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: 54.10%
- Others: 45.90%

• Total incarcerated: 180,421

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Federal Prison Statistics

Race
- 38% White
- 58.20% Black
- 3.80% Other

Gender
- 93% Male
- 7% Female

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U.S. Prisons Statistics

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

Most Serious Offense

- Drug Offense: 85%
- Other: 15%
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
Indiana DOC Incarceration Rates

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IDOC Incarceration Rates

- 90.2% Male
- 9.8% Female
- 32.9% Black
- 62.1% White
- 28.8% had 1+ drug charges

2018 Admissions: 11,498
New Commitments: 5,623

26,877 Total Incarcerated

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IDOC Incarceration Rates

2018 Recidivism Rates

Recidivated: 33.78%
No Recidivism: 66.22%

Technical Violation: 41.30%
New Crime: 58.70%

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• 47,000 incarcerated
• 723 per 100,000
• Women imprisonment increasing while men imprisonment decreasing
• 70% pre-trial detention (no conviction)
• 34% Black while only 9% of Indiana’s population is Black
• State Recidivism Rate: 33.78%
INFORMATION DEPARTMENT OF CORRECTION

2018 Recidivism Report (2015 Releases)
(Based on County of Commitment)

Recidivism Rates
- < 23.78%
- 23.79%–28.78%
- 28.79%–33.78%
- 33.79%–38.78%
- 38.79%–43.78%
- > 43.79%

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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
Ratio of Population to Mental Health Providers

210:1

14,130:1

670:1
Scope & Need


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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
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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EMERGE & CRI Coordination Flowchart

Enrollment Steps
- Participant is released.
  OAP sends RC & RA Client Info
  Orientation with Recovery Coach (RC)
  RC Schedules Client with RA
  CRI Enrollment
  Recovery Capital Score

Informed Consent
GPRA
HCV-RQ
Tobacco Use
Criminal Justice
History
Benefits Enrollment
URICA

Must be seen by RC and CRI within 1 week of release.

Follow-up Steps
- Client is at 5 Month date
  RA staffs upcoming follow-ups 1 month out
  Is client Complete?
  Client is Complete
  RC Schedules Client with RA
  Follow-up with RA & RC
  GPRA
  Tobacco Use
  Benefits Enrollment
  TCU
  URICA
  Recovery Capital Scale
  DAST
  AUDIT

Client is Extended for 3 Months
- RA Schedules with Client
  Follow-up with RA
  GPRA
  Tobacco Use
  Benefits Enrollment
  TCU
  URICA

Extended Client Discharge Steps
- Client has completed EMERGE
  RA staffs upcoming discharge 1 month out
  RC Schedules Client with RA
  Client Discharge with RC & RA
  GPRA
  DAST
  AUDIT
  Recovery Capital Scale
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 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
EMERGE Statistics September 2019

- 120 Total Enrollments
- 79 Total Follow-ups
- 79.8% Reduction in Alcohol Use
- 87.3% Reduction in Drug Use
- 62.9% reduction in nights spent incarcerated
- 833% Increase in housed individuals
- 23.3% New Charge
- 19.2% Technical Violation
- 122.2% Increase in Employment
- 8.4% Increase in self-help attendance
- 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.

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SAMHSA Opioid Overdose Prevention Toolkit

Delivering Care That Changes People’s Lives
SAMHSA Opioid Overdose Prevention Toolkit

https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742
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
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)
• 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
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
Safety Advice for Patients and Family Members

• What are Opioids?
• Preventing Overdose
• If You Suspect an Overdose
• What is Naloxone?
• Naloxone Storage
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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Our Mission | Our Noble Purpose

- 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
References


References


