



Addressing Addiction Behind The Walls

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Objectives

Attendees will learn...

How Indiana's growing problem with addiction is changing the role of the Indiana Department of Correction.

What best practices have been put into place by the IDOC to aid in community safety and increased access to addiction recovery.

About the collaborative role required between the community and the IDOC in addressing the addiction epidemic

Substance Use and Crime

Alcohol

- 8,018 alcohol-related collisions in 2014
- 153 fatalities in crashes attributable to alcohol in 2014
- Arrest rates per 1,000 population (2012)
 - Public Intoxication 2.3 (U.S.: 1.3)
 - Liquor Law Violations 2.0 (U.S.: 1.2)
 - DUI 3.6 (U.S.: 3.5)

Cocaine/Opiate Arrests (2012)

- 1600 arrests for possession
- 1500 arrests for sale/manufacture

Methamphetamine

- ISP seized 1452 meth labs in 2015

Prescription Drugs (2012)

- 2500 arrests for possession
- 1000 arrests for sale/manufacture

Substance Use & Crime

Approximately 60% of individual arrested for any crime test positive for illegal drugs at arrest (nationally)

Estimated that 80% of offenses leading to incarceration in the U.S. are related to drugs/alcohol

- Domestic Violence
- Driving While Intoxicated
- Property Offenses
- Drug Offenses
- Public Order offenses

Substance Use & Crime

The relationship between drugs and crime is complex

- The Chicken or the Egg?

Three types of crimes related to drugs:

- Use-Related Crime
- Economic-Related Crime
- System-Related Crime

Substance Use & Incarceration

53% of State and 45% of Federal prisoners

75% of prisoners returning to prison

68% of jail inmates

General Public is 8.8%

- According to SAMHSA, “substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.”









Drug Use in a Correctional Setting

IDOC Facilities – YTD 2016

- Completed 12,132 Urine Drug Screens
 - Random and For Cause
 - 572 (4.7%) were positive for at least one substance
 - Tests include Amphetamines, Benzodiazepines, Cocaine, Opiates, PCP, Cannabis, Suboxone
- Most Common Positive: Suboxone (68.8%)
- Coming Soon: UDS for K2/Spice/Synthetic Cannabinoids



K2 (Spice)

			
8mgs.	4mgs.	2mgs.	
			
1mg.	0.5mgs.	0.25mgs.	0.13mgs.



Drug Use in a Correctional Setting

Indiana Parole Districts – YTD 2016

- Completed 15,286 Urine Drug Screens
 - 4,695 (30.7%) were positive for at least one substance
 - Tests include Amphetamines, Benzodiazepines, Cocaine, Opiates, PCP, Cannabis, Suboxone
- **Most common Positive: Cannabis (59.7%)**
 - In comparison, suboxone only accounted for 0.01 % (56) of all positives
 - Amphetamines were second at 26.5% (1,246)



Whole-Person Rehabilitation at IDOC



Case Management

Basic overview of Case Management within IDOC

- Stars with Day 1
 - Indiana Risk Assessment
 - Program Referrals
- Ongoing Case Management
- Release Preparation
 - Indiana Risk Assessment
 - Pre-Release Programming
- Facility to Supervision handoff



CASE MANAGEMENT

Whole-Person Recovery at IDOC

Overview of Programs within IDOC

- Program Inventory
 - Program Fact Sheet
- Programs, Courses, Activities
 - Programs
 - Courses
 - Activities
- Program Referral Domains
 - Criminal History
 - Criminal Lifestyle
 - School and Employment
 - Family and Social Support
 - Substance Abuse and Mental Health



From Punishment to Rehabilitation

Emotional

- Mental Health and Addiction Treatment

Environmental

- PREA
- ACA Accreditation

Intellectual

- Educational Programming including TASC and College Education

Physical

- New focus on preventative medicine and integrated healthcare
- Health/Wellness Activities

Occupational

- DOL programs

Spiritual

- Religious and volunteer services

Social

- Family Reintegration Programming
- Program Communities

Financial

- Medicaid/HIP 2.0 Process
- Financial literacy

Medicaid/HIP 2.0



HEA 1206 effective July 1, 2015

- IDOC will apply for all releasing IDOC offenders prior to release
 - IDOC acts as the Authorized Representative (AR) for all offenders
 - An application for healthcare coverage is completed for every releasing offender within 60 days to release
 - Since July 1, 2015: 16,468 total apps completed on behalf of offenders
 - Average: 1,176 apps/month
- Medicaid Processing Unit (MPU)
 - Centralized unit responsible for:
 - Application database by release date
 - Oversight of Re-Entry Services mailroom
 - Vital records database

Traditional Medicaid/Presumptive Eligibility

- Traditional Medicaid

- Physically and mentally disabled offenders are processed using a disability application for healthcare coverage
- MPU represent the offender during the interview with DFR
- The offender is required to apply for Social Security Disability
- Once approved by the Medical Review Team, the offender is placed on Traditional Medicaid.

- Presumptive Eligibility

- Medicaid has been billed for \$5.2M worth of medical expenses for DOC offenders
 - Average of just over \$400K/month.
- 674 HPE applications have been completed since July 1, 2015, resulting in an average “savings” of about \$8,500/per application.



Offender Documents

- Medicaid processing requires the DOC to have vital records on file for releasing offenders
 - Totals through January 2016-August 2016
 - Birth Certificates Received: 9,715
 - Social Security Cards Received: 4,482
 - BMV IDs Received: 4,500
- A new Administrative Policy and Procedure was established to ensure field staff are applying for vital documents
- Allows offenders to have their documents when they are released
- Active Memorandums of Understanding with Indiana BMV, Indiana Dept. of Health, and the Social Security Administration



IDOC Adult Addiction Recovery Services

OUTPATIENT ARS

3 Phases

- Psycho-Educational
 - Guided Self Study
- Primary Treatment Group
 - 48 hours
 - 3-month credit time
- Relapse Prevention & Reintegration
 - 24 hours
 - 1-month credit time

THERAPEUTIC COMMUNITY

A specialized community focused on addiction recovery

Offenders with significant impairment due to SUD

Minimum of 8 months to complete

5 phases of treatment

- Competency Based
- Addiction & Criminal Thinking
- 6-month credit time

Adult Outpatient Treatment Program – 14 Facilities

- Chain O'Lakes Correctional Facility
- Edinburgh Correctional Facility
- Henryville Correctional Facility
- Indianapolis Re-Entry Educational Facility
- Madison Correctional Facility
- South Bend Community Re-Entry Center
- Heritage Trail Correctional Facility
- Branchville Correctional Facility
- New Castle Correctional Facility
- Miami Correctional Facility
- Wabash Valley Correctional Facility
- Westville Correctional Facility
- Putnamville Correctional Facility
- Indiana State Prison
- Indiana Women's Prison
- Pendleton Correctional Facility

Adult Therapeutic Communities – 10 Programs

Branchville Correctional Facility

- 288 Beds

Correctional Industrial Facility (Pendleton)

- 248 Beds

Plainfield Correctional Facility

- 224 Beds

Westville Correctional Facility

- 640 Beds

Westville Minimum Security

- 95 Beds

Miami Correctional Facility

- 204 Beds

Putnamville Correctional Facility

- 304 Beds

Madison Correctional Facility

- 170 Beds

Rockville Correctional Facility

- 136 Beds

Starke County Jail Pilot Program ***

- 48 Beds

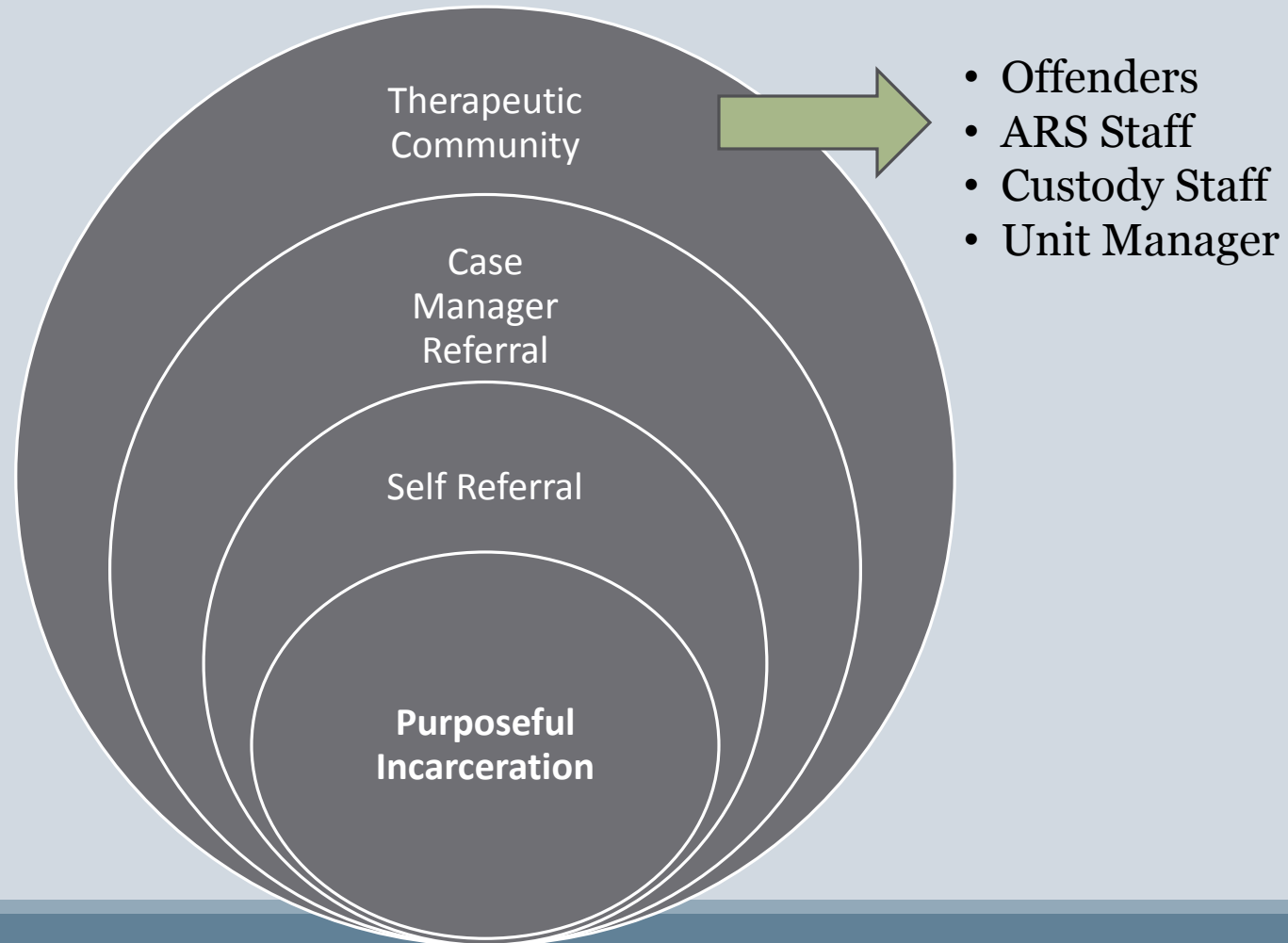
Therapeutic Communities – Facility Map



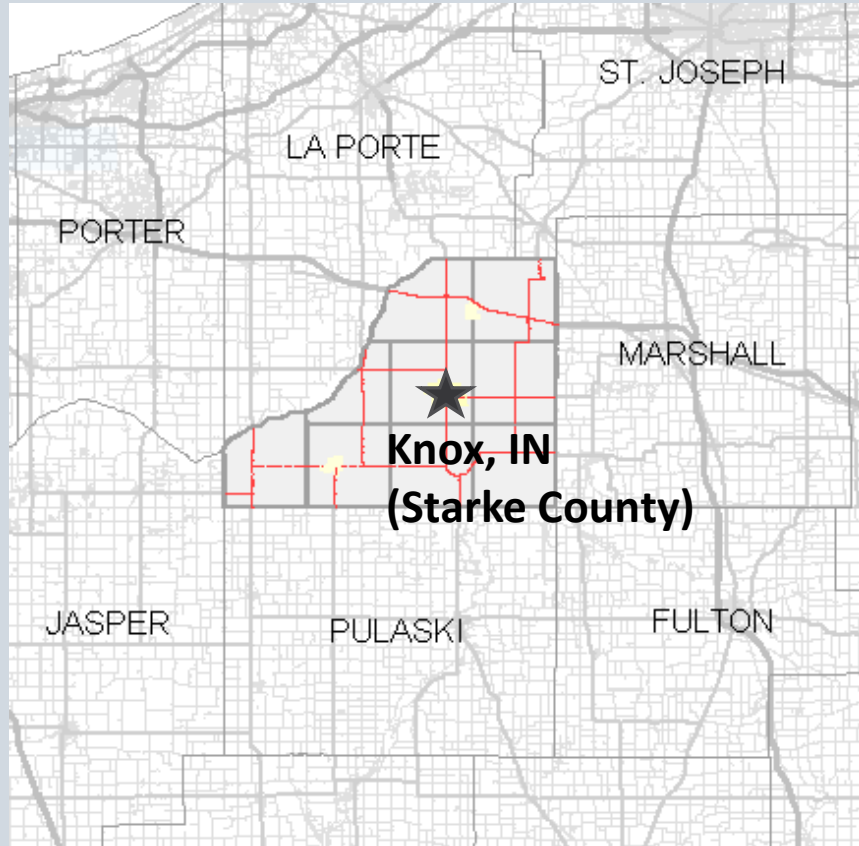
Purposeful Incarceration Initiative

- Indiana Appellate Rule 7 (B)
 - “The Court may revise a sentence authorized by statute if, after due consideration of the trial court's decision, the Court finds that the sentence is inappropriate in light of the nature of the offense and the character of the offender.”
- Create/Foster relationships between TC and Judicial System
- Order must state “Court will consider a sentence modification upon completion of the Therapeutic Community”
- Improve community safety, re-entry outcomes, access to treatment

Relationship of TC & PI



Addiction Recovery Services – Starke County Pilot



Regional Approach to Therapeutic Community

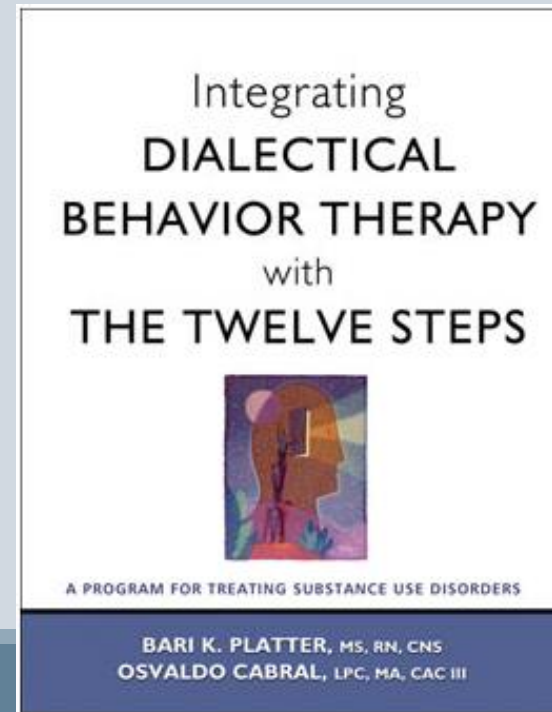
- Starke County, IN & 7 Surrounding Counties
- 48 Total Residents
- Purposeful Incarceration
- Access to Special Programming
 - The Farm
 - Cultural Presentations
 - “Drug-Court-Like” Interaction with Judge
 - Family Reintegration Officer/Program

Addiction Recovery Services – RSAT Grant

GOAL: Improve programming as it prepares the offender for re-entry or re-integration back into the community

Two Major Components in 2016/2017:

- Implementation of “Integrating Dialectical Behavior Therapy with Twelve Step Facilitation” (DBT/TSF)
- Expansion of Recovery Coaching within IDOC



Parole Re-Entry Liaisons

Located in all Indiana Parole Districts

Role: To provide specialized re-entry support to those released onto parole who have significant mental health and addictions needs

- Targeted Case Management
- Linkage to Community Supports and Treatment
- Work Collaboratively with Parole Officer
- Support with basic daily living skills

Re-Entry Vivitrol Pilot

Targets those re-entering onto Indiana Parole with and Opiate or Alcohol Addiction

- Voluntary Program
- Linked with Parole Re-Entry Liaison prior to release
- Medically evaluated for Vivitrol

Pre-Release, Provided first Vivitrol Injection

- Linked to community provider for ongoing medication assisted treatment
- Ongoing community-based support by Parole Re-entry Liaison

The Future Vision

Integration with medical/mental health services

Upfront access

Standardized addiction screening

Improved connection to the community

- AA/NA meetings
- Connection to treatment
- Recovery Works

Re-Entry

- SRR Grant
 - Case Management Training
- Pre-Release Restructuring

Questions & Contact Information

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