



Department of
**Mental Health &
Substance Abuse Services**



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**Substance Use Best Practice Tool
Guide**

CRIMINAL JUSTICE

Division of Clinical Leadership in Collaboration with the
Division of Substance Abuse Services

Criminal Justice

Individuals whose struggle with substance use brings them into contact with the legal system typically experience enormous personal losses. Obviously they lose many freedoms, but family disintegration, deterioration of health, and loss of who they are as persons typically accompany criminal justice contact. The personal costs to the victims of their crimes are immeasurable. In fact, the effects reverberate throughout the entire community. Then there are the economic costs associated with arresting, processing, and incarcerating the offenders, along with the costs of police protection, property losses, and increased insurance rates (SAMHSA/CSAT, 2005).

There are at least five types of offenses related to substance use. They include offenses related to:

1. Substance possession or sales.
2. Directly obtaining drugs such as stealing to get money for drugs.
3. A lifestyle where the user of substances associates with other offenders or with illegal markets.
4. Abusive and violent behaviors, including sexual assault and domestic violence.
5. Driving while intoxicated or under the influence, which can be linked to property damage, accidents, injuries, and fatalities (NIDA, 2014a).

Substance use and intoxication can impair judgment and lead to poor anger management, violent behavior, and/or criminal behavior. Often users of substances commit crimes while “high”. A

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influence of substances (NIDA, 2014a). More current data show that individuals in jails and prisons are four times more likely to have a substance use disorder than the general public (Vimont, 2013).

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Data from the Arrestee Drug Abuse Monitoring (ADAM) program and ADAM II program focus specifically on arrestees, a segment of the population at high risk for substance use and misuse. Findings of Lattimore et al. (2014) show that, in general, ADAM estimates of self-reported substance use are higher than estimates for arrestees in the National Survey on Drug Use and Health (NSDUH). For example, self-reported marijuana use during the past month among adult male arrestees was higher in ADAM than in NSDUH (42 percent versus 29 percent. ADAM estimates of powdered or rock cocaine use and crack use were also higher than NSDUH estimates: 20 percent and 13 percent compared to 12 percent and six percent. Similarly, ADAM estimates of past month methamphetamine use was higher than the NSDUH estimate, 12 percent versus three percent. However, the Lattimore et al. (2014) study suggests that the seeming undercoverage in NSDUH was not severe.

Screening

Initially, the purpose of the screening should be identified. Since many infectious diseases are associated with the use of substances, it is highly likely that counselors will want to consider conducting a health screening, along with screening for other related problems. Identifying the special needs of offenders can improve the effectiveness of treatment. Screening can identify offenders who may pose threat to themselves or others, prevent crises, and promote immediate intervention. It should also be noted that screening guidelines will vary by setting. For instance, professional screening of a person newly arrested will incorporate different questions and required different information than screening of a long-term prisoner being considered for parole (SAMSHA/CSAT, 2005)

Experts at George Mason University, through the university's Center for Advancing Correctional Excellence! (ACE!), have developed several screening tools designed to improve substance use treatment in the criminal justice system. These tools, Risk-Needs-Responsivity Simulation Tools but typically referred to as RNR, focus on individuals as well as systems as a whole. RNR considers a wealth of information about the individual, including history of involvement in the criminal justice system. Individuals with moderate to high-risk scores tend to have more behavioral health patterns and problems: more risky behaviors, entrenched substance use, and mental health problems. The tool allows clinicians to recommend appropriate substance use treatment programs for individual prisoners, based on their specific needs (Vimont, 2013).

An online version of the RNR is available at <https://www.gmuace.org/tools/assess-individual> for clinicians that work with the offender population. This version helps with assessment of whether the treatment program is meeting the need of the offender. In addition, clinicians can evaluate their own programs, including how to strengthen them. There is a nominal fee for storing data in the RNR tool. Cost is dependent upon the size of the organization storing data in the tool. The tool further has a strategic planning capability that allows systems to identify gaps in services based on needs of the offenders. Entering offender characteristics will yield estimates of the number of offenders needing each level of treatment. Entry of program-characteristics would help with identification of the availability of adequate programming, as well as service gaps (Vimont, 2013).

Treatment

The literature supports treatment as the best alternative for interrupting the substance use and criminal justice cycle for offenders with substance use problems. Offenders are encouraged to ask about the availability of treatment if not offered. Substance use that goes untreated places offenders at greater risk of relapse. It further jeopardizes public safety and health and taxes criminal justice system resources. Consistently treatment has been shown to reduce the costs associated with crime, lost productivity, and incarceration that result from substance use (NIDA, 2014a). Moreover,

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offenders who enter treatment under legal pressure have outcomes as favorable as those who enter treatment voluntarily (NIDA, 2012). For example, a 2009 study observed better outcomes for offenders addicted to opioids who began methadone treatment with counseling as prisoners

and then continued following release, compared to offenders who only received counseling while in prison or did not begin methadone treatment until after release (NIDA, 2012).

Research has demonstrated that treatment helps many offenders with substance issues change their attitudes, beliefs, and behaviors; avoid relapse; and successfully recover from a life of substance use and crime. Additionally, treatment can cut substance use in half, reduce criminal activity, and decrease arrests. It is acknowledged that legal pressure may be necessary to get individuals into treatment and to help them stay there. However, once in a treatment program, even the unmotivated tend to become engaged in the continuing treatment process. There is evidence that mandated treatment can be just as effective as voluntary admission to rehabilitation centers. Treatment in the criminal justice system can be incorporated in a variety of ways: a) as a condition of probation; b) through drug courts; c) in prison and followed with community-based treatment after discharge; and d) under probation or parole supervision (NIDA, 2014a).

Through NIDA-supported research, 13 principles of substance use treatment for criminal justice populations have been identified (NIDA, 2014b). The principles are presented below.

1. Addiction to substances is a brain disease that affects behavior.
 - ✓ In addition to the behavioral, cognitive, and physiological characteristics that contribute to continued substance use, researchers have observed alterations to the brain's anatomy and chemistry that result from substance use.
2. Recovery from substance use addiction requires effective treatment, followed by management of the problem over time.
 - ✓ Effective substance use treatment engages the participant in a therapeutic process, retains him or her in treatment for an appropriate length of time, and helps the individual learn to maintain abstinence. Sometimes multiple episodes of treatment may be required. Once offenders are in the community, monitoring of substance use and encouragement of continued participation in treatment can lead to improved outcomes.
3. Treatment must last long enough to result in stable behavioral changes.
 - ✓ Treatment lasting at least three months is necessary for persons with severe substance use problems and/or co-occurring disorders. In addition, more comprehensive

- treatment services should be provided for these individuals. Less time and intensity should result in successful outcomes for persons with less severe substance use issues.
4. The first step in treatment is assessment.
 - ✓ It is imperative that the nature and extent of a person's substance use problems be established. More comprehensive assessment may be necessary if personality disorders and/or other mental health conditions are present.
 5. Tailor services to fit the needs of the individual.
 - ✓ Individuals are different and may respond differently to treatment approaches and/or treatment providers. Tailored treatment facilitates development of healthy interpersonal relationships and improves the person's ability to interact with family, peers, and others in the community.
 6. Carefully monitor substance use during treatment.
 - ✓ Relapse is common in person's trying to recover from substance use. Triggers may vary but commonly include mental stress and/or associations with people and social situations linked to substance use. Monitoring substance use through urinalysis or other objective methods provides a basis for assessing and giving feedback on the individual's progress in treatment. It further provides an opportunity to intervene and change unconstructive behaviors.
 7. Treatment should target those signs and symptoms that are associated with criminal behavior.
 - ✓ Deal with the issues that tend to support criminal behavior and a criminal lifestyle such as feeling entitled to having things his or her way or failing to take responsibility for one's actions. Treatment that provides specific cognitive-skills training helps individuals recognize errors in judgment that may lead to substance use and associated criminal behavior.
 8. Criminal justice supervision should incorporate treatment planning for offenders that use substances and treatment providers should be aware of correctional supervision requirements.
 - ✓ Substance use treatment should be coordinated with correctional planning. Moreover, treatment providers should collaborate with criminal justice staff to evaluate each person's treatment plan and ensure that it meets correctional supervision requirements while meeting that person's changing needs. Treatment plans for offenders with substance use issues should incorporate transition to community-based treatment and links to appropriate post-release services.
 9. Continuity of care is critical for offenders with substance use issues that are re-entering the community.
 - ✓ The best outcomes have been found for offenders who complete prison-based treatment and continue with treatment in the community. Treatment during incarceration often begins the process of therapeutic change that results in diminished substance use and criminal behavior post incarceration. Continuing treatment in the community serves to help sustain those gains.

10. A balance of rewards and sanctions encourages pro-social behavior and participation in treatment.
 - ✓ Correctional supervision of persons participating in substance use treatment should reinforce positive behavior using nonmonetary social reinforcers such as recognition for sincere effort or progress. Graduated sanctions that are consistent, predictable, and clear have also been found to be effective. Rewards and sanctions tend to have the desired effect when they are perceived as fair and when they quickly follow the targeted behavior.
11. Offenders with co-occurring substance use and mental health problems often require an integrated treatment approach.
 - ✓ Offender populations and persons with substance use problems tend to have high rates of mental health problems. The presence of co-occurring disorders typically requires an integrated approach that combines substance use treatment with psychiatric treatment, including the use of medication.
12. Medications are an integral part of treatment for many offenders that use substances.
 - ✓ Evidence-based medication-assisted treatments such as buprenorphine, methadone, and extended-release naltrexone have been shown to reduce use of heroin and should be made available to persons who could benefit from them. These treatments can also be instrumental in enabling individuals with co-occurring mental health conditions to function successfully in society. Behavioral approaches have been shown to enhance adherence to medication regimens.
13. Treatment planning for offenders with substance use issues who are living in or re-entering the community should include strategies to prevent and treat chronic, serious medical conditions such as HIV/AIDS, hepatitis B and C, and tuberculosis.
 - ✓ Rates of infectious disease such as HIV/AIDS, hepatitis, and tuberculosis are higher in incarcerated offenders, substance users, and offenders under community supervision than in the general population. Offenders who use substances should be offered testing for infectious diseases and receive counseling on their health status, as well as on ways to modify risk behaviors. Parole and probation officers who monitor these individuals should link them with appropriate health care services, encourage adherence with medical treatment, and re-establish their eligibility for public health services prior to their release from the incarcerated setting (NIDA, 2014b).

For many individuals with substance use problems, contact with the criminal justice system is their first opportunity for treatment. For other offenders, arrest and incarceration are part of a repeated cycle of substance use and crime. Thus, offenders with a prolonged history of substance use and crime may require a more intensive treatment approach. Patterns of maladaptive coping skills and criminal beliefs and values may be ingrained for offenders in the latter category (NIDA, 2014a).

Despite clear benefits to offenders, their families, and communities, treatment is not a priority in many prisons ((NIDA, 2014a). In fact, it has been said that less than 10 percent of adults and around 20 percent of adolescents with substance use issues and connected to the criminal justice system receive treatment on a given day. For adults, nearly seven in 10 report being offered substance use treatment but criminal justice facilities are unable to accommodate the number of participants who need this service. Furthermore, the most frequently provided substance use

services in the criminal justice system, substance use education and low-intensity group therapy (i.e., less than four hours per week), are ineffective for offenders (NIDA, 2009).

Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) Programs Aimed at Criminal Justice and Accompanying Research

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) has an array of programs aimed at criminal justice populations. These programs, along with accompanying research, are described below.

Criminal Justice/Behavioral Health Liaison Program (CJ/BH/LP).

This program is a community project designed to facilitate communication and coordination among the community, criminal justice, and behavioral health systems. The effort is focused on achievement of common goals of decriminalizing mental illnesses, co-occurring disorders (COD) and substance abuse disorders; supporting the establishment of services that would promote diversionary activities for people with serious mental illness (SMI), mental illness (MI), COD or substance abuse disorders who come in contact with the criminal justice system due to an arrest; and providing case management and liaison services to adults with SMI, MI, COD or substance abuse disorders who are incarcerated or at risk of incarceration and who would benefit from referral and linkage to behavioral health and other recovery/supportive services (TDMHSAS, n.d.a). A list of Criminal Justice Liaisons can be found at http://tn.gov/assets/entities/behavioral-health/mh/attachments/Criminal_Justice_Liaisons.pdf.

Recovery (Drug) Courts.

Formerly known as drug courts, these specialized courts or court calendars incorporate intensive judicial supervision, treatment services, incentives, and sanctions to address the needs of offenders who are nonviolent, addicted, may have co-occurring disorders, and may be a veteran. (Mental Health and Veteran Courts have also been combined with these courts.) The term “recovery court” is preferred in Tennessee to symbolize the all-encompassing aspect of the court program and the emphasis on recovery (TDMHSAS, 2013). These courts operate on a “no wrong door” philosophy, which is standard practice for recovery-oriented systems-of-care models (Gaumond & Whittier, 2009). The target population is comprised of juvenile and adult offenders, male or female, who meet criteria for and want to participate in the Recovery Court Program. Recovery court teams are comprised of a judge, prosecutor, defense attorney, drug court coordinator, probation officer, treatment providers, and other program staff. In Tennessee, enrollment in a recovery court by an offender may allow him or her to avoid jail time. The expectations of those willing to participate, however, are intensive. Recovery court programs are very demanding and highly structured. The journey is long and hard as the road to recovery is not easy. If participating offenders take ownership of their lives and the choices that they make, they can succeed at breaking the cycle of addiction and living a substance-free life (TDMHSAS, 2013; TDMHSAS, n.d.b).

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The Drug Treatment Act of 2003 established the legitimacy of recovery courts statewide. Our state has a Recovery Court Certification process and is one of few states to have such a process in place. Like drug courts, recovery courts must adhere to the Ten Key Components for defining drug courts, as adopted by the Bureau of Justice, Justice Assistance Programs. Those components are:

- **Key Component #1** - Drug courts integrate justice system case processing with alcohol and other drug treatment services.
- **Key Component #2** - Employing a non-adversarial approach, prosecutors and defense attorneys promote public safety while protecting participants' due process rights.
- **Key Component #3** – Identify people eligible for drug court participation early and early and promptly place them in the program.
- **Key Component #4** - Drug courts provide access to a continuum of drug, alcohol, and other related treatment and/or rehabilitation services.
- **Key Component #5** - Abstinence is monitored by frequent drug and alcohol testing.
- **Key Component #6** - A coordinated strategy is utilized to determine drug court responses to compliance of the participants.
- **Key Component #7** – Interaction of the drug court judge with each participant on an ongoing basis is essential.
- **Key Component #8** – Coordinated management, monitoring, and evaluation systems measure achievement of program goals and gauge effectiveness.
- **Key Component #9** – Periodic education and training across drug court and education staff enhance effective drug court planning, implementation, and operations.
- **Key Component #10** - Building partnerships among drug courts, public agencies, and community-based organizations generate local support and enhance effectiveness of the drug court program (NADCP Web site, n.d.; NADCP, 1997).

Establishing recovery courts was part of the Governor's Public Safety Plan 2014. Among the action items in the plan were: 1) Expansion of access to recovery courts

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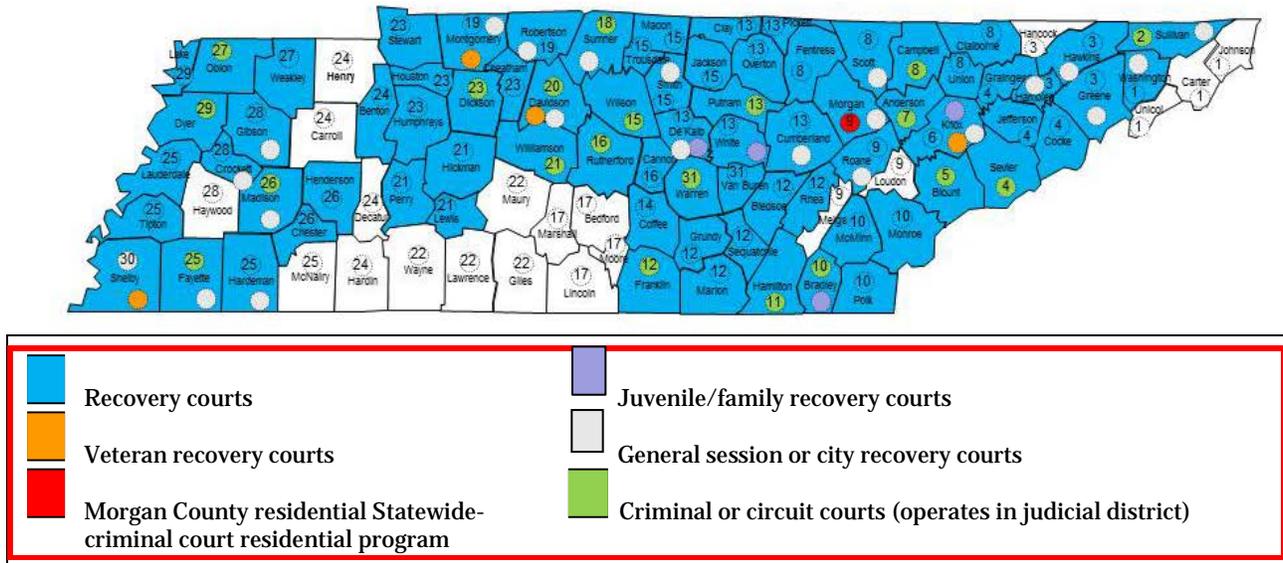
across the state, with emphasis on treating serious prescription drug and meth addictions; and 2) More focus of state recovery dollars on courts serving defendants who would otherwise be incarcerated at the state's expense. Participants in recovery court need access to community AA/NA and other self-help meetings, as well as people with lived experiences and are required to attend community meetings as part of their court programming (Abbott, 2014).

A specialized statewide Recovery Court has been established in collaboration with the TDMHSAS and the Tennessee Department of Corrections (TDOC). Known as the Morgan County Residential Recovery Court (MCRRC), this recovery court opened July 1, 2013, and had 30 participants as of October 15, 2013 (Abbott, 2014). Participants have come from 22 counties and 14 judicial districts across the State. They are representative of all walks of life and backgrounds, and include young men, older men, professionals, veterans, husbands, fathers, and grandfathers. As of the TDMHSAS Winter 2014 newsletter, 27 participants had successfully completed the long-term program and many others were in various stages of the program. This specialized Recovery Court is the only program of its kind in the state and now has 14 other recovery courts in the State from which it receives referrals (Judson, 2015).

Preliminary results showed the recidivism rate for participants in MCRRC was less than 20 percent. These early results were promising, especially since research indicated 50 percent of untreated addicts who had been convicted of a crime return to the criminal justice system within three years of release. Cost of housing and treatment, on average, at MCRRC is around \$50 per day, compared to \$75 per day per individual in jail. The residential portion of treatment for MCRRC participants is about 18 months (Judson, 2015).

The map below shows recovery courts funded in FY 16. Court programs are located in 75 counties and 28 judicial districts (Ledbetter, June 2015, personal communication; TDMHSAS, 2016).

Figure 1. Map of FY 16-Funded Recovery Courts



Source: Ledbetter, June 22, 2015, personal communication.

TDMHSAS Commissioner E. Douglas Varney continues to acknowledge the benefits of recovery courts in giving people a second chance to be productive citizens. Evaluation results for recovery court participants from 2013-2015 indicate that:

- **81** percent saw improvement in their job status or became employed.
- **63** percent maintained an independent living situation upon program completion.

- **28** percent who were either homeless or living in a group home had secured their own place
- **14** percent improved their educational status by obtaining a general education development (GED) diploma or attaining an advanced degree (TDMHSAS News, 2015; TDMHSAS, 2016).

Research on Adult Drug Courts.

Drug courts continue to proliferate because many people believe that uniting judicial supervision with treatment is a more effective way to reduce future drug use and crime than either strategy employed in isolation. Moreover, drug courts have the potential to relieve the overburdened correctional facilities and justice systems (Fluellen & Trone, 2000).

Eligible persons with drug addictions may be sent to Drug Court rather than through traditional justice system case processing. Participants are remanded to treatment under supervision long enough for it to work. Eligible individuals participate in Drug Court for a minimum of one year. During that time, they:

- Undergo intensive treatment and other services necessary for them to get and stay clean and sober.
- Are accountable to the Drug Court judge for meeting their obligations to the court, themselves, their families, and society.
- Undergo random and regular drug testing.
- Are recognized for meeting their obligations and sanctioned when they fail to live up to their obligations (NADCP Web site, n.d.).

Research on drug courts is very positive. For example, findings for drug court participants followed six and twelve months from discharge were reported at the 2009 Annual Conference of the American Society of Criminology. Drug Court participants reported significantly less heavy use of alcohol and use of illicit drugs. While these data involved self reports, the findings were validated by saliva drug tests, which revealed significantly fewer positive drug tests by participants. Also reported were significantly less criminal activity and improved family relationships. Drug Court participants also tended to demonstrate higher annual incomes and employment rates (Marlowe, 2010a).

Research further showed that fidelity to the full Drug Court model is necessary for optimum outcomes when programs treat their correct target population: high-risk, addicted drug offenders. Thus, the following components are required:

- ***Regular attendance by the judge, defense attorney, prosecutor, law enforcement officers, and treatment providers at status hearings or staff meetings is a requirement***

of effective Drug Courts. Research indicated about half less favorable outcomes if any of the aforementioned professional disciplines is absent from team discussions on a regular basis (Marlowe, 2010a).

- **Judicial status hearings are an indispensable element of Drug Courts.** During the first phase (i.e., the first few months), the optimal schedule requires bi-weekly hearings at the very least. Later the hearing schedule can be reduced, but not less than monthly until participants have achieved a stable period of sobriety and completed the intensive phases of their treatment regimen (Marlowe, 2010a).
- **Urine drug testing is conducted at least twice a week during the first several months of the program in effective Drug Courts.** Anything less leaves an unacceptable time gap during which participants can use drugs and evade detection. Moreover, the drug testing should be conducted on a random basis for effectiveness (Marlowe, 2010a).
- **Gradually escalating sanctions for infractions significantly improves outcomes for Drug Court participants?** Such sanctions might involve brief periods of jail detention. Preliminary evidence suggests that higher-risk, incorrigible participants might demonstrate more improved outcomes if provided tangible incentives such as certificates of accomplishment (Marlowe, 2010a).
- **Longer tenure in substance abuse treatment leads to better outcomes for Drug Court participants.** The quality of treatment also plays a critically important role, and the most effective Drug Courts have adopted standardized, evidence-based treatments, such as the Matrix Model, Moral Reconciliation Therapy (MRT), and Multisystemic Therapy (MST). The most effective treatments are highly structured, apply behavioral or cognitive-behavioral interventions, are clearly specified in a workbook or manual, and take the participants' communities of origin into account (Marlowe, 2010a).

Research on Juvenile Drug Treatment Courts.

On the whole, research on juvenile drug treatment courts has lagged behind its adult counterpart. More research is being conducted and results are showing promise. For example, compared to matched juvenile probationers, participants in the juvenile treatment drug courts were significantly less likely to be arrested for a new offense at 28 months post-entry. Moreover, an experimental study reflected significantly lower rates of substance use and delinquency for juvenile drug treatment court participants (Marlowe, 2010b).

Negative or inconsequential results have been associated with the following problems in juvenile drug court treatment programs:

- Failure to offer evidence-based treatments
- Failure to include family member or other caregivers in the interventions

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- Failure to tailor the interventions to the maturational and cognitive levels of the young person (Marlowe, 2010b).

Recent results support the benefits of having parents/caregivers regularly attend status hearings. With more regular attendance by parents/caregivers, juveniles are less likely to:

- Receive sanctions for behavioral infractions in the program.
- Provide positive drug tests.
- Be tardy or absent from treatment
- Be late or absent from school (Marlowe, 2010b).

Driving Under the Influence (DUI) School Program.

This intervention program, licensed through the State of Tennessee, provides assessment, education and, if indicated, appropriate treatment referral, for offenders of driving under the influence of alcohol and/or other drugs. The DUI Schools use the *Prime for Life* curriculum, the state's mandated DUI education program approved by TDMHSAS (TDMHSAS, n.d.c). The curriculum has been recognized by SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP). Established by the Prevention Research Institute, a non-profit organization, *Prime for Life* was designed to minimize the occurrences of drug and alcohol related incidents. The core focus is on improving attitudes of the student and creating a positive outlook to decrease dependency by using the latest research on brain chemistry and addiction. The curriculum provides a minimum of 12 hours of education using a user-friendly instruction manual to classes of no more than 25 students. There are 87 DUI Schools across the state (TDMHSAS, 2014a). A list of DUI Schools can be found at http://tn.gov/assets/entities/behavioral-health/sa/attachments/DUI_Schools.pdf.

Community Treatment Collaborative (CTC) Program.

The Community Treatment Collaborative (CTC) Program is funded through an interagency agreement between the Tennessee Department of Correction (TDOC) and TDMHSAS. It is a collaborative effort to divert at-risk probation and parole technical violators with substance abuse and co-occurring disorders from returning to state prison (TDMHSAS, n.d.d). These violators might break rules set for their probation by the court, such as skipping a meeting with the probation officer or failing a drug urine test (attorneys.com, 2014). Violations include things the parolee or probationer has done wrong as well as things he or she may have failed to carry out. CTC requires a collaborative treatment approach which engages the service recipient, provider, TDOC staff and other supports. The CTC program provides a full continuum of care, including Outpatient, Detox, Residential Rehabilitation, and Halfway House services (TDMHSAS, n.d.d).

Alcohol and Drug Addiction Treatment (ADAT) Program.

ADAT is a state-funded program that is designed to pay for court-ordered alcohol and substance abuse treatment services for Driving Under the Influence (DUI) offenders who, based on a current conviction, are ordered to treatment and deemed indigent by the court (TDMHSAS, 2015). The program will pay for approved individuals to receive an alcohol and drug assessment, as well as appropriate treatment. Hence, ADAT will cover treatment services throughout the service recipient's treatment episode once he or she has been approved (TDMHSAS Web site, n.d.e).

A judge will, upon conviction, determine if a defendant meets the state established criterion and can benefit from up to 20 days of inpatient treatment. Treatment providers determine the duration of treatment for all except inpatient care (Knox County General Sessions Judges, n.d.). Funded treatment providers are required to use an evidence-based program geared to the targeted population (TDMHSAS, 2015). If the court determines that the treatment is appropriate, the judge will enter an order that directs the defendant to undergo an assessment and receive inpatient treatment as appropriate. A copy of the warrant along with the Assessment Order and Court Order is faxed to TDMHSAS for approval (Knox County General Sessions Judges, n.d.).

The Court authorizes ADAT as a condition of probation (Knox County General Sessions Judges, n.d.). The program provides a full continuum of care including Residential Rehabilitation, Halfway House and Outpatient services (TDMHSAS Web site, n.d.e).

Supervised Probation Offender Treatment (SPOT) Program.

The SPOT program is designed to pay for court-ordered alcohol and drug treatment services for an individual with a current nonviolent misdemeanor conviction or a nonviolent felony conviction where the offender is sentenced to supervised probation and has past criminal history that is a function of substance use and/or addiction or a violation of the Tennessee Drug Control Act and a current nonviolent criminal conviction where the offender is sentenced to supervised probation. If the sentenced individual, whether sentencing involves supervised probation and/or court-ordered alcohol and drug assessment and treatment, or both, is determined to be indigent, at least some portion of the expense, sometimes all, may be paid with SPOT funds. SPOT provides a full continuum of care including Outpatient, Residential Rehabilitation, and Halfway House services. Some recovery services are also covered by the SPOT program (TDMHSAS, n.d.e).

Criminal Justice Treatment Provider Application Process.

Any entity interested in becoming a criminal justice treatment provider must first have a valid State of Tennessee treatment facility license from the TDMHSAS Office of Licensure to provide the level of care being applied for. Submit proof of the license along with the application. The facility must be operational and have provided treatment services for a period not less than one year. Moreover, the facility must have a registered Edison number with the state's Department of Finance and Administration. If a 501(c)3 agency, proof of such status must be submitted with the application. It is required that the applying agency utilize evidence-based treatments such as Cognitive Behavioral Treatment, Motivational Interviewing, or Hazelden's Co-Occurring Disorders Program Curriculum (TDMHSAS, n.d.f). A list of evidence-based treatment modules can be found at SAMHSA's NREPP Web site, <http://www.samhsa.gov/nrepp>.

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After meeting the aforementioned requirements, complete and return the application along with all requested information. *However, application submission does not guarantee acceptance into the provider network.* Provider selection is based on numerous factors, including geographic location, available funding, and need for specific levels of care (TDMHSAS, n.d.f). The application packet can be found at [http://tn.gov/assets/entities/behavioral-health/sa/attachments/Criminal Justice Treatment Provider Application.pdf](http://tn.gov/assets/entities/behavioral-health/sa/attachments/Criminal_Justice_Treatment_Provider_Application.pdf).

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