

Critical Partners and Next Steps for Expanding Diversion Opportunities and Treatment Courts for Veterans

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July 27, 2016





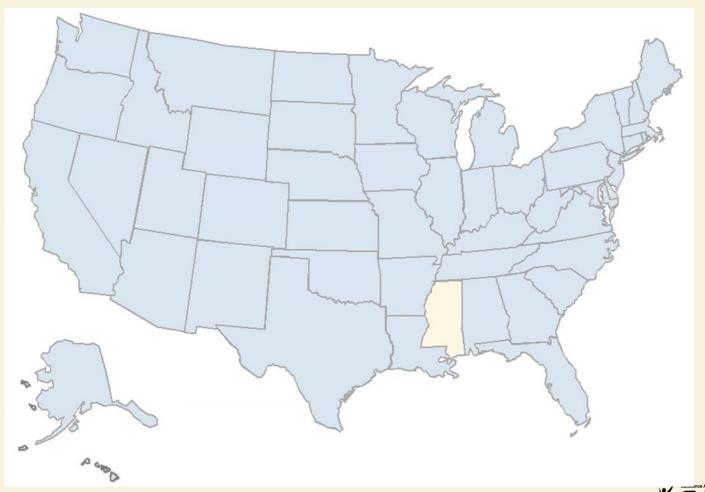
Welcome

Michelle Cleary, M.A.

Senior Project Associate, SAMHSA's SMVF TA Center, Policy Research Associates, Inc. Substance Abuse and Mental Health Services Administration (SAMHSA)



SAMHSA's Service Members, Veterans, and their Families Technical Assistance Center





Webinar Format

Presentations – 40 minutes

- Overview: *Michelle Cleary, M.A.* | SAMHSA's SMVF TA Center
- Dan Abreu, M.S., C.R.C., L.M.H.C. | Senior Project Associate, Policy Research Associates, Inc.
- *Michael D. Little, M.S., C.P.S.* | Forensic Peer Specialist Coordinator, Philadelphia Department of Behavioral Health

Questions and Answers – 20 minutes

• Please type questions into the Q and A Panel

The link for the webinar archive will be sent to all registrants early next week.

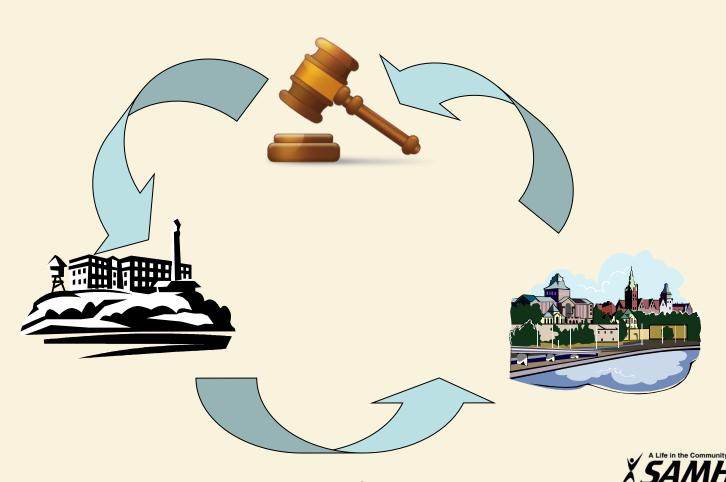


Dan Abreu, M.S., C.R.C., L.M.H.C.

Senior Project Associate, Policy Research Associates, Inc.



Breaking the Cycle by Giving SMVF the Help They Need



Abuse and Mental Health Services Administration www.samhsa.gov • 1-877-SAMHSA-7

Why So Much Attention to This Population?

- Behavioral health needs are unique
- "Lag" in onset of symptoms and seeking treatment
- Improvement in engagement and response when military culture issues are addressed



Critical Partners and Resources



About Us Contact

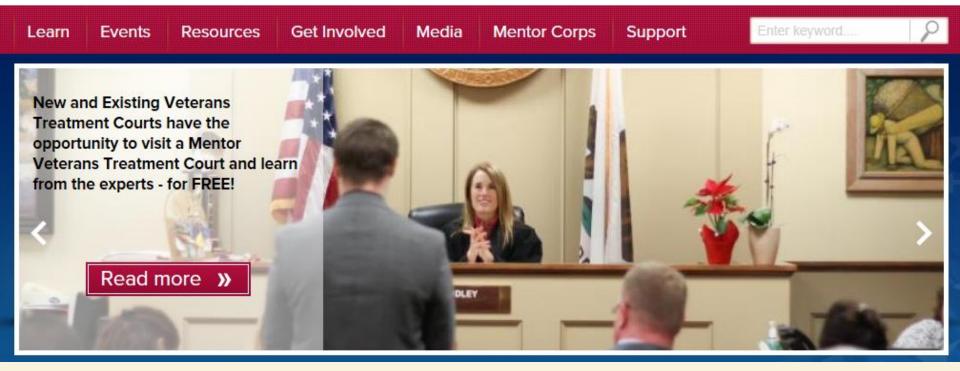
Home

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Donate Now



Veterans fought for our freedom, now it's our turn to fight for theirs.



http://justiceforvets.org





Substance Abuse and Mental Heal

Alabama Veteran Justice Officers

Veterans Justice Outreach Specialist Contacts Alabama

Birmingham, Birmingham VA Medical Center, Ahmad Brewer

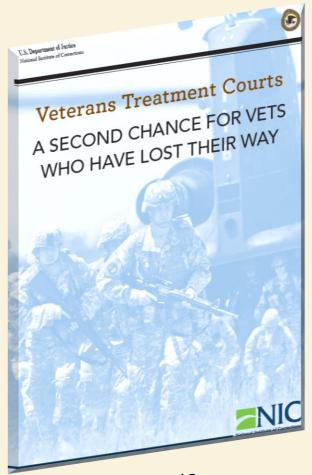
Mobile/South Alabama, VA Gulf Coast Health Care System, David Neslen

Tuscaloosa, Tuscaloosa VA Medical Center, Natalie Hood

Tuskegee, Central Alabama Veterans Health Care System East Campus, <u>Marguerita High</u>



National Institute of Corrections White Paper





Veterans in Jails and Prisons 2011-2012

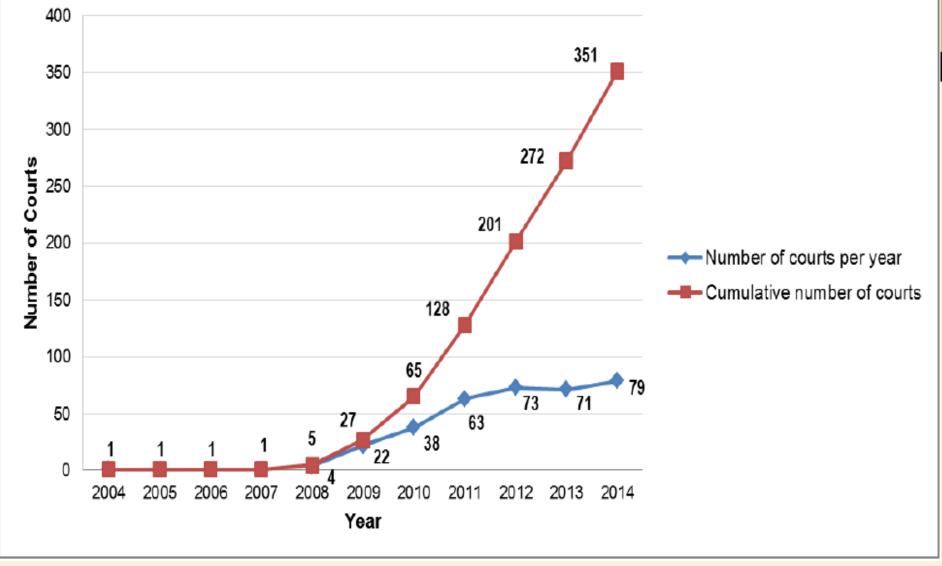
On any given day, veterans constitute:

- 8.8 percent of the US adult population
- 6.7 percent of jail inmates
- 8.4 percent of state and federal prison inmates

Sources: Bureau of Justice Statistics, 2015



Annual and Cumulative Number of Operational Veterans Treatment Courts, Dockets, and Tracks, 2004-2014



Dept. of Veteran Affairs: February, 2016



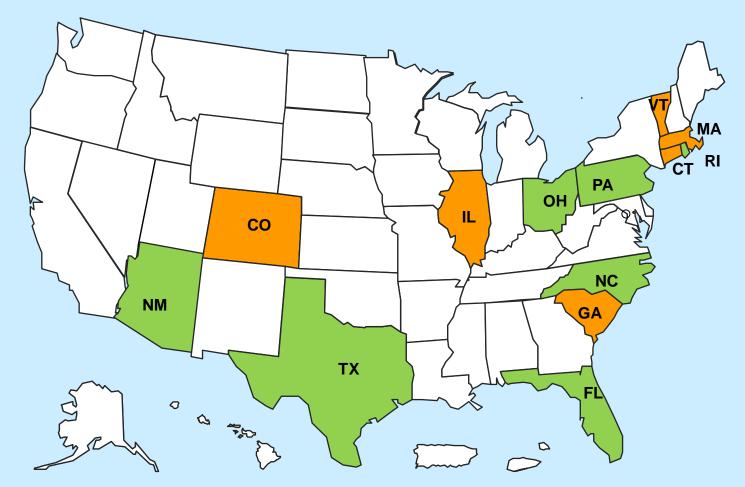
Specialty Courts

Mental Health Courts	346*
Veterans Courts	351**
Drug Courts	1,438***
Other: DWI, DV	

*Goodale, et. al., 2013 **VA Fact Sheet 2014 ***NADCP



Jail Diversion and Trauma Recovery – Priority to Veterans 2008 Grantees 2009/2010 Grantees



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Sequential Intercept Model

Mark Munetz, MD & Patty Griffin, PhD (2006)



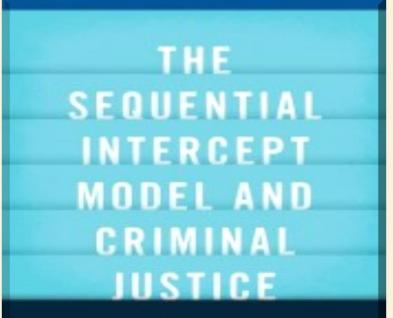
Sequential Intercept Model

Mark Munetz, MD & Patty Griffin, PhD (2006)

- People move through criminal justice system in predictable ways
- Illustrates key points to "intercept" to ensure:
 - Prompt access to treatment
 - Opportunities for diversion
 - Timely movement through criminal justice system
 - Linkage to community resources



Hot of the Presses!



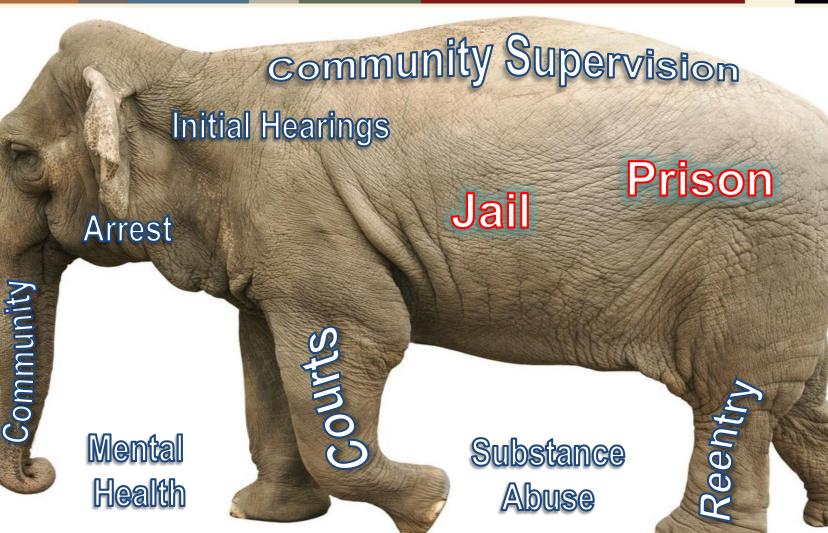
Promoting Community Alternatives for Individuals with Serious Mental Illness

EDITED BY PATRICLA & GRIPPIN, KINC HEILBRUN, EDWARD P. MULVES, DAVID DIMATTED & CAROL A. SCHUBERT

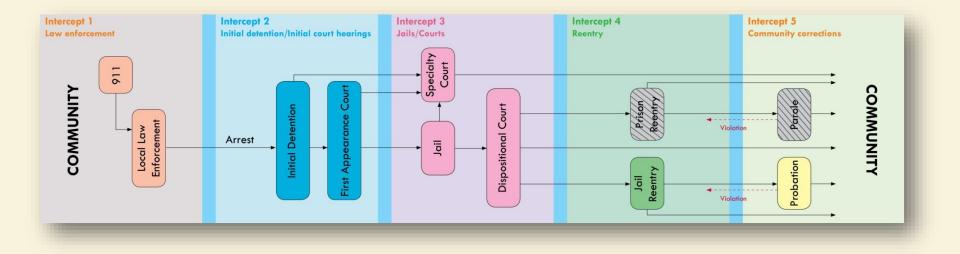
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"Unsequential" Model



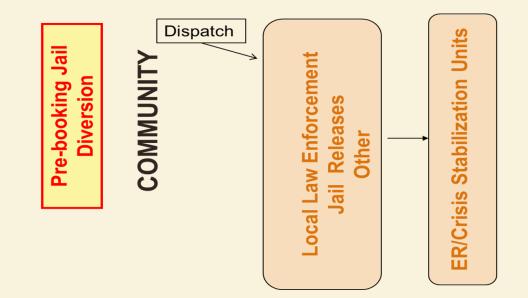
Sequential Intercept Model





Intercept 1

Intercept 1 Law enforcement / Emergency services - Transition





CIT Officer Intervenes

- I do not even know how to begin to "Thank You" for your class/session "Improving Police Encounters with Returning Veterans" at the CIT Conference in Atlanta. I have been home just over a week and was already confronted by a Marine OIF with PTSD.
- Your video helped me interpret reckless driving and anger as possible PTSD symptoms ...It saved us from having to go hands on because I was able to reach out with the verbal skills I learned in your class and this situation did not escalate.

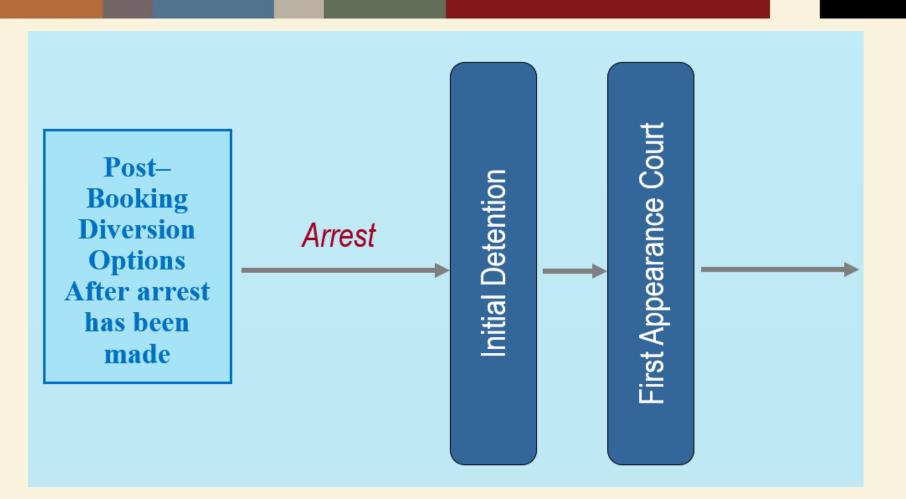


CIT Officer Intervenes (con't)

- In fact, because of that same video and that scenario where the VET had the handgun, I was able to ask the right question "do you have any weapons?" He looked me straight in the eye and began to weep and asked me to take the weapon for safekeeping until he felt he was ready to have it back. What a heart wrenching sight to have this honorable Marine hand over his weapon to me.
- I gave him and his wife the Veteran Suicide phone number that I put in my contacts during your class/session. On Monday, I will contact the VA in my area and have them follow-up. THANK YOU with all my heart.



Intercept 2





Hidden Costs of Pre-trial Detention Kentucky Study N=155,000

- Detaining low and moderate risk defendants increases rates of new criminal activity both during pre-trial phase and post disposition
- As pre-trial detention days increase, so does recidivism
- When held 2-3 days, low risk defendants are almost 40 percent more likely to commit new crimes before trial
- When held 8-14 days, low risk defendants are 51 percent more likely to commit another crime 2 years after completion of their cases

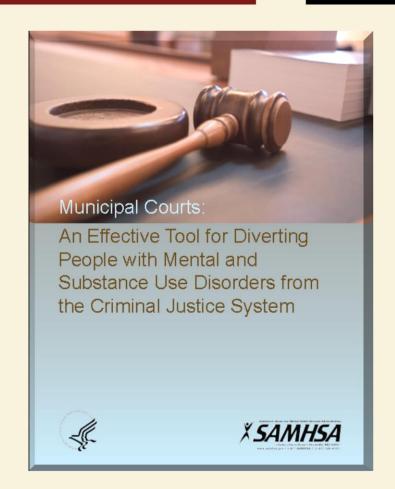


Intercept 2 Essential Elements



OR **Diversion**

- Identification and Screening
- Court-based Clinician
- Recovery-based Engagement
- Proportional Response





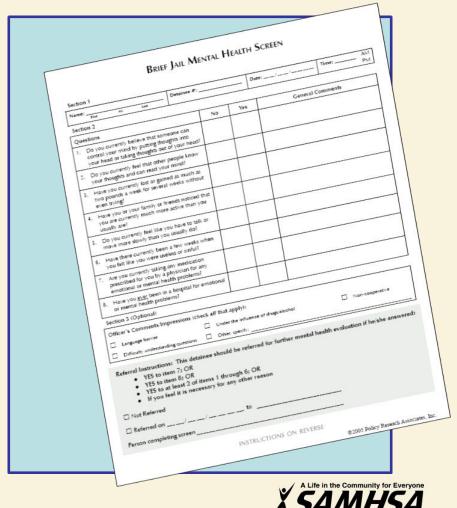
Key Screening Partners

- Public Defenders/Defense Bar
- Pre-trial Services
- Jail Intake
- VJO's



Brief Jail Mental Health Screen

- 3 minutes at booking by corrections officer
- 8 yes/no questions
- General, not specific mental illness
- Referral rate: 11 percent
- Identification rate
 - Men: 73.5 percent
 - Women: 61.6 percent



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Steadman et al. (2005)

Ask the Question!

Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions A Consensus Report of the CMHS National GAINS Center's Forum on Combat Veterans, Trauma, and the Justice System The 33-year-old veterants readjustment to civilian life is formented by sudden blackouts, nightmare and severe ... The 33-year-old velerans readjustment to critican life is formented by sudden blockouts, arginithmares and servere depression caused by his time in lrag. Since moving to Albary last June ... [he] accidentally smathed the family minivan, овременот самова из ная нате т над, since moving to лизалу ная зите ... (nej accountary attempted suicide, separated from and reunited with his wife and lost his civilian driving job. In June ... [he] erupted in a surprisingly loud verbal onlineak, drawing police and EMTs to his home. . His internal terror got so bad that, in 2005, he shot up his El Paso, Texas, opartment and held police at bay for three The El Pass shooting was only one of several incidents there, according to interviews. He had a number of driving The El Paso shooting was only one of several incidents there, according to interviews. He had a number of driving accordings when, he later told his family, he swarved to avoid imagined roadside bombs, he once crashed over a curoccidents when, he later told his family, he swerved to avoid imagined roadside bombs, he once a sub-ofter imagining that a stopped car contained Iraqi assassins. After a July 2007 motorcycle accident, his parents tried, unsuccessfully, to have him committed to a mental institution. The Sad Saga of a Soldier from Long Island implemented strategies for intercepting veterans Long Island Newsday – July 5, 2008 with trauma and mental conditions as they

On any given day, veterans account for nine of every hundred individuals in U.S. jails and prisons

the unmet mental health service needs of justice-

involved veterans are of growing concern as more

veterans of Operation Iraqi Freedom (OIF) and

Operation Enduring Freedom (OEF) return home with combat stress exposure resulting in high rates of posttraumatic stress disorder (PTSD) and

OEF/OIF veterans constitute a small proportion of

all justice-involved veterans. The exact numbers are

not known—the most recent data on incarcerated

veterans is from 2004 for state and Federal prisoners

(Noon & Mumola, 2007) and 2002 for local jail inmates (Greenberg & Rosenbeck, 2008) before OEF/

OIF veterans began returning in large numbers.

encounter law enforcement or are processed through the courts. However, most communities do not know where to begin even if they recognize the problem. every numurea man nauan in C.S. Jans and prisons (Noonan & Mumola, 2007; Greenberg & Rosenbeck, 2008). Although veterans are not overrepresented in the justice system as compared to their proportion in the United States general adult population.

clear focus and to provide local behavioral health and criminal justice systems with strategies for working with justice-involved combat veterans.

The CMHS National GAINS Center convened Justice System Forum

Combat Veterans, Trauma, and the Criminal

a forum in May 2008 in Bethesda, MD, with the purpose of developing a community-based

approach to meeting the mental health needs of

combat veterans who come in contact with the

criminal justice system. Approximately 30 people

participated in the forum, representing community

providers, law enforcement, corrections, the courts, community-based veterans health initiatives, peer

support organizations. Federal agencies, and veteran

advocacy organizations. See Appendix.

especially those who served in OEF/OIF.

This report is intended to bring these issues into

Veterans Reentry Search Service (VRSS)

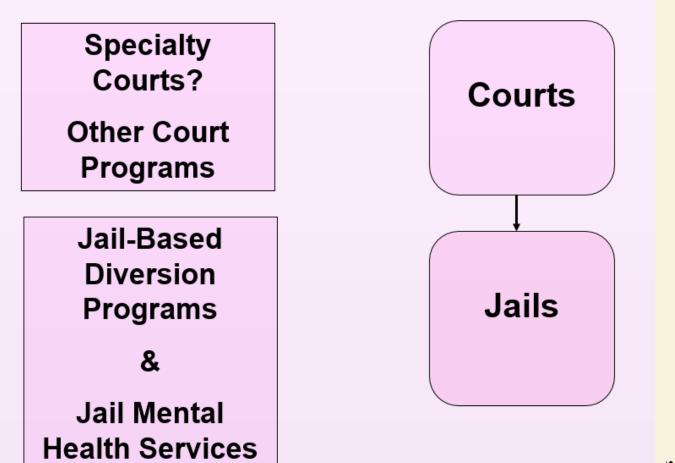
VA built a web-based system that will allow prison, jail, and court staff to quickly and accurately identify Veterans among their inmates or defendant populations.



www.gainscenter.samhsa.gov

Some states have passed legislation expressing a preference for treatment over incarceration a preserver of seatment over monoreasion (California and Minnesota) and communities such as Buffalo (NY) and King County (WA) have

Intercept 3 - Jails / Courts





Key Components of a Veterans Treatment Court

- 1. Veterans Treatment Courts integrate alcohol, drug treatment, and mental health services with justice system case processing
- Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights
- 3. Eligible participants are identified early and promptly placed in the Veterans Treatment Court program
- 4. Veterans Treatment Courts provide access to a continuum of alcohol, drug, mental health and other related treatment and rehabilitation services
- 5. Abstinence is monitored by frequent alcohol and other drug testing

Key Components of a Veterans Treatment Court (cont.)

- 6. A coordinated strategy governs Veterans Treatment Court responses to participants' compliance
- 7. Ongoing judicial interaction with each veteran is essential
- 8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness
- Continuing interdisciplinary education promotes effective Veterans Treatment Court planning, implementation, and operations
- 10. Forging partnerships among Veterans Treatment Court, Veterans Administration, public agencies, and communitybased organizations generates local support and enhances Veteran Treatment Court effectiveness



Veteran Court Criteria Vary

Legal	Clinical	Program
Charge Exclusions, e.g. DV, DUI, Weapons	Substance Use	Veteran Services Eligibility
Felony vs. Misdemeanor	MI and/or Substance Use	Discharge Status
Injury to Victim	Abstinence vs. MAT	Program Duration
Prior Criminal History	Combat Related Trauma	
Plea Status		



JDTR Trauma Informed Approach N=1313 (Advocates for Human Potential, Evaluator)



Ever experienced trauma?



Trauma before age 18?

73 %

Trauma last 12 mos.?

59 %



JDTR Military Related Trauma N=427



Combat Zone Service

Experienced military trauma

96 %

Military Sexual Trauma

7 %



JDTR Prior Criminal History N=1313

Preserver ledia (*

86 %

At least 1 prior arrest?

Past incarceration due to conviction?

51 %

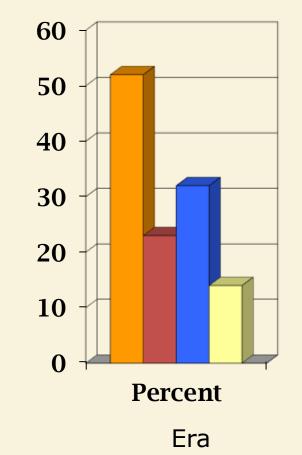
Past probation?

68 %



Military Era (N=919)*

85% (780) of JDTR Enrollees had served in the military



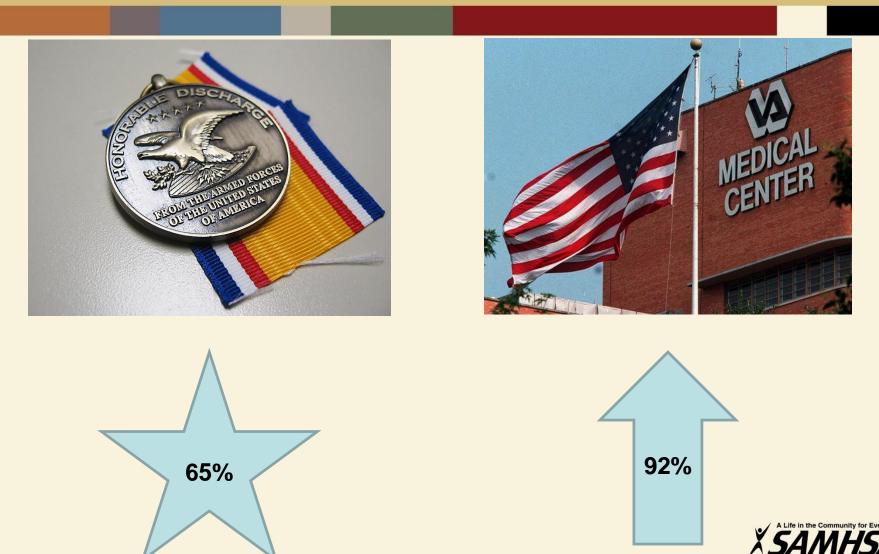
*Current 1/15/13



- Post Vietnam (1975–1990)
- Vietnam (1964-1975)

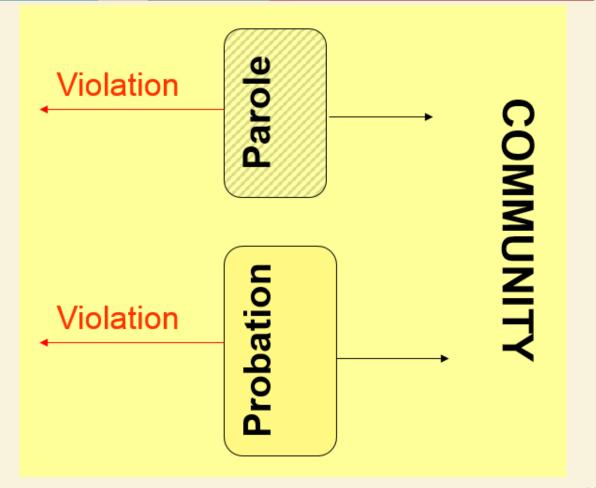


JDTR Discharge Status and Service Eligibility N=1130



39

Intercept 5 Community corrections / Community support





Probation/Judicial Intervention in Brownfield v. United States





2005 – Post Discharge Behavior







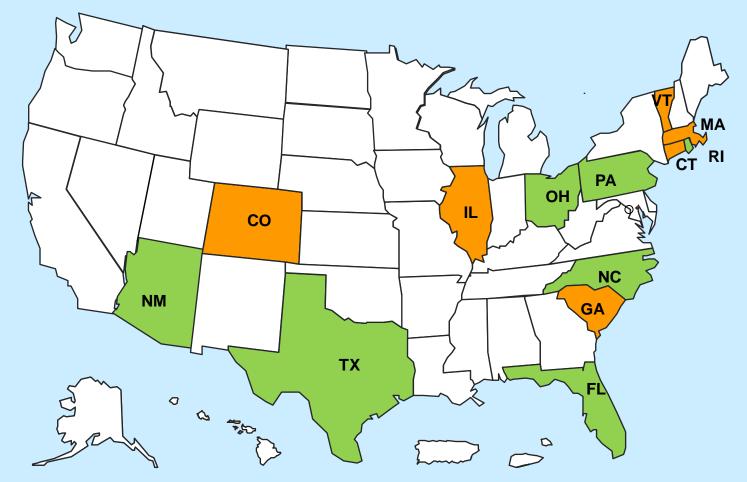


Judge Questions Sentencing Guidelines



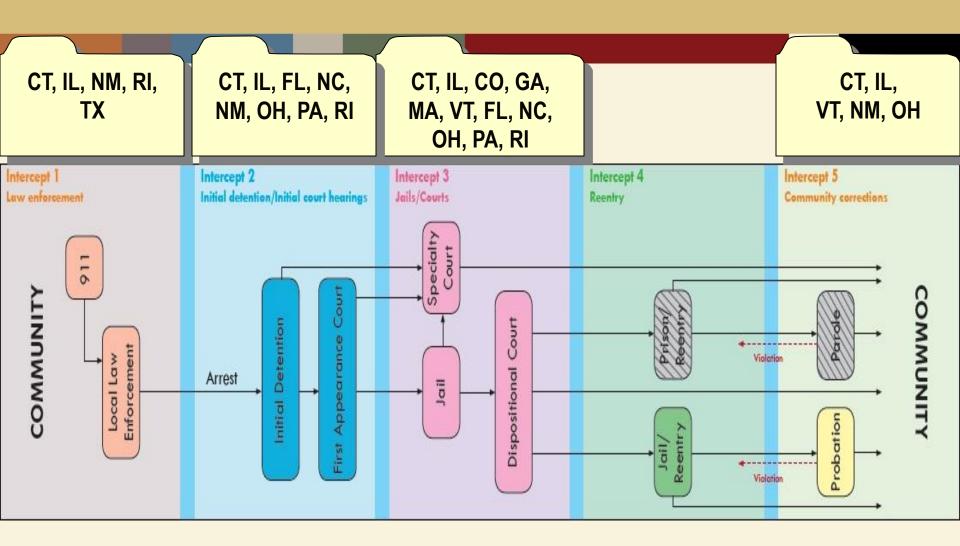


Jail Diversion and Trauma Recovery – Priority to Veterans 2008 Grantees 2009/2010 Grantees





Diversion Pilot Intercept Points





Principles to Consider

- Screen/train across systems
- Trauma focused
- Broad clinical criteria
- Peer/mentor involvement
- VA/community-based provider partners
- Flexibility with charges
- Minimizing collateral sanctions
- Choice



Additional Resources



Challenges of Diverting Veterans to Trauma Informed Care : The Heterogeneity of Intercept 2 Annette Christy, Colleen Clark, Autumn Frei and Sarah Rynearson-Moody Criminal Justice and Behavior 2012 39: 461 originally published online 14 February 2012

DOI: 10.1177/0093854811433539

The online version of this article can be found at: http://cjb.sagepub.com/content/39/4

> Published by: (\$)SAGE http://www.sagepublications.com

> > 0-1-1-10-0

Department of Veterans Affairs International Association f

February 2016

Background

vielded different results.

3188

criminal courts grew dramatically from 168 to 351.

Veterans Health Administration

Fact Sheet

Veterans Court Inventory 2014 Update:

Characteristics of and VA Involvement in Veterans Treatment Courts.

Dockets, and Tracks from the Veterans Justice Outreach Specialist

Perspective

The Department of Veterans Affairs (VA) Veterans Justice Outreach (VJO) Program is a

to end homelessness among Veterans. Since the program was founded in 2009, VJO

Specialists at every VA medical center have provided outreach and linkage to VA and/or

community services for justice-involved Veterans in various settings, including jails and

and other Veteran-focused courts, as they connect Veteran defendants with needed VA

In 2012, Veterans Justice Programs (VJP) began conducting an annual inventory of Veterans Courts from the perspective of VJO Specialists. The 2014 Veterans Court

Inventory collected information on court structure, admission criteria, jurisdiction, and mentoring programs, as well as data on Veteran defendant and VA court involvement. A total of 216 VJO Specialists completed and electronically submitted an inventory form for each VTC, Veterans docket or Veterans track they were involved with in 2014. The Inventory results represent a snapshot of VTCs and other Veteran-focused courts at a particular point in time-in this report, the end of the 2014 calendar year. As courts evolve, the structure or admission criteria may change, thus the data presented here may differ from previous Inventories. Additionally, the information was provided solely by the VJO Specialists who work in these courts as one member of their treatment teams. As such, it reflects their perceptions and interpretations. Another inventory, using identical questions but conducted among these courts' probation officers or prosecutors, for example, may have

Finally, the Inventory highlights the continued rapid growth in the number of VTCs and other Veteran-focused courts across the United States. In merely two years, from the collection of information for the 2012 Veterans Court Inventory to that of 2014, the number of identified operational VTCs and Veterans dockets or Veterans tracks within drug, mental health, or

Point of Contact: Bessie Flatley, Ph.D., Program Analyst, Veterans Justice Programs,

Elizabeth.Flatley2@va.gov, (215) 823-5800 extension 7084; or Sean Clark, J.D., National Coordinator, Veterans Justice Outreach, Sean.Clark2@va.gov, (859) 233-4511 extension

services and provide valuable information on their progress in treatment.

courts. VJO Specialists are essential team members in Veterans Treatment Courts (VTC)

prevention-focused component of VA's Homeless Programs Office (HPO), whose mission is

Additional services and information

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Female Veterans in Jail Diversion Programs: **Differences From and Similarities to Their Male Peers** Kristin Stainbrook, Ph.D., Stephanie Hartwell, Ph.D., Amy James, Ph.D.

Condusio

nificantly more sexual trauma, more females had PTSD, and

females had more severe PTSD symptoms. In contrast, males

reported earlier criminal justice involvement, more males served

in military combat, and makes had higher rates of substance use

U.S. Department of Justice

National Institute of Correction

Objective: This study compared the demographic, behavioral criminal justice involvement. However, females reported sig health, criminal justice, and military characteristics and experiences of female and male veterans participating in criminal. justice diversion programs funded under the Substance Abuse and Mental, Health Services Administration Jall, Diversion and Trauma Recovery program

Mathods: Data on program participants were collected as jaildiversio part of a national cross-site evaluation. Baseline interview ferences in data from 1,025 program participants were analyzed. use sugo gender in p

Results: For the most part, there were few statistically significant differences between female and male veterans with Payentieric Se

Jail diversion is one of several strategies that prevent inveterand appropriate arrest and detention or remove people with behavioral health problems from the criminal justice system 50% or mo a diamosi prior to arraignment or sentencing. It is accomplished by In seco diverting individuals to community-based treatment or ree xperien o habilitation or to other sentencing alternatives, such as proincrease in bation, restitution, or community service (1). programs Diversion

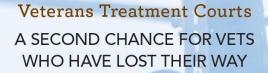
Studies have found high rates of traumatic experiences among a range of marginalized populations, including peo-ple with criminal justice involvement. Steadman (unin 2008 by diversion published data, Steadman HJ, 2009) found that 95.5% of other trau women and 88.6% of men in jail diversion expansion proc riminal ju grams funded by the Substance Abuse and Mental Health Grantee p Services Administration (SAMHSA) reported exposure to traumatic experiences prior to incarceration. Although exposure to trauma is common among American adults, only about 8.7% of the general population develops posttraumatic stress disorder (PTSD) (2). In contrast, lifetime prevalence rates of PTSD among male (31%) and female (27%) military personnel are more than three times higher than in the general population (3).

The most recent data indicate that veterans comprise 10% of the incarcerated population in state and federal prisons (4). Compared with other inmates, veterans tend to be older, better educated, and less racially diverse (4,5). Although there is relatively little research on the effect of traum a on

PS in Advance

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Michael D. Little, M.S., C.P.S. Forensic Peer Specialist Coordinator, Philadelphia Department of Behavioral Health



Philadelphia Veterans Court





PRESIDING: The Honorable Patrick Dugan

For more information contact:

- Lesha Sander: Veterans Court Coordinator 215-683-1584
- Stu Schuman Public Defender 267-765-6913
- Officer Frank Romeo Probation Dept. 215-683-1301
- Peg Maynard VA VJOS
 215-222-7466
- Dave Ayers Dept. of Behavioral Health 215-546-0300 ext.3322

Components of the Veterans Court



- Honor the service of Veterans through providing a comprehensive treatment based program.
- Ensure that Veterans receive effective treatment and access to community resources available to him or her.
- An individual treatment plan for each participant to address needs, barriers and goals. The treatment plan will include evaluations and assessments to determine the most effective treatment for the Veteran.
- Each Veteran has a support team dedicated to helping the Veteran achieve their goals. The support team includes other Veterans, treatment providers, court staff, and the Veteran Peer Mentor Support Program.

Court (cont'd)

- Each Veteran will come to court regularly to see the Honorable Judge Patrick Dugan. Veterans are required to appear weekly or bi-weekly during the initial phase of the program. Veterans will be required to appear less often as they progress through the program. As you make progress in your treatment, your attendance may be reduced to every third week or monthly at the discretion of the Judge.
- Frequent random alcohol & drug testing throughout the program may be ordered through probation and/or treatment providers.
- Veterans must follow the rules of probation and orders of the Veterans Court.

Veteran Peer Mentoring Program



- The Veterans Court relies on cooperation between the criminal justice system, the Department of Veterans Affairs and community treatment agencies to provide comprehensive treatment for Veterans. The Court also relies on a unique component - Veteran Peer Mentors. Veteran Peer Mentors are part of the Court's team and provide advice, personal experiences, recommendations and guidance to participants of the Court.
- These volunteers include, but are not limited to, Veterans who have served in Vietnam, Korea, Operation Desert Storm/Shield, Operation Enduring Freedom, and Operation Iraqi Freedom. These men and women volunteer their time to work with our participants.
- The mission of the Peer Mentoring Program is to ensure that every Veteran receives the services they need by helping them navigate the system and acting as a mentor, advocate, and ally.

Veteran Peer Mentoring Program



 The Veterans peer-to-peer mentoring program is an integral part of Veterans Court. The ability to speak with a fellow Veteran who has "been there" offers Court participants an informal way to ask questions, solicit feedback and discuss how they are feeling about their situation.

Veteran Peer Mentoring Program



Veterans Court Coordinator

Phone: 215-683-1584 Email at VeteranMentors@courts.phila.gov

Mentor Program Information Sessions:

3rd Monday of each month - 5:30 PM
Jury Selection Room
Criminal Justice Center (101 CJC),
1301 Filbert Street, Philadelphia, PA 19107

Link: <u>WWW.COURTS.PHILA.GOV/VETERANSCOURT</u>

Veteran's Diversion Court



- Enhanced and expanded partnership with the Philadelphia Veterans Affairs (VA). Individuals who are VA-eligible are being diverted to the VA through the Veterans Court
- Non-VA eligible veterans are currently being diverted to the Philadelphia Veterans Court through the PA Jail Diversion and Trauma Recovery Program for Veterans. January 2011 to January 2016, over 160 Veterans Court participants have been referred to the Veterans Initiative Unit.

How long will I be involved with the Veterans Court Program?



 When you successfully complete all phases of treatment, you become eligible to graduate from the program. Each person will work with treatment providers and the Court toward successful completion of the program at their own pace. The program may last for the period of community control.

Rules of Veterans Court



- Stop the use of illegal, non-prescribed drugs
- Appear in court as scheduled
- Follow your individualized treatment plan
- Attend all appointments with your case manager, treatment providers, probation officer, and support services
- You are responsible for being at all appointments on time

Rules of Veterans Court



- Maintain compliance with medications as prescribed to you by your psychiatrist and/or primary physician
- Follow the orders of the Judge and recommendations of the Veterans Court Team
- Follow the rules in the Participation Contract and with Philadelphia County Probation



Orientation - Introduction, Assessment, and Assimilation

- During Orientation, you will be assigned a Probation Officer.
 - Your attorney will provide you with an overview of the program
 - Your needs will be assessed and addressed by the treatment team
 - Your progress will be closely monitored by the treatment team and reported to the Judge



Phase I – Orientation Phase

- In Phase I, your treatment plan will be developed by you and the Treatment Team
 - You will make personal achievement goals in addition to treatment plan goals (GED, vocational/educational, counseling, psychotherapy, exercise, anger management, parenting skills, etc.)



Phase II – Stabilization Phase

 In Phase II, your treatment plan will be updated by you and the treatment team to identify your treatment goals and objectives. Counseling and meetings will focus on areas that are challenging for you, and will identify ways of coping with stressful situations.



Phase III – Community Reintegration Phase

 Phase III will address your ongoing recovery needs including maintaining abstinence from drugs. This phase is designed to support you in your return to the community as a productive and responsible member.



Phase IV – Maintenance Phase/Graduation

 Phase IV will help you successfully transition from a lifestyle within the Veterans Court structure to a lifestyle more representative of what participants will experience following graduation.

Veterans Multi-Service Center



- 213-217 N. 4th St Philadelphia, Pa 19106
- To provide services, programs, opportunity and advancement to Veterans of the U.S. military and their families. Examples of this include job training, resume writing, and benefits counseling.

Thank You!



Resources

SAMHSA National GAINS Center: http://www.samhsa.gov/gains-center

Justice for Vets: <u>http://www.justiceforvets.org/</u>

Department of Veteran Affairs National Center for PTSD <u>http://www.ptsd.va.gov/</u>

Challenges of Diverting Veterans to Trauma Informed Care - The Heterogeneity of Intercept 2: <u>http://cjb.sagepub.com/content/39/4/461</u>

Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions: <u>http://www.prainc.com/wp-content/uploads/2012/01/CVT_IssueBrief.pdf</u>

Veterans Court Inventory 2014 Update: http://www.va.gov/HOMELESS/docs/VTC-Inventory-FactSheet-0216.pdf



Contact

Dan Abreu 518-439-7415 ext. 5248 <u>dabreu@prainc.com</u>

Michael Little 215-430-3149 or 215-906-1412 <u>Michael.Little@Phila.gov</u>



For Technical Assistance Questions, Please Contact

SAMHSA's Service Members, Veterans, and their Families Technical Assistance Center

345 Delaware Avenue Delmar, NY 12054 Phone: 518-439-7415, ext. 5270 Email: smvftacenter@prainc.com







Behavioral Health is Essential To Health

Prevention Works





Treatment is Effective

