WELCOME
PREVENTION AT WORK SYMPOSIUM
OPENING SESSION
QUENCY POWELL
STAND, Inc. Board of Directors
STAN WATSON
DeKalb County Board of Commissioners
JAMES DONALD
Georgia Board of Pardon and Paroles
GENERAL SESSION 1
DIANE SHERMAN
ACTS Consulting
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.
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
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
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
Infusion of the Strategic Prevention Framework

- Assessment
- Sustainability and Cultural Competence
- Capacity
- Planning
- Implementation
- Evaluation

State Systems
Prevention Infrastructure

General Public
Awareness and Outreach

Community Coalitions
Action Mechanism

STAND, Inc.
Standing to Achieve New Direction
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
DUI PROCESS

DUI

DUI SCHOOL

EVALUATION

TREATMENT (IF RECOMMENDED)
• **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.
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)
New Initiatives

• Certified Addiction Recovery Empowerment Specialist (CARES)

• Recovery Centers

• Clubhouse Programs

• CSU Transitional Pilot
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
Reentry; why is it important?
• 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.
• 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


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
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

Addiction ~ 25,000,000
(Focus on Treatment)

"Harmful Use" – 68,000,000
(Focus on Early Intervention)

Diabetes ~ 24,000,000

In Treatment ~ 2,300,000

Little or No Use
(Focus on Prevention)
<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Private/County Probation</td>
<td>175,000*</td>
<td>(38%)</td>
</tr>
<tr>
<td>On Probation</td>
<td>159,786</td>
<td>(35%)</td>
</tr>
<tr>
<td>In Prison</td>
<td>54,222</td>
<td>(12%)</td>
</tr>
<tr>
<td>In Jail</td>
<td>41,245</td>
<td>(9%)</td>
</tr>
<tr>
<td>On Parole</td>
<td>23,101</td>
<td>(5%)</td>
</tr>
<tr>
<td>On Federal Probation</td>
<td>3,500*</td>
<td>(1%)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>456,854</strong>*</td>
<td></td>
</tr>
</tbody>
</table>

* = estimated

That’s **more** Georgians than who live in each GA county except Fulton, Gwinnett, DeKalb & Cobb
Georgia #1 in the US!

<table>
<thead>
<tr>
<th>Topical Area</th>
<th>US Rank</th>
<th>Share of Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Probation &amp; Parole</td>
<td>#1</td>
<td>1 in 15</td>
</tr>
<tr>
<td>In Prison &amp; Jail</td>
<td>#5</td>
<td>1 in 70</td>
</tr>
<tr>
<td>Total Offenders</td>
<td>#1</td>
<td>1 in 13</td>
</tr>
</tbody>
</table>

Few Stay in Treatment 90 Days

Partial Recovery of Brain Dopamine Transporters in Methamphetamine User After Abstinence

Recovery is real!

1970: Hughes Act created NIAAA & an advocacy vision

1970

Today
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?

<table>
<thead>
<tr>
<th>Duration of Abstinence</th>
<th>1-12 Months</th>
<th>1-3 Years</th>
<th>4-7 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ More clean and sober friends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Less illegal activity and incarceration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Less homelessness, violence and victimization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Less use by others at home, work and by social peers</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- ✓ 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

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
ROSC Elements

Underlying Values

Person-Centered
Self-Directed
Strengths-Based
Participation of Family Members, Caregivers, Significant Others, Friends, Communities
ROSC Elements

Underlying Values

Individualized, Comprehensive Services & Supports
Community-Based Services & Supports
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
Georgia CARES: Certified Addiction Recovery Empowerment Specialists
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
Care Academy

Pre-training reading
Q & A
GENERAL SESSION II
CHARLES SPERLING

STAND, Inc.
STD Prevention with Post-Release Men: The MISTERS Project
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
  o Enhanced applicability of research to non-research settings
  o Gain a better understanding of “real” world issues

• CBOs/NGOs
  o Opportunity to gather & synthesize data for specific population
  o CBO collected data assist in program development

• Health Departments
  o Collaborative relationships building
  o Access to at risk community members

• Jail/Prisons
  o Impact recidivism
  o 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
  o Baseline + 2 Follow-ups
  o Control & Intervention Groups
    • Target Total = 300 (150 in each group)

• Cognitive-behavioral skill building
  o Intent - reduce sexual risk behaviors
  o Multi-session, group level intervention

• Target:
  o Men newly released from jail
  o History of drug abuse

• Hypotheses
  o 1: Intervention = more condom use during sexual episodes
  o 2: Intervention = fewer new and repeat STD infections
Formative Work (FW)
STAND, Inc.

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
Focus Group Participants by Current Living Situation

- Drug Treatment: 29%
- Shelter: 17%
- Halfway House: 9%
- Homeless/Street: 8%
- Transitional Housing: 4%
- Relatives/Friends: 4%
- Spouse/Significant Other: 4%
Focus Group Participant Frequency of Condom Use Within the Past 12 Months
• **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*
• Holistic management of the client
  o Continuity of services/care pre & post jail

• Interventions should include:
  o STD & HIV prevention and skill training
  o Substance use education
  o Referral Systems
  o Employment & Housing

• Collaboration btw CBOs and Health Depts.
  o To address and elevate client “fears”
MISTERS: Study Design
“Community-Driven Science”

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

• Cognitive-behavioral skill building
  o Intent:
    • Reduce sexual risk behaviors and substance use intentions
    • Enhance communication & anger management skills
    • Encourage health care seeking
  o Multi-session, group level intervention

• Target:
  o Men newly released from jail
  o History of drug use and/or abuse
Intervention
Develop

• Development ↔ Collaboration
  o Scientists & STAND, Inc.

• Theory Based (Fisher & Fisher, 1992)
  o Information, Motivation & Behavioral Skills
  o CDC, STAND, Inc., Consultant

• Facilitators’ Manual
  o Trained by developers
  o Quality Assurance

• Randomize Sampling (N=265)
  o Men, 18-60; 45> days post release

• Multi-session groups
  o Five Session (1-2 nights per week)
  o Two Hours each session
  o 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
## Results
### Substance Use

<table>
<thead>
<tr>
<th>Substance</th>
<th>Prior to Arrest</th>
<th>Since Release</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>92%</td>
<td>35%</td>
</tr>
<tr>
<td>Intoxication</td>
<td>62%</td>
<td>11%</td>
</tr>
<tr>
<td>Marijuana/Pot</td>
<td>65%</td>
<td>15%</td>
</tr>
<tr>
<td>Crack</td>
<td>42%</td>
<td>7%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>23%</td>
<td>7%</td>
</tr>
<tr>
<td>Benzo/Bar/Tranq</td>
<td>3%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Ectasy</td>
<td>4%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>2%</td>
<td>-</td>
</tr>
<tr>
<td>Heroin/PCP/Meth</td>
<td>&lt;1% each</td>
<td>&lt;1% each</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th>BL</th>
<th>3 mo</th>
<th>6 mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>GC</td>
<td>5</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>CT*</td>
<td>9</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Syphilis**</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>HIV</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* 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
Maslow’s Theory

Hierarchy of Needs

- Physiological
- Safety
- Social
- Esteem
- Self-actualization
MISTERS
Firm Foundations

• STAND, Inc.
  o Re-entry Solutions: Single-Point → Multiple Resource Access

• Matrix of Services
  o Substance Abuse Prevention & Treatment
  o Recidivism Intervention
  o HIV/STD Prevention

• Facilitating the establishment of *Life Stabilizers*
  o Employment
  o Housing
  o Family Preservation (i.e. DV)

• Encouraging & Facilitating Health Care & Access
Acknowledgements

- Charles Sperling, MS
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- 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
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404-639-1825
stw8@cdc.gov

The findings and conclusions in this presentation have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.
“Project Getting Connected”
STAND, Inc.
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)
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 Interventions

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

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Abstinence (last 30 days)</th>
<th>Enrollment (Baseline/N=301)</th>
<th>Discharge (Six Month Follow-Up/N=247)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>78%</td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td>Marijuana/Hashish</td>
<td>86%</td>
<td>88%</td>
<td></td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>88%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>98%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>94%</td>
<td>97%</td>
<td></td>
</tr>
</tbody>
</table>
# Sexual Activities & Practices

<table>
<thead>
<tr>
<th>Activities &amp; Practices</th>
<th>Enrollment (Baseline/N=301)</th>
<th>Program</th>
<th>Discharge (Six Month Follow-Up/N=247)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Last 30 Days</td>
<td>Protection Used</td>
<td>Last 30 Days</td>
</tr>
<tr>
<td>Sexual Encounters</td>
<td></td>
<td>in last encounter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>37%</td>
<td>28%</td>
<td>54%</td>
</tr>
<tr>
<td>Number of Partners</td>
<td>0</td>
<td>1</td>
<td>2-3</td>
</tr>
<tr>
<td></td>
<td>42%</td>
<td>28%</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>32%</td>
<td>39%</td>
<td>23%</td>
</tr>
</tbody>
</table>
### Sexual Perceptions

#### Program

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

### Reentry Issues

<table>
<thead>
<tr>
<th>Program</th>
<th>Enrollment (Baseline/N=301)</th>
<th>Discharge (Six Month Follow-Up/N=247)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment</td>
<td>53%</td>
<td>30% ▼</td>
</tr>
<tr>
<td>Housing (stable)</td>
<td>19%</td>
<td>30% ▲</td>
</tr>
<tr>
<td>Family Support</td>
<td>63%</td>
<td>76% ▲</td>
</tr>
<tr>
<td>Social Connectedness</td>
<td>75%</td>
<td>84% ▲</td>
</tr>
<tr>
<td>Recidivism</td>
<td>---</td>
<td>7%</td>
</tr>
</tbody>
</table>
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!
GENERAL SESSION III
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Georgia General Assembly
JOHN EAVES
Fulton County Board of Commissioners
BURRELL ELLIS
DeKalb County
TODD MARKLE
Office of Governor Nathan Deal
Q & A