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Citation: White, W. (2014). Addiction recovery management and the criminal justice system: An Interview with Marvin Levine. Posted at www.williamwhitepapers.com

Addiction Recovery Management and the Criminal Justice System: An Interview with Marvin Levine

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Introduction

Much has been written about the recovery-oriented systems transformation process that began in Philadelphia in 2005 under the leadership of Dr. Arthur Evans, Jr., but how this transformation has affected those in the criminal justice system has not yet been documented. In the fall of 2013, I had the opportunity to interview Marvin Levine, Deputy Director of the Office of Addiction Services, Philadelphia Department of Behavioral Health and Intellectual disAbility Services. Marvin has been deeply involved in a broad number of criminal justice initiatives in Philadelphia and reviews below some of the more important of those that have been influenced by the larger transformation process. Please join is in this conversation.

Career Retrospective

Bill White: Marvin, let me begin by asking you how you came to get involved in addiction treatment as a specialty field.

Marvin Levine: My early education and professional training was in psychology followed by graduate level training in social work. From there, I worked in a wide variety of social welfare agencies spanning services with the aging, the homeless, and those struggling with substance use disorders. I worked as a social worker, a counselor, a supervisor, a trainer, and then an administrator. I have been specifically working within drug and alcohol service initiatives since 1990.

Bill White: And when did you first begin work for the City of Philadelphia?

Marvin Levine: Well, I worked for the City of Philadelphia in the late '70s, left and served in a variety of roles before returning in 1990 to focus on expanding services for people with substance use issues. At that time, we were able to use a new state funding stream

to pay for detox and non-hospital rehab where, in the past, payment for those services had not been available.

Bill White: And what kind of roles have you performed for the City since then?

Marvin Levine: I've served as the Manager of a series of projects, including several federally funded projects. The most significant included targeted capacity expansion grants through CSAT and a Target City's system transformation initiative. In the latter, the state was the grantee and Philadelphia was the service site and I was the Manager for the Philadelphia site. The City liked what I had accomplished with that project and offered me a full-time civil service position within the infrastructure for addiction services.

Bill White: And how would you describe your current role within the Department of Behavioral Health?

Marvin Levine: I'm still within the Office of Addiction Services which replaced its predecessor—the Coordinating Office for Drug and Alcohol Abuse Programs where I served as Director. Roland Lamb is currently the Director of the Office of Addiction Services and I serve as his Deputy Director. As a result, I've had the opportunity over the last eight years to be involved with a spectrum of system transformative initiatives led by the Department of Behavioral Health and Intellectual Disabilities Services.

Bill White: You have such a long history within the City of Philadelphia. I'd be interested in your perspectives on what that transformation process has meant for addiction treatment and recovery support services in Philadelphia.

Marvin Levine: Well, the field has grown from a workforce of people in recovery to a more professionalized workforce and through the transformation process an integration of the two. We have transcended the dichotomy between professional and peer by integrating both within the evolving

system of care and support. Through the transformation, we are re-acknowledging the strengths people in recovery can bring to the system, whether it is in the role of a volunteer, a recovery coach or other peer specialists role or as a person in recovery who also has professional credentials. That has been one of the real strengths of the transformation process. People with lived experience of addiction, addiction treatment and addiction recovery are now informing the system at all levels.

Criminal Justice Initiatives

Bill White: You've been deeply involved in many criminal justice initiatives in Philadelphia. Could you talk about the very early history of bringing treatment and recovery support to the criminal justice system in Philadelphia before the transformation process?

Marvin Levine: I would be honored to. By 1991, the Philadelphia prison system incarcerated far too many people in too little space. A group of inmates represented by a local legal advocate lodged a successful suit proving that the conditions of the Philadelphia prisons were grossly overcrowded and inhumane. As a result, the federal judiciary stepped in and took oversight of the Philadelphia jail system. A federal consent decree under the supervision of federal Judge Norma Shapiro forced the City to take a look at who was in jail and who could better be served in specialized, primarily addiction treatment programs in the community. The City was obligated under the penalty of fine to reduce the jail population by at least 250 people through a process of early parole or re-parole. That began what we call our, "Forensic Intensive Recovery initiative" or FIR Program. Through this initiative, representatives from the local jail system, the Defenders' Association, the District Attorney's office, the sheriff's office, a presentencing unit, and the First Judicial District came together to support development of a number of new or expanded community treatment programs. There was already a

pre-treatment or treatment orientation program in the Philadelphia Prison System called OPTIONS. Initially, we used that jail program as a staging area to screen and evaluate people who would agree to early release to community treatment programs in lieu of incarceration. We began to bring addiction evaluators into the jails and bring people from the jails who met defined legal criteria into community treatment. These early efforts roughly 20 years ago, laid the groundwork for many subsequent initiatives. Today, more than 3,000 people a year are served through our criminal justice initiatives and have been expanded to also serve people with serious mental illness. Two early independent evaluations of the FIR Program found a 66% decrease in convictions among FIR clients who completed at least six months of treatment at two-year follow-up and a 44% decrease at four-year follow-up.

Court Initiatives

Bill White: Marvin, a number of communities have pioneered a drug court but one of the things that's impressive about Philadelphia is the number of specialized courts you have. Could you describe some of those?

Marvin Levine: Yes, the Philadelphia Treatment Court, the first in Pennsylvania, began operation in April 1997. Treatment and judicial supervision are integrated into one process, with the judge having the authority to court-order people to treatment, monitor treatment progress and sanction them if they are not following through. Treatment Court requires a minimum of 12 months of successful participation in the program before "graduation." There are currently more than 350 individuals active in Treatment Court.

As a result of the federal Adoption and Safe Families Act of 1997, a new approach was initiated in October 1998 in Family Court (Dependency) to ensure that a safe, permanent and stable home is secured for each abused and neglected child. By monitoring case progress through active family participation, Family Court shortens the timelines for permanency hearings and

initiation of proceedings for termination of parental rights. Clinical assessment, referral to behavioral health treatment, and case management coordination services are provided up-front to families. Compliance determines in large measure the outcome of the hearings. There are currently over 40 individuals involved in the addictions Family Court initiative.

In February 2002, the Philadelphia Community Court began operations. Community Court, developed by the Center City District of Philadelphia and modeled after the Midtown Community Court in Manhattan, is dedicated to addressing quality-of-life crimes in the City of Philadelphia through a blend of community sentencing and a broad array of social services. The time between arrest and hearing is expedited, and dispositions emphasize community services and behavioral health treatment. Criminal justice and social service agencies are located under one roof to insure a comprehensive response to quality-of-life crimes. Two years ago, this model evolved into a regional Accelerated Misdemeanor Program – AMP Court in 5 areas of the City. Currently over 380 individuals are involved in AMP Court. The AMP intervention takes place in four different police districts where there are courts and one in Center City in our Criminal Justice Center. People who are arrested for lower-level, drug-related misdemeanors have an option of doing community service or being connected to various service supports. The Office of Addiction Services supports evaluators and case managers that link these individuals to the network of more than 70 licensed addiction treatment providers.

In September of 2004 the Philadelphia Family Court established the Juvenile Treatment Court (JTC). The JTC is an intensive diversion program for juveniles in need of substance use treatment. It is managed by an interdisciplinary team under the supervision of the JTC judge. Entry into the program is voluntary, involving a guilty plea and a deferred adjudication. Successful completion of the program results in a dismissal of the charge at graduation and an expungement of the arrest 12 months later

for satisfactory behavior. There are currently 115 people involved in the JTC.

Beginning in April 2003, the Office of Addiction Services began diverting offenders into treatment in lieu of the usual criminal justice processing for perpetrators of Domestic Violence. Domestic Violence Intervention Court began through an agreement reached among the President Judge of Philadelphia Municipal Court, the District Attorney's Office, the Defender Association, OAS, Women's Law Project, Men's Resource Center, the Institute for Safe Families, Lutheran Settlement House, Menery, and Women Against Abuse. This court is available only to misdemeanor offenders where the victim does not wish to press charges against the perpetrator. The goal is for the early intervention and placement of offenders into clinically appropriate treatment to prevent further abuse.

With the support of funding from PennDOT, the Philadelphia DUI Treatment Court began operations in June 2007. The target population is comprised of 2nd and 3rd time DUI offenders in need of drug and/or alcohol treatment. DUI Treatment Court is a highly structured program that combines periods of incarceration, community-based treatment, probation and judicial supervision. There are currently over 120 individuals active in DUI Treatment Court.

These specialized courts are actually part of a larger network of services for persons with alcohol and other drug problems. Such services include case management, recovery housing support, vocational training and job placement, family counseling, life skills classes, sexual abuse counseling, and recreational activities.

We also have the Restrictive Intermediate Punishment Program which is a state initiative funded by the Pennsylvania Commission on Crime and Delinquency. This program provides treatment in lieu of incarceration for individuals who have typically committed a non-violent, drug-related felony offense. We serve approximately 700 people a year through this program, which has been operating since 1997.

The success and collaboration of those involved in these earlier "problem solving

courts" and the Intermediate Punishment Program gave rise to other behavioral health and justice collaborations including a local Veterans Court and a Mental Health Court which serve those with more serious mental illness and justice involvement.

Influence of Systems Transformation

Bill White: How has the systems transformation process that began in 2004 and '05 influenced these various criminal justice initiatives?

Marvin Levine: The process began in 2004 strengthened and intensified and impact of these earlier collaborations. Part of the impact has been a different way of looking at substance-involved individuals in the criminal justice system. There is greater recognition of the role behavioral health disorders play in particular types of crime and a greater appreciation for the value of treatment in preventing criminal recidivism. There is also growing recognition of the fiscal savings that can be achieved with community-based treatment as an alternative to incarceration.

Bill White: When you look over the history of development of these initiatives, what have been some of the greatest challenges in bringing treatment and recovery support services to the criminal justice system?

Marvin Levine: I think the biggest challenge is bridging the gap between the primary agendas of both systems. In the behavioral health system, our primary thrust is treatment and recovery. In the criminal justice world, the primary thrust is safety and security. So the challenge has been getting a balance between those goals. The biggest challenge has been to find common ground within the contrasting missions and philosophies of these two systems. We have found such common ground but it has taken time and careful work bringing diverse parties together.

Bill White: What has been the degree of community acceptance of these kinds of initiatives?

Marvin Levine: Like any community, there are segments of the community that are very supportive of these initiatives and segments that are opposed. For instance, if there's an addiction treatment facility serving people with criminal justice background that wants to relocate, such a proposal often stirs strong community opposition. Although they may acknowledge that such services should exist, their position is it should exist somewhere else in the city. It has taken time to educate people that the more treatment and recovery support we offer, the greater the impact on crime reduction and enhanced quality of community life.

Bill White: Are there lessons learned through your experience in Philadelphia that might be of benefit to other communities around how to initiate and sustain these initiatives over time.

Marvin Levine: Collaborating with the community is a long-term process. You can't just go into a community and say, "We're going to open up this place next month and we want to tell you about it and get your support." You have to lay the groundwork sometimes for years before the community is willing to accept a facility. And we still have some under-served areas of Philadelphia that resist the opening of local treatment services.

Working closely with our court and justice partners is also a long-term process. It takes a long planning process to identify areas of common ground and tangible ways to work together to serve a mutual or overlapping population. The Courts are supportive of interventions that keep people out of their system and/or cut down on repeat offenders. The fiscal side is also an area of common ground. Programs or activities that use the public dollars more effectively reduce the cost of arrest, incarceration and the destabilizing effect on neighborhoods.

Bill White: One of the striking things about the transformation process is the assertive

outreach that infuses treatment and recovery support out into the life of the community. Has such assertive outreach in the criminal justice system brought a large number of people into recovery who would not otherwise be in recovery?

Marvin Levine: I think the more access that we can create the better. The initiatives I have described serve a significant number of people who would not otherwise get exposure to professional treatment and recovery support services. The major restrictions in terms of who has access to these programs rest with the legal parameters related to the types of crimes that have been committed. Our challenge is to widen services for those people who could most benefit and who could as a result begin contributing to community life within our city.

Bill White: What community resources beyond addiction treatment do you see as most important to the criminal justice population?

Marvin Levine: Those resources would include behavioral health recovery supports, housing, and employment opportunities. These areas are critical to successful community re-entry and people re-entering the community from the criminal justice system face special obstacles related to the latter areas. Stable, recovery-supportive housing and employment are key ingredients of recovery initiative and recovery stability. Without these, the risks of a person continually recycling through our jails and prisons are very great.

Bill White: An issue that is heating up in the criminal justice system right now is access to medication-assisted treatment and related recovery support services. Could you talk a little bit about the issue of medication as it relates to criminal justice initiatives?

Marvin Levine: Yes. There has been a longstanding bias against the use of medication-assisted treatments, particularly methadone, within the criminal justice system. It's a reflection of a larger bias that

exists within the field and the community but which is more historically entrenched within the criminal justice system. Very few jails around the country offer treatment behind the walls and even fewer have the resources to manage medications like methadone. In Philadelphia, we have been able to make headway over the past ten years in our work with the jail system. Our goal was to actually establish a methadone program behind the walls for people who were opiate-addicted and incarcerated. We started with a license to provide methadone maintenance treatment for thirty individuals, with the prison system holding the license. The prison system and the behavioral health system paid for a series of consultants to establish this program behind the walls. A few years later, the program was nearly lost due to a series of funding cuts within the prison system. We were able to kind of rescue the program, restructure the program and use one of our community MAT providers to do the medication dosing and provide treatment behind the walls for what is currently about 150 people a month. As a community-based methadone program, this allows us to maintain continuity of service from the prison to the community during re-entry. The recidivism rate for persons in this program is around ten percent whereas the general prison population recidivism rate is closer to forty percent.

Our ongoing challenge is to combat the stigma associated with methadone, with science and facts. The facts will show this treatment behind the walls reduces the incidence of suicide, confrontations and ultimately the rate of incarceration. The use of MAT in criminal justice settings especially jails is not only more humane, I believe, it's also more cost effective and a very legitimate use of public funds.

Future of Criminal Justice Initiatives

Bill White: How do you see the future of criminal justice initiatives and how their fit within the ongoing transformation process?

Marvin Levine: I think the big sea change in the delivery of all addiction treatment

services will come with the Affordable Care Act, and that's going to affect these criminal justice interventions as well. It looks like the State of Pennsylvania is moving in the direction of Medicaid expansion but with certain strings attached related to broader State Medicaid changes. It is too early to tell what shape that will take, but it looks like we will be able to offer coverage to folks who are currently uninsured including those who are incarcerated. When they are released, it takes time to re-start their coverage and during that time, they may not be able to secure medication. It would be helpful if there were ways to temporarily turn off the coverage and turn it back on again on the day of release. The Affordable Care Act, through this single application process, offers that potential.

I am hopeful the future will continue to show an emphasis on jail diversion to treatment, treatment behind the walls and recovery support services during re-entry. Our long term goal is to provide the prevention and treatment services that will keep people out of the criminal justice system.

Bill White: Do you feel places like the Recovery Community Center and the expanded network of recovery homes in Philadelphia will be a real boon for people coming out of the criminal justice system and re-entering the community?

Marvin Levine: Absolutely. I think that the recovery center offers a place where people can be in a supportive environment. They don't need an appointment. They can have access to computers. They can attend vocational workshops or resume-building activities. They can hear different presentations. They can participate in various educational and support groups. The Recovery Center offers a place where people get some of the tools they need to get their lives back together.

You also mentioned our network of recovery housing: the Office funds seventeen houses directly and through our federal project, Access to Recovery, another fifteen sites on a short-term basis. We also offer free training to anybody operating a

recovery house. The Recovery House Training Series is mandatory for the houses that we fund but it's open to anybody who is running one of the more than 280 recovery houses in Philadelphia. The work of these homes is supported by the Philadelphia Association of Recovery Residences (PARR) which works to elevate quality of the homes through standards development, training and advocacy.

We are also doing a lot to expand recovery-friendly space in Philadelphia and to reduce stigma attached to recovery from alcohol and other drug problems. We do this through a wide variety of activities, including our recovery murals within the city and our Annual Recovery Walk that this past September drew more than 20,000 participants.

Bill White: I'm trying to imagine what it would be like for somebody in coming out of prison hoping to sustain their recovery in the community to suddenly be surrounded by 20,000 people in long-term recovery. I can't imagine what that would mean to them.

Marvin Levine: I'm sure it would be a profound experience and it is likely some of these folks were there last September. But the Recovery Walk is just one event that is part of this larger effort to put a public face and voice on recovery. We're also part of a re-entry coalition that is now made up of federal, state, local officials, service providers and advocates (e.g., the Pennsylvania Prison Society). This group meets monthly and has set up a sub-committee structure to coordinate services for people returning to Philadelphia from different levels of incarceration. On a systemic level, the efforts to coordinate the resources and the activities of these different governmental bodies now include the voice of recovering people who were formally incarcerated.

On a related note, the Department and the PA Prison Society along with Trilogy, a national software provider, collaborated on what I believe was the first website focusing on re-entry services. The site is free to any one

in Philadelphia and it is used by individuals, families, counselors, probation officers, and even Judges to look up existing programs that can help people with tangible resources. The development and implementation of this website is a direct result of our transformation efforts to empower people and open doors they can choose to use.

Personal Reflection

Bill White: Marvin, let me ask you a final question for our interview today. What do you feel best about as you reflect over your years working to initiate and sustain these programs?

Marvin Levine: Well, I feel good about being able to work in a system every day that I feel improves the lives of people who are so desperately in need of help. I enjoy helping to create immediate access to treatment and recovery support resources, knowing that this can make such a difference in peoples' lives. On another level, I have enjoyed being part of a transformation process that has so engaged people in recovery to become a real part of the solution to addiction. I think that their involvement as advocates, staff or managers and serving on advisory or governing boards, is the singular most important achievement of the systems transformation process in Philadelphia.

Bill White: Marvin, thank you for sharing your experience working within these criminal justice initiatives and the larger transformation process.

Acknowledgement: Support for this interview series is provided by the Great Lakes Addiction Technology Transfer Center (ATTC) through a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT). The opinions expressed herein are the view of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA or CSAT.