“Recovery While Incarcerated”

Transforming the Delivery of Addiction Recovery Services in IDOC Facilities

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  - Mark Levenhagen, IDOC Executive Director of Mental Health & Special Populations
  - John Dallas, VPO for Indiana Wexford
  - Rebecca Hess, Melinda Titus, & Lisa Burgeson, Wexford Regional Operations Directors
“Recovery While Incarcerated” - RWI

• The RWI Project seeks to transform the way addiction recovery services (ARS) are delivered in IDOC facilities

• Responds to Governor Holcomb’s call for action by naming the Addiction Epidemic as one of the key pillars during his administration

• Work collaboratively with Case Management Policy and Operations Policy

• Shift the culture of corrections towards a Recovery Oriented System
Genesis of RWI

- Prioritize education & literacy
- Remove time restrictions for entrance to addiction recovery services
- Address the unintended negative impact of Purposeful Incarceration
- Improve and update the curriculum
- Provide a full continuum of care
- Expand access to MAT and effective re-entry strategies
- Integrate with medical and mental health services
- Increased training in evidence-based practice for AR staff
Goals of RWI

• **Provide the right treatment, right place, right time** so that offenders can begin the journey into recovery from the beginning of their incarceration

• **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
- Recovery Coaching
- MAT (as clinically appropriate)
Screening for SUD
RWI SUD Screening

• Beginning in July 2017, every offender newly committed to IDOC is screened at their intake facility for the presence of substance use and mental health disorders.

  • Screening instrument is the Global Appraisal of Individual Needs-Short Screener (GAIN-SS; Chestnut Health Systems, 2007)

  • GAIN-SS scores indicate whether an offender needs to be referred to ARS and/or Mental Health for additional assessment.
INITIAL RESULTS:

• Approximately 90% of male offenders score a 2* or higher
• Approximately 70% of male offenders score a 3* or higher

*GAIN-SS Scores:
• < 2: Offender is not likely to have a Substance Use Disorder (SUD)
• = 2: Offender has had some problem behaviors that may make them susceptible to a full SUD
• ≥ 3: Offender most likely has already developed a SUD and warrants referral for assessment as a top priority.
Assessing for SUD
RWI Improved Assessment

- Drug Use Screening Inventory – Revised (DUSI-R)
  - Overall Problem Density Index Score
    10 sub-category domain scores
  - Criminogenic Risk Score
    3 sub-category domain scores
- Increased individualized treatment planning
- Shows progression/regression over time
DUSI-R Sample

Absolute Problem Density

Problem Severity (0–100)

Severe
High
Moderate
Normal (assets)

Overall: 40
Substance Use: 100
Behavior Patterns: 5
Health Status: 30
Emotional Health: 30
Social Competence: 36
Family System: 64
School Performance: 10
Work Adjustment: 40
Peer Relationships: 27
Leisure/Recreation: 33

DUSI–R Assessment Adult Past Year (0/10)
(Feb 26, 2018)
DUSI-R Criminogenic Risk Profile

Criminogenic Risk

Overall: 42
Behavioral Undercontrol: 17
Deviance Proneness: 46
Substance Use: 56
RWI Program Operations
The Core of RWI – 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
• 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

**Continuum/Modality**
- Intensity/frequency of service
- 4 distinct modalities
- Placement determined by assessment scores

**Progression**
- Stage of Change
- Level of competency in recovery skills
- Six total progressions
- Every enrolled offender will demonstrate mastery of each progression
The RWI Treatment Continuum

- Offenders “enter” the treatment modality indicated by their addiction recovery needs assessment

<table>
<thead>
<tr>
<th>Most Intensive</th>
<th>15-20 hrs/wk</th>
<th>4-10 hrs/wk</th>
<th>Least Intensive</th>
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<tbody>
<tr>
<td>Recovery Oriented Community</td>
<td>Intensive Outpatient Program</td>
<td>Outpatient Services</td>
<td>Relapse Prevention Program</td>
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<tr>
<td>40+hrs/wk</td>
<td>2 hrs/wk – 2 hrs/mth</td>
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RWI Programming Basics

• Programming is grouped into six progressions, each with a primary focus
  1. Inclusion and Orientation: learning rules, policies, procedures, structure
  2. Assimilation: developing a direction for an offender’s personal recovery
  3. Action: addressing and resolving personal issues, learning coping skills
  4. Accountability: developing personal responsibility and accountability
  5. Maintenance/Relapse Prevention: enhancing skills and tools needed to transition back into community
  6. Preparing for Re-entry: connection to aftercare programs

• “Progression work” occurs in every setting and at every level of treatment within the RWI system
Example of RWI at Work

<table>
<thead>
<tr>
<th>PROGRESSION</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<tbody>
<tr>
<td>Johnny</td>
<td>ROC</td>
<td>ROC</td>
<td>IOP</td>
<td>OP</td>
<td>OP</td>
<td>RP</td>
</tr>
<tr>
<td>Joe</td>
<td>IOP</td>
<td>IOP</td>
<td>OP</td>
<td>OP</td>
<td>RP</td>
<td>RP</td>
</tr>
</tbody>
</table>

- Johnny – Return from PV due to drug use and admitted daily use for past three months; GAIN scores in severe range; Mood is labile; had previous success when in ROC like setting
- Joe – Has been in education and doing well; no conduct reports in past year; history of drug use and admits using about a month ago although he wasn’t caught; recent separation from significant other has led to increased cravings and he is concerned he will relapse; updated GAIN scores indicate moderate need
Medication Assisted Treatment (MAT) Basics

- Three FDA approved medications for addiction MAT
  - Methadone
    - DEA Special License and Indiana DMHA Special Certification
  - Buprenorphine (Subutex)
    - DEA DATA 2000 Waiver (Drug Addiction Treatment Act of 2000)
  - Buprenorphine/Naloxone Combination (Suboxone, Bunavail, Zubsolv)
    - DEA DATA 2000 Waiver
  - Naltrexone (Revia, Vivitrol)
    - Not opioid based = no special license/certification

- Emergency Overdose Medication
  - Naloxone (Narcan, Evzio)
MAT at the IDOC

• Historically
  ➢ Small re-entry pilot utilizing Naltrexone IM (Vivitrol)
    ➢ Received one injection 5-7 days prior to release with referral for continued treatment post-release

• RWI Project
  ➢ Naltrexone PO (Revia) whenever clinically indicated
  ➢ 60 days of Naltrexone PO pre-release ➔ Naltrexone IM (Vivitrol) 1 week prior to release ➔ Referral for continued MAT upon release
Engagement, Training & Planning
RWI — Staff Engagement

• Leadership/Administrative Staff
  ➢ Facility requirements
  ➢ Customization of service delivery
  ➢ Overall strategic planning

• Custody/Operations Staff
  ➢ Recognition of acute intoxication/overdose
  ➢ Urine drug screening
  ➢ General recovery principles

• Unit Team/Case Management staff training
  ➢ Offender referral/access to ARS
  ➢ General recovery principles

• Parole staff training
  ➢ Recognition of acute intoxication/overdose
  ➢ Identifying highest risk populations
  ➢ Red flag conversations
  ➢ MAT
Present and Future

Where have we been?
• August/September 2017
  • Indiana State Prison
  • Westville Correctional Facility
• September/October 2017
  • Indiana Women’s Prison
• October/November 2017
  • Pendleton Correctional Facility
  • Correctional Industrial Facility
  • Miami Correctional Facility

What’s next?
• Division of Youth Services Programming
• Continued targeted planning and roll-out at all adult facilities
• Goal to have all sites in the roll-out phase by September 30, 2018
Questions?
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