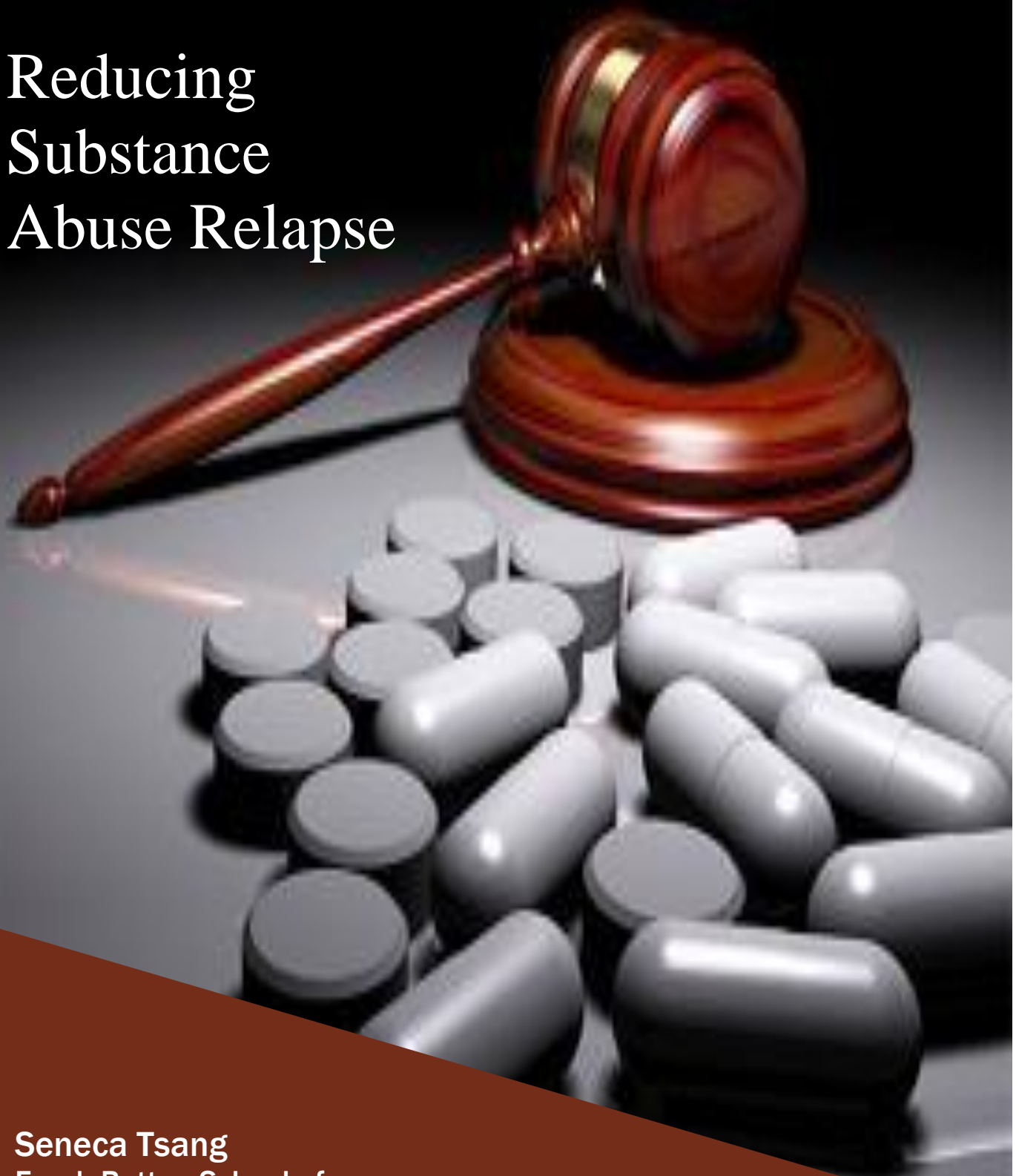


Reducing Substance Abuse Relapse



Seneca Tsang
Frank Batten School of
Leadership & Public Policy
May 2020



Charlottesville-Albemarle Adult Drug Court



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Client

This report was prepared for the Charlottesville-Albemarle Adult Drug Court in partnership with Offender Aid and Restoration – Jefferson Area Community Corrections (OAR-JACC) in order to reduce substance abuse relapse.

Disclaimer

The author conducted this study as part of the program of professional education at the Frank Batten School of Leadership and Public Policy at the University of Virginia. This paper is submitted in partial fulfillment of the course requirements for the Master of Public Policy degree. The judgments and conclusions are solely those of the author, and are not necessarily endorsed by the Batten School, by the University of Virginia, or by any other agency.

Honor Statement

On my honor as a student, I have neither given nor received unauthorized aid on this assignment.

Seneca Tsang



Charlottesville-Albemarle Adult Drug Court



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Key Terms

In order to assist orientation in the reading of this APP, the following terms and entities have been defined as it pertains to the Charlottesville– Albemarle Adult Drug Court.

- ✧ **Alumni Coordinators**–help to coordinate the alumni of a treatment facility in order to enhance their experience of living in recovery.
- ✧ **OAR–JACC** – Offender Aid and Restoration– Jefferson Area Community Corrections.
- ✧ **Mutual Peer Support**– mutual form of shared interactions in which participants seek to use their own personal experience to help other and gain additional reinforcements in their own life. This can occur in individual and group settings.
- ✧ **Peer** –someone who has experienced a behavioral health condition firsthand and is now in recovery.
- ✧ **Peer Support Services**– intentional services that are based on the lived experience, training, and certification of the provider and are designed to promote engagement, facilitate recovery, and support resiliency. In PSS, the relationship is not reciprocal, and the skill and degree of recovery is not the same between the provider and recipient (Davidson, Chinman, Sells, and Rowe, 2006).
- ✧ **Peer Support Specialist** – individuals who are trained, certified, and deliver these services.
- ✧ **Recovery** –a journey where an individual discontinues the use of alcohol and other drugs and experiences improved overall health, wellness, and civic engagement.



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- ✕ **Recovery-oriented systems of care (ROSC)**– systems of care that use a chronic care management model for severe substance use disorders, which includes longer-term, outpatient care; recovery housing; and recovery coaching and management checkups.
- ✕ **Recovery support services (RSS)**– the collection of community services that can provide emotional and practical support for continued remission.



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Executive Summary

Created in 1997, the Charlottesville –Albemarle Adult Drug Court seeks reduce recidivism rates among Drug Court participants and graduates by helping individuals find and maintain sobriety. This provides additional benefits to the greater community by reducing costs associated with incarceration, reducing future criminal activity among successful program participants, and improving the overall mental health, physical health, and productivity of these citizens and their families.

While the Charlottesville–Albemarle Adult Drug Court has seen significant success in rehabilitating offenders and decreasing recidivism rates in comparison to non-drug court participants, the court continues to see its graduates arrested at an average rate of 43.7% percent, almost 18 percentage points more than Virginia’s 25% average recidivism rate of drug court graduates (Charlottesville Albemarle Adult Drug Treatment Court , 2019) (Project Narrative, 2019).

Thus, in partnership with Offender Aid and Restoration—Jefferson Area Community Corrections, this report seeks to identify possible policy options to decrease the likelihood of recidivism and substance use relapse for the graduates of the Charlottesville–Albemarle Adult Drug Court. To that end, it will review the literature on a variety of support services utilized across the world and will identify four alternatives: community recovery centers, family group sessions, peer recovery workers, and alumni networks. Each of these alternatives are evaluated according to four metrics of success: Recidivism Rate Reduction, Participation, Accessibility and Expansion of Positive Relationships, and Monetary Cost.

Based on this analysis and in consideration of the current pandemic of Covid-19, this report recommends the development of an alumni network of drug court graduates and proceeds to delineate one possible method for implementing such a post-graduate program.



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Problem Definition

In addressing Albemarle County's strategic goal #A7 of providing support for persons interacting with the legal or criminal justice system, the Charlottesville-Albemarle Adult Drug Court was created to attempt to reduce recidivism among Drug Court participants and graduates by helping individuals find and maintain sobriety. While the Charlottesville-Albemarle Adult Drug Court has seen significant success in rehabilitating offenders and decreasing recidivism rates in comparison to non-drug court participants, the court continues to see its graduates arrested at an average rate of 43.7% percent, almost 18 percentage points more than Virginia's 25% average recidivism rate of drug court graduates (Charlottesville Albemarle Adult Drug Treatment Court , 2019) (Project Narrative, 2019).



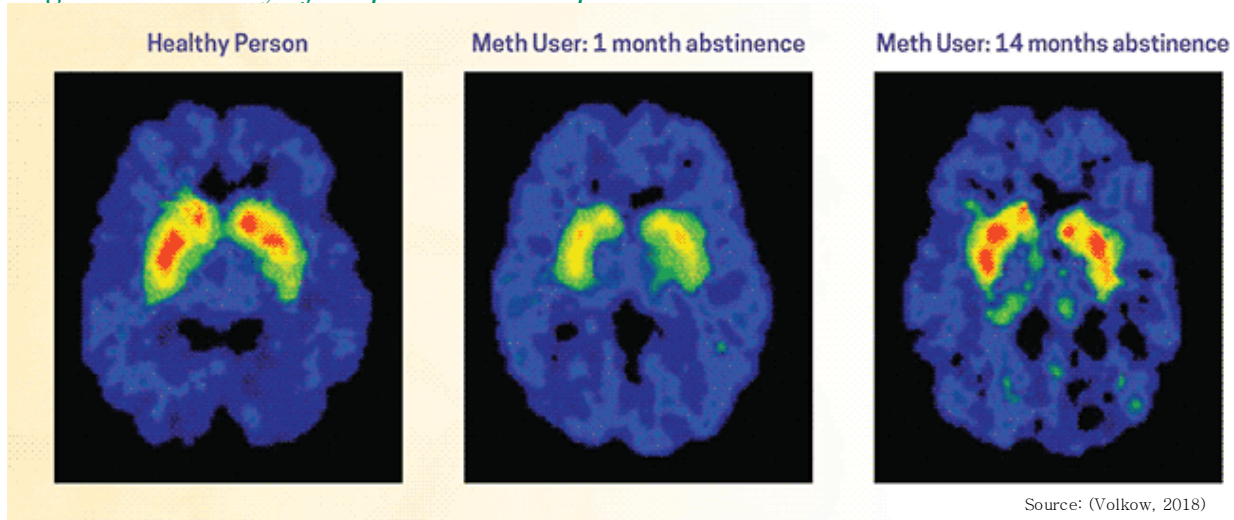


Background

What is addiction?

Drug addiction is recognized as a mental disorder in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth edition*. (Hartney & Gans, 2020). The disorder covers ten separate classes of drugs: alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedatives, hypnotics, anxiolytics, stimulants, tobacco, or other unknown substances. Addiction occurs as a result of the activation of the brain's reward system with drug use that produces feelings of pleasure or euphoria that one continues to crave. Treatment in the case of substance use disorder is not seen as a cure, but as an effective method of management that enables people to counteract their brain's dependency on the pleasuring effects of a drug and allow them to regain control over their life. Figure 1 displays the density of dopamine transporters in the brain of a methamphetamine user over a period of abstinence, demonstrating the brain's ability to partially recover from sustained use of drugs.

Figure 1: Density of Dopamine Transporters



What is Recovery?

Recovery is a broad term that carries a variety of definitions for different groups of policymakers, researchers, and providers as demonstrated in Table 1 below. However, these definitions all encompass the idea that recovery is a journey



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where an individual discontinues the use of alcohol and other drugs and experiences improved overall health, wellness, and civic engagement.

Table 1: Definitions of Recovery

Source	Year	Definition
Center for Substance Abuse Treatment (CSAT)	2005	Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life
American Society of Addiction Medicine	2005	A patient is in a “state of recovery” when he or she has reached a state of physical and psychological health such that his or her abstinence from dependency-producing drugs is complete and comfortable
Betty Ford Institute Consensus Panel	2006	A voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship
UK Drug Policy Commission	2008	The process of recovery from problematic substance use is characterized by voluntarily sustained control over substance use which maximizes health and wellbeing and participation in the rights, roles, and responsibilities of society
Scottish Government	2008	A process through which individuals are enabled to move on from their problem drug use towards a drug-free life as an active and contributing member of society.
SAMHSA	2011	Recovery from mental disorders and substance use disorders is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential

Source: (Taylor, 2014)

Relapse

Relapses can take many forms that can include a person using drugs or alcohol after abstaining for a period of time; a one-time mishap and return to sobriety; someone who resumes drug use after treatment and return to rehabilitative services; or someone who experiences a full relapse and return to prior poor behaviors. This occurs frequently with 40–60% of drug users experiencing a relapse during recovery. Due to the nature of the chronic illness, relapses are seen as part of the process to achieving remission (Deveny, 2020).

Emotional, mental, and physical relapse comprise the three main stages of relapse. Those experiencing emotional relapse often feel the same emotions they experienced when they were actively using drugs or alcohol. This does not necessarily mean they are considering returning to drug use, but is a sign of a

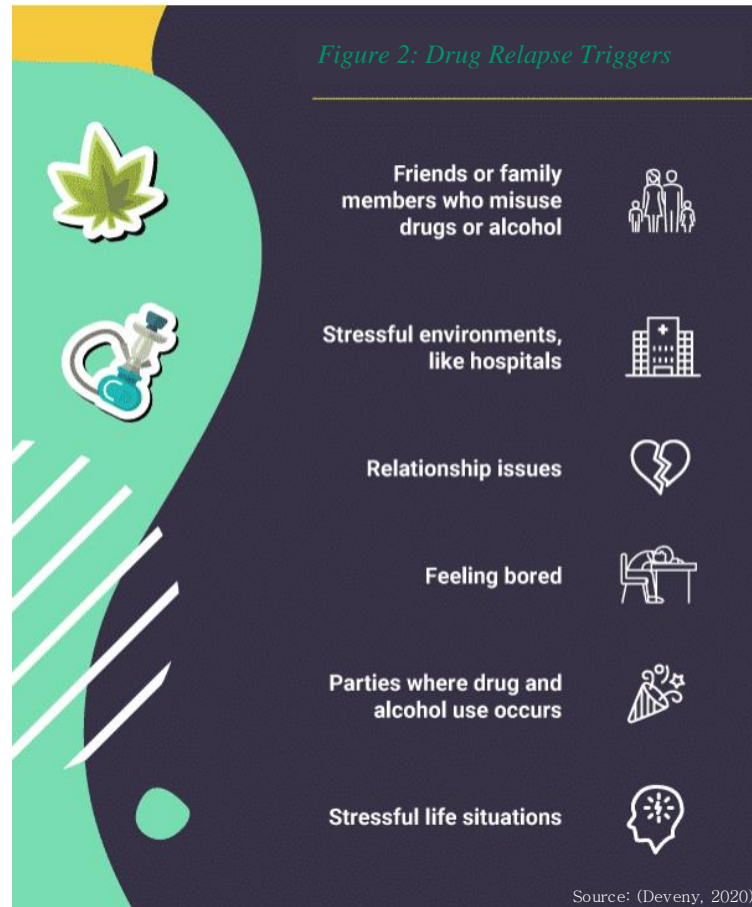


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potential relapse. Mental relapses take the form of internal conflicts between the urge to use drugs or alcohol and maintain a life of sobriety. Physical relapse involves the active use of a substance. Common indicators of potential relapse include drug cravings, sudden mood changes, depression, anxiety, or destructive thoughts, denial of events or behaviors, impulsivity, return to previous routines or social groups, and/or isolation from support networks (Deveny, 2020).

Numerous triggers can tempt individuals to abuse substances again. For some, high stress situations must be avoided. For others, celebrations and positive experiences are their pitfalls. Figure 2 identifies common factors that lead to relapse. However, a trigger does not necessarily imply a relapse. It is simply a factor that increases one's susceptibility to previous addictive behaviors.



Types of Continuing Support

The recent focus on health orientated systems of care have allowed peer recovery and social support networks to flourish and today, they manifest in various forms. However, in all forms of treatment and recovery, the research shows that people need to have available and consistent social support, accurate and accessible information including health education and modeling, an internal locus of control, and personal sense of efficacy (Daniels, Fricks, & Tunner, Expanding the Role of Peer Support Services In Mental Health Systems of Care



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and Recovery, 2010). A study conducted by Repper and Carter examined the range of services provided by peer support workers and the impact of these on the recovery process. Their findings reported that peer support services were much more successful than professionally qualified providers in promoting hope and belief in the possibility of recovery, empowerment and increased self-esteem, and the ability to manage difficulties of social inclusion, engagement, and increased social networks (An Assessment of Innovative Models of Peer Support Services in Behavioral Health to Reduce Preventable Acute Hospitalization and Readmissions, 2015). While this was a rigorous study that produced promising results, we must note that with peer support services remain a fairly new of research. As such, we must note that the limited data and the absence of easily isolated outcome variables limits the confidence of these conclusions. However, as an initial foray into the field, these results lend us optimism that this field has promising effects.

Other options are available to individuals following the completion of treatment of individual therapy such as cognitive behavioral therapy (CBT) which strives to help recovering addicts understand their underlying issues and address their addiction holistically as well as through counseling to allow individuals to delve more into their emotional responses. Medicated- Assisted Treatment (MAT) uses FDA approved medications in combination with counseling, and behavioral therapies to provide a whole-patient approach to the treatment of substance use disorders (Medication-Assisted Treatment (MAT), 2020). Twelve- step programs are another avenue available for addiction support (12-Step Programs, 2019). Originating from Alcoholics Anonymous, these have grown to cover many other drugs. Ultimately though, such programs rely on the belief in a higher power to address one's powerlessness.

In contrast to the religious devotion offered by twelve- step programs, Self-Management and Recovery Training (SMART) is a support program that empowers people and teaches them to control their addictive behavior by focusing on underlying thoughts and feelings. This program involves four major aspects: building and maintaining motivation, coping with urges, managing thoughts, feelings and behaviors, and living a balanced sober life (Juergens, 2019).



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Again, the literature demonstrates a wide variety of success resulting from these programs (Daniels, Fricks, & Tunner, Expanding the Role of Peer Support Services In Mental Health Systems of Care and Recovery, 2010). As each individual differs in their motivations and aspirations, recovery programs must be flexible enough to accommodate each of those differences.

The Money Behind Peer Support

While many states offer grant funding for peer support services, Medicaid is the main funder of such programs. Currently, thirty-nine state Medicaid programs cover peer support services for individuals with mental illness, addiction disorder or both under the fee-for-service benefit. However, there is a wide range in reimbursement rates. A 15-minute period can range from less than \$2.00 to \$5.00 for group rates in comparison to the \$6.50 to \$24.36 charged for individual rates (Mandros, 2018). Establishing Medicaid-billable peer support further emphasizes the professional role of peer specialists which is beneficial in that it provides a new realm of growth for this field. Formally establishing such a system under Medicaid allows the state and federal government flexibility in adjusting to the needs of the area (Snyder & Rudowitz, 2015). It allows more low-income individuals to receive the care they might not otherwise be able to afford. However, this also creates complications by potentially incentivizing a standard formulaic treatment that might not adequately help an individual who requires peer support services (Snyder & Rudowitz, 2015).

Drug Treatment Court

In fiscal year (FY) 2019, there were fifty-three drug treatment courts approved to operate in Virginia¹. These include thirty-nine adult, seven juvenile, four family, and three regional driving under the influence (DUI) drug treatment court dockets. The goals of each of these problem-solving courts are to:

- Reduce drug addiction and drug dependency among offenders
- Reduce recidivism
- Reduce drug related court workloads

¹ See Appendix A for list of approved drug courts in Virginia



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- Increase personal, familial, and societal accountability among offenders
- Promote effective planning and use of resources among the criminal justice system and community agencies

(Hade, 2019)

Striving to reduce drug and alcohol use is critical as it fosters participant rehabilitation, public safety, and participant accountability. It benefits the local community by reducing the public cost associated with re-arrest and incarceration, reducing potential victims of crime, and enhancing the overall quality of life for community residents and graduates. The FY2019 report found that “every adult participant who completes a Virginia drug treatment court docket program saves the Commonwealth \$19,234 compared to an adult who receives traditional case processing” (Hade, 2019). Meanwhile, research reported by the publication, *Painting the Current Picture*, found that “continued substance use is associated with a two- to fourfold increase in the likelihood of criminal recidivism” (FY21 Program Funding Application, 2020; FY21 Program Funding Application, 2020). Thus, in seeking to reduce the recidivism rates of Drug Court graduates, it is also critical that we assist them in maintaining their sobriety in short- and long-term recovery.

Resource Gaps in Drug Courts

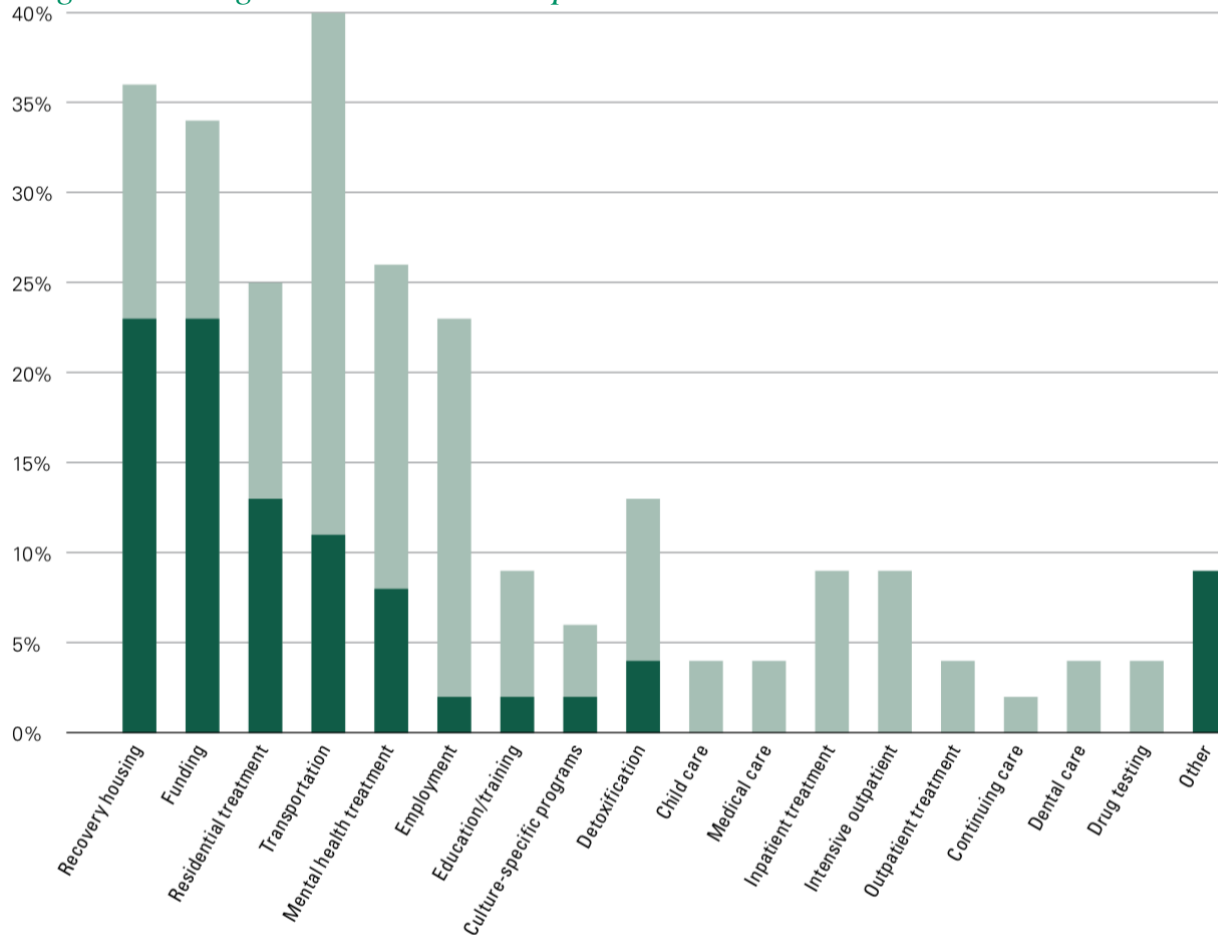
In a 2016 report on resource gaps faced by drug courts in the United States, the study found that the main gaps were insufficiencies in recovery housing, funding for the drug court, residential substance use disorder treatment, transportation for participants, mental health treatment, detoxification services, culture-specific services, employment training or opportunities, and educational or vocational training. Figure 4 delineates these resource gaps, with more critical issues marked in dark green and secondary gaps in light green.



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Figure 4: Drug Court Resource Gaps



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The Charlottesville Albemarle Adult Drug Treatment Court offers a program that provides rehabilitation for substance abuse under rigorous outpatient and judicial supervision to non-violent drug offenders and drug-related felony larceny offenders in the Circuit Courts of Charlottesville and Albemarle County. Created in July 1997 as a joint effort between the City of Charlottesville and the County of Albemarle through Offender Aid and Restoration (OAR) Jefferson Area Community Corrections, the voluntary program seeks to reduce recidivism and substance abuse by addressing drug addiction problems and other criminogenic needs through treatment, case management, intensive community supervision, and frequent judicial monitoring (Charlottesville Albemarle Adult Drug Treatment



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Court , 2019). Further support for the program comes from the police, commonwealth attorneys, defense attorneys, Region Ten Community Services Board, probation and parole and the Courts. This pool of resources continues to grow.

The program was created to address the gaps in courts relating to drug abuse, provide individualized support to each consumer, and foster a network of community-based services and support to bridge the gap between treatment and recovery communities (Project Narrative, 2019). Thus, the mission of the Drug Court is twofold. The first seeks to increase the availability of a variety of substance abuse and mental health treatments for current participants. The second seeks to create a network of support for participants both within the recovery community as well as that of the larger community. By utilizing community partnerships to leverage a combination of court ordered supervision, drug testing, treatment services, court appearances, and behavioral sanctions and incentives, the drug court is able to provide rehabilitation services to individuals whose criminal justice involvement stems from alcohol and drug use. This benefits the greater community by reducing costs associated with incarceration, reducing future criminal activity among successful program participants, and improving the overall mental health, physical health, and productivity of these citizens and their families.

Offender Aid and Restoration--Jefferson Area Community Corrections

Charlottesville was one of six initial pilot offices created in Virginia in 1971 for the Office of Aid and Restoration (OAR). Initially funded by Law Enforcement Assistance Administration (LEAA) and Volunteers in Service to America (VISTA), services only included one-to-one volunteers, in jail programming of services, pre-release planning and job seeking assistance to ex-offenders (History, 2019). The following year, the Comprehensive Employment and Training Act (CETA) funded a Work-Release program and a Pre-Trial program. OAR- Jefferson Area Community Corrections is a private nonprofit organization whose mission is to provide safe, cost-effective alternatives to incarceration for Central Virginia.



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Today, these services include pretrial investigations/supervision, community correction, specialty Courts and dockets, and reentry services. As a whole, the organization is funded by federal, state, and local governments, in addition to private foundations and local donations. OAR thus also receives funding from Charlottesville, Albemarle, Fluvanna, Goochland, Greene, Louisa, Madison, Nelson, and Orange (Home, 2019).

Partnerships

In working with community partners, the Drug Court collaborates with a variety of local agencies and entities. A Memorandum of Understanding with law enforcement allocates an officer, vehicle, and communication with OAR/Drug Court. City of Charlottesville and Albemarle and with On Our Own, a local Charlottesville peer recovery group also have Memorandums of Understanding with OAR. They also partner with the commonwealth attorneys, defense attorneys, Region Ten Community Services Board, Probation and Parole, and the Courts. Most importantly, OAR has agreements with over fifty nonprofit, charitable, and governmental agencies to provide community service work for its participants.

The Charlottesville-Albemarle Adult Drug Court most partners with Region 10 in order to provide treatment to its participants. Together, with providers from Region 10, drug court programs are able to build individualized programs for participants. Region Ten is a public behavioral health care center that strives to provide accessible, cost-effective services and treatments for patients with behavioral health needs. By supporting recovery of their patients, they can help build upon a person's strengths and create opportunities to reach his/her full potential. While headquarters is located in Charlottesville, Virginia, there are numerous satellite offices in five surrounding counties, including Albemarle, Louisa, Fluvanna, Greene and Nelson Counties to increase the availability and accessibility of services. Region Ten has been providing a large array of behavioral health services to the local criminal justice system for many years. Region Ten has and continues to establish service contracts with the local regional jail, both federal and state probation offices, and OAR.



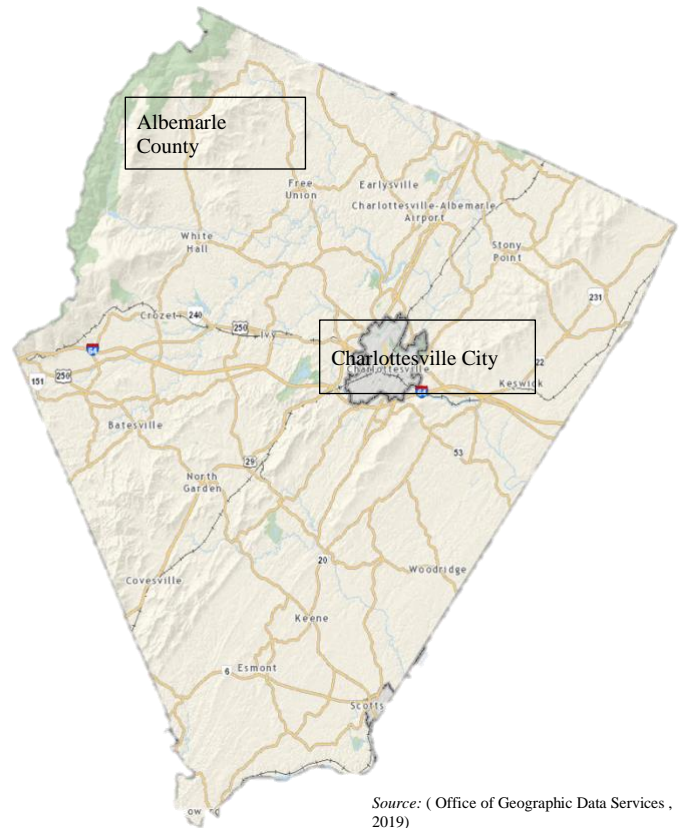
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Target Population

The Drug Court serves the city of Charlottesville and Albemarle County (See Map 1). This 10.2 square miles of the City lie in the middle of the 720.7 square miles of Albemarle County (Project Narrative, 2019). Within this region of central Virginia, there is a wide variety of urban, suburban, and rural areas. The Charlottesville-Albemarle Drug Court programs seeks to target local, non-violent felony offenders who have a demonstrable addiction or drug dependency². Offenders wishing to join the program must enter a guilty plea with the Commonwealth and are then promised a reduced, suspended, or dismissed sentence with successful completion of the program. Failure or withdrawal automatically returns the case to normal case processing for the original charges.

Map 1: Map of City of Charlottesville and Albemarle County



Qualifying Process

The drug treatment court docket process begins with a legal review of the offender's current and prior offenses and a clinical assessment of the substance abuse history. Offenders who meet eligibility criteria and are found to be drug and/or alcohol dependent may volunteer to be placed in the drug treatment court docket program and referred to a variety of recovery service providers. Figure 4 delineates the process.

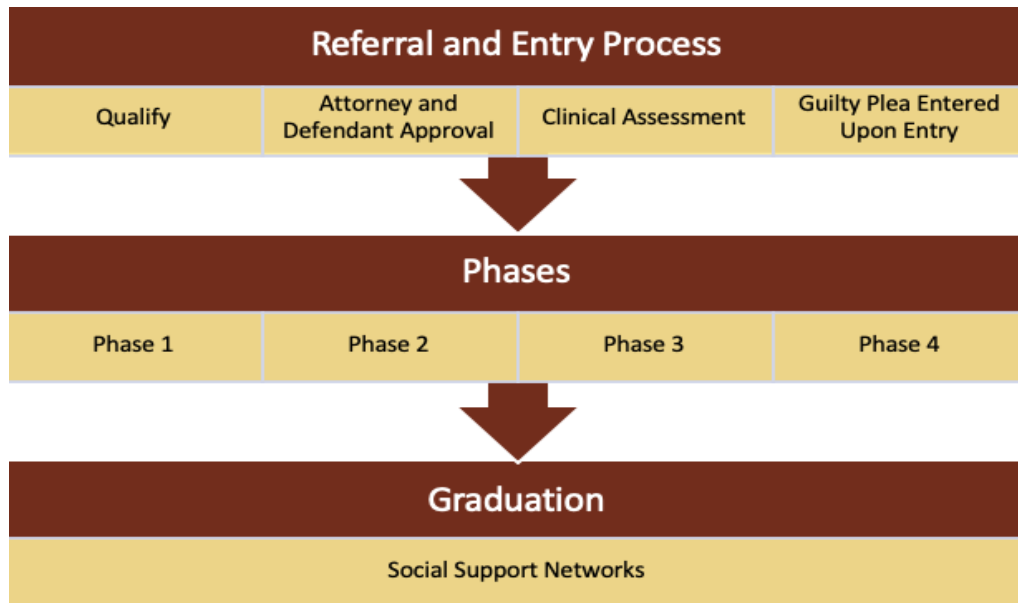
² See Appendix B for Drug Court Eligibility Criteria.



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Figure 4: Drug Court



(Project Narrative, 2019)

Charlottesville Albemarle Adult Drug Court Program Phases

Drug treatment court dockets are a highly specialized team process that function within the existing judicial system structure to address nonviolent drug and drug-related cases. They are unique in the criminal justice setting because they build a close collaborative relationship between criminal justice and drug treatment professionals. Together, they design a treatment needs assessment, judicial interaction, monitoring and supervision, graduated sanctions and incentives, treatment, and various rehabilitation services to reduce drug use relapse and criminal recidivism among defendants and offenders through a treatment needs assessment, judicial interaction, monitoring and supervision, graduated sanctions and incentives, treatment, and various rehabilitation services. Within a cooperative courtroom atmosphere, the judge leads a team of six drug court staff, including a coordinator, attorneys, probation officers, and substance abuse treatment counselors, that work together to ensure that drug testing, court appearances, and rewards and sanctions are given out appropriately. Participants must appear in court regularly according to their phase requirements as specified in Figure 5. The personal relationship that develops with drug court participants and the judge is critical in affecting the



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success of an individual due to the swift and fair usage of incentives and sanctions in influencing behavior (Hade, 2019). With such comprehensive and structured programs facilitating the court process, the drug court as a whole can maintain a balance of authority, supervision, accountability, support and encouragement.

Figure 5: Program Phase Requirements

Requirements	Phase 1	Phase 2	Phase 3	Phase 4
Drug Screens	3-5x weekly	3x weekly	2x weekly	2x weekly
Individual sessions	Per treatment plan	Per treatment plan	Per treatment plan	Per treatment plan
Intensive Outpatient	Per treatment plan	Per treatment plan	Per treatment plan	Per treatment plan
Probation officer	As directed	As directed	As directed	As directed
Self-help meetings	2x weekly	2x weekly	2x weekly	2x weekly
Court Appearances	Weekly	Every other week	Every 3 weeks	Every 4 weeks
Home/community contacts	As needed	As needed	As needed	As needed

(Project Narrative, 2019)

The Drug Court includes intensive community supervision, random urine testing for drug and alcohol use, intensive outpatient substance abuse treatment, frequent status court hearings with the Drug Court Judge, immediate sanctions (including jail time) for program violation, and incentives for successful participation. The four-phase program lasts a minimum of 12 months (Project Narrative, 2019) (Charlottesville-Albemarle Drug Court Program: Operations Manual, 2019). Individuals progress through each of these phases based upon their success in achieving the goals of each phase. These goals include length of sobriety, lawful employment or enrollment in school (Charlottesville-Albemarle Drug Court Program: Operations Manual, 2019).



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Success is rewarded through a system of incentives to motivate positive behavior such as recognition from the judge and peers, certificates of achievement, tokens for sobriety, gift cards, and tickets for activities. Sanctions against negative behavior include community service, written assignments or jail time. Participants can be disqualified and expelled from the program with certain infractions and violations. Following completion of the requirements of each phase, participants may progress with their case manager's and the Drug Court judge's approval.

Completion/Graduation

Participants must be drug and alcohol free for a minimum of seven months in order to graduate from the program. Those who are terminated from the program, for any reason, return to court for the resumption of normal case processing on their original charge. Successful graduates are rewarded with their original positive benefit sentence as agreed upon prior to program entry. As the level of supervision decreases with each stage, participants are ideally well positioned to transition out of the program into society on their own with the help of the peer recovery network that they developed during their time in Drug Court. The social support network that the Drug Court seeks to create is implemented during the last phase of the program in an attempt to address relapse prevention and healthy relationships as participants transition into daily life outside of the supervision of clinical treatment.

Current state of the Charlottesville Albemarle Adult Drug Court

Currently, the OAR- Jefferson Area Community Corrections is comprised of a team of six individuals who oversee the entire Drug Court program. Some of their duties include monitoring their clients, administering random drug tests, providing therapy sessions, and offering incentives for good behavior. Together, they are responsible for about 20-40 individuals at a time. Despite the barriers faced by drug court participants, these local offenders have been shown to recidivate less frequently than those who do not receive this type of intervention. A 2012 Local Impact Study by the National Center for State Courts comparing Charlottesville-Albemarle Drug Court participants to a comparison group of "matched" local offenders showed that Drug Court graduates had a recidivism rate (measured by new arrest for a jailable offense) nearly 27



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percentage points lower (43.7% vs. 70.5%) than the “matched” comparison group (Project Narrative, 2019). While this is a notable decrease in recidivism for local offenders, national data show recidivism rates as low as 25% for Drug Court graduates (Project Narrative, 2019). The proposal for the implementation of a social support network to enhance the services provided by the Drug Court will ideally make local recidivism rates more comparable to that of the national rates. In analyzing the effectiveness of the Charlottesville Albemarle Adult Drug Court, OAR-JACC seeks to expand the availability of services and treatment options as well as encourage successful rehabilitation.

Past attempts to provide a peer recovery network have been unsuccessful as participants reported that they were wasting their time in programs that were not relevant to their problems, disparaging, and stigmatizing. Through successful implementation of peer recovery and alumni networks within the Charlottesville and Albemarle area, OAR-JACC seeks to:

- 1) Increase drug court retention rates
- 2) Increase reported consumer satisfaction
- 3) Increase the number of successful drug court graduates
- 4) Increase drug court participants’ social connectedness
- 5) Increase drug court participants’ employment status.

Today, in order to provide a local resource to Drug Court graduates, OAR refers their participants to On Our Own Charlottesville. This is the only peer-run recovery center in Charlottesville that offers a safe space for those struggling with mental health issues, including trauma, mental illness, addiction, etc. The group provides free services of mutual support, self-help, advocacy, education, information and referrals for individuals who acknowledge having significant issues due to mental illness and take responsibility for their continued recovery. The group was created in 1990 as a peer-run drop in center when the mental health needs of individuals were unmet and treatment often consisted of frightening hospitalization experiences (Welcome to On Our Own!, 2020). Organizationally, they consist of a full-time executive director and a hospital liaison to serve almost 50 people daily while remaining open for seven hours every day (Welcome to On Our Own!, 2020). Following three casual drop-in visits, the group now requires a commitment to program enrollment. They offer three structured programs:



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- 1) Wellness Recovery Action Plan (WRAP)– helps participants develop an individualized plan to maintain their recovery and develop a crisis plan for emergencies
- 2) Individualized Well-Being Plan (IWP)–educates and assists participants in managing mental illness, and works towards independence and individual empowerment with the aid of a personal advocate
- 3) Goals group (Peer support group) – provides space for individuals to discuss their challenges and support each other in their recovery

Limitations



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Within the scope of my research in regards to OAR, there are limitations to the due to the size of the evidence base and the limited amount of research in the field. Because OAR-Jefferson Area Community Corrections averages about forty participants each year and only began collecting data in 2017, there are limited data points for our usage to predict general trends as well as participant preferences. In addition, those who finish the drug court program come from a very specific population of low-risk offenders who are deemed to be the most likely to graduate from such a program. Those who relapse are sent back to the traditional court for sentencing. As such, our data is not only made even smaller due to the highly selective group of people admitted but the results are also skewed to portray a higher percentage of success.

Within the scope of peer support services as a whole, the field is relatively new and thus there are low numbers of participants in studies, randomization of participants is difficult, outcomes of peer services are still undergoing longitudinal monitoring and outcomes are difficult to measure. This is an area that continues to see a shortage in financial support which hinders the ability to effectively research this growing field (Daniels, Fricks, & Tunner, Expanding the Role of Peer Support Services In Mental Health Systems of Care and Recovery, 2010).



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Evaluative Criteria

This report presents four policy options to address the high post-graduation recidivism rates faced by the Charlottesville Albemarle Drug Court. The optimal social support network for participants within the local recovery community should reduce recidivism, attract and maintain participants, assist in creating positive relationships, and be inexpensive. Each of these policy options is evaluated according to the following evaluative criteria:

✕ **Recidivism**

Recidivism refers to the likelihood that a participant relapses into criminal behavior resulting in a serious offense where arrest or the filing of a charge occurs. As OAR-JACC's ultimate goal is to successfully rehabilitate each individual enrolled in the program, recidivism will be the most important outcome for consideration in evaluating the merits and limitation of the policy option. This criterion will be designated with 'Low', 'Medium', or 'High' with the option that reduces recidivism the most being 'High'.

✕ **Participation**

Participation refers to the likelihood of participant's involvement with a program. This is a crucial component as a social support network necessitates the involvement of drug court graduates to serve as advisors to those struggling with the temptation of substance abuse. Without involved attendees, the future growth and success of such a program would cease to exist. Participation is measured qualitatively on a scale of 'Low', 'Medium', or 'High' with the policy option that maximizes participation of drug court graduates ranked as 'High'.

✕ **Positive Relationships**

Positive relationships refer to the likelihood of participants creating positive relationships. These can take the form of supportive friends, familial relations, employment opportunities, housing assistance, community service, or recreational activities. Studies have shown that positive relationships reduce the likelihood of recidivating by creating



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meaningful interactions (Taylor, 2014). The positive relationships criterion is measured qualitatively on a scale of 'Low', 'Medium', or 'High' with the policy option that maximizes the quality and quantity of participants' interpersonal relations ranked the highest.

✂ Cost

Cost refers to the monetary investment required to implement and maintain the policy option. Low cost options are preferable to high-cost options, all else held constant. Thus, low cost options are designated as 'inexpensive' to indicate the increased benefits of lower costs. Higher cost options are designated as 'expensive' to indicate the decreased benefits associated with higher costs.



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Policy Options

Policy Option 1: Build a community recovery center

This option proposes the creation of a community recovery center. Such spaces provide public and visible communities for recovery within a locality. As a central location for the public, community recovery centers also promote advocacy and education about the journey to recovery and create a safe, welcoming place for drug court participants, family members, friends, and other members of the public (Taylor, 2014).

In providing community education, peer support, recreational activities, and volunteer opportunities, recovery centers would foster civic engagement and leadership development and offer a central area for simple user run drop in services as well as scheduled programming. The services offered are nonclinical and include connections to employment, housing, and social services. For Drug Court participants with a criminal history, the opportunity to be involved with a recovery community organization is critical as criminal histories often preclude individuals from volunteer or working with certain businesses and organizations. In Salt Lake City, Utah Support Advocates for Recovery Awareness (USARA) allows their participants to satisfy their community service requirements at their recovery community center. Within the Central Virginia region, a recovery center would provide another opportunity for community service.

A recovery center provides a communal area for individuals to make more genuine and unique connections, develop an understanding of the recovery process, and become willing participants in their journey to recovery. OAR-JACC can implement a similar system to that of the Chittenden County Drug Court in Vermont where everyone who visits these centers finds a sympathetic ear and information about recovery and substance-abuse services in a safe, drug-free and alcohol-free environment (Vermont Recovery Network: History, 2019). The Drug Court there serves as a referral center where it directs its participants to the peer-run community center by requiring graduates to participate in six sessions of peer-facilitated groups. In foreseeing future growth to such an area, OAR could centralize its treatment, case management,



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and recovery to one building for the convenience of its providers and participants.

As the potential benefits of peer-recovery programs are often not achieved due to weak interpersonal relationships and early dropout rates, the creation of a community recovery center would facilitate the growth of stronger relationships and the mandatory initial group sessions would serve to create the necessary roots for those relationships. The openness of such community centers to all individuals on different paths of recovery would serve to decrease the social stigma often associated with substance use disorders, thus emboldening more individuals to frequent these centers for support and encouraging continued sobriety.

Evaluation

Recidivism: Medium

Recovery community centers are moderately effective in long term engagements. In two different studies study by Kelly, et al. it was found that half of most participants were in their first year of recovery while about 20% had five or more years. (Kelly, et al., 2020). Here this shows diminishing returns in the effectiveness of recovery centers in retaining individuals in recovery over time. However, recovery community center are a relatively 'new' service that still requires more robust data to support the role that they play in maintaining long-term recovery.

Participation: High

In two different studies relating to the transition from the recovery setting to community life of recovery centers across the United States, it was found that community recovery centers play a large role in the recovery setting as they are essentially one stop shops and are most commonly utilized by individuals with few resources and primarily with opioid and alcohol addiction issues (Kelly, et al., 2020). Thus, we estimate high participation with this alternative as many drug court participants are unable to easily access multiple sources of information for recovery.



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Positive Relationships: High

In an analysis of thirty-one recovery centers across the United States, the most commonly used services were those that involved socially orientated mutual-help/peer groups and volunteering (Kelly, et al., 2020). However, technological assistance and employment assistance were also common. Thus, community recovery centers offer great value in the form of social support.

Cost: Expensive

The average cost of operating a community recovery center averages anywhere from \$17,000–\$760,000/year and serves anywhere from a dozen to more than two thousand visitors per month (New Kid, 2020). Within Charlottesville, one would also need to factor in the additional cost of start-up and creation of such a center, as well as the overhead costs of running such a facility in addition to treatment services. Thus, this is an expensive option, and is ranked low on the cost criterion.



Policy Option 2: Implement Family Group Sessions

OAR-JACC can implement family group sessions in order to enhance participant engagement with recovery support services. Such a program will require the presence of a family or significant other in attendance on a weekly basis for continued coaching in navigating the recovery process. In Pennsylvania, a



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recovery specialist and family advocate are assigned to both participants and their family members. This opens channels for communication within one's immediate family to help support the journey to recovery. The drug court can offer family education programs such as parenting classes that work to strengthen family bonds with the parents of participants and provide skill-building opportunities to enhance parent effectiveness for participants with children. (Taylor, 2014). Weekly sessions with family members will teach them ways to be supportive of the graduate during long-term recovery.

The importance and value of a strong support system for the recovering individual has been identified in the literature and has been observed to make a critical difference in the success of individuals who have already graduated from the program (Project Narrative, 2019) (Taylor, 2014). In a study comparing effectiveness of family training with a program similar to Alcoholics Anonymous, family training produced three times more patient engagement within a six-month period for treatment (HG, R, & P., 2010). Such an effect is critical when many individuals with substance use disorders are opposed to seeking out formal treatment. Training family members to recognize signs of relapse and encourage sobriety are critical for sustained recovery (B.McGillicuddy, G.Rychtarik, & Papandonatos, 2015). Ultimately, by building upon the strength and resilience of familial relationships to support the responsibility for long-term health and wellness, they create an environment of hope, connectedness, and potential.

Evaluation

Recidivism: Medium

Family groups assist reducing recidivism rates by ensuring accountability of family members. This is particularly effective in the long term, as it removes the need for individuals to rely heavily on formal systems for successful recovery (The Benefits 2020). By educating family members of the signs of potential relapse, interventions can be made swiftly to support continued sobriety.



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Participation: Medium

People normally go above and beyond to help familial relations and this would ideally translate into helping their loved ones successfully recover from addiction. Family, especially parents of children, usually want to learn how they can help. This then is a highly favorable option for those who have loved ones in recovery, but it is more effective in situations where there is an older adult with a younger child as the adult holds more authority. However, those who lack supportive family members will be unable to benefit from such a program. Some individuals suffer from complications with drug abuse due to abuse or neglect from parental figures, relations that also abuse substances, or are in denial of a problem with addiction. In these instances, such a program would not be beneficial.

Positive Relationships: Low

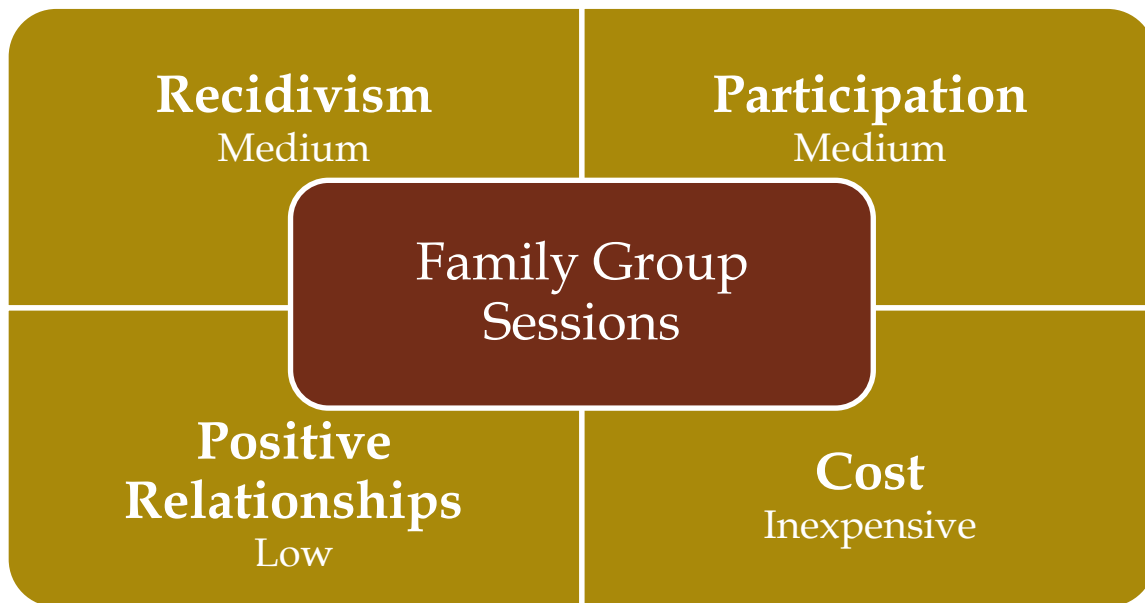
Through family peer support, families can share information regarding resources and networks available. They are able to increase connectedness to community resources and natural supports (The Benefits, 2020) However, again, this is limited to the knowledge of that particular family unit.

Cost: Inexpensive

This is a lower cost option as it can be implemented into something similar to group therapy sessions led by a single individual. Thus, this is an inexpensive option.



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Policy Option 3: Recruit more peer recovery support workers

OAR-JACC should continue recruiting more peer recovery support workers from their drug court graduates to help bridge the gap between professional treatment and community recovery. In FY2019, two part time Certified Peer Recovery Support Specialists were added to the program in order to enhance participant engagement both during and after completion of the program (Project Narrative, 2019). These individuals demonstrate the success that is possible as they relate to the struggles that participants might encounter and advise them during tough times.

“Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. It is about understanding another’s situation empathetically through the shared experience of emotional and psychological pain (Professional Development and Networking, 2020). As peers discover a shared connection with one another, they are able to understand one another based on mutual experience without the constraints of traditional relationships of authority such as that of a patient and provider. Dr. Fricks notes six key attributes of Peer Support Specialists that promote recovery (Daniels, Tunner, & Ashenden, Pillars of Peer Support Services Summit 5 – The Role of Peers in Building Self-Management within Mental Health, Addiction and Family/Child Health Settings., 2013):



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- 1) Insight into the experience of internalized stigma
- 2) A sense of gratitude that is manifested in compassion and commitment
- 3) Peer Specialists take away the “you do not know what it’s like” excuse
- 4) Previous experience of moving from hopelessness to hope;
- 5) Uniquely positioned to develop relationships of trust with their peers
- 6) Ability to monitoring their illness and managing their lives holistically, including both mind and body

Through these attributes, peer support specialists are able to instill a sense of hope that success is possible, lending strength to another individual’s journey to sobriety. Sharing their own stories helps eliminate the stigma that many attach to drug addiction and allows recovery addicts to remain accountable to their own promises of sobriety

Drug court participants who have successfully achieved a sober lifestyle become ardent advocates who wish to share their story and help others achieve sobriety. These peer recovery support workers help individuals and families initiate, stabilize, and sustain recovery. Each of these individuals offer their own unique perspectives from their successful experience with recovering from addiction. Graduates would provide advice and assistance in helping people articulate a plan for a sober lifestyle and directing them towards other supportive-recovery resources for housing and employment, in addition to serving as a liaison to formal and informal community supports and resources. Oftentimes, exposure to the personal stories and lives of people in recovery incentivizes lifestyle changes from those with substance abuse disorders (Taylor, 2014). Over time, graduates would build a relationship with current participants to help support each other’s rehabilitation.

The lived experience of graduates would also serve to decrease the social stigma and inequality of authority that occurs within professional and clinical settings (Shrivastava, Johnston, & Bureau, 2012) (Suchotliff & Seligman, 1974). A drug court participant from South Carolina who completed a 40-hour certified peer support specialist training is successfully leading a women’s peer recovery group. In order to persuade more individuals to join this peer recovery network,



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they should be given more responsibility to empower and incentivize them to help future drug court participants.

However, guidelines should be created to ensure that former addict counselors are free to interact with patients in a less formal, more spontaneous manner than in professional settings, as a balanced partnership between the more congenial, informal peer recovery and clinical treatment is critical to forming a genuine relationship.

Evaluation

Recidivism: High

Peer recovery workers are highly effective at helping maintain accountability following graduation with studies demonstrating significant reductions in risk behavior as well as substance abuse usage (Benefits, 2016)

Participation: High

Many people are highly motivated to become a peer recovery worker following graduation as they look forward to celebrating their success by sharing their stories of triumph to other recovering addicts to show them that there is hope of full recovery (Dickerson, 2013).

Positive Relationships: Low

Peer recovery workers can assist in being a positive relationship in a recovering individual's life and they can provide information on various resources available to someone in recovery. However, as a whole, their ability to network into various realms is highly variable and can be quite limited. Thus, this option was ranked low in developing positive relationships.

Cost: Moderately expensive

The average salary for peer recovery workers is about \$15.42 an hour, and workers often work part time or full time (Daniels, 2016). This option becomes more expensive as more workers are hired with the growth of the program. Thus, I have categorized it as moderately expensive.



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Policy Option 4: Develop an Alumni Network

The Charlottesville-Albemarle Drug Court should develop an alumni network from their graduates in order to extend their partnerships with other organizations, both secular and religious. Here this differs from peer support workers in that these individuals will not need additional training and certification to participate. The creation of such a network allows OAR to expand their reach and increase their coverage of the local Central Virginia region. Secular and religious groups are some of the oldest and largest recovery mutual aid networks in the world (White, 2009). Not only do these groups aid in maintaining sobriety, they also serve to build a natural community for graduates to make positive connections. In order to capitalize upon the existing strength of these communities, an alumni network would have multiple agents capable of making connections throughout the community. Numerous studies have demonstrated a positive effect in maintaining sobriety for members of social recovery groups (White, 2009); (Vermont Recovery Network: History, 2019); (Kelly, et al., 2020). Region 10 and OAR-JACC already partners with an African American recovery support program that works directly with the public housing communities in the area and On Our Own, another peer recovery group (Project Narrative, 2019). However, by enabling Drug Court graduates to serve as the main drivers of connections between the program and the community, OAR empowers its participants to become more involved with the program and dedicated to recovery. In Lewis County, drug court graduates beat the state



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average in terms of likelihood of a person to reoffend. According to 2017 statistics, 6 percent of Lewis County Drug Court graduates will reoffend within 18 months, compared to a statewide average of 20 percent, and 16 percent will reoffend in 36 months, compared to a 32 percent state average. Only 3 percent of these reoffenders in Lewis County will commit a felony, compared to 18 percent at the state level (Johnson, 2018). Graduates of this county share their success stories, create a supportive environment, and host events such as Christmas parties to keep all members engaged.

Furthermore, an alumni network facilitates a smooth transition between a treatment program and everyday life (Staff, 2020). For example, an alumnus can connect to provide sober living homes, roommates, or employment. The recovery community is large. Thus, such a program connects graduates to resources for treatment as well as peer support. In the long term, an alumni network also serves to build upon itself as each new cohort of participants graduates. The new cohorts also serve to continuously refresh and rebuild organizational relations that are relevant to current participants.

Evaluation:

Recidivism: Medium

Peer recovery workers are highly effective at helping to maintain accountability following graduation with studies demonstrating significant reductions in risk behavior as well as substance abuse usage (Benefits, 2016). This functions in a similar vein in that forming alumni relationships helps others maintain accountability in that they want to remain in touch with those that they have successfully completed the program with. The New York Office of Alcoholism and Substance Abuse Services (NY OASAS) published results from survey of adults who had reported previous problems with drugs and alcohol that found a 10% decrease in drug abuse (Staff, 2020). Drug abuse relapse is often a gateway that leads individuals back into the criminal justice system. Thus, the goal of a peer recovery network is to provide support and services that will assist in fighting the temptation to relapse. On this criterion, alumni networks are ranked as medium, as the success of the program would depend on the availability of resources and alumni.



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Participation: Medium

As noted previously, many people are highly motivated to share their experience and success stories to others in order to demonstrate that recovery is possible (Dickerson, 2013). By creating an alumni network, it also makes participants feel as if they are part of the “in-group” and thus, more likely to become actively involved as well as participate in the norms of the group (Whitbourne, 2010). Furthermore, the nature of an alumni group spans technology and distance, making it an extremely accessible option to those who live further away, face transportation difficulties, or have limited hours in a day. However, individuals can also choose their level of involvement with the program which drops this criterion’s ranking from a ‘High’ to a ‘Medium’. This also serves to naturally tailor the program to the flexibility and preferences of an individual, making participants more likely to partake in the program.

Positive Relationships: High

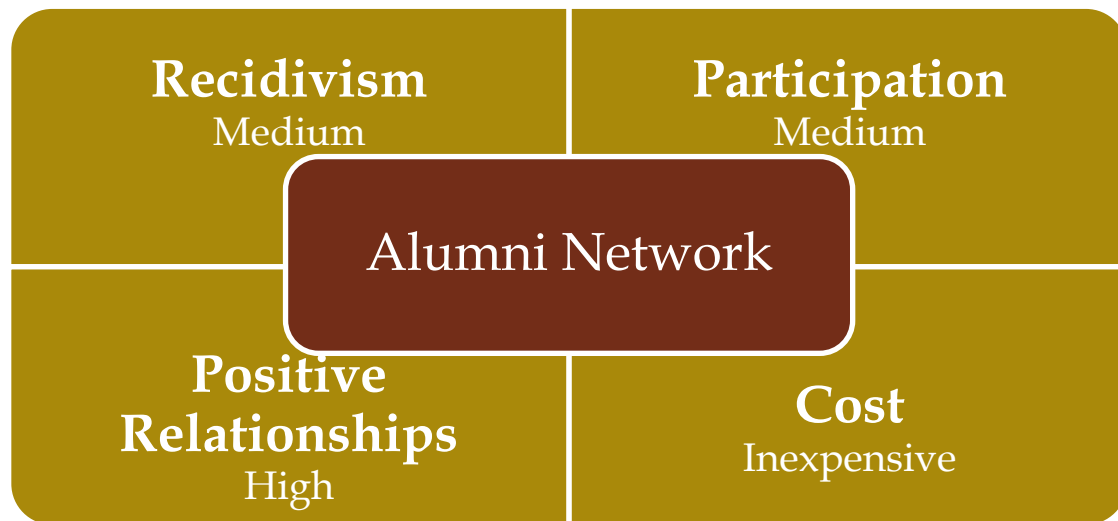
An alumni network would continuously grow with each new graduate of the program. Carefully cultivated, this alumni network could ensure a contact in multiple sectors of influence that would tremendously help new graduates in seeking employment, childcare, etc. Essentially, they act as a bridge to help recovering individuals adjust to a new normal. Through these connections, graduates have an increased likelihood of stable employment and housing which will allow individuals to focus on living a healthier lifestyle. Such security enables participants to continue a sober lifestyle. Such relationships also offer numerous resources for help whether in the treatment community or the recovery community.

Cost: Inexpensive

This option is a low-cost option as it simply builds on the relationships developed during the drug court program. The network would see low startup costs, as well as low maintenance costs, especially as the onus of the work will be placed upon the graduates to develop the community into one that they want to be part a member of. However, should it be so desired, the program can be scaled to 24/7 hotlines of telehealth services, accredited alumni coordinators, and the utilization of technology to facilitate increased availability.



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Outcomes Matrix

	Recidivism	Participation	Positive Relationships	Cost
Community Recovery Center	Medium	High	High	Expensive
Family Groups	Medium	High	Low	Inexpensive
Peer Recovery Workers	High	High	Low	Moderately expensive
Alumni Network	Medium	Medium	High	Inexpensive



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Recommendation:

Policy Option 4: Develop an Alumni Network

After analyzing the merits and limitations of each of these policy options in this report, it is recommended that Charlottesville-Albemarle Adult Drug Court implement and foster the development of an alumni network, as it helps reduce recidivism, generates strong levels of participation and involvement, develops an increased network of positive relationships and is a low-cost option. This is an alternative that ultimately sustains itself with limited oversight.

Perhaps in the future with more funding, Charlottesville Albemarle Adult Drug Court could also look into developing a unified center for drug treatment, counseling, and recovery and continuing to expand peer recovery as a service. However, in accounting for the current difficulties brought by Covid-19, it is best to find a program easily implementable with limited resources.

Implementation

In order to move this recommendation forward, OAR-JACC case managers will need to contact graduated and participating members of Drug Court to provide notification of this new program in order to form an interest group. They will need the devoted enthusiasm and willingness of several individuals, both graduates and case managers, who are willing to take on the organizational initiative and sustain it as well as a reasonable number of alumni who are willing to participate (How to Start / Create an Alumni Association, 2019). For the Charlottesville Albemarle Adult Drug Court, we would like to see at least ten initial members. These members will form the core group to drive the creation of the alumni network.

Together, these individuals will designate someone who will assume the leadership role in the association. This individual must be willing to work with the Drug Court, contribute his/her time, be enthusiastic, and able to engage other alumni. This can be an individual or a group, but should maintain some semblance of an executive suite (President, Vice President, Treasurer, Secretary, etc.) Within formal meetings, the secretary should be assigned to



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take meeting minutes. To ensure accountability, the secretary and the president should not hold the same role. A contact point for alumni or prospective members will also be critical to ensure that people can reach out on their own accord to learn more about the network.

Next, the program must be communicated to all participants and graduates of the drug court program. This can be done through event advertising, signing up for an email list-serve, phone tree and/or social media groups. However, the first message should introduce the program and leaders, request updated contact information, and seek interested volunteers to participate.

Following notification, the group should convene a meeting of all interested to create an agenda for discussion of rules and expectations. A sample agenda and outline of rules can be found in Appendix C.

With the framework in place, a launch event should be organized that will appeal and attract as many alumni as possible at a time where all on the leadership committee can attend. Thus, success of this meeting is crucial as the success will incentivize people to continue to serve on the alumni association as well attract participants who could not attend the first meeting. At this event, it is helpful to eliminate possible misconceptions such as pointing out that everyone will be a volunteer and can participate according to their schedule or that this is not added clinical oversight, but rather an organization that is there for them when they need it.

As the success of this network grows, the group can also begin to look at how financing can occur, whether through donations from alumni, fund raising campaigns, scholarships, grants, etc. Lastly, communication in the form of newsletters, flyers, directories, social media, a website, and events are critical to maintaining interest and participation. Events can be association meetings, monthly dinners, special occasion events, community service events, activities, etc.

With the likelihood of recidivism rates is higher within the first six months of graduation, the Drug Court program should strongly advise that individuals



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continue to meet weekly or bimonthly for the first six months in order to check in and help each other remain accountable in sobriety. OAR-JACC personnel will provide administrative oversight and the structure for the program as they identify and appoint alumni network coordinators. These individuals will not only serve as leaders to their cohort of graduates in promoting continued outreach and consolidating resources, but they will also help with peer support and the hosting of alumni events.

Alumni gatherings and networking events will require a common meeting space which can be obtained with the help of OAR-JACC. In addition, these meetings should be scheduled times during different times of the day and the week to ensure that the programs are accessible to all despite differing work schedules. Such events could be guest speakers, dinner or movie nights, outdoor outings, group therapy sessions, etc. The Drug Court should also seek to build connections with employers and housing authorities in order to build a pot of resources that they can direct individuals to. Most importantly, the idea of an alumni network builds off the idea that peers help each other as they have lived experience to draw upon and OAR-JACC should facilitate this.

According to participant surveys, people have been both supportive and resistant to the idea of an alumni network. Some love the idea of staying in touch with the people they have become friends with. Others are worried that such a thing would be a waste of their time if people do not take this seriously. However, the inherent flexibility of an alumni network naturally tailors such a program to each individual's preference, as they can decide how little or how much they would like to be involved with the alumni community. More importantly, it also allows individuals to decide who they want to associate with that might best keep them on the path to long-term recovery. By making these more meaningful connections, participants are more willing to remain involved in continued recovery support as it seems less of a waste of their time.

As the network becomes more solidified and robust, OAR can continue to expand upon the offerings of the alumni network. An annual newsletter can be created to celebrate people's milestones. Homecoming reunions can provide a fun excuse to catch up with friends. The goal is to create a tight-knit community



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where people can find positive, substance-free support from others who are also taking their recovery seriously. As the alumni network grows, it also provides opportunities for individuals to give back to the program through services, speeches, or monetary donations.

While coronavirus was most definitely an unforeseen event, it has highlighted how great the need for an alumni network is. Social distancing has left many facing financial difficulties, as well as increased risk of mental health issues. Those in toxic households are also unable to escape. As such, there is an even greater need for social support during such trying times. Alumni networks provide this through the creation of lines of communication between participants and graduates. While a physical meeting is currently forbidden, OAR-JACC can develop an online platform or use video conferencing services such as Zoom or Skype to develop a method that people can use to stay in touch virtually. For those without internet, a phone tree is another potential form of communication. Ultimately, the implementation and development of a robust alumni network is critical and especially pertinent during this time as it helps reduce recidivism, generates strong levels of participation and involvement, develops an increased network of positive relationships in a manner that spans both time and distance. This low-cost option would be one that can begin and be sustained with limited oversight and resources, as well as scaled to that of a more formal network.



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Appendix

Appendix A. List of Approved Drug Treatment Court Dockets in Virginia

Adult Drug Treatment Courts		
Albemarle/Charlottesville	Montgomery County	<i>n</i> = 39
Alexandria	Newport News	
Arlington County	Norfolk	
Bristol	Northern Neck/Essex	
Buchanan County	Northwestern Regional (Winchester area)	
Chesapeake	Portsmouth	
Chesterfield/Colonial Heights	Pulaski County	
Danville*	Radford*	
Dickenson County	Rappahannock Regional	
Fairfax	Richmond City	
Floyd County	Russell County	
Giles County	Smyth County	
Halifax County	Staunton, Augusta County, and Waynesboro	
Hampton	Tazewell County	
Hanover County	Thirtieth Judicial Circuit (Lee, Scott & Wise Counties)	
Harrisonburg/Rockingham County	Twenty-Third Judicial Circuit (Roanoke County, Roanoke City, Salem City)	
Henrico County	Twin Counties and Galax	
Hopewell/Prince George County	Virginia Beach Circuit	
Loudoun County	Washington County	
Lynchburg		
* Non-operational Adult Drug Treatment Courts		
Juvenile Drug Treatment Courts		
Chesterfield/Colonial Heights	Newport News	<i>n</i> = 7
Franklin County	Rappahannock Regional	
Hanover County	Thirtieth District (Lee, Scott & Wise Counties)	
Henrico County		
DUI Drug Treatment Court		
Fredericksburg Area	Waynesboro Area	<i>n</i> = 3
Harrisonburg/Rockingham*		
* Non-operational DUI Drug Treatment Courts		
Family Drug Treatment Courts		
Albemarle/Charlottesville	Giles	<i>n</i> = 4
Bedford	Goochland	

Source: (Hade, 2019)



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Appendix B: Drug Court Eligibility Criteria

Persons charged with the following offenses may be considered for participation in the Drug Court:

- Simple Possession of Schedule I or II controlled substance;
- Attempt to Possess Schedule I or II controlled substance;
- Distribution or Possession With Intent to Distribute Schedule I or II controlled substance* (not more than 1.0 gram of crack cocaine, nor more than 10 standard street sale units of other schedule I or II controlled substance);**
- Distribution of or Possession With Intent to Distribute Imitation Schedule I or II controlled substance;*
- Felony Distribution of Marijuana or Possession With Intent to Distribute* (not more than 2 ounces);**
- Prescription Forgery/Fraud;
- Probation Violation. Any probation violation on a drug case, or a probation violation on a non-drug/non-violent felony property offense if the violation is based on use or possession of a controlled substance;
- Felony Larceny and Fraud offenses if the offenses are directly related to the offender's drug addiction.

** For any Distribution or Possession With Intent to Distribute charge, there must be clear and credible independent evidence that the sale is for the purpose of financing the seller's own addiction*

***The weight limitations described above may be waived by the Commonwealth's Attorney in the referring jurisdiction should exceptional circumstances present themselves.*

Participation is restricted to residents of the City of Charlottesville or Albemarle County.

"Resident" is defined as the following:

- Someone who has lived or worked in Charlottesville or Albemarle continuously for six months preceding his or her entry into the program.
- Someone whose parents, grandparents, aunts or uncles or a member of his or her immediate family have their permanent residence here continuously for six months preceding the drug court applicant's entry into the program;
- Someone who has lived in a county adjoining Albemarle for six months continuously preceding his or her entry into the program and who works in Charlottesville or Albemarle or has other significant ties to the community.

Source: (FY21 Program Funding Application, 2020)



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Appendix C: Sample Agenda

- Call to order
- Introductions//Roll Call
- Review general concepts and goals of the Alumni Network
- Outline Alumni Network functions
 - A. Communication (newsletters, mailings, directories, etc.)
 - B. Activities
 - C. Fund raising
 - D. Scholarships and fellowships
 - E. Assistance in Alumni coordinator programming
- Identify short and long term needs
- Establish projected expenditures and dues structure
- Solicit areas of interest and capabilities
- Nomination and election of Alumni/Alumnae Association officers
- Appointment of a committee to draw up the by-laws or organizational outline
- Appointment of other committees and delegation of responsibilities (communications, recognition, events, recruiting, etc.)
- Set date, time and location for follow-up meeting
- Adjourn

Sample Outline of Alumni/Alumnae Association By-Laws:

- Objectives
- Membership
- Officers; duties and powers of officers
- Regular committees; duties and functions of committees
- Meetings and programs; general timing of meetings
- Dues; members to association, control of funds
- Scholarship and fellowship funds, control and operation
- Communication – regular; content and timing of newsletters
- Major activities and work projects; chapter assistance, social functions, traditionally-sponsored events



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