Report to the CCJJ from the *Treatment Funding Working Group*

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Treatment Funding Working Group

- **A brief review of the literature revealed that lack of services is a problem nationwide**
- **Only 9% of U.S. citizens get the behavioral health treatment they need**
- **Public safety and recidivism reduction requires synchronizing treatment with criminal justice sanctions despite the need for service expansion**
- **Prepared White Paper to document the empirical support for this approach to recidivism reduction**
- **FY 2010 General Assembly resulted in $8M new dollars—going in the right direction.**

Wikipedia: White Paper

A **white paper** is an authoritative report or guide that often addresses issues and how to solve them. White papers are used to educate readers and help people make decisions. They are often used in politics, business, and technical fields.

Purposes of the White Paper

The White Paper is intended to:

- **address questions raised** by the Commission and members of its task forces
- **educate** interested parties on the need to synchronize behavioral health treatment and criminal justice supervision
- **provide** information on substance abuse treatment funding and service availability
- **discuss treatment effectiveness** and
- **make recommendations** to the Commission regarding the expansion of behavioral health treatment capacity for offenders

The Working Group's guiding principles

- Public safety and recidivism reduction requires an effective response to the substance abuse and mental health needs of offenders
- Mental health and addiction intersect = *Behavioral Health*
- Behavioral health treatment is a public safety strategy
- Addressing criminogenic needs will reduce victimization
- Research unequivocally finds that substance abuse treatment reduces both drug use and criminal behavior

The Working Group's guiding principles

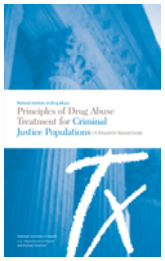
- Research demonstrates that successful treatment occurs at the earliest possible opportunity
- Is based on an individual treatment plan that incorporates natural communities and pro-social supports
- Includes family members when they offer a positive impact on the recovery process
- Provides a continuum of community-based services
- Prison may be the most appropriate sentence for some violent offenders
  - Public safety requires treatment in prison

Definitions of substance dependence, addiction and abuse

- **Abuse**
  - Recurrent use resulting in a failure to fulfill major obligations at home, work, school
  - Recurrent use in physically hazardous situations (driving)
  - Legal problems resulting from use
  - Continued use despite social, interpersonal problems exacerbated by substance use
- **Dependence/addiction**
  - Exceeds abuse in severity
  - Results in a pattern of repeated self-administration that can lead to
    - **Physical tolerance,**
    - **Physical symptoms of withdrawal**
    - **Compulsive drug-taking behavior**

The problem

- **Research shows that criminal behavior increases with addiction**
- **Untreated substance abusing offenders are more likely to relapse to drug abuse and return to criminal behavior**
- **Forced abstinence without treatment does not cure addiction**



NIDA (2006)

Science of addiction

- The predominant view was that drug addiction was a failure of will or of character
- Science has demonstrated that addiction is a brain disease
- Brain imaging studies show that addiction changes the structure of the brain
  - Brain chemistry fundamentally changes the reward structure of the brain
- Leading medical organizations agree that addiction is a brain disease—a form of mental illness
- While addicts must take responsibility for their recovery, brain research explains why without appropriate intervention, may not be able to stop using drugs by sheer force of will alone

Alan Leshner, *Addiction is a brain disease*

Science of addiction

- About 10% of those who try drugs become addicted
- For those who become addicted, there are significant and persistent changes in brain chemistry
- Brain regions responsible for judgment, learning and memory begin to physically change or become "hard-wired"
- Drug use occurs regardless of legal, health and social consequences

Addiction is a brain disease

- **For many [untreated] people these behaviors are truly uncontrollable, just like the behavioral expression of any other brain disease.**
  - Schizophrenics cannot control their hallucinations and delusions
  - Parkinson's patients cannot control their trembling."

http://www.issues.org/17.3/leshner.htm.

Addiction is a chronic disease

- **Traditionally the justice system responds to behavioral health problems as an acute rather than a chronic medical event.**
- Science demonstrates that addiction is a **chronic disease like asthma or diabetes** that must be managed over time.
- Treatment of chronic diseases involves
  - changing deeply imbedded behaviors
  - expecting and managing relapse over time
- For the addicted patient, **lapses** back to drug abuse indicate that treatment needs to be reinstated or adjusted, or that alternate treatment is needed.

National Institute on Drug Abuse: http://drugabuse.gov/scienceofaddiction/treatment.html

Treatment need vs. availability

- In 2008, nationwide, only **9% received treatment at a specialty facility.**
- Colorado's problems are **higher than the national average**.
  - Past year alcohol dependence among those aged 26 and older is twice the national average
  - Past year illicit drug dependence is almost 20% higher than the national average.*
- **Colorado's unmet for alcohol treatment and unmet needs for drug treatment**
  - **Are above the national average for all age groups,**
  - **Is greatest for those over age 26, according to the National Survey on Drug Use and Health.**

SAMHSA. (December 2008). *States in brief: Colorado*. Substance abuse and mental health issues at-a-glance. A short report from the Office of Applied Studies. Retrieved March 29, 2010, from http://www.samhsa.gov/statesinbrief/2009/COLORADO_508.pdf; Hughes, A. & Sathe, N. (2008). *State estimates of substance use from the 2005-2006 National Surveys on Drug Use and Health* (DHHS Publication No. SMA-08-4311, NSDUH Series H-33) Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Treatment need: CJS population

- Nearly 30,000 individuals were arrested in Colorado in 2008 for DUI or DWAI (CBI, Crime in Colorado 2008)
- Division of Probation Services evaluated 27,255 individuals in FY 2008
  - Of these, 23% had a prior arrest for DUI/DWAI (25 years)
  - 16% had at least 2 prior DUI/DWAI arrests

Treatment need: CJS population

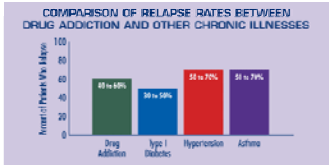
- Probation
  - Approximately 80% of adults on probation had some level of alcohol or illegal drug use problem in a 2006 study (DCJ)
- Community corrections
  - 77% in 2008 had substance abuse needs
  - Over 25% needed mental health services (DCJ)
- DOC:
  - In 2008, nearly 80% of DOC inmates/parolees had moderate to severe substance abuse problems
  - 25% had moderate to severe mental health problems (DOC: *Overview of SA Treatment Programs, FY 2008*)

Treatment need: CJS population

- Arapahoe and Denver county Jails report more than 20% of the jail populations have serious mental health problems (2008 Master Axis 1 Data Report, County Commissioners, Inc.)
- National studies show that more than half of jail detainees have alcohol and drug addictions (Karberg & James 2005)
- **General population prevalence rates:**
  - 4.4% serious mental illness
  - 9% substance abuse/dependence (SAMHSA, 2009) *National Survey on Drug Use and Health*)

Treatment success

- Treatment reduces drug use and criminal behavior
- Success rates are comparable to those of other chronic illnesses



- Treatment provides a substantial return on taxpayer investment; incarcerating drug offenders does not

CJS and treatment: Important partners

- Entry into treatment need not be voluntary for it to work
- Individuals under legal mandates to participate in treatment have
  - Higher attendance rates
  - Generally remain in treatment for longer periods
    - These increasing the likelihood of positive outcomes
- The mandate to participate in treatment provides strong motivation, facilitating the treatment process.

National Institute on Drug Abuse

Treatment Outcomes

- Colorado Division of Behavioral Health Study
  - 55.3% of individuals in substance abuse treatment who were referred by the criminal justice system successfully completed non-DUI treatment in FY 2009
  - Those with co-occurring substance abuse and mental health disorders had, overall, positive treatment outcomes Division of Behavioral Health. October 31, 2009, page 23

Treatment Outcomes

Community Corrections

- **85%** of those who successfully completed community corrections and who participated in substance abuse treatment in FY 2008 remained crime-free during the year following release from the halfway house
- **The Peer 1**
  - In FY 2008, 48.8% successfully completed; average LSI score 36.5
- **The Haven**
  - 67.7% successfully completed the program; average LSI score 35.3
  - were very high risk populations
  - Those who failed both Peer 1 and The Haven were terminated for absconding or received technical violations, not new crimes

Division of Criminal Justice, L. Harrison, report in progress.

Treatment Outcomes

STIRRT: Average LSI score = 32.8 (high)

Program	success/treatment completed	12-month new county/district court filing
Arapahoe House, Denver (425)	**92.5%**	**22.1% (331)**
Crossroads Turning Point, Pueblo (283)	**85.5**	**25.6(238)**
Mesa County (85)	**96.3**	**11.1(36)**
Larimer County (99)	**95.8**	**40.0 (85)**
Total (892)	**91.1**	**24.9(690)**

Data from Drug/Alcohol Coordinated Data System (DACODS) provided by Division of Behavioral Health and analyzed by the Division of Criminal Justice, Office of Research and Statistics (C. Adams).

Time in treatment is short: 5 months

- **The average length of time in adult outpatient treatment was about five months; half were in treatment for three months or less**
- **Those with drug problems had, on average, been using the drug for years prior to referral:**
  - **Alcohol, 15 years;**
  - **marijuana, 7 years;**
  - **cocaine, 10 years;**
  - **methamphetamine, 8 years;**
  - **heroin 4 years; and**
  - **other opiates 6 years.**

- **Those in intensive outpatient treatment had an average length of stay of 10 weeks; those in therapeutic communities stayed, on average, just over 18 months.**

Division of Behavioral Health. October 31, 2009. *The costs and effectiveness of substance use disorder programs in the state of Colorado. Report to the General Assembly, House and Senate Health and Human Services Committee.* Colorado Department of Health, Denver, CO. Pages 13 and 17.

Relapse and sanctions

- **Because addiction is a chronic disease, recovery often includes relapse**
- **Relapse requires multiple episodes of treatment**
- **Successful management also requires accountability for behavior**
- **Using a continuum of graduated sanctions has been found to be effective**
- **Even a few days in jail, out of the structured and supportive environments provided in community-based treatment programs, can disrupt the recovery process**

National Institute on Drug Abuse (1999, rev. 2009). *Principles of drug addiction treatment: A research-based guide.* U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse, Rockville, MD.
National Center on Addiction and Substance Abuse. (February 2010). *Behind Bars II: Substance abuse and America's prison population.* Columbia University, New York, NY. Page 66.

Resources

- The Division of Behavioral Health licenses more than 300 treatment programs in over 700 sites across the state
- **245 treatment programs served criminal justice clients in 2008**
  - **116 served adult men**
  - **165 adult women**
  - **292 DUI offenders**
- **Program intensity**
  - 92% outpatient
  - 45% of these offered intensive outpatient;
  - 6% day treatment/ partial hospitalization

Resources

DRUG COURTS work and have been found to be cost beneficial

- In Colorado, on July 1, 2010, there were
  - 20 adult drug courts
  - 10 juvenile drug courts
  - 2 adult mental health courts
  - 1 juvenile mental health court
  - 11 family/dependency/neglect drug courts
  - 7 DUI courts and 1 DUI/criminal hybrid
  - 6 truancy courts
  - 1 veterans/trauma court

Source: Shane Bahr, specialty court coordinator for the Colorado Judicial Department

Treatment Funding: Colorado relies heavily on money from offenders to subsidize treatment and pay for their own court-ordered treatment.

1. Current child support order
2. Child support arrearage
3. Child support debt order
4. Crime victim compensation fund ($125-163))
5. Victims assistance fund ($125-163)
   May be waived or suspended
6. Law enforcement assistance fund ($90)
   May be waived or suspended
7. Restitution (amount varies with loss)
   May be decreased with consent with prosecuting attorney
8. Time payment fee ($25);
   May be waived or suspended
9. Late fees ($10)
   May be waived or suspended
10. Probation supervision fees ($50/month)
    May be waived or lowered
11. **Drug offender surcharge ($450-4,500)**
    May be waived
12. Sex offender surcharge ($150-3,000)
    A portion may be waived
13. DNA testing ($128)
    No statutory provision for waiver
14. Confidentiality program ($28, imposed on stalking or any crime with underlying factual basis of domestic violence)
    May be waived
15. **Any other fines, fees, or surcharges (examples below)**
    - **Alcohol/Drug Evaluation Costs ($200) (No statutory provision for waiver)**
    - **Persistent Drug Driver Surcharge ($50-500) (May be waived)**
    - **Standardized substance abuse assessment cost (screening only $45, full assessment $75) (May be waived)**
    - **Rural alcohol and substance abuse surcharge ($1-10 based on offense) (May be waved)**

Shared by Judicial, DOC, ADAD, and DCJ; approx $4-5M; treatment plus staff to conduct assessments

Drug Offense	Surcharge
Class 2 Felony	$4,500
Class 3 Felony	$3,000
Class 4 Felony	$2,000
Class 5 Felony	$1,500
Class 6 Felony	$1,250
Misdemeanor 1	$1,000
Misdemeanor 2	$600
Misdemeanor 3	$300
Petty	$200

Resources

Approx $34M in state funding is directed toward behavioral health services for justice involved clients

Agency/Program	Source	Number served	Allocation
Div. Of Probation Services	Offender fees, fines, surcharges*	n/a	$ 10.9M
Senate Bill 03-318	General fund	2,000	$2.1M
Alcohol/Drug Driving Program	$200 offender fee	30,000	$ 5M
Persistent drunk driver fund	Cash fund from $100-500 fines on all DUI/DWAI convictions	1,000 detox services; 2,100 education, therapy, interlock for indigent	$577,000
STAR-TC Crossroads	General Fund	32	$600,000

* The Offender Services Cash Fund the Drug Offender Surcharge Cash Fund and the Sex Offender Surcharge Cash Fund

Resources

Approx $34M in state funding is directed toward behavioral health services for justice involved clients

Agency/Program	Source	Number served	Allocation
Office of Community Corrections	General Fund	922	$7.3M (additional per diem)
Mental health beds	GF	160	$2.7M
John Eachon Reentry Program	GF	12	$240,000
Intensive Residential Treatment	GF	208	$1.1M
Modified TC	GF	200	$2.9M
Outpatient TC	GF	125	$505.627

Resources

Approx $34M in state funding is directed toward behavioral health services for justice involved clients

Agency/Program	Source	Number served	Allocation
Division of Behavioral Health			$ 10.5M
SB07-97	12% tobacco litigation settlement funds	2.100	$3.8M
Family Advocacy Demonstration Program	Tobacco litigation	50	$157,000
Short Term Intensive Residential Remediation Treatment	General fund	1,400	$2.8M
STIRRT cont care	General fund	760	$361,536
STIRRT ancillary services	General fund	n/a	$211,000

Resources

Approx $34M in state funding is directed toward behavioral health services for justice involved clients

Agency/Program	Source	Number served	Allocation
Division of Behavioral Health			$ 10.5M
Arts/Peer1/The Haven	GF	53	$321,849
Strategies for Self-Improvement and Change	GF	27,170 client sessions (566 treatment slots in 48 week program	$951,288

NEW Resources: $8M

- **HB 1347 -- DUI Bill** Increases persistent drunk driver surcharge from $50 to $100
  - **Year 1: $250K; Year 2: $564K** to PDD fund and half for newly created alcohol tx fund
- **HB 1352 – Drug Bill** Savings directed to expand beh health tx
  - **$1.5M**
- **HB 1360 – Reduction of TV Revocations**
  - **$1.5M additional comcor beds for parolees, MH beds, TC beds, SO beds**
  - **$1.8M wrap around for parolees**
  - **$500K job training/emply for parolees**
  - **$150K MH services parolees**
- **HB 1284-Medical MJ sales tax**
  - **Up to $2M for treatment**

Many resources remain unknown

- Focus is on substance abuse treatment
- Federal block grant funds
- Other grant funding
- Medicaid
- County resources
- Self-pay
- Insurance
- (excludes prison resources)

Additional Comments

- More information is available substance abuse than is available on mental health need
- Level of need is not necessarily matched to the level of services provided
- Many jurisdictions lack resources for higher need individuals
- Lack of data severely limits our ability to track resources and gaps

Summary

- Many offenders have behavioral health problems that increases recidivism and victimization
- Addiction is a brain disease that can be successfully managed with treatment
- Treatment is effective at reducing drug use and criminal behavior
- The demand for treatment is far greater than existing resources

Treatment Need and Funding Summary

- Nationwide, 9% of individuals who need treatment received it in 2008
- We may never have sufficient treatment resources
- Individuals in the justice system are more likely to access services because of court orders
- The policy challenge is to relentlessly push to expand the treatment infrastructure

Recommendations

1. Streamline/coordinate existing funding mechanisms and oversight groups; expand data collection and reporting
2. Implement a standardized mental illness screening instrument
3. Support HCPF's efforts to intervene early and align resources
4. Coordinate and leverage social support systems to encourage sobriety

Recommendations

5. Consolidate and streamline DBH resources
6. Use EPIC (Evidence based Practices: Increasing Capacity) as a vehicle to maximize treatment resources
7. Mandate justice agencies refer offenders ONLY to appropriate programs