



Recovery Works

INDIANA'S FORENSIC TREATMENT PROGRAM

Presented by:

Sara Cozad, LCSW - Assistant Deputy Director
Adult Services

Division of Mental Health and Addiction

Presentation Objectives



- Overview of HEA 1006 & Mental Health and Addiction Forensic Treatment Fund
- Overview of Recovery Works program development, rollout, and ramp-up
- Justice Reinvestment Advisory Council members, process, and partnerships
- Overview of Referral Process
- Next Steps



What is a Mental Illness?



A mental illness is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

Mental Illness and Addiction



- 1 in 5 adults experiences a mental health condition every year. 1 in 20 lives with a serious mental illness such as schizophrenia or bipolar disorder. In addition to the person directly experiencing a mental illness, family, friends and communities are also affected.
- 50% of mental health conditions begin by age 14 and 75% of mental health conditions develop by age 24. Early engagement and support are crucial to improving outcomes and increasing the promise of recovery. (www.nami.org)

Mental Health and Addiction



Serious Mental Illness

- Adults with a serious mental illness (SMI) are defined by SAMHSA as “persons age 18 and over, who currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the [DSM-IV], resulting in functional impairment which substantially interferes with or limits one or more major life activities” (CSAT, 1998, p. 265).

Mental Health and Addiction



Substance Use Disorders

- 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.”



Prevalence Rates of SMI & SUD in the Forensic Population



- General Public
 - Serious Mental Illness: 5.4%
 - Substance Use Disorder: 8.8%
- Prisons
 - SMI: 16%
 - SUD: 53% (state)
45% (federal)
- Returning to Prison
 - SUD: 75%
- Jails
 - SMI: 14.5% (men) & 31% (women)
 - SUD: 68%

HEA 1006 - Mental Health & Addiction Forensic Treatment Fund



House Enrolled Act 1006 - July 1, 2015

Funds to DMHA:

- Target individuals affected by criminal code revisions being diverted to the community
- Support treatment and recovery services
- Available to Individuals meeting statutory eligibility
 - Over 18, resident of Indiana, current or prior felony, low income

HEA 1006 Services



- Mental Health & Substance Use Assessment
- Psychiatric Evaluation
- Individual, Family and Group Therapy
- Individual, Family and Group Skills Training
- Case Management
- Medication Evaluation, Training and Support
- Medication Assisted Treatment
- Psych Medications
- Detoxification
- Supportive Employment
- Transitional Housing Assistance
- Community Support Services
- Recovery Supports
- Transportation

Recovery Works Funding



It is...

- A funding source for treatment for those involved with the criminal justice system
- A supplement to community supervision strategies that will decrease recidivism
- Access to individualized treatment and recovery services

It is not...

- A Diversion or Re-entry Program
- A stand-alone solution to community placement for forensic populations
- A punitive measure as discipline for criminal acts

HEA 1006 Treatment Providers



- Certified/Licensed DMHA Providers
- Designated Recovery Works Treatment Agencies
 - Application process - Quality Assurance and Competency
 - Training and education/licensure requirements
 - Provider list - www.recoveryworks.fssa.in.gov
 - Agencies added ongoing

Recovery Works Program Development, Rollout & Ramp-up



- Maximize funds for treatment, reduce administrative overhead
- Voucher-based system wherein Money-Follows-The-Person
- Wraparound, comprehensive treatment
- Payer Source of Last Resort -provides gap coverage for treatment and recovery services not covered by insurance

JRAC - Justice Reinvestment Advisory Council



- Chaired by Indiana Judicial Center
- 9 voting members -key stakeholders from criminal justice and treatment
- Landmark interagency partnerships and collaboration
- Developed program modifications through JRAC discussions
 - Jail In-reach, Services in Work Release, DOC grant reviews



Recovery Works Program Development, Rollout & Ramp-up



- Provided training and webinars to DMHA Certified Providers and Criminal Justice Partners
- Began services November 3, 2015 with small pool of providers in select Counties
- Utilized internal paper vouchers to expedite roll out of monies
- Began electronic voucher system (WITS) January, 2016

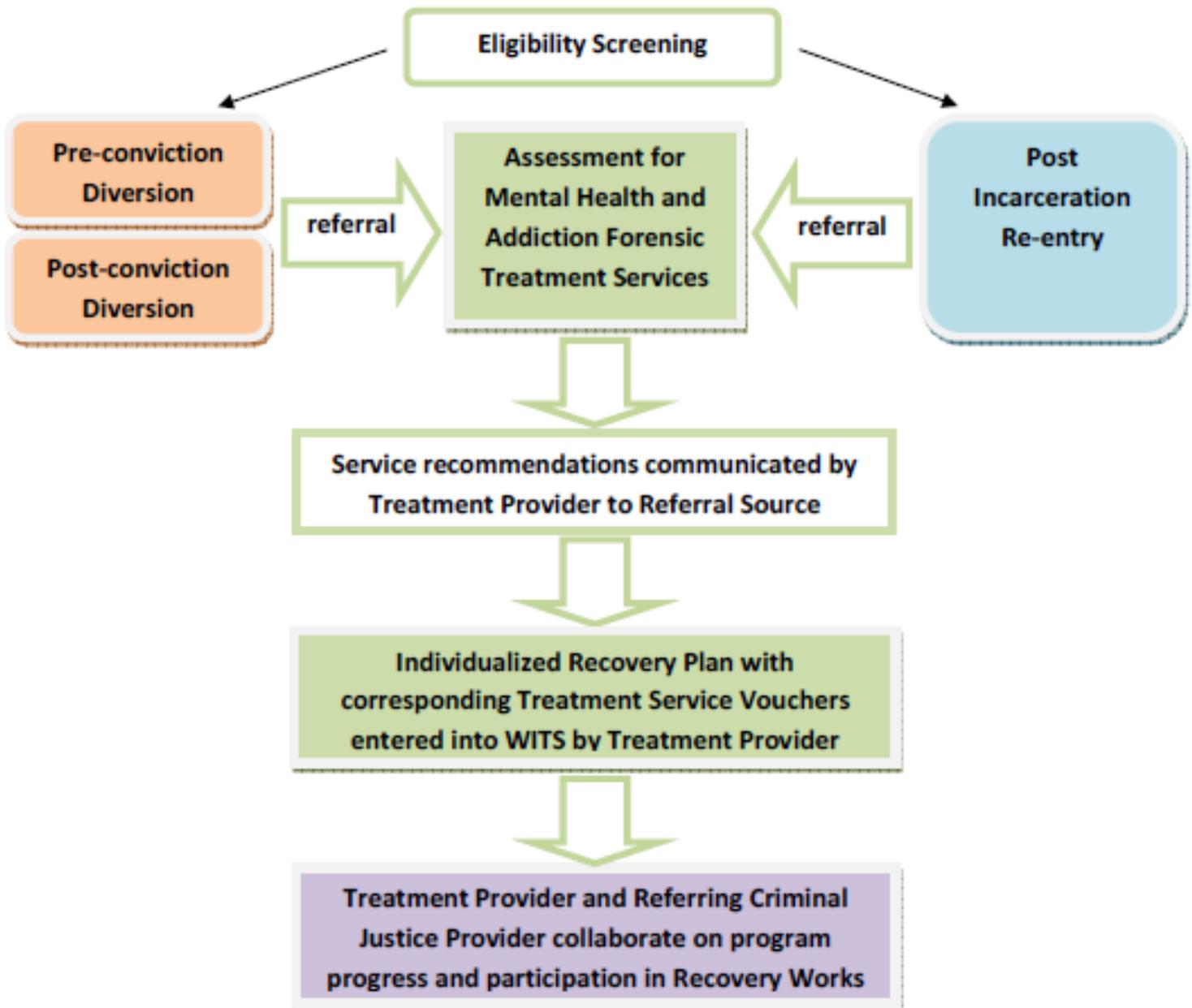


Recovery Works Program Development, Rollout & Ramp-up



- Ongoing Statewide Training:
 - County meetings with Criminal Justice Partners and Treatment Providers on referral process and collaboration regarding participants' treatment and supervision
 - Provide support, education, and Technical Assistance for Designated Treatment Agencies
- Serving 92 counties, 59 Providers, Over 2500 Individuals enrolled

Process Flow



Recovery Works Referral Form



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This file includes fillable form fields.
You can print the completed form and save it to your device or Acrobat.com.

Highlight Existing Fields



REFERRAL
State Form 55940 (R3 / 3-16)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF MENTAL HEALTH AND ADDICTION



Please verify the following eligibility requirements. Check all boxes that apply. If the participant does not meet all four (4) requirements he/she is NOT eligible for Recovery Works.

ELIGIBILITY REQUIREMENTS
<input type="checkbox"/> Is the participant a resident of Indiana?
<input type="checkbox"/> Is the participant at least eighteen (18) years old?
<input type="checkbox"/> Is the participant a member of a household with an annual income not exceeding 200% of the federal income poverty level? <small>Persons in Household: 2016 FPL = 1: \$23,760; 2: \$32,040; 3: \$40,320; 4: \$48,600; 5: \$56,880; 6: \$65,160; 7: \$73,460; 8: \$81,780</small>
<input type="checkbox"/> Has the participant entered the criminal justice system as a felon or with a prior felony conviction?

I declare and affirm under penalty of perjury that I have verified the above eligibility requirements to the best of my knowledge, information and belief.

Referring Criminal Justice Provider Signature	Date (month, day, year)
Referring Criminal Justice Provider Name (Printed)	

I _____, understand I am being referred to Recovery Works. I will inform my
(Enter Name of Participant)

Criminal Justice Provider (CJP) if I have been involved with Recovery Works previously in order to help plan my referral appropriately. I understand there are a number of providers qualified to provide many services I may require during my participation in Recovery Works. I also understand I may interact with multiple providers throughout my participation in Recovery Works. I understand the agency below will help me get started.

Name of Recovery Works Agency <small>(Agencies can be found at www.RecoveryWorks.fssa.IN.gov)</small>	Telephone Number <small>()</small>	Information Sent to Recovery Works Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Recovery Works Referral Form



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I understand if I find the above agency does not meet my needs, I will speak with my Criminal Justice Provider (CJP) and together we will find a new agency and/or provider that does meet my needs. I also understand the above agency may not be willing or have the ability to provide services to me at this time, in which case my CJP and I will need to select a different provider.

I authorize the referral agency (CJP) to release my information to help the Recovery Works agency contact and serve me:			
Name of referring CJP agency		Referring Agent E-mail	
[]		[]	
Name of referral agent		Telephone Number	
[]		[] []	
I understand that the Recovery Works Agency/Provider will need to contact me. I authorize them to contact me by contacting me at the following:			
Address (number and street, city, state, and ZIP code)			
[]			
Date of birth (month, day, year)	Home telephone number	Cell telephone number	Work telephone number
[]	[] []	[] []	[] []
Signature of Client	Date (month, day, year)	DOC identification number	
[]	[]	[]	
Twenty-one (21) day pre-release date (month, day, year) (Leave blank if not applicable.)			
[]			

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Referral Process

Complete Eligibility Screening:



**Indiana Family &
Social Services
Administration**

Recovery Works
Division of Mental Health and Addiction
Referral Form

Please verify the following eligibility requirements. Check all boxes that apply. If the participant does not meet all four (4) requirements he/she is NOT eligible for Recovery Works.

Eligibility Requirements

<input type="checkbox"/>	Is the participant a resident of Indiana?
<input type="checkbox"/>	Is the participant at least 18 years old?
<input type="checkbox"/>	Is the participant a member of a household with an annual income not exceeding 200% of the federal income poverty level
Persons in Household: 2015 FPL = 1: \$23,540; 2: \$31,020; 3: \$39,060; 4: \$47,100; 5: \$55,140; 6: \$63,180; 7: \$71,220; 8: \$79,260	
<input type="checkbox"/>	Has the participant entered the criminal justice system as a felon or with a prior felony conviction?

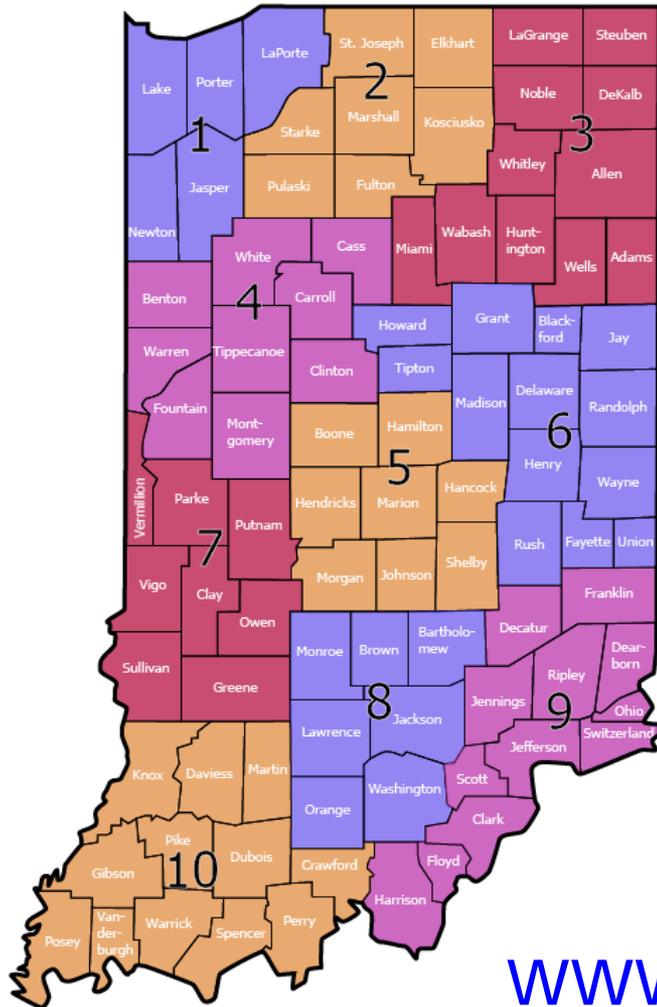
I declare and affirm under penalty of perjury that I have verified the above eligibility requirements to the best of my knowledge, information and belief.

Referring Criminal Justice Provider Name (Printed) _____

Referring Criminal Justice Provider Signature _____

Date _____

Referral Process



Assist Client with Selecting Treatment Provider:

- Provider List on website
- All Counties have access to a Designated Recovery Works Provider
- Check accepted payer sources
- Agencies added ongoing

www.recoveryworks.fssa.in.gov

Recovery Works Designated Treatment Providers



- What if my typical referral choice is not a designated provider?
 - Criminal Justice Providers may refer to whomever is preferred
 - The vouchers can only be used to pay for services provided/contracted by a Designated Recovery Works Provider
 - Encourage communication with Recovery Works Team

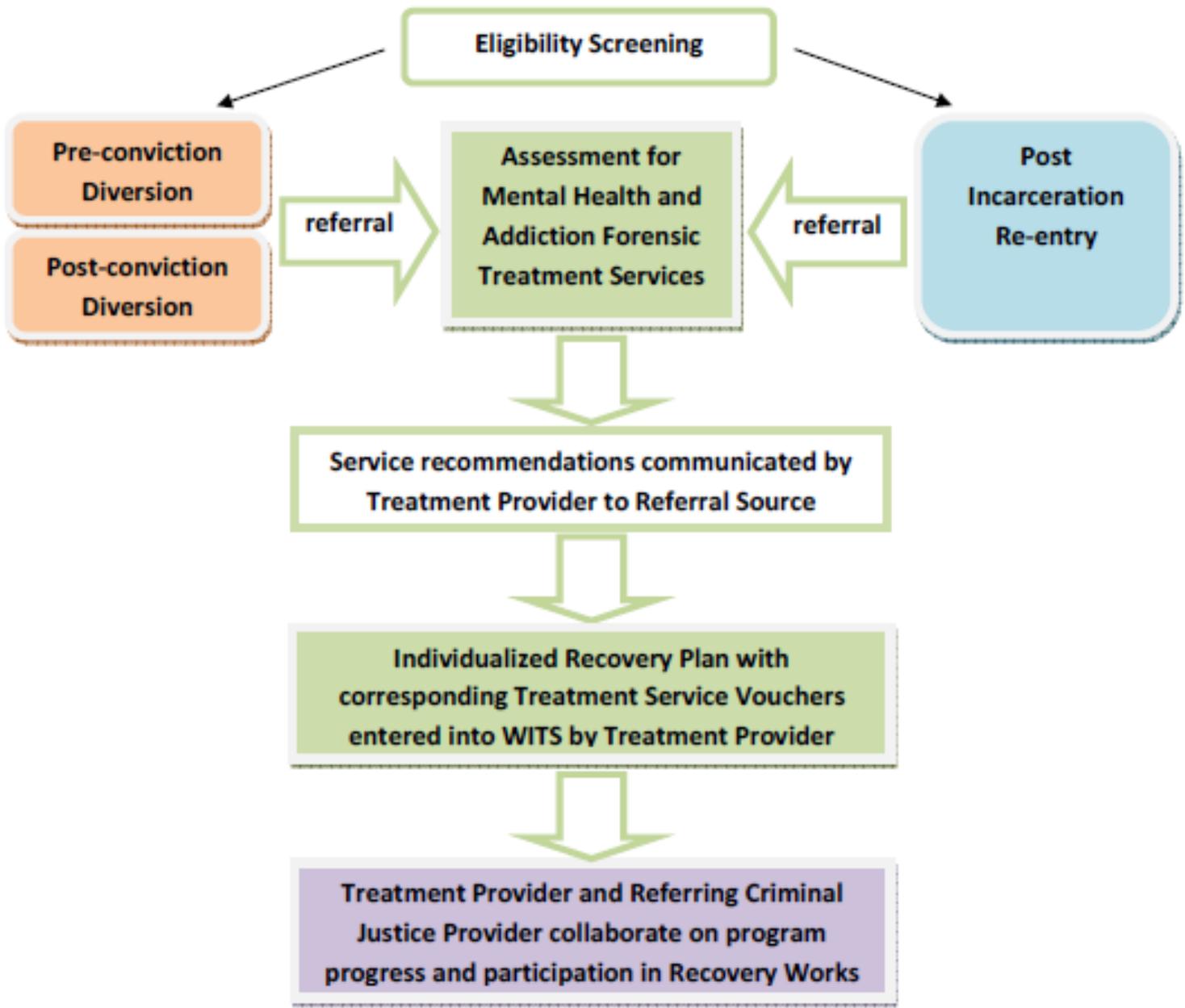
Recovery Works

Referral Documentation



- Collect supporting legal documentation to inform the overall bio-psycho-social assessment process:
 - IRAS
 - Court orders
 - Pretrial diversion documentation
 - Supervision program documentation
 - Supporting information deemed useful*

Process Flow



Designated Recovery Works Provider Expectations



- Accept Referral Form from Criminal Justice Provider (CJP) and contact referred participant within two (2) business days to schedule assessment
 - Treatment Provider will not schedule assessment until CJP provides supporting documentation with completed referral form
- Make arrangements for intake assessment
- Notify CJP regarding outcome of contact

Designated Provider Expectations Continued



- Obtain all necessary participant consent and release of information forms
- Complete bio-psycho-social assessment
- Guide participant through the development of an Individualized Recovery Plan (IRP) and share with CJP
- Engage participant, refer accordingly, & collaborate with all members of the treatment team

Recovery Works Individualized Recovery Plan



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Highlight Existing Fields



INDIVIDUALIZED RECOVERY PLAN
State Form 55943 (R / 3-15)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF MENTAL HEALTH AND ADDICTION



Below is the Individualized Recovery Plan for _____
(Enter the Client Name.)

Please review and keep for your records.

Please mark where applicable.

SERVICES	RECOVERY WORKS SERVICE PROVIDED
Alcohol and Other Drug Screening	
Case Management	
Comprehensive Mental Health and Substance Use Disorder Assessment	
Health Care Coordination Services	
Housing Assistance	
Inpatient Detoxification	
Intensive Outpatient Treatment	
Medication Assisted Treatment (OTP Treatment Bundles)	
Medication for Treatment of Mental Health and/or Substance Use Disorders	
Medication Training and Support	
Mental Health Counseling (Individual, Family, or Group)	
Peer Recovery Support Services	
Psychiatric Evaluation and/or Medication Review	
Residential – High Intensity	
Residential – Low Intensity	
Skills Training and Development	
Substance Use Disorder Counseling (Individual, Family, Group)	
Supported Employment Services	
Transportation	
Telepsychiatry	
Other:	

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Next Steps

- Continued JRAC discussions and developments
- Minimize administrative burden
- Grow provider pool
- Continued support and training for Criminal Justice Partners
- Jail Treatment Services
- Independent program evaluation

Questions?



- Recovery.Works@fssa.in.gov
- www.recoveryworks.fssa.in.gov



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