

# Behavioral Health Interventions & Continuity of Care in the Jail Setting

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# Demographics of Jail Populations in Indiana

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- ❖ 77% of jails are overcrowded or at capacity
- ❖ High % of inmate population are pre-trial detainees and probation violations
- ❖ BJA reports 44% of jail inmates nationally present with a DSM mental health diagnosis
- ❖ 85% of inmate populations need treatment for a substance use or dependence disorder according to the National Center on Addiction and Substance Abuse
- ❖ High rates of trauma exposure
- ❖ High ACE's scores (Adverse Childhood Experiences)

# Strengths and Barriers to Treatment in Jail Settings

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## Strengths

Recovery Works Funding

Inmate Engagement

Access to Evidenced Based Programs

## Barriers

Lack of space to provide services

Confidentiality

Correctional Staff SUD training

Jail time versus real time

Fluid population

Limited services for MAT

Limited formulary for psychotropic medications

# Recovery Works Funding

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**Re-Entry Funding:** Provides \$1500 (Lifetime) funding for services in jails and work release programs.

**Community Funding:** Provides up to \$2500 funding for services in the community

**Recovery Residences:** Provides up to \$4000 funding for the cost of INARR certified Recovery Residences in Indiana

<https://www.in.gov/fssa/dmha/2929.htm>

# Assessment Tools

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- ❖ **Important to assess individuals for appropriate services**
  - ❖ Assess for Substance Use Diagnosis
  - ❖ Determine if Co-occurring Disorder
  - ❖ Assess Medical issues (chronic health issues)
  - ❖ Assess for Trauma Exposure
- ❖ **Types of assessment tools easily used in jail settings**
  - ❖ TCU Drug Screen 5 (Texas Christian University)
  - ❖ Brief Trauma Questionnaire (BTQ)
  - ❖ Adverse Childhood Experience (ACE's)
  - ❖ PHQ-9 Patient Depression Questionnaire
  - ❖ C-SSRS (Columbia Suicide Severity Rating Scale)

# Group Treatment Interventions

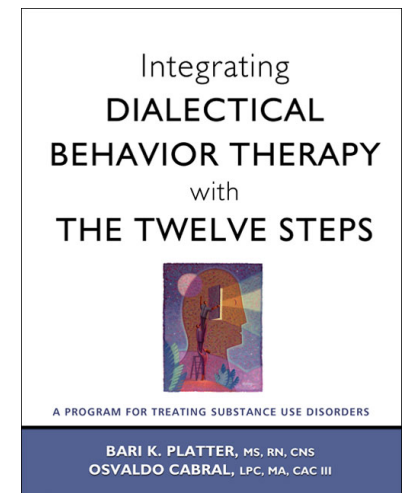
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## Dialectical Behavior Therapy and the 12 Steps

Is an open, supportive group that assist clients in identifying thoughts, feelings, and behaviors that make their life harder. This group assist the participant to learn and understand triggers for stress and how to apply important skills for recovery. After each session the client leaves with a specific skill to assist them in recovery.

The focus is to create a dialectical lifestyle that reflects a balanced lifestyle in regards to behavioral actions, emotions and thoughts while working the **12 Steps**.

Average Cost: \$650.00 for the curriculum plus purchase of additional materials such as AA/NA books



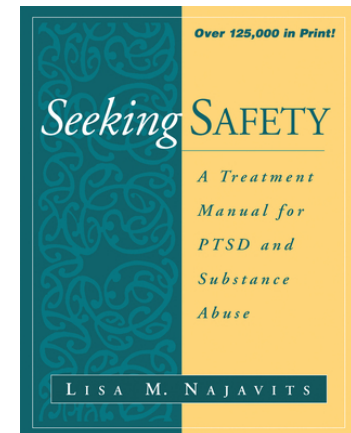
# Group Treatment Interventions

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## Seeking Safety

Is an evidence-based present focused counseling model to help clients attain safety from trauma and or substance abuse. It directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative. The model is very flexible and adaptable and focuses on five key principles. This group can be provided to both men and women but more ideal for women in jail settings.

Average Cost: Under \$50.00



# Group Treatment Interventions

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## **WRAP (Wellness Recovery Action Plan)**

This is a recovery focused group that utilizes the Wellness Recovery Action Plan for People with Dual Diagnoses by Mary Ellen Copeland. The group will receive education about relapse prevention and how it can aid recovery and help them avoid returning to use. Clients discuss their individual WRAP and will be provided with feedback from the facilitator and other group members. Clients are given their own Wellness Recovery Action Plan book to complete.

Average Cost: \$130.00



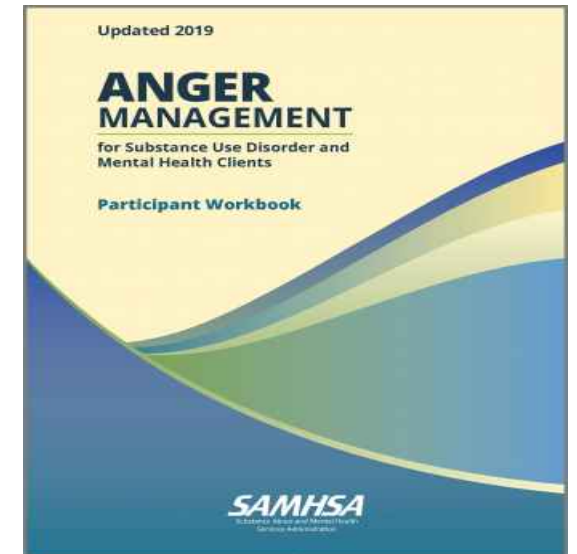


# Group Treatment Interventions

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**Anger Management** This program is specially designed for substance use and mental health clients. This is a cognitive Behavioral Therapy based curriculum and is endorsed by SAMHSA (Substance Abuse and Mental Health Services Administration). The curriculum is presented in 12 sessions.

Average Cost: Free



# Making the Connection & Planning for Departure

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# Re-entry Planning

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- ❖ Benefits Acquisition
  - ❖ Apply for HIP, Become the Authorized Representative, Process for client to contact after release
- ❖ Complete Intake Assessment for services while incarcerated and transition to out patient
  - ❖ ROI's in place (contacts after release)
  - ❖ Appointments scheduled for out patient services prior to release
  - ❖ Evaluate need/risk for MAT services upon release
  - ❖ Evaluate need for medical care due to chronic health issues (FQHC referral)
- ❖ Link client with Peer Recovery Specialist or Case Manager prior to release
- ❖ Explore Recovery Residences as option for client prior to release

# Summary

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1. Assess Risk and Needs- Define who needs to be in treatment
2. Enhance Intrinsic Motivation- Use MI language with inmates
3. Target Interventions specific to client needs as identified during incarceration
4. Skill Train with Directed Practice-Therapy groups
5. Engage Ongoing Support in Natural Communities-Link inmates leaving jail
6. Collaborate with Stakeholders (Courts, Public Defender, Probation, Community Corrections)
7. Reduce Stigma by Training Correctional Staff in Understanding Substance Use Disorders and Treatment
8. Develop a Manageable Release Plan

# Resources

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Recovery Works/DMHA: <https://www.in.gov/fssa/dmha/2929.htm>

Indiana Association for Recovery Residences: <https://www.inarr.org/>

Oxford House Indiana: <http://www.oxfordhouse.org/pdf/in>

Project Peers/ Mental Health America-Indiana: <https://mhai.net/services/project-peers/>

Opioid Treatment Centers: <https://www.in.gov/fssa/dmha/4469.htm>

Federal Qualified Health Clinics: <https://www.fqhc.org/>