

# “Recovery While Incarcerated”

Transforming the Delivery of Addiction Recovery  
Services in IDOC Facilities

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# Presenters

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# “Recovery While Incarcerated” - RWI

- RWI has transformed the way addiction recovery services (ARS) are delivered in IDOC facilities
- Three broad goals of RWI
  - **Develop a continuum of care** that spans the duration of incarceration for offenders, allowing offenders to engage in substance use disorder treatment at all stages of their incarceration
  - **Provide a recovery-based environment** that promotes structure, accountability, development of coping skills, and emotional support for offenders seeking change and recovery
  - **Individualize treatment curriculums** to address an offender’s unique needs, to prepare them for successful re-entry into the community

# Key Features of RWI Treatment

- Orientation and Mentoring
- Individualized Treatment Planning
- Process Group
- Spirituality Group
- Instructional Group
- AA, NA, Celebrate Recovery self-help support groups
- DBT Skills Training
- Anger Management
- Grief and Loss
- Life Skills
- Helping Women Recover
- Relapse Prevention
- Medication Assisted Treatment (MAT)

# Sober Living Environment (SLE)

- SLE is a designated pod or housing unit exclusively for offenders enrolled in the RWI program
- SLE will allow offenders in all levels of treatment and phases of recovery to congregate together, to provide support in a controlled recovery environment
- SLE beds are prioritized for offenders with more significant recovery support needs; some offenders with lower support needs may live in GP or another dorm toward the end of their incarceration
- Depending on facility design, SLE may also incorporate offenders from other character programs such as PLUS and ICAN, similar to an “honor dorm” concept

# RWI Framework

## Modality

- Specific treatment program defined by intensity and frequency of services delivered
- Four distinct modalities along a treatment continuum
- Placement determined by assessment scores

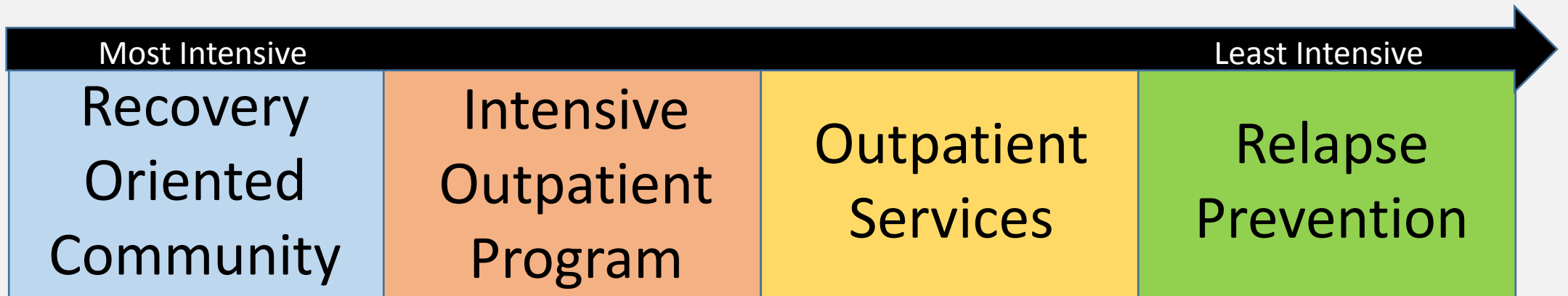
## Progressions

- Stages of Change
- Reflects level of competency in recovery skills
- Six total progressions
- Every enrolled offender will demonstrate mastery of each progression

Overall time spent in treatment depends entirely on the offender's ability to learn and demonstrate competency in using the recovery skills shared during each progression

# The RWI Treatment Continuum

- RWI is comprised of four distinct treatment modalities, with varying levels of intensity
- Offenders “enter” the continuum in the treatment modality indicated by their addiction recovery needs assessment



# RWI Treatment Modalities

- Recovery Oriented Community (ROC)
  - Short-term “residential” treatment for substance use disorder(s)
  - Focus is on stabilizing offender behavior and attitudes, to improve chance for success as offenders proceed through the RWI continuum
  - Combines controlled, healthy, drug-free environment with positive role models to increase community involvement and engagement in therapeutic intervention
  - 40+ hours/week of intensive treatment provided
- Intensive Outpatient Program (IOP)
  - Offenders attend 15-20 hours/week structured programming
  - Additional non-structured activities provided



# RWI Treatment Modalities (continued)

- Outpatient Services (OP)

- Provides continued support and treatment once ROC and IOP are completed
- Allows for continued application and development of skills learned in ROC/IOP in a controlled environment
- Offenders attend 4-10 hours/week of structured treatment
- Offenders will have opportunity to have “outside” work assignments

- Relapse Prevention (RP)

- Allows offenders to continue treatment for remainder of their incarceration
- Titration down with a range of 2 hours/week to 2 hours/month of structured treatment
- Supported by non-structured volunteer-led groups
- Focus on re-entry needs once within 90 days of expected release

# RWI Programming Basics

- Programming is grouped into six *progressions*, each with a primary focus
  - Inclusion and Orientation: learning rules, policies, procedures, structure
  - Assimilation: developing a direction for an offender's personal recovery
  - Action: addressing and resolving personal issues, learning coping skills
  - Accountability: developing personal responsibility and accountability
  - Maintenance/Relapse Prevention: enhancing skills and tools needed to transition back into community
  - Preparing for Re-entry: connection to aftercare programs
- “Progression work” occurs in every setting and in every modality within the RWI continuum
- Length of time spent in each progression depends on offender demonstrating that they have learned the required competencies

# Medication Assisted Treatment (MAT) In The IDOC

- Why MAT in the Department of Correction?
  - Addiction epidemic has been named one of Gov. Holcomb's five pillars
  - Federal Bureau of Prisons (FBOP) has developed guidelines for the use of Medication Assisted Treatment
  - Overall, MAT has been found to support recovery, and is most effective when participants are engaged in behavioral health services
  - MAT has been shown to reduce the frequency of substance use as well as the risk of overdose
  - MAT has shown beneficial to the justice involved population and has been associated with reduced recidivism and illegal drug overdose deaths

# Types of MAT Used in IDOC

- Naltrexone

- Can be prescribed to a client at any point in their incarceration
- Is given to clients who are participating in or have completed the RWI program
- Has no trafficking potential inside of IDOC due to it having no addictive properties
- Culturally appropriate for the IDOC
- Client can stop the medication (with provider consultation) with few or no withdrawal concerns

# Types of MAT Used in IDOC

- VIVITROL
  - FDA-approved for opioid and alcohol dependence
  - Injection given to clients 7 days prior to release
  - All clients who release on VIVITROL (or naltrexone) are set up with an appointment with a Community Provider that provides services under Recovery Works
  - Clinically proven to reduce risk of relapse with alcohol or opioids for clients re-entering the community

# Process For MAT Referrals and Treatment in IDOC

- 1) Clients are referred to Addiction Recovery Services (ARS) and assessed for need for services and to determine if there is an opioid or alcohol use disorder
- 2) ARS completes required documentation including providing the client with a information sheet presenting an overview of MAT
- 3) ARS sends the referral to the ARS Re-Entry Coordinator who reviews the referral and sends it to facility Medical Services
- 4) Medical completes all required labs and obtains consents
- 5) Once labs are completed the naltrexone challenge is administered
- 6) ARS Re-Entry Coordinator is notified of the client starting the medication
- 7) ARS continues to see the client on a clinically indicated schedule to review progress

# Release Process for MAT

- The ARS Re-Entry Coordinator keeps track of all clients on MAT and 30 days prior to their release begins the process for MAT
- The ARS Re-Entry Coordinator is responsible for:
  - 1) Finding a provider as close to the clients release location as possible
  - 2) Developing the Release of Information and Recovery Works referral for the client
  - 3) Securing intake appointment with the community provider
  - 4) Sending all necessary paperwork to the community provider
  - 5) Providing the client with appointment information to ensure the client knows where they are supposed to go

# How Is IDOC Doing So Far?

- Since the full launch of MAT on September 15, 2017, there have been 1051 referrals to the MAT program
- 862 clients having started oral naltrexone while in IDOC
- 75 clients have received the VIVITROL injection pre-release
- 32 clients have been confirmed to have successfully connected with the outside provider and went to at least their first appointment
- 136 clients were released on oral naltrexone
- 160 clients are currently taking oral naltrexone
- MAT client with the furthest outdate: 2043
- 14 clients scheduled to release on VIVITROL in the next 60 days



# How Can You Help?

- The number one need is for more community providers who not only provide MAT services but who also accept Recovery Works referrals
- More providers accepting Recovery Works referrals means more transition services can be provided to clients releasing from IDOC

# Continuity of Care

- To aid us in achieving our biggest goal of Continuity of Care, IDOC has a newly formed division that focuses solely on Transitional Healthcare
- Our vision is to study outcomes around social determinants of health and repeat justice involvement to return productive citizens to Indiana communities
- We will be gathering proactive data for releases to better understand and identify what resources are available for those clients, researching areas of the state where resources are scarce, and working with community partnerships to address those needs

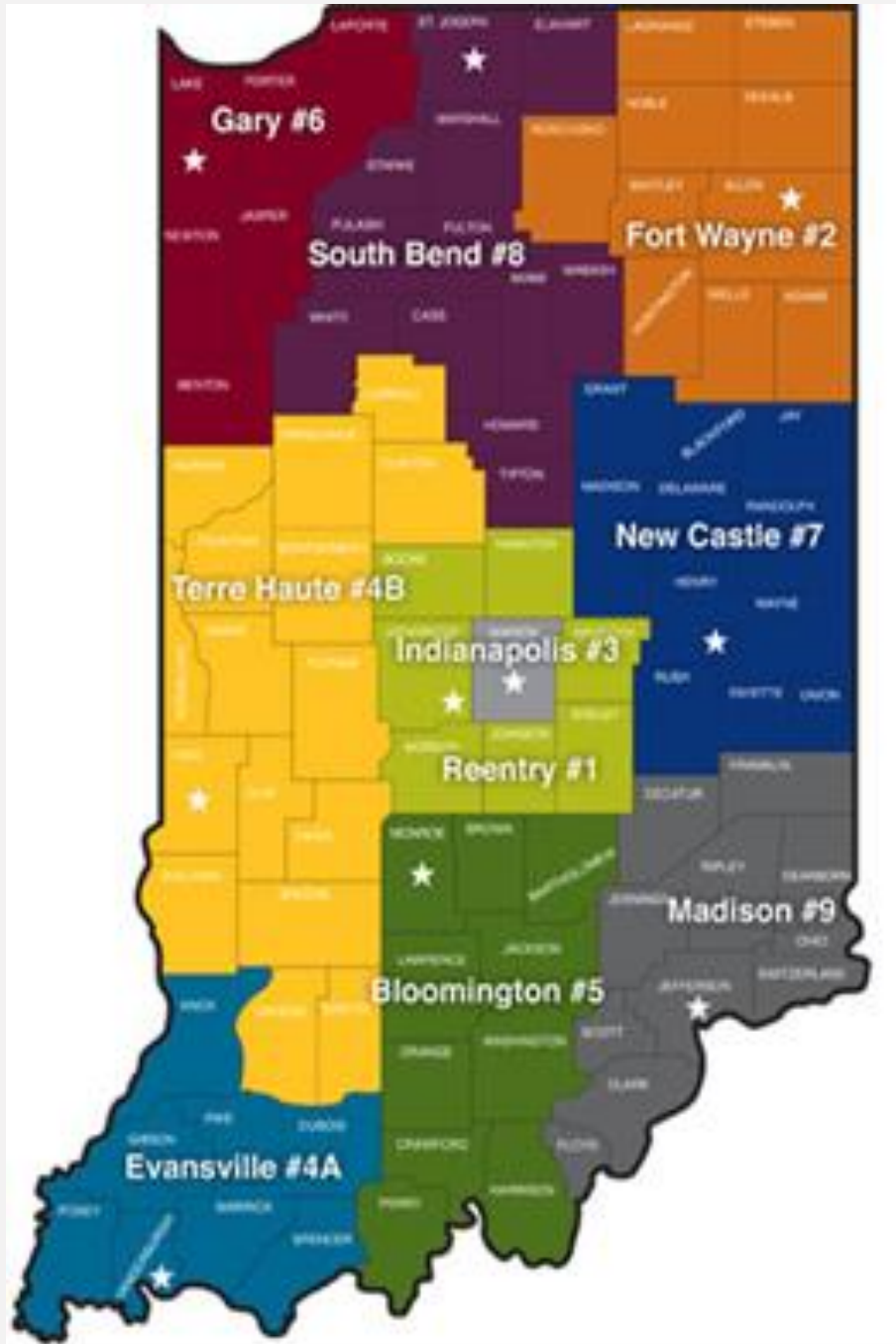
# Parole Re-Entry Liaison Project

## Mission of the Parole Re-Entry Liaison Project

“To empower identified parolees to address and remedy the circumstances that resulted in their incarceration via collaboration and referral with appropriate community resources and supports to provide an improved chance of individual success.”



# Indiana Parole Districts



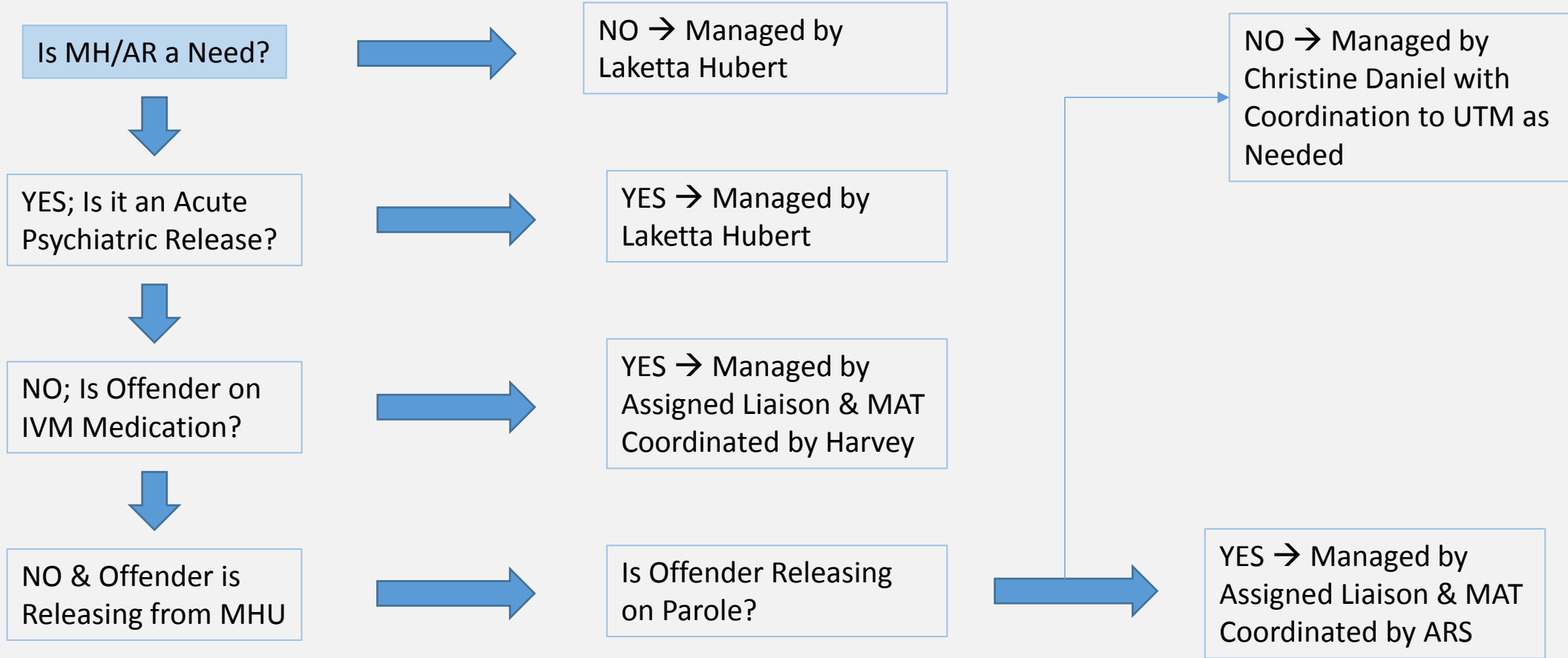
# Parole Re-Entry Liaison (PRL) Team

- **126 years** of combined case management and program supervision experience in mental health and substance abuse treatment
- Master of Social Work - mental health concentration
- Currently earning 1 Master of Social Work with a specialization in addictions and mental health, 1 Master of Psychology, 1 Master of Criminology, 1 Juris Doctor (2<sup>nd</sup> year) with a focus on Health and Criminal Law
- Sit on various non-profit boards, steering committees for local NAMI Chapters, and Advisory Councils for CMHC grant-funded projects

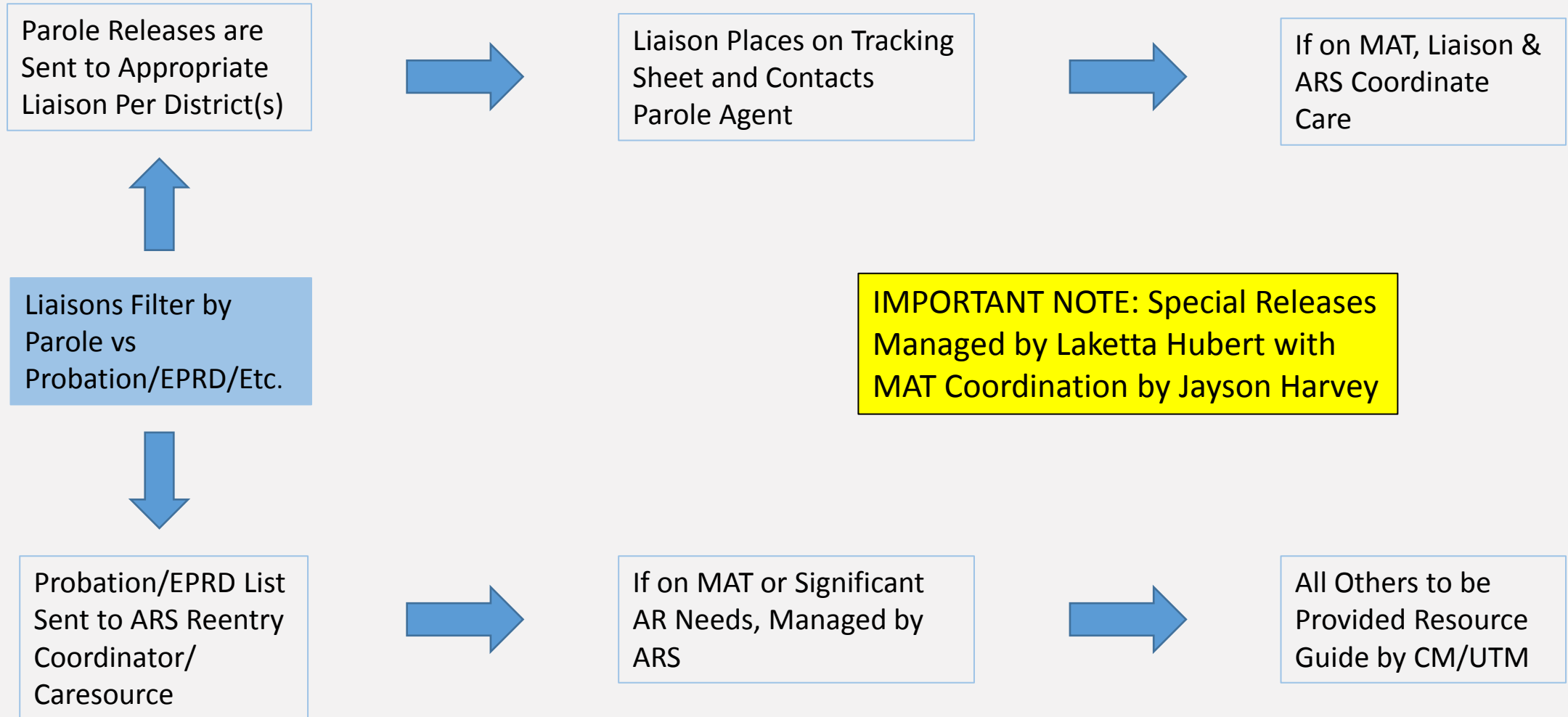
# Focus of the PRL Program

- Link special needs parolees with community services so they can successfully reintegrate into their communities, decrease offenders' reliance on IDOC, and to reduce their recidivism
- Liaise with IDOC facilities to ensure all special needs offenders are identified and linked to community programs
- Partner with community agencies to eliminate barriers to accessing their services

# Special Needs Release Planning Process



# Release Planning Process – Phase 2





# What We Hope To Accomplish

- Coalitions, partnerships, and problem solving teams to address barriers for our clients
- Seamless transition for all clients entering and departing IDOC resulting in continuum of care and recidivism reduction
- Establishment of new organizations to meet unmet needs
- Continued support of the CMHCs that have proactively provided grant funded services for justice involved individuals