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EMERGE: Responding to the Reentry and Recovery Needs of Southeastern Indiana with Data

Delivering Care That Changes People's Lives



Presenters

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Agenda Slide

- Incarceration Rates
- Mental Health in Jails and Prisons
- Centerstone Reentry and Recovery Program
- Evidence Based Practices
- SAMHSA Opioid Overdose Prevention Toolkit



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Statistics

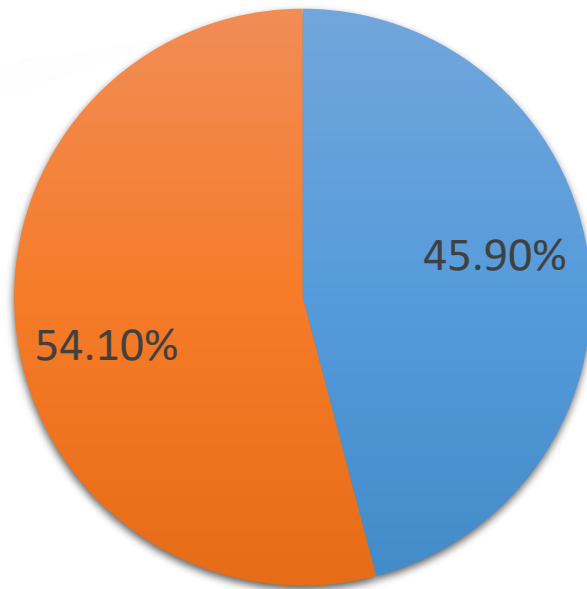
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United States Incarceration Rates

Federal Prison Statistics

Offense



■ Drug Offenses ■ Others

- Total incarcerated: 180,421

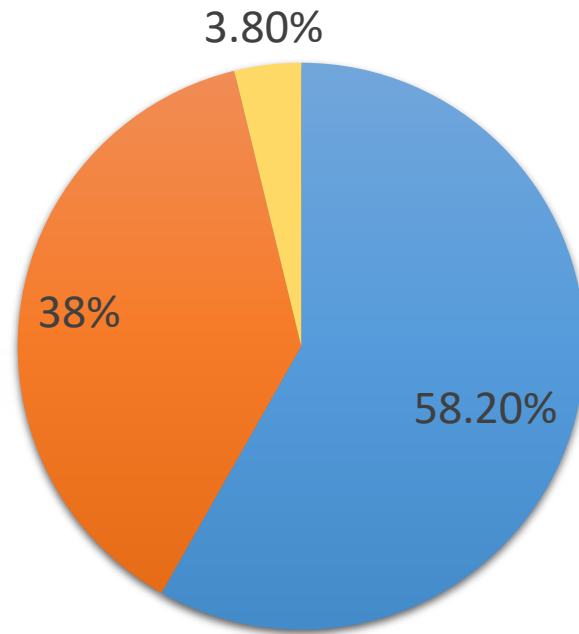


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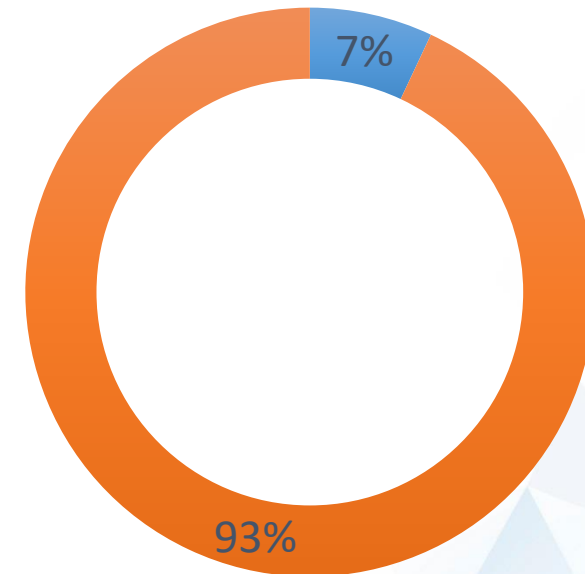
Federal Prison Statistics

Race



■ White ■ Black ■ Other

Gender

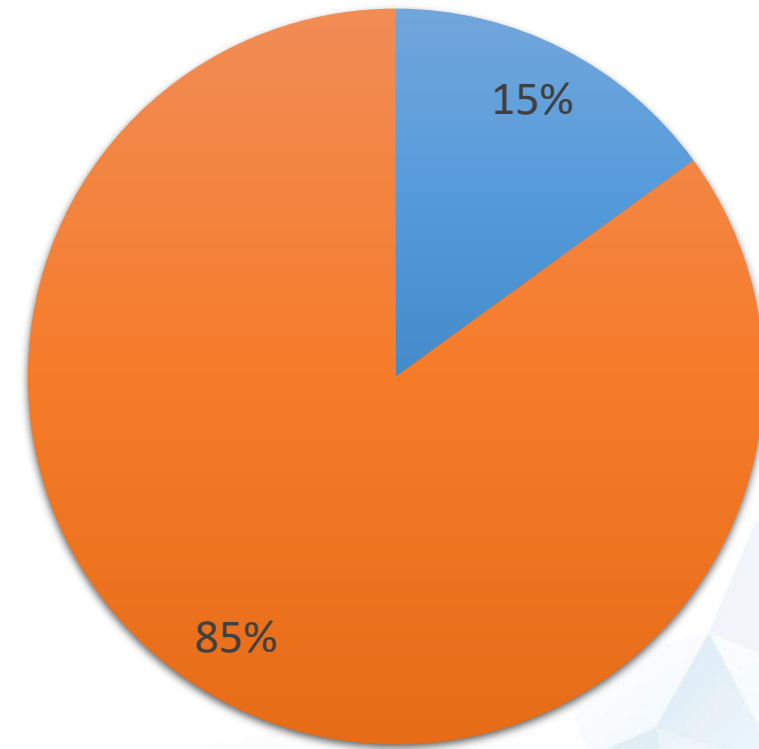


■ Female ■ Male

U.S. Prisons Statistics

Most Serious Offense

- Total: 1,506,800
- 606,000 new admissions in 2016



■ Drug Offense ■ Other

U.S. Jail Rates

10.6 million

new admissions to jails in
2016

740,700

individuals in local jails at
mid-year 2016



Total U.S. Incarceration

2,247,500

individuals incarcerated at mid year
2016

*Additional individuals circulating
through the justice system with
admittances and releases



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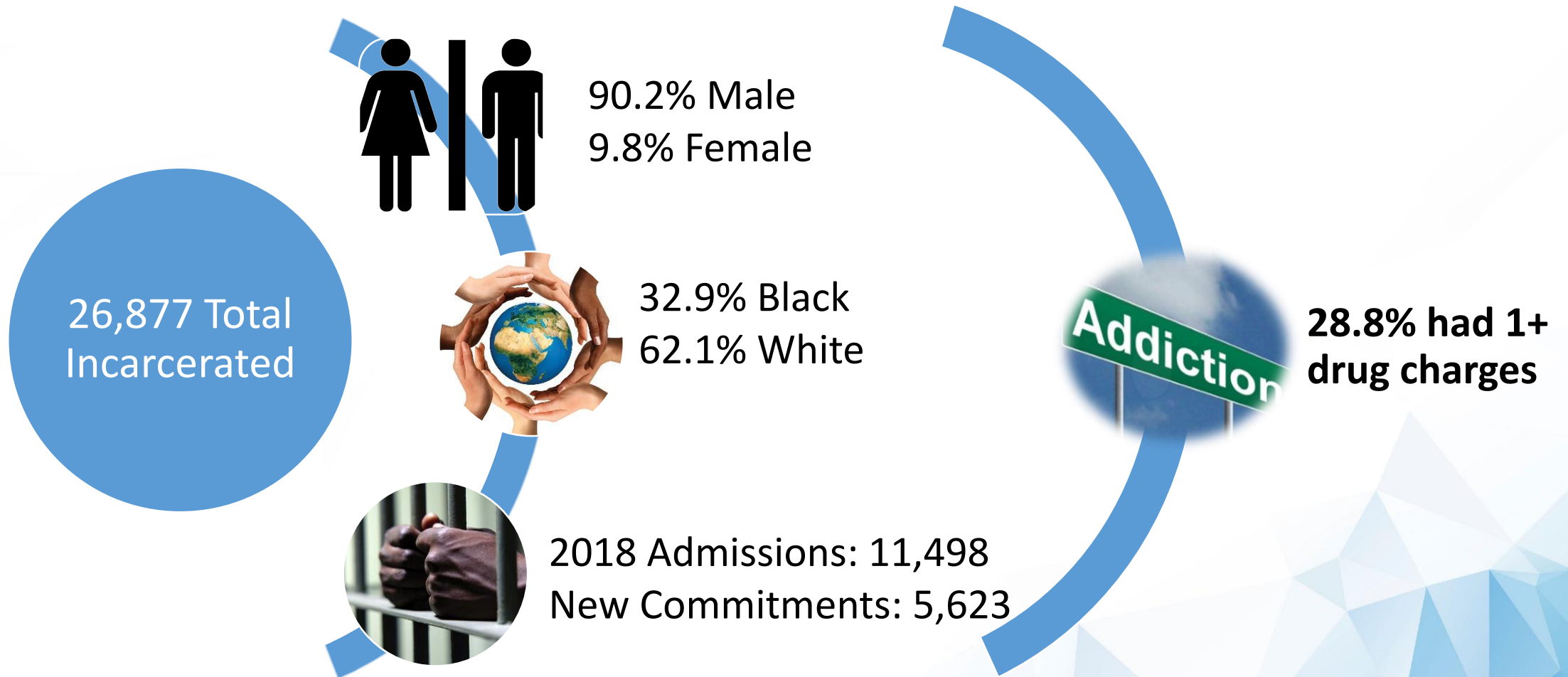
Indiana DOC Incarceration Rates



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IDOC Incarceration Rates

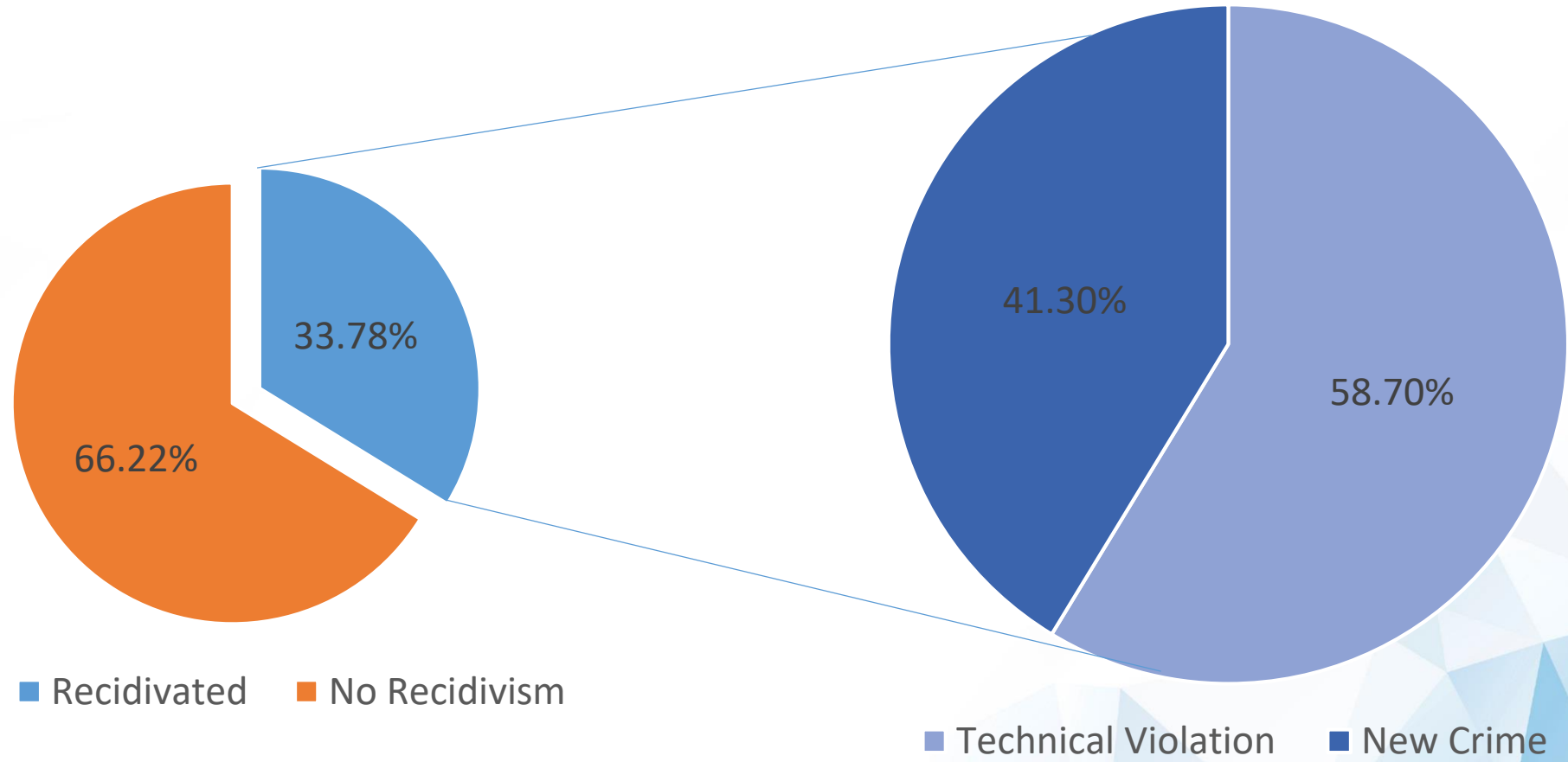


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IDOC Incarceration Rates

2018 Recidivism Rates



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- **47,000** incarcerated
- **723 per 100,000**
- **Women imprisonment increasing** while men imprisonment decreasing



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- **70%** pre-trial detention (no conviction)
- **34%** Black while only **9%** of Indiana's population is Black
- State Recidivism Rate: **33.78%**



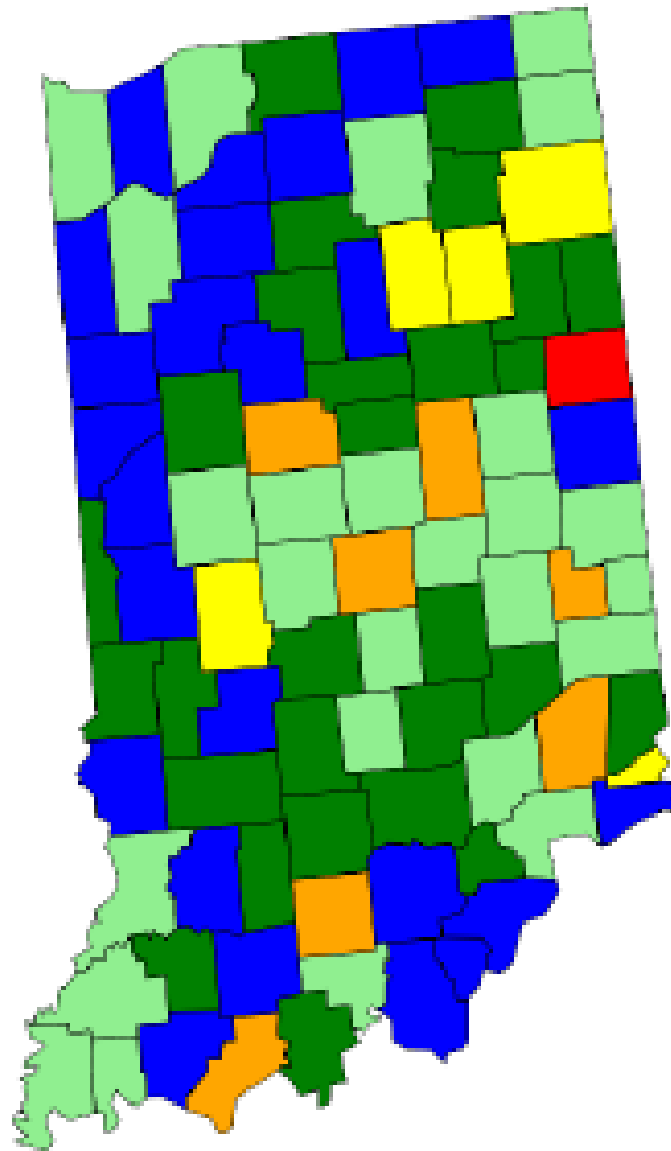
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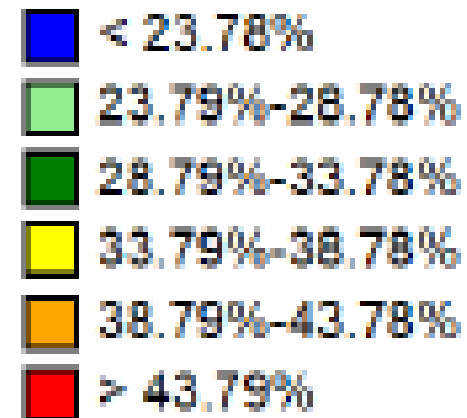
INDIANA DEPARTMENT OF CORRECTION

2018 Recidivism Report (2015 Releases)

(Based on County of Commitment)



Recidivism Rates



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A person wearing a red and black beanie, a dark long-sleeved shirt, and blue jeans is sitting on a dark, reflective floor against a grey, textured wall. They are barefoot and have their arms crossed over their knees, looking down. The wall has two electrical outlets, one on each side of the person.

Prisons

- 14% serious psychological distress (SPD)
- 37% diagnosed mental health disorder
- 58% criteria for drug dependence or abuse

Jails

- 26% serious psychological distress (SPD)
- 44% diagnosed mental health disorder
- 63% criteria for drug dependence or abuse

A person wearing a red and black beanie, a dark long-sleeved shirt, and blue jeans is sitting on a dark, reflective floor against a dark, textured wall. They are barefoot and have their arms crossed over their knees, looking down. The scene is dimly lit, with the person's reflection visible on the floor. Large white text overlays are present: '210:1' on the left, '14,130:1' on the right, and '670:1' in the center below the person. At the bottom, a line of white text reads 'Ratio of Population to Mental Health Providers'.

210:1

14,130:1

670:1

Ratio of Population to Mental Health Providers

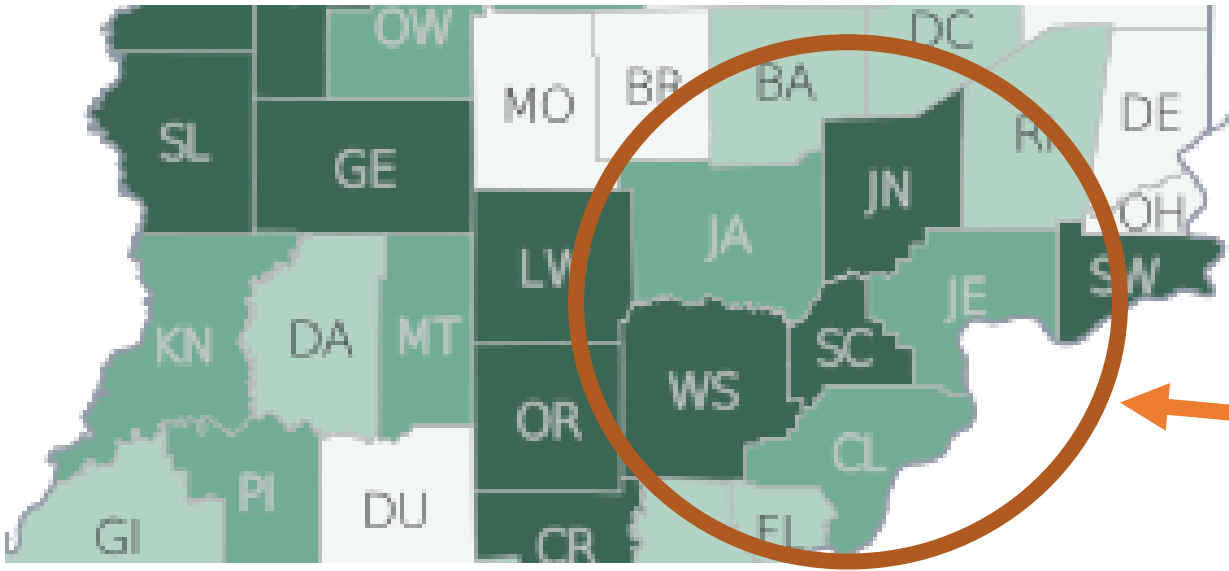


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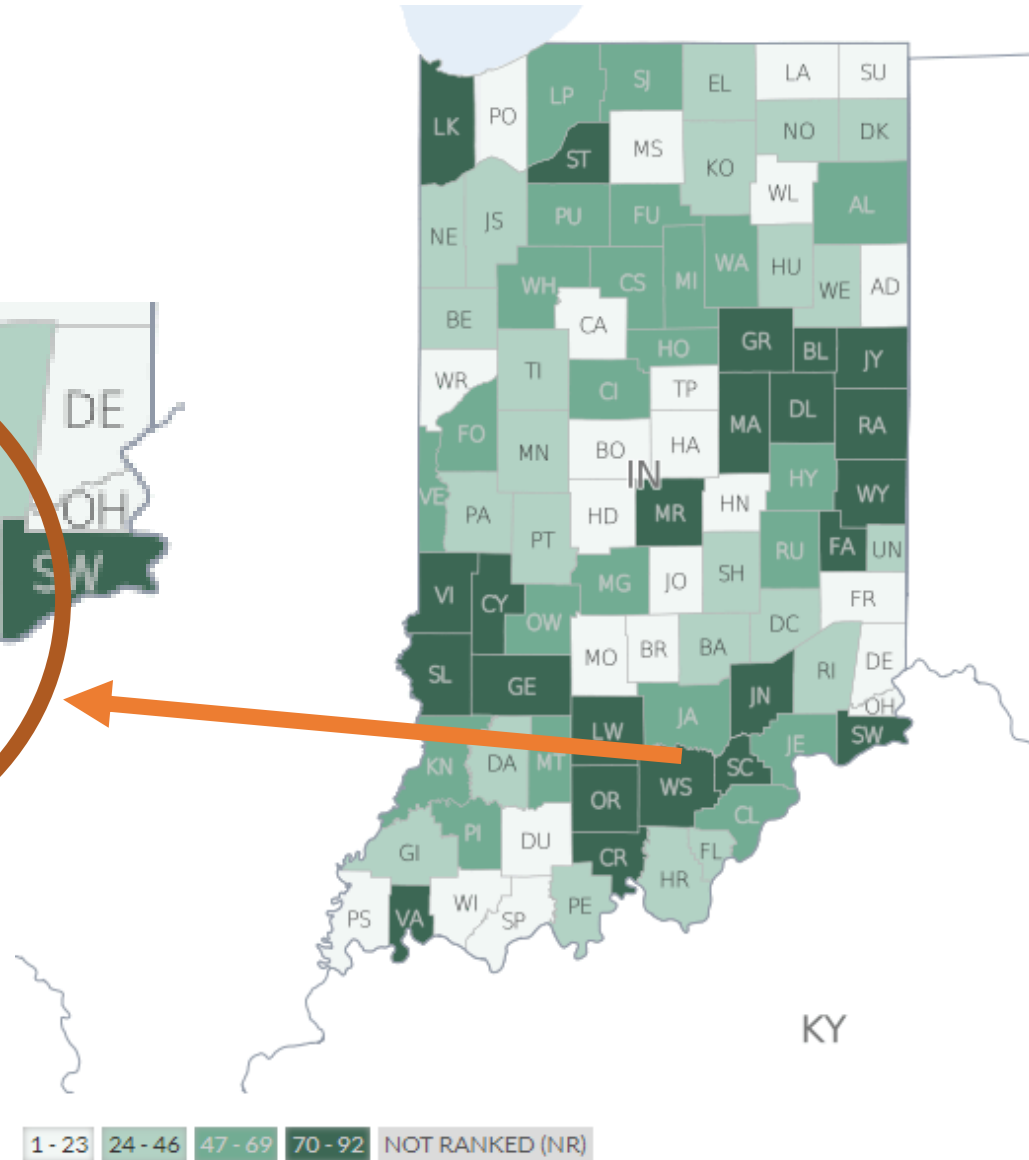
Centerstone Reentry and Recovery-EMERGE

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Scope & Need



County Health Rankings & Roadmaps (2018) Robert Wood Johnson Foundation. Retrieved from:
<http://www.countyhealthrankings.org/app/indiana/2018/rankings/outcomes/overall>.



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HIV Outbreak

- Since 2004, there had only been 5 documented cases of HIV detected in Scott County.
- In 2015, Austin, IN had 181 new cases of HIV (238 to date) in a town of 4,300.
- This represented 1/3 of the new HIV cases that year in the entire state of Indiana and dramatically increased the total new cases in the state by 20%.



What other communities?

- A CDC report released in 2016 identified 220 counties across 23 states that are at a high vulnerability for outbreaks of HIV and Hepatitis C among people who inject drugs.
- Risk factors identified include:
 - High unemployment
 - Overdose deaths
 - Sales of prescription pain killers



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Slides courtesy of Dr. William Cooke, M.D. (2018). 2nd Annual South Central Opioid Summit. *Responding to the Crisis.*

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Participants

Must be 18+ years old

Referred through Parole, CTP, Probation,
Judicial System, or Jail Pod

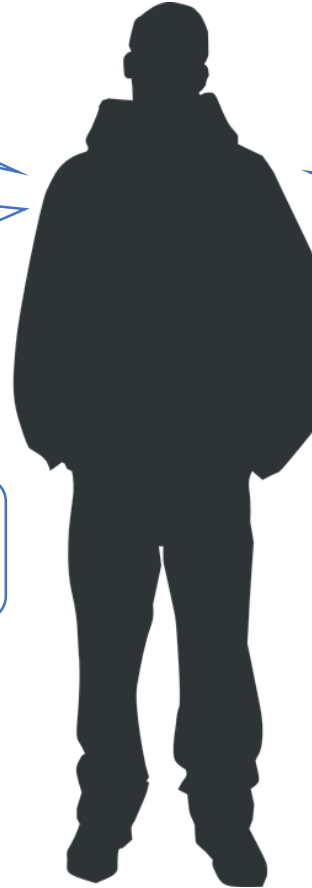
Completed baseline measure in first 7
days following release

Must have spent last 90 days incarcerated or if
due to parole violation spent the last 30 days
incarcerated

Must score a 6+ on the DAST (drug use) or a
Zone 4 or greater on the AUDIT (alcohol use)

Must be returning to catchment area

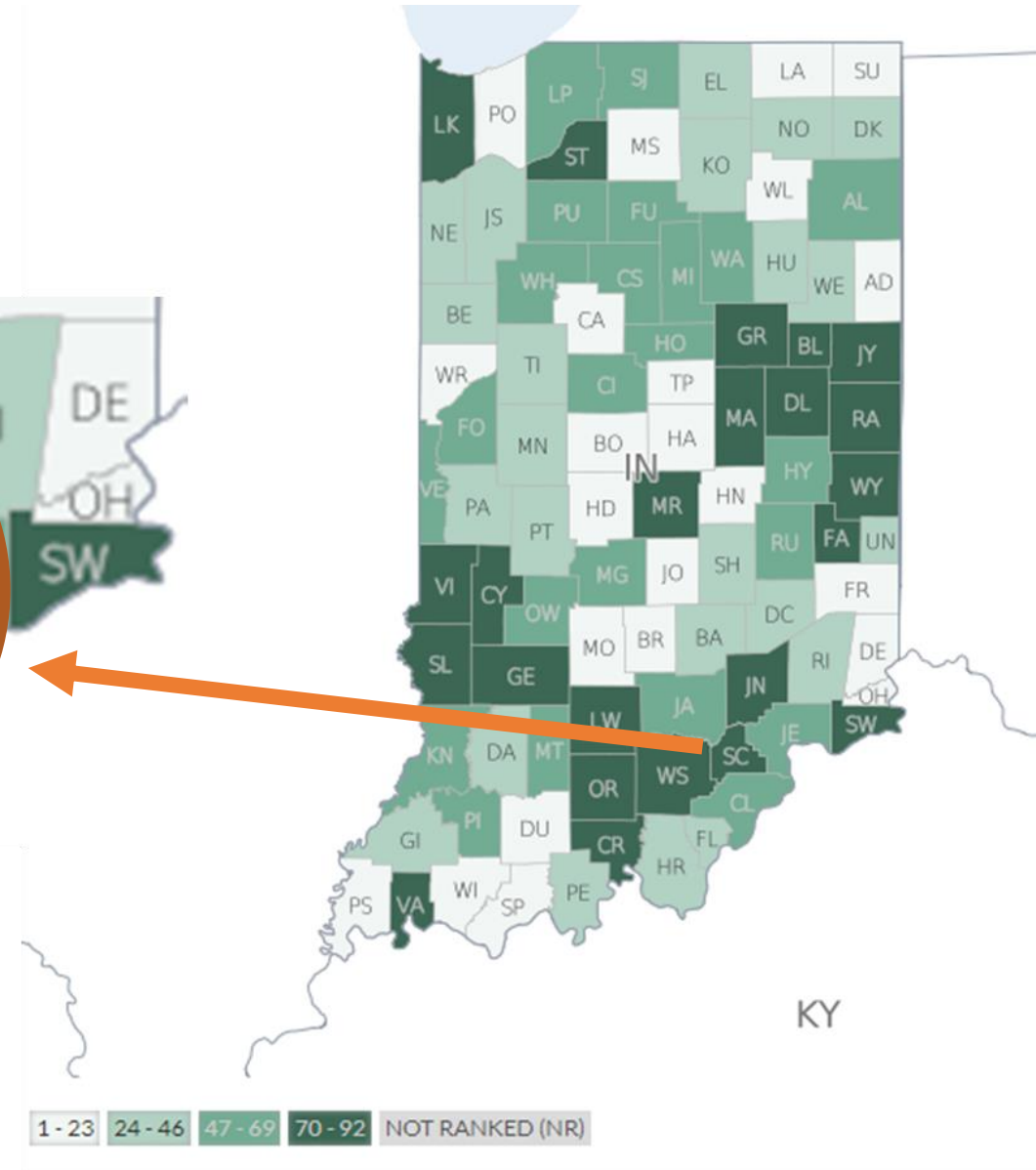
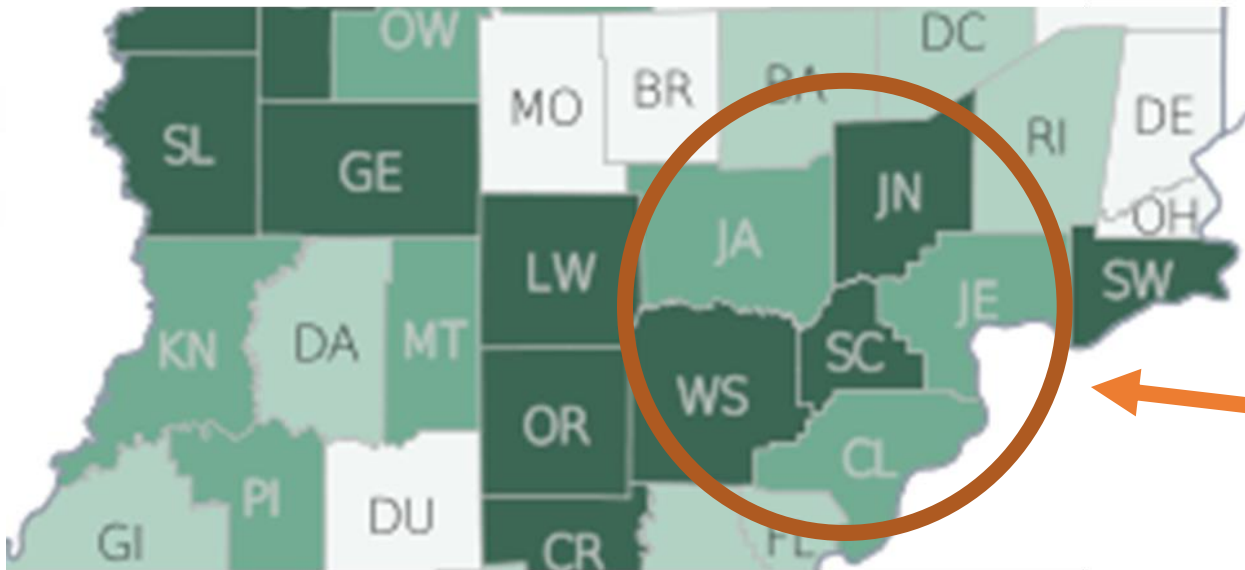
- Jefferson County
- Scott County
- Clark County
- Jennings County
- Washington County
- Jackson County



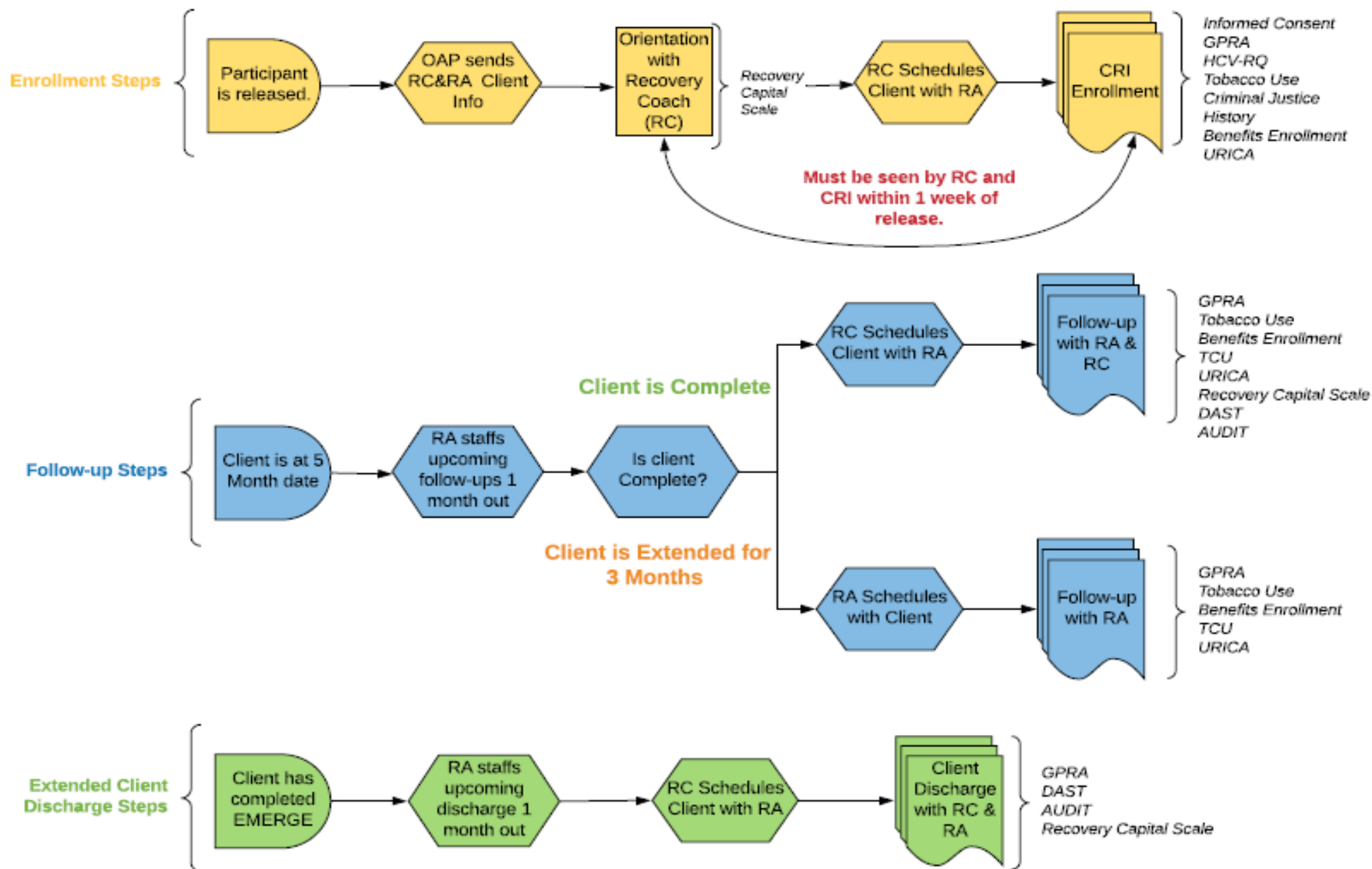
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Counties



EMERGE & CRI Coordination Flowchart



EMERGE Program Services

- HIV Testing and Education
- Hepatitis C Testing and Education
- Groups
 - Life Skills Groups
 - MRT Groups
 - Relapse Prevention Groups
- Drug Screening
- Peer Assistance
- Recovery Coaching
- Individual Therapy
- Case Management
- Jail Programing
- Linkage to the following:
 - MAT Providers
 - Inpatient Treatment Facilities
 - Recovery Housing
 - 12- Step Fellowship Meetings
 - Recovery Support Groups
 - Recovery Events in Each Community
 - Health insurance
 - Volunteering Resources
 - Furthering Education
 - Employment



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Partners

- **Jackson County Sheriffs Department**
- Turning Point
- New Creation Ministries
- Scott County Health Department
- Resource Manufacturing
- Grace Covenant Ministries
- Food 4 Our Souls
- Family Foundations
- Clark County Health Department
- Jefferson County Clearing House
- Jefferson House
- Ruth Haven
- CEASe of Scott County
- Scott County Clearing House
- Scott County Partnership
- Jefferson County Community Corrections
- Scott County Community Corrections
- Scott County Probation
- Scott County Public Defenders Office
- Jackson County Probation Office
- Parole District 5
- Parole District 9



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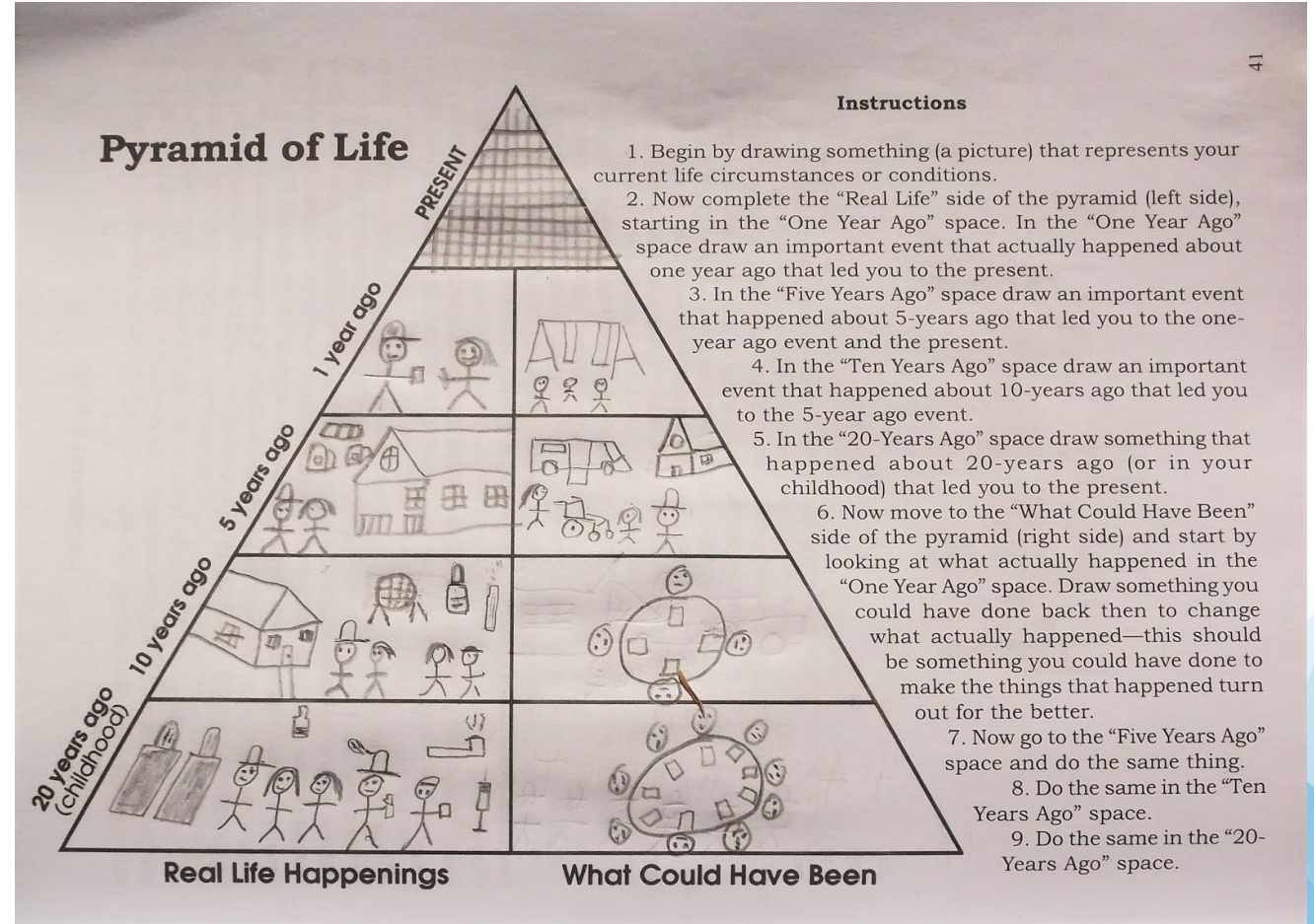
Evidence Based Practices

- Living in Balance
 - Evident based and client focused curriculum. The curriculum contains 24 sessions of a variety of topics:
 - 12-steps
 - Stress and emotional well-being
 - Anger and communications
 - Problem solving,
 - Attitudes and beliefs
 - Triggers
 - Relapse Prevention
 - Etc.



Evidence Based Practices

- Moral Reconciliation Therapy
 - Is a systematic, cognitive- behavioral, step-by-step treatment strategy designed to enhance self-image, promote growth of a positive, productive identity, and facilitate the development of higher stages or moral reasoning.
 - MRT is a widely recognized as an “Evidence- Based Practice” as well as a “Best Practice” by numerous official government agencies and treatment authorities.



Evaluation Component

Key Outcomes and Targets

- Reduce substance use by 70%
- Decrease participant recidivism rate by 25%
- Reduce frequency of participant's involvement in criminal justice system by 25%
- Decrease risky behaviors by 60%
- Assist 100% of participants in identifying/securing stable housing and employment
- Reduce tobacco use by 10%
- Achieve 80% retention rate.
- Improve individual/family functioning and well-being, and increased social connectedness by 70%



Evaluation Component

Measures

Program Measures

- AUDIT
- DAST-10
- TCU
- Intake Evaluation
- Recovery Capital Scale

Evaluation Measures

- GPRA
- URICA
- Hepatitis Risk Questionnaire
- Criminal History Survey
- Benefits Enrollment Survey
- Tobacco Use Measure
- Fidelity Scorecards for LIB
- LIB Questionnaire



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EMERGE Statistics September 2019



120 Total Enrollments

79 Total Follow-ups

**62.9% reduction
in nights spent
incarcerated**



**833% Increase in
housed individuals**

**122.2% Increase in
Employment**



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23.3% New Charge

**19.2% Technical
Violation**

**8.4% Increase in
self-help
attendance**



**79.8%
Reduction in
Alcohol Use**

**87.3%
Reduction in
Drug Use**



**36% Reduction in
Risky Behavior**



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EMERGE Jail Programming

- Started 8/27/2018 through a partnership with Jackson County Sheriff's Department
- Therapeutic pod with the capacity to hold 20 men
- Released into the community portion of Emerge
- Community Partners:
 - Turning Point, Domestic Violence Services
 - New Creation
 - Celebrate Recovery



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How to make a referral to EMERGE

- If you would like more information on EMERGE feel free to stay after today, and we would be glad to give you more information. Our Program Manager's contact information is also listed at the bottom of this slide.
- There is a sign-in sheet in the back, if you would like us to send you information about EMERGE or a pdf file of our referral sheet, please make sure that you put down an email where we can reach you. You can send all referrals to EMERGE@Centerstone.org.

Brian Meyer

Program Manager

Brian.Meyer@Centerstone.org



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SAMHSA Opioid Overdose Prevention Toolkit



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SAMHSA Opioid Overdose Prevention Toolkit

<https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>



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Opioid Overdose Prevention Toolkit

Overview

- Opioid Use Disorder Facts
 - Strategies to Prevent Overdose Deaths
 - Resources for Communities
- Five Essential Steps for First Responders
- Information for Prescribers
- Safety Advice for Patients and Family Members
- Recovering From Opioid Overdose



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Opioid Use Disorder Facts: Strategies to Prevent Overdose Deaths

- **STRATEGY 1**: Encourage providers, persons at high risk, family members, and others to learn how to prevent and manage opioid overdose.
- **STRATEGY 2**: Ensure access to treatment for individuals who are misusing opioids or who have a substance use disorder.
- **STRATEGY 3**: Ensure ready access to naloxone.
- **STRATEGY 4**: Encourage the public to call 911.
- **STRATEGY 5**: Encourage prescribers to use state prescription drug monitoring programs (PDMPs) → INspect



Opioid Use Disorder Facts: Resources for Communities

- See Pg. 4 of the Toolkit
- SAMHSA
- Centers for Disease Control and Prevention
- Association of State and Territorial Health Officials
- National Association of State Alcohol and Drug Abuse Directors
- Prevent and Protect



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Five Essential Steps for First Responders

- STEP 1: EVALUATE FOR SIGNS OF OPIOID OVERDOSE
- STEP 2: CALL 911 FOR HELP
- STEP 3: ADMINISTER NALOXONE
 - Duration Effect
 - Safety of Naloxone
 - Fentanyl-Involved Overdoses
- STEP 4: SUPPORT THE PERSON'S BREATHING
- STEP 5: MONITOR THE PERSON'S RESPONSE
 - Signs of Opioid withdrawal



Do's When Responding to Opioid Overdose

- DO attend to the person's breathing and cardiovascular support needs by administering oxygen or performing rescue breathing and/or chest compressions.
- DO administer naloxone and utilize a second dose, if no response to the first dose.
- DO put the person in the "recovery position" on the side, if you must leave the person unattended for any reason.
- DO stay with the person and keep the person warm.



Don'ts When Responding to Opioid Overdose

- DON'T slap or forcefully try to stimulate the person; it will only cause further injury. If you cannot wake the person by shouting, rubbing your knuckles on the sternum (center of the chest or ribcage), or light pinching, the person may be unconscious.
- DON'T put the person into a cold bath or shower. This increases the risk of falling, drowning, or going into shock.
- DON'T inject the person with any substance (e.g., saltwater, milk, stimulants). The only safe and appropriate treatment is naloxone.
- DON'T try to make the person vomit drugs that may have been swallowed. Choking or inhaling vomit into the lungs can cause a fatal injury.



Information for Prescribers

- **Opioid Stewardship**

- Determining when to initiate or continue opioids for chronic pain
- Opioid selection, dosage, duration, follow-up, and discontinuation
- Assessing risk and addressing harms of opioid use
- Risk reduction messaging, overdose prevention education, and naloxone prescription
- OUD Treatment (MAT)



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Information for Prescribers Continued

- **Treating Opioid Overdose**
 - Recognize the signs of overdose
 - Support respiration
 - Administer Naloxone
 - Pregnant Patients
 - Monitoring the patient's response
 - Signs of Opioid Withdrawal
 - No Response to Naloxone
 - Fentanyl-Involved Overdose



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Information for Prescribers Continued

- **Legal and Liability Considerations**

- Concerns about legal risks associated with prescribing naloxone
- More information on state policies is available from the Prescription Drug Abuse Policy System's Naloxone Overdose Prevention Laws web page (<http://www.pdaps.org/datasets/laws-regulating-administration-of-naloxone1501695139>) or from individual state medical boards.



Information for Providers Continued

- **Claims Coding and Billing, Page 14**
- **Resources for Prescribers, Page 15**



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Safety Advice for Patients and Family Members

- **What are Opioids?**
- **Preventing Overdose**
- **If You Suspect an Overdose**
- **What is Naloxone?**
- **Naloxone Storage**



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Safety Advice for Patients and Family Members

- **How to Avoid Opioid Overdose**

- Take medication only if it has been prescribed to you by your doctor. Make sure to tell your doctor about all medications you are taking.
- Do not take more medication or take it more often than instructed.
- Call your doctor if your pain gets worse.
- Never mix pain medications with alcohol, sleeping pills, or any illicit substance.
- Learn the signs of overdose and how to use naloxone to keep an overdose from becoming fatal.
- Teach your family members and friends how to respond to an overdose.
- Dispose of unused medication properly.



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Recovering from Opioid Overdose

- **Resources for Overdose Survivors and Family Members**
 - Recognizing it as a life-changing and traumatic event
- **Finding a Network of Support**
 - Getting help does not equal weakness
 - Addressing the underlying need—physical pain, mental health issue, numbing (trauma)
 - Finding Community-Based Organizations and Institutes
- **Resources**
 - Pg. 19 of Toolkit



Questions?



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Delivering care that changes people's lives

Our Mission | Our Noble Purpose



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Florida • Illinois • Indiana • Kentucky • Tennessee
Foundation • Military Services • Research Institute
Centerstone Solutions

- ▶ National, private, not-for-profit 501(c)(3) healthcare organization
- ▶ 60+ years in operation
- ▶ Specializing in the treatment and rehabilitation of individuals with mental illness, addictions, traumas and intellectual/developmental disabilities
- ▶ Five state primary footprints; specialized services spanning all 50 states
- ▶ CARF and Joint Commission Accredited
 - ▶ Including specialized CARF Accreditation—Adult and Children & Youth Health Home



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