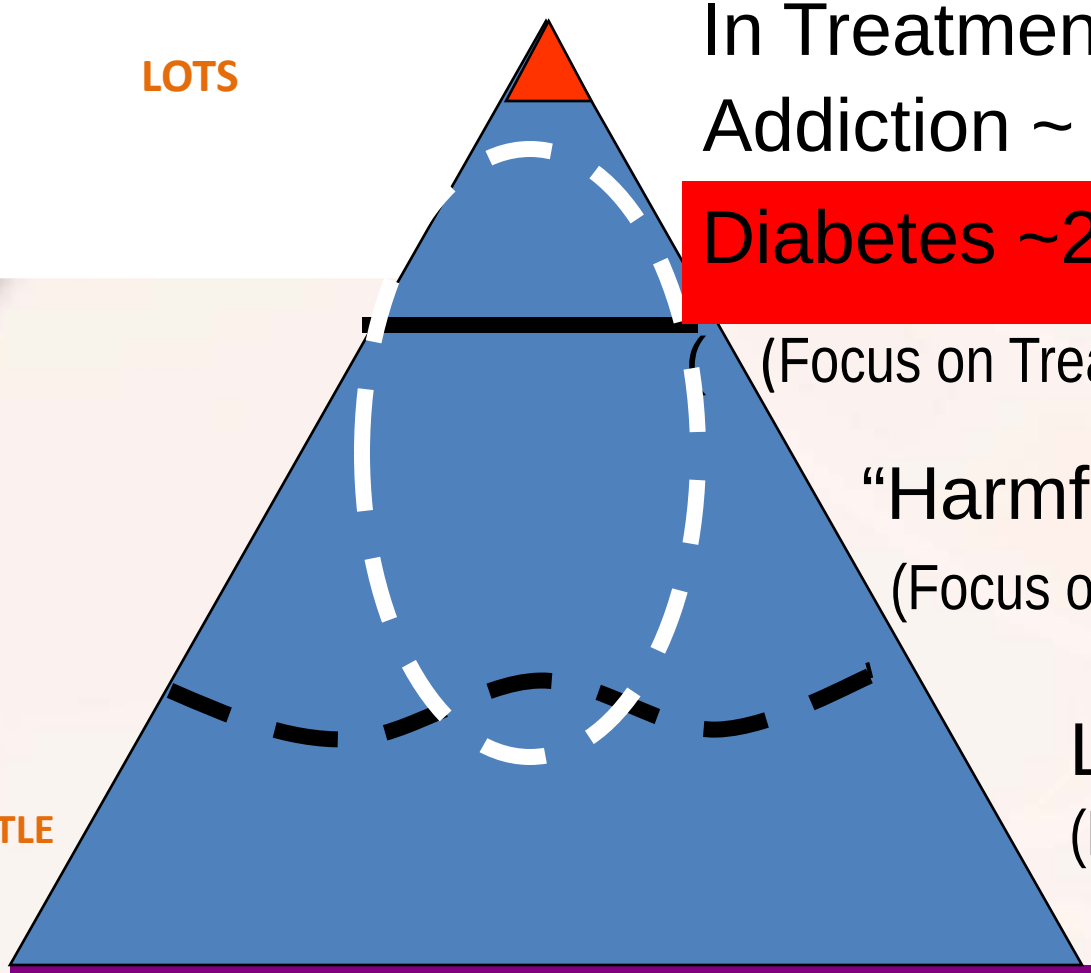
Recovery-Oriented Systems Of Care & Peer-Based Recovery Supports

Objectives

- Recognize the momentum for change
- Learn facts about treatment & recovery systems
- Learn ways to utilize PBRS and see Recovery in Action!
- Identify opportunities for partnerships & prevention
- Advocate for recovery!

The Big Picture



In Treatment ~ 2,300,000

Addiction ~ 25,000,000

Diabetes ~24,000,000

(Focus on Treatment)

"Harmful Use" – 68,000,000

(Focus on Early Intervention)

Little or No Use

(Focus on Prevention)

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Georgia's Adult Offenders
July 2009

On Private/County Probation	175,000*	(38%)
On Probation	159,786	(35%)
In Prison	54,222	(12%)
In Jail	41,245	(9%)
On Parole	23,101	(5%)
On Federal Probation	3,500*	(1%)
TOTAL	456,854*	

* = estimated

That's **more** Georgians than who live in each GA county except Fulton, Gwinnett, DeKalb & Cobb

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Georgia #1 in the US!

	US Rank	Share of Adults
☹ On Probation & Parole	#1	1 in 15
☹ In Prison & Jail	#5	1 in 70
☹ Total Offenders	#1	1 in 13

Pew Center on the States, (March 2009). One in 31: The Long Reach of American Corrections. Washington, DC: The Pew Charitable Trusts.

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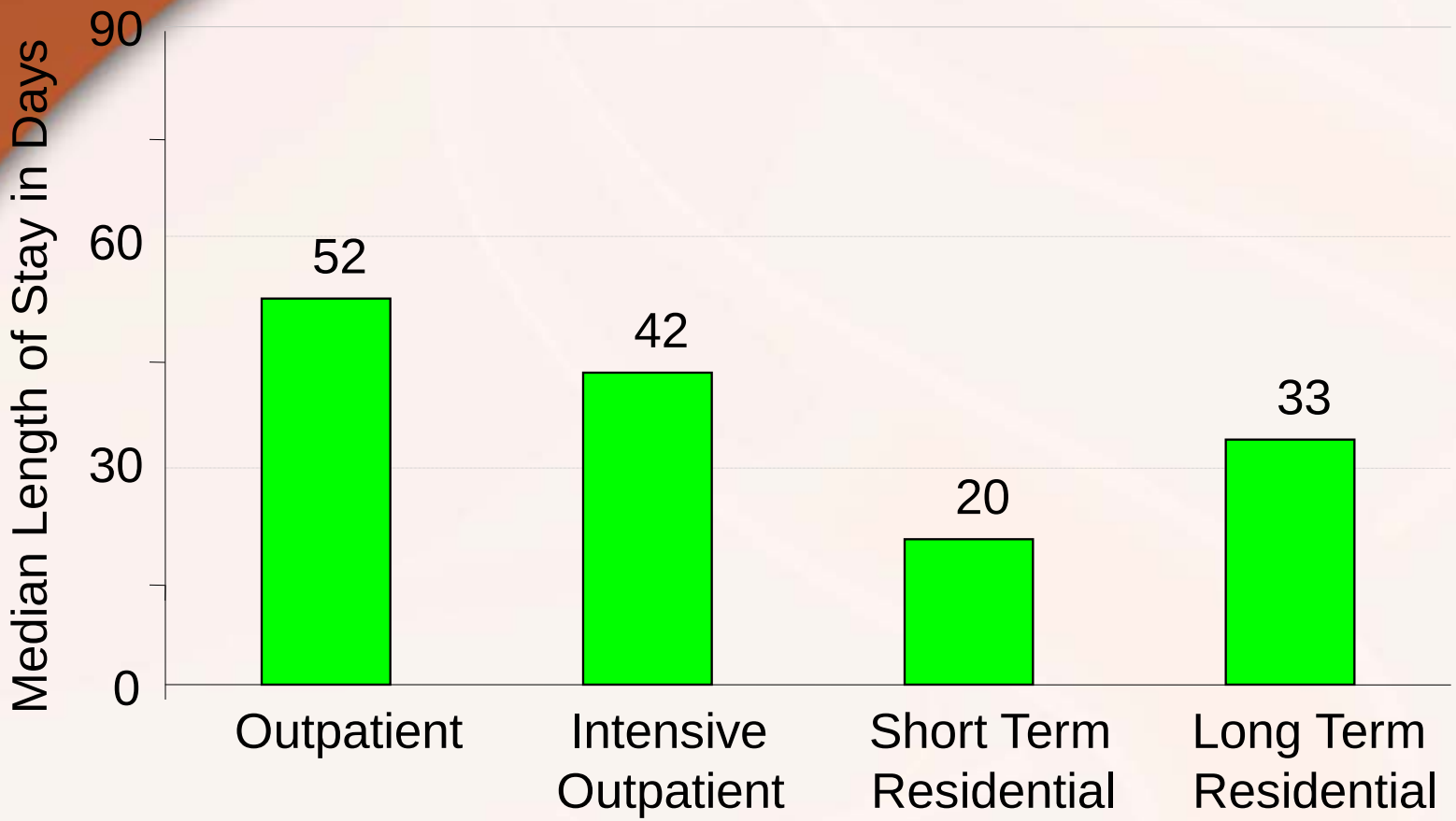
Few Stay in Treatment 90 Days



Source: Data received through August 4, 2004 from 23 States (CA, CO, GA, HI, IA, IL, KS, MA, MD, ME, MI, MN, MO, MT, NE, NJ, OH, OK, RI, SC, TX, UT, WY) as reported in Office of Applied Studies (OAS; 2005). Treatment Episode Data Set (TEDS): 2002. Discharges from Substance Abuse Treatment Services, DASIS Series: S-25, DHHS Publication No. (SMA) 04-3967, Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from http://wwwdasis.samhsa.gov/teds02/2002_teds_rpt_d.pdf .

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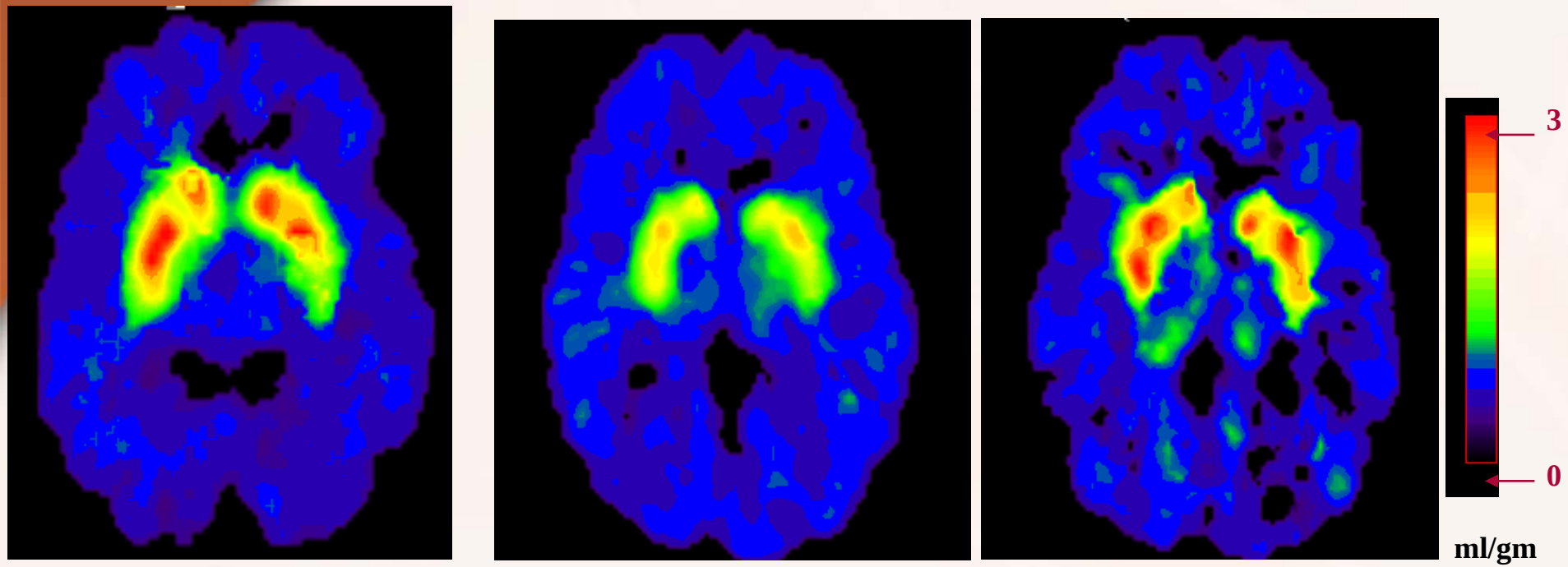
Recovery is real!

Partial Recovery of Brain Dopamine Transporters in Methamphetamine User After Abstinence



Normal Control

METH User (1 month detox)

METH User (14 months detox)

Source: Volkow, ND et al., Journal of Neuroscience 21, 9414-9418, 2001.

Addiction Treatment vs. Recovery

- 1970: Hughes Act created NIAAA & an advocacy vision

1970

Today

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Many Pathways to Recovery

- Mutual support groups
- Professional treatment
- Faith-based groups
- Medication-assisted treatment
- “Natural” or on your own
- And more indigenous routes

What does recovery look like on average?

Duration of Abstinence

1-12 Months | 1-3 Years | 4-7 Years

- ✓More clean and sober friends
- ✓ Less illegal activity and incarceration
- ✓ Less homelessness, violence and victimization
- ✓ Less use by others at home, work and by social peers

- ✓ Virtual elimination of illegal activity and illegal income
- ✓ Better housing and living situations
- ✓ Increasing employment and income

- ✓ More social and spiritual support
- ✓ Better mental health
- ✓ Housing and living situations continue to improve
- ✓ Dramatic rise in employment and income
- ✓ Dramatic drop in people living below the poverty line

Dennis, M.L., Foss, M.A., & Scott, C.K (2007). An eight-year perspective on the relationship between the duration of abstinence and other aspects of recovery. *Evaluation Review*, 31(6), 585-612.

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The Emerging Recovery Continuum of Care

Traditional Acute-Care Addiction Treatment Continuum

Outpatient Inpatient Residential

Short-Term, Expert-Determined Environmental Restriction and Treatment Intensity

is being enhanced by…

Long-Term Recovery Continuum of Care

Self-Help Outpatient IOP Residential Institutional

Person-Directed, Outcome Informed Services
Self-Determined Risk Level & Service Intensity

Check-In Sessions Recovery Coaching Home/Work/SO Visits
Indigenous Recovery Supports Telephone/Internet-Based Contact

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ROSC Elements

Underlying Values

Person-Centered

Self-Directed

Strengths-Based

Participation of Family Members, Caregivers, Significant Others, Friends, Communities

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ROSC Elements

Underlying Values

Individualized, Comprehensive Services & Supports
Community-Based Services & Supports

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THE RECOVERY BILL OF RIGHTS
FACES & VOICES OF RECOVERY

- We will improve the lives of millions of Americans, their families and communities if we treat addiction to alcohol and other drugs as a public health crisis. To overcome this crisis, we must accord dignity to people with addiction and recognize that there is no one path to recovery.

Recovery and wellness focus

- Shifting from a crisis-oriented professionally directed, acute-care approach with its emphasis on isolated treatment episodes, to a recovery management approach that provides long-term supports and recognizes the many pathways to health and wellness.

Building recovery-friendly communities

- Our goal is to develop policies, communities, and a society that are recovery-friendly. One part of making this happen is to create what some are calling:

  - Recovery-oriented systems of care

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Georgia CARES: Certified Addiction Recovery Empowerment Specialists

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Georgia CARES

CARES Advisory Coalition = 296+ years of long-term recovery

Georgia CARES

- Contract from the Georgia Department of Behavioral Health and Developmental Disabilities with the Georgia Council on Substance Abuse to train 40 CARES (recovery coaches) in 2010/2011

- Builds on the Georgia Mental Health Consumer Networks' seminal Certified Peer Specialist

- Medicaid billable services

Georgia CARES Vision

- We envision a recovery-oriented system of care that supports multiple pathways of self-directed approaches to building on the strengths and resilience of individuals, families and communities who take responsibility for their sustained wellness & recovery from alcohol and drug problems.

Georgia CARES Mission

- Promote long-term recovery from substance use disorders by providing experienced peer support and advocating for self-directed care.

Georgia CARES Values

Hope demonstrated through lived experience

Wellness of mind, body and spirit

Integrity by showing
Positive regard
Respect
Openness

Commitment to recovery & wellness and living with
Compassion
Dignity
Stability

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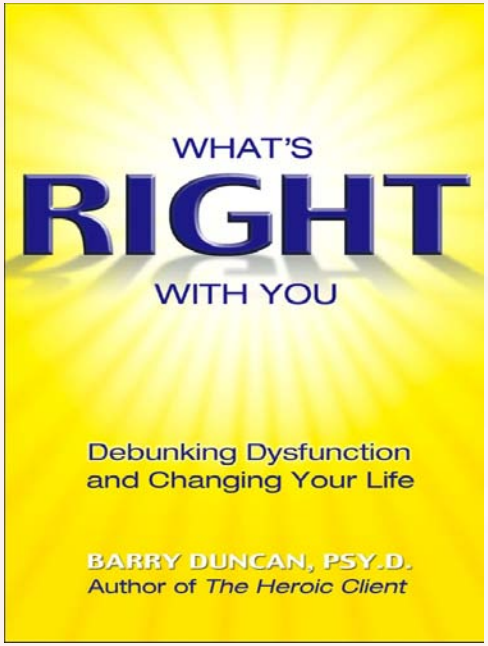
Care Academy



Pre-training reading

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Q & A

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GENERAL SESSION II

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SAMANTHA WILLIAMS

Center for Disease Control & Prevention

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STD Prevention with Post-Release Men: The MISTERS Project

SAFER • HEALTHIER • PEOPLE™

CDC™

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Background

- Sexual health needs of formerly jail detained men are under-examined and often limited to screening for infectious disease.
- MISTERS - a risk reduction intervention study, STD prevalence, risk behaviors and health resource utilization of men newly released from jail were assessed.
  - Why tailor an STD prevention intervention for post jail release men?

Interrupting the Cycle of STDs

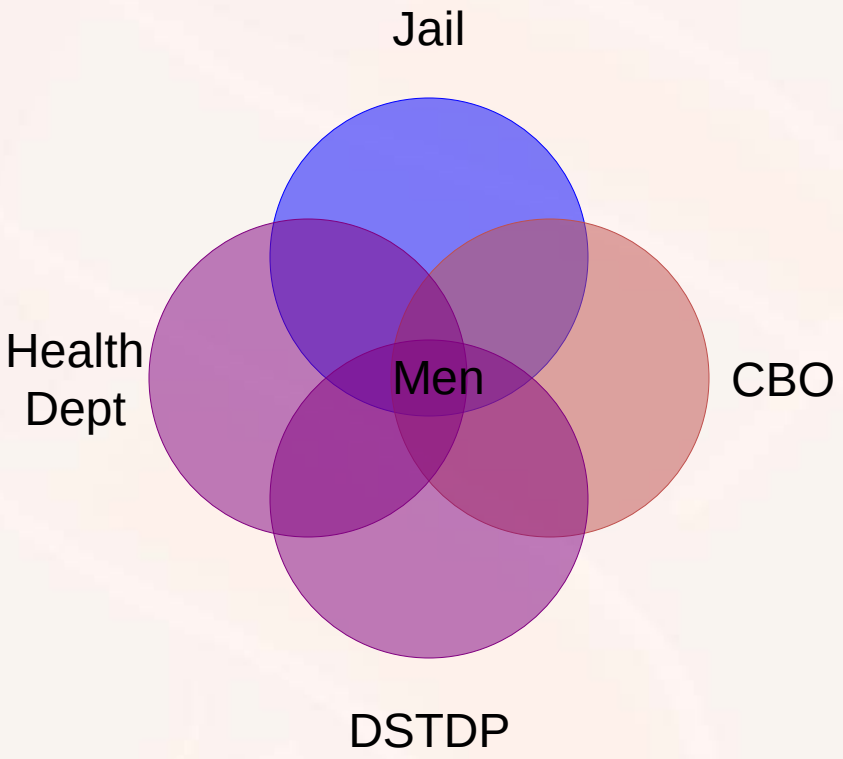
- ↑ STD prevalence among jail inmates and detained youth
- STD risk ↔ Unprotected sex; social determinants of health and other risks (i.e. substance use)
- STD Prevention ↔ HIV Prevention
- Jails can be a “point of prevention”
- Risk activities prior to incarceration are associated with post-incarceration risk .
- Soon-to-be- and post- release inmates are “primed” for change, but also may be the most difficult to impact
- Prevention as part of reentry → community health

Building Bridges
Research ↔ Programs

- Scientists
  - Enhanced applicability of research to non-research settings
  - Gain a better understanding of “real” world issues
- CBOs/NGOs
  - Opportunity to gather & synthesize data for specific population
  - CBO collected data assist in program development
- Health Departments
  - Collaborative relationships building
  - Access to at risk community members
- Jail/Prisons
  - Impact recidivism
  - Re-entry resources

MISTERS Project
STD Prevention Intervention

- **Collaboration**
  - Scientists – CDC/DSTDP
  - CBO - STAND, Inc.
  - Health Dept & Lab
  - County Jail
- **Goal**
  - To develop a tailored intervention for men newly released from jail



MISTERS Study Design
"Scientist-Driven Participation"

- Randomized control trial model
  - Baseline + 2 Follow-ups
  - Control & Intervention Groups
    - Target Total = 300 (150 in each group)
- Cognitive-behavioral skill building
  - Intent - reduce sexual risk behaviors
  - Multi-session, group level intervention
- Target:
  - Men newly released from jail
  - History of drug abuse
- Hypotheses
  - 1: Intervention = more condom use during sexual episodes
  - 2: Intervention = fewer new and repeat STD infections

Formative Work (FW)
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Key Questions

1. What are the facilitators and barriers to participating in a risk reduction intervention for men newly released from jail?
2. What prevention strategies may be optimal for men newly released from jail?

Focus Groups Topic

1. Sexual Health and Risk Behavior
2. Reasons for Incarceration
3. Substance Use History
4. Needed Prevention Strategies

Survey

1. Demographics
2. History of incarceration and substance use

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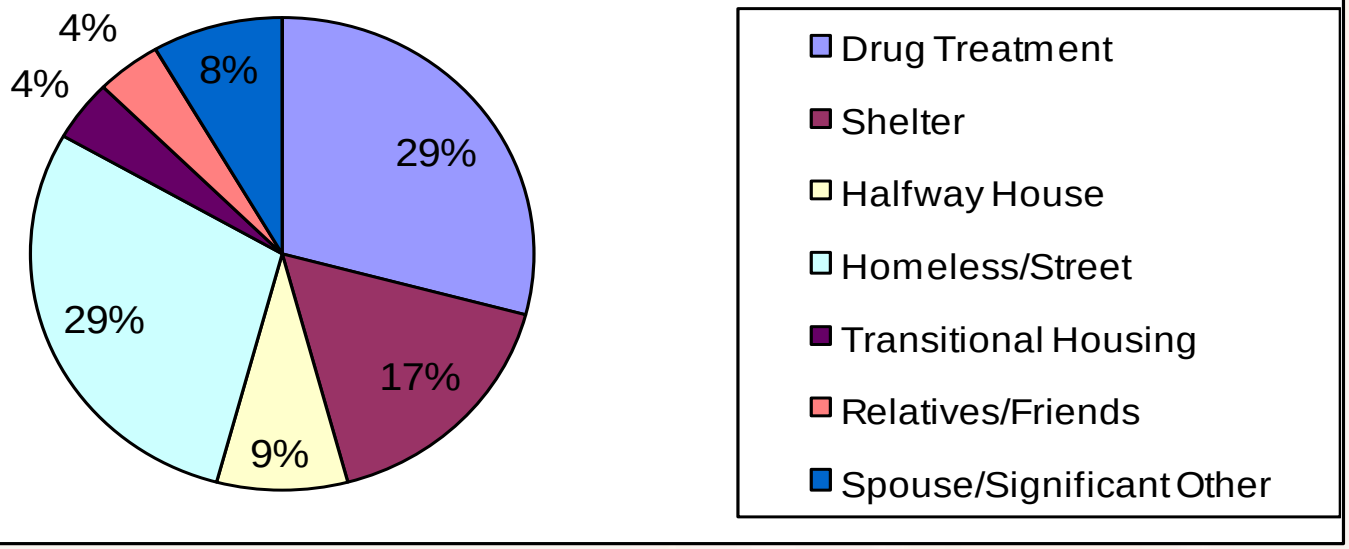
Focus Group Participants by Current Living Situation



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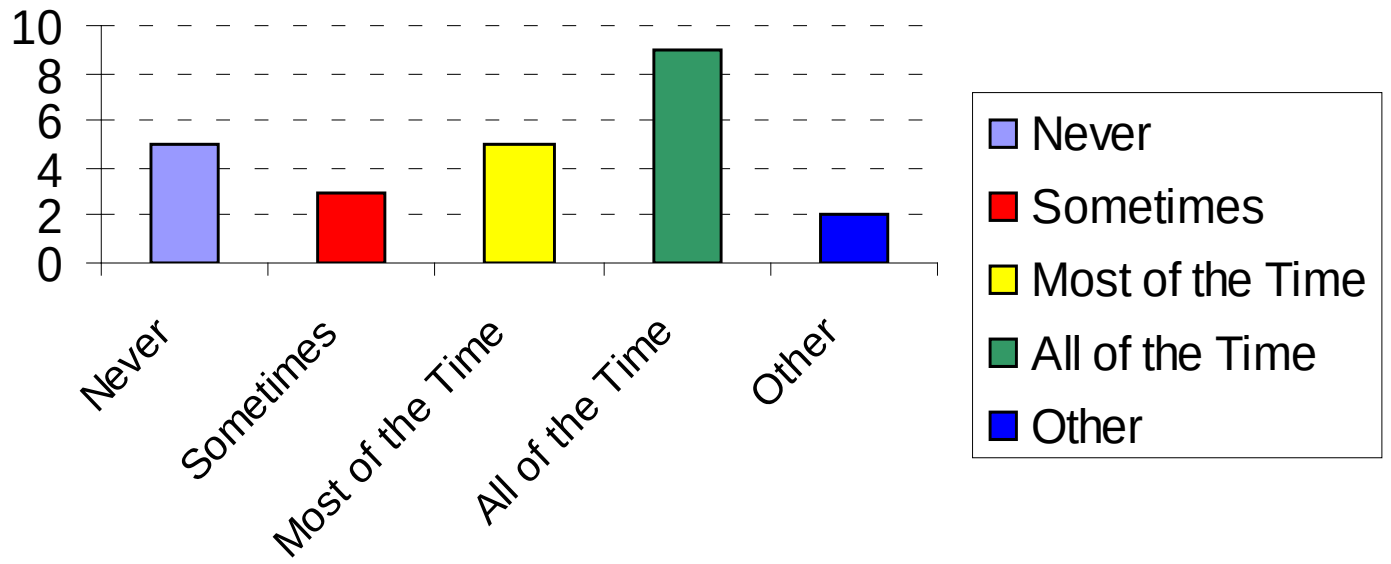
Focus Group Participant Frequency of Condom Use Within the Past 12 Months



FW Prevention Strategies Themes

- **Pre-release**
  - Comprehensive STD/HIV education
  - Substance use/abuse education
  - Connection with community resources
  - Housing
- **Post-Release**
  - Community-based programs and services
    - STD/HIV screening, treatment, education
    - Substance abuse treatment
      - Structured housing
  - Employment training and placement
  - Peer Mentoring
    - Peer → male + incarceration and/or substance history
    - "Someone to walk the mile with who has walked that mile before." *Participant*

FW Conclusions

- Holistic management of the client
  - Continuity of services/care pre & post jail
- Interventions should include:
  - STD & HIV prevention and skill training
  - Substance use education
  - Referral Systems
  - Employment & Housing
- Collaboration btw CBOs and Health Depts.
  - To address and elevate client “fears”

MISTERS: Study Design
"*Community*-Driven Science"

- Randomized control trial model
  - Baseline + ***3*** Follow-ups
  - Control & Intervention Groups
    - Target Total = 300 (150 in each group)

- Cognitive-behavioral skill building
  - Intent:
    - Reduce sexual risk behaviors and ***substance use intentions***
    - ***Enhance communication & anger management skills***
    - ***Encourage health care seeking***
  - Multi-session, group level intervention
- Target:
  - Men newly released from jail
  - History of *drug use and/or abuse*

Intervention Develop

- Development ↔ Collaboration
  - Scientists & STAND, Inc.
- Theory Based (Fisher & Fisher,1992)
  - Information, Motivation & Behavioral Skills
  - CDC, STAND, Inc., Consultant
- Facilitators' Manual
  - Trained by developers
  - Quality Assurance
- Randomize Sampling (N=265)
  - Men, 18-60 ; 45> days post release
- Multi-session groups
  - Five Session (1-2 nights per week)
  - Two Hours each session
  - Refreshments and Marta tokens

Intervention
Session Content

- Session 1: STD Knowledge
- Session 2: Condom & Negotiation Skills
- Session 3: Substance Use & Avoiding Triggers
- Session 4: Emotions Management
- Session 5: Life Skills/Community Resources

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Results
Substance Use

	Prior to Arrest	Since Release
Alcohol	92%	35%
Intoxication	62%	11%
Marijuana/Pot	65%	15%
Crack	42%	7%
Cocaine	23%	7%
Benzo/Bar/Tranq	3%	<1%
Ectasy	4%	<1%
Methamphetamine	2%	-
Heroin/PCP/Meth	<1% each	<1% each

Results
STD/STI

- One or more lifetime STD 24%
- STD in year prior to arrest 7%
- Multiple STD's in year prior 4%
- STD clinics visits* 4%
- **Baseline STD prevalence 10%**

STDs Cases

	BL	3 mo	6 mo
GC	5	*4*	*1*
CT*	9	7	*1*
Syphilis**	7	0	0
HIV	6	0	0

* Two baseline CT+ reported CT and syphilis in the year prior

** One baseline syphilis+ reported GC in the year prior

GC: 3mo & 6mo = new infections

CT: 3mo=4 new, 3 re-infect or persistent

Intervention Effectiveness

- Did the Intervention reduce risk? …..
  - **Yes,** but it was not statistically significant. **Why?**
  - The proportion of sexual episode w/condom for the I group was higher than that of the C group for each time period
- Entire group improved over time. Specifically,
  - Time effect - reported condom use increased across time ($p < 05$)
  - Condom use during oral sex ($p < .05$)
  - More reported condom use with "other" partners ($p <.05$)
- Explanation …..
  - Cross-fertilization (e.g. Intervention Bleed)
  - Culture of change & recovery (12 step)
  - ***"Being your own and your brother's keeper"***

Lessons Learned

Participant Challenges

Study Retention

- Housing (disappearing)
- Employment
- Physical
- Legal Recidivism
- Children / Partners
- Substance Use

Personal/Life

- Housing (being invisible)
- Substance use
- Relationship Issues
- Family Issues
- Probation/Parole
- Work Schedules
- Weather

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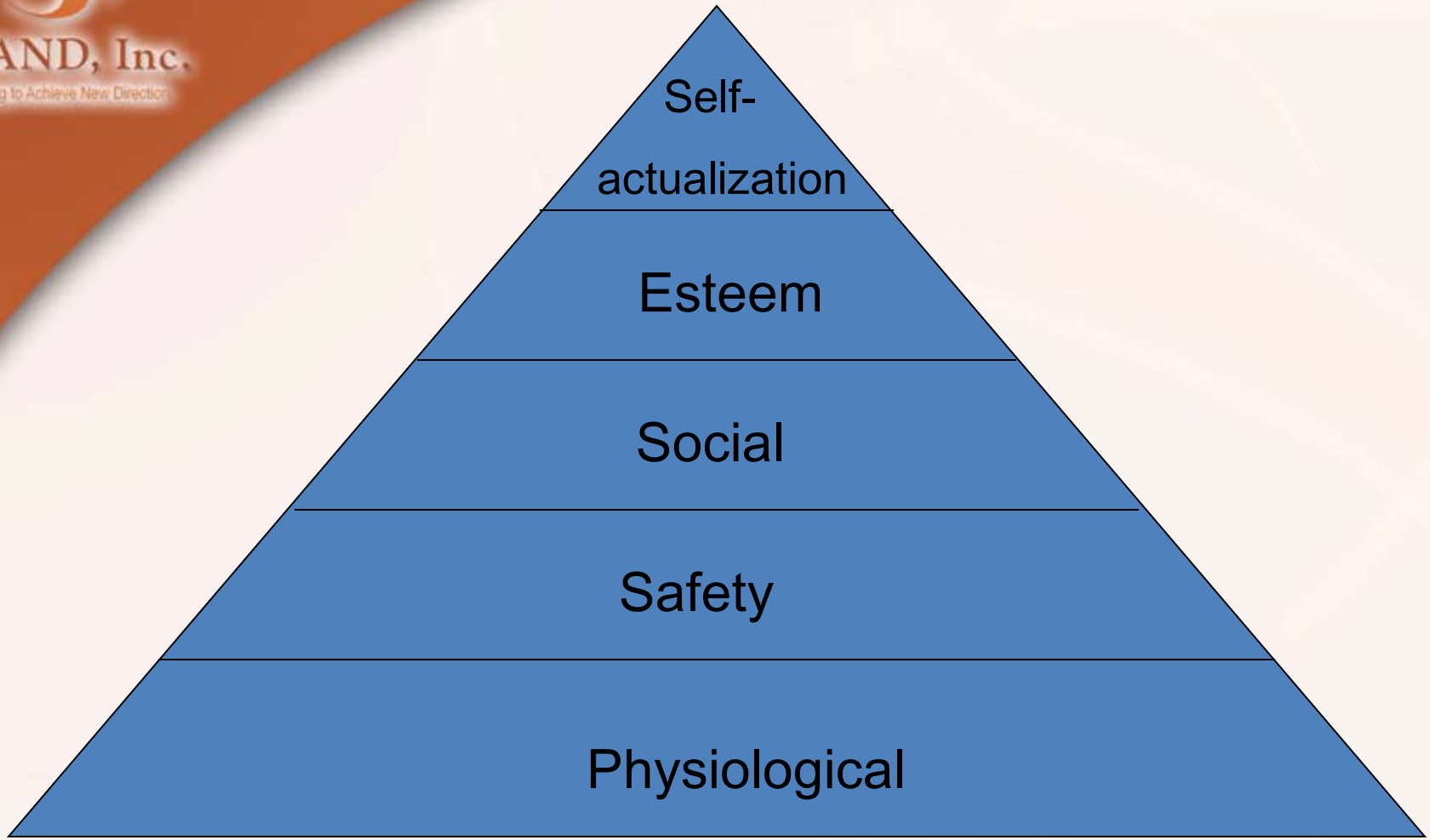
Maslow's Theory



Hierarchy of Needs

MISTERS
Firm Foundations

- STAND, Inc.
  - Re-entry Solutions: Single-Point → Multiple Resource Access
- Matrix of Services
  - Substance Abuse Prevention & Treatment
  - Recidivism Intervention
  - HIV/STD Prevention
- Facilitating the establishment of ***Life Stabilizers***
  - Employment
  - Housing
  - Family Preservation (i.e. DV)
- Encouraging & Facilitating Health Care & Access

Acknowledgements

- Charles Sperling, MS
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- Kirk Elifson, PhD
- Delicia Cary, PhD
- Ranell Myles, MPH
- Trackers & Staff

- CDC/DSTDP
- DeKalb County Health Department
- DeKalb County Jail
- Georgia Dept. Human Resources, Division of Sexually Transmitted Diseases

Countless Others who have made contributions to the MISTERS Project

Thank You!

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JEFF PORTERFIELD

Strategic Research & Evaluation

STAND, Inc.

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“Project Getting Connected”
STAND, Inc.

Prevention

Well, toward a healthy, safe and thriving community…

Behavioral Health Matters
Prevention Works
Treatment is Effective
People Recover

Substance Abuse and Mental Health Services Administration (SAMHSA)

Prevention

…more specifically…

Behavioral Health Matters –

Substance Use Behavior (Substance Use Disorder Prevention – Relapse)
Sexual Activities & Practices (HIV/STD Infection – Transmission Prevention)

Prevention Works –

Reentry Issues
- Unemployment
- Housing
- Family Support
- Social Connectedness
- Recidivism

Prevention

Prevention Interventions

- HIV Counseling, Testing and Referral
- Substance Abuse Prevention
- HIV/STD Prevention
- Assessment, Social Support and Referral Services

Prevention

Substance Use/Abuse

Program

Abstinence (last 30 days)	Enrollment (Baseline/N=301)	Discharge (Six Month Follow-Up/N=247)	
Alcohol	78%	78%	
Marijuana/Hashish	86%	88%	↑
Cocaine/Crack	88%	90%	↑
Heroin	98%	100%	↑
Methamphetamine	94%	97%	↑

Prevention

Sexual Activities & Practices

Program

Activities & Practices	Enrollment (Baseline/N=301)		Discharge (Six Month Follow-Up/N=247)	
	Last 30 Days	Protection Used …in last encounter	Last 30 Days	Protection Used …in last encounter
Sexual Encounters	37%	28%	54%	40% ↑

	Enrollment (Baseline/N=301)				Discharge (Six Month Follow-Up/N=247)			
	0	1	2-3	4+	0	1	2-3	4+
Number of Partners	42%	28%	22%	8%	32%	39%	23%	6%

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Sexual Perceptions

	Program	
	Enrollment (Baseline/N=301)	Discharge (Six Month Follow-Up/N=247)
Sexual Risks		
…having sex w/o condom (Moderate to Great Risks)	96%	98% ↑
…likelihood of using condom when having sex (next six month)	88%	90% ↑
…having sex under influence of alcohol/drugs (Moderate to Great Risks)	80%	82% ↑
HIV/AIDS and STD Knowledge		
Score of 70% or greater on subject content	55%	78% ↑

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Reentry Issues

	Program		
	Enrollment (Baseline/N=301)	Discharge (Six Month Follow-Up/N=247)	
Unemployment	53%	30%	↓
Housing (stable)	19%	30%	↑
Family Support	63%	76%	↑
Social Connectedness	75%	84%	↑
Recidivism	---	7%	

Conclusions

Program participants yield improved outcomes relative to substance use/abuse, sexual perceptions and behavior, and recidivism.

Although most improvements appear to be slight, in terms of percentage increases, keep in mind that all participants had been recently released from incarceration at enrollment. Therefore, reports of abstinence from alcohol, drugs and sexual activity at baseline/enrollment were notably prevalent.

However, note that the slight improvements are in addition to the existing relatively high proportion of abstainers.

Ultimately, the acquisition of stable housing, gainful employed, family reunification, and social connectedness all increased. Most importantly, only 7% of the participants were re-incarcerated upon follow-up at six months post intervention.

Prevention does work…sustainability is essential!

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Q & A

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GENERAL SESSION III

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Q & A