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Chat with us!
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Reentry: Issues & Opportunities

Tommie Ann Bower, M.A.
Senior Clinical Consultant

AdCare Criminal Justice Services
adcare.com/criminal-justice-services
PART ONE: Access to services
Transportation, housing, work, medical/psych, employment, recovery, supports.
Michelle Alsup’s Reentry Issues*

NOT ENOUGH
Beds in residential treatment/shelters
Or 1-1 counseling with people who understand SUD+MH+Criminal history
Or employment for those with criminal records
Or Housing
Or Medical/ Psychiatric
Or Supportive Peers

*Michelle Alsup, MSW, LADC 1
ACJS Regional Manager
Middleton House of Corrections
Opportunities: Recovery Navigators, Recovery Coaches, Community Support/

Recovery navigators helping people get into a drug treatment

New London — Though they’ve been active for less than a month, the city’s three part-time recovery navigators already have helped get 25 people into varying levels of drug treatment.

May 6, 2018 www.theday.com
Reentry: Connecting with the right treatment at the right time

-Community Support Program:  BC/BS in rural Cape Cod, post treatment connector.

2016 insurance company data: CSP increases appointments kept – higher rates for women.

-Recovery Navigators:  Spectrum Health Systems, post-incarceration meet, give food bags, improving low retention by modifying assessment to build commitment.

  Clean Slate: homeless outreach, moving from counseling to focus on case management.

-Recovery Coach:  No-cost training through the NH Bureau of Drug and Alcohol Services (BDAS):

  Training on Addiction- 6-hour: neurological basis of addiction; mental, behavioral, emotional, spiritual dimensions; stages of change; recovery; motivational techniques

  Families and Addiction-3.5-hour workshop explores how the addiction of the individual affects the entire family system. Special attention will be paid to the effects on the children in the family.

https://www.dhhs.nh.gov/dcbcs/bdas/training.htm
Opportunities in employment

CORI FRIENDLY RESOURCES:
http://www.bostonworkersalliance.com/corifriendly-joblist

Ace Hardware
America West Air
Andersen Windows
Blue Cross Blue Shield Association
Black & Decker
Dillard’s
Dole Foods
Dunkin Donuts
DuPont
Eddie Bauer

Firestone Tire and Rubber
FirstExpress
Frito-Lay
Fruit of the Loom
Fujifilm
Georgia-Pacific
General Mills
Goodwill Industries
Hanes
Hewitt Associates
General Electric
The Shawshank Redemption
Issue: Morgan Freeman as “Red” in the release job.

Property crimes/dealing/sex for fee versus $10-12/hour jobs
Stigma of addiction
Stigma of criminal record
Handoff to accessible organizations:

SSTAR in Fall River, Mass has open walk-ins for everything except psychiatry. FQHC

Mass. General opened clinics in 7 locations—2 day supply bup + Narcan, followup

South Bay Community Services’ Director, Duncan Speel: IOP with meals in the evening across the street from the methadone clinic. Access to Psychiatrist.

Handoff to a name/a face NOT an organization

https://buffer.com/library/best-profile-picture-science-research-psychology
Access to MAT, MH/Co-occurring Services

Pew Charitable Trust*: 29.8 percent of rural Americans live in a county without a buprenorphine provider, compared with only 2.2 percent of urban Americans.

Haywood County Detention Center Behavioral Health Evaluations 2017:  
• 48.1% had indications of possible PTSD.  
• 34.6% reported a major depressive disorder in the past 2 months  
• An additional 14.1% reported major depressive symptoms prior to that time.

PART TWO: Working with the Inmate before Reentry
• A shared decision approach
• A relational opportunity to build or practice skills, priority identification, and planning
• A contextual approach to priorities
Issues: Developing priorities and plans

What are the priorities for the person?

• Housing
• Work/Money
• Transportation
• Anything Else?
• Recovery
• Medical/Psychiatric
• Supports
• Did we leave anything out?
The contextual assessment

Looking at the complexity without having to prioritize!

A picture versus a list. Visual versus words.

Looking for what are protective/strengths AND risks!

The real priorities are often not obvious, are uncool, are connected to inherent motivation.
PREPARE PLAN PRACTICE

GIVE ASSIGNMENTS TO ENGAGE PERSON IN REENTRY

A SHARED RESPONSIBILITY WITH STAFF = OWNERSHIP.

A CHANCE TO DISCARD BLIND ALLEYS.

A CHANCE TO BRING IN MORE COMPLETE INFORMATION!

A CHANCE TO ADDRESS FEAR DOUBT INSECURITY.
1. Overdoses: How many have you had? How many have you witnessed? How many people do you know who have died as a result of an overdose?
2. Do you use an opiate with a drug, such as meth, cocaine, gabapentin, benzos?
3. Have you had a medical complication because of a substance?
4. How long have you used the drug/drink of choice? How old were you when you first used this drug/drink?
5. How long have you been abstinent in that time?
6. Have you tried methadone? Yes No. For how long?
7. Have you tried suboxone? Yes No. For how long?
8. Have you tried vivitrol? Yes. No. For how long?
9. Have you tried campral? Yes. No. For how long?
10. What is your strongest reason to try MAT?
Motivation Shifts as Reentry and Use are possible

Progression and Regression:
I am not coming back to this jail/prison
I hate the prison staff
Most of my fellow inmates are better than the staff
The food is bad
I can’t wait to get out and use
Motivation is developed in childhood. A skill developed.

Carrots and sticks (rewards and threat of punishment) are external. They don’t stick.

Motivation is best when it is based on internal drivers. [I feel safe when…I am happy outside…I need someone with me at all times].

Predictable rewards produce less neuronal stimulation over time, less dopamine and therefore, fade with time. Variable rewards may work better.

Because addictions hijack all motivation systems, it requires more than willpower to overcome—it is not a “failure of character”.

* adapted from: https://developingchild.harvard.edu/resources/5-facts-about-motivation-that-are-often-misunderstood/
IDENTIFYING SPECIFIC GOALS

Taking charge of the brain’s reward system may start by redirecting it to something else it wants and then something else—

Taking control back from the drug reward requires
1) building in other rewards
2) noticing other rewards
3) a gratitude practice is an act of identifying rewards other than the addiction
4) tricking the “bored” brain by keeping it fresh.
Assignment: Predicting and Planning for First day & First Week

**Sf First day.**

1. Name BOTH tasks and rewards
2. Predict challenges and plan for them.
3. Hungry Angry Lonely Tired
4. Identify possible Solutions & Supports.

**Sf First week.**

1. Name BOTH tasks and rewards
2. Predict challenges and plan for them.
3. Hungry Angry Lonely Tired
4. Identify possible Solutions & Supports.
ISSUES
“They are using tough love with me and I can’t stand it.”
”Why don’t they trust me?”
“They enable me/I use with them.”
“They try to control me, I get angry and rebel”
“I just want ……”

OPPORTUNITIES
*Predict* issues.
*Enlist*: What has worked for you before? Who can help with this?
*Coach*: Would it be helpful if? Had you considered?
*Decide*: What is better for you at this time?

Opportunities: Family friends supports--modeling problem solving
A safety plan to use with family, friends, sponsor, peer coach. You decide WHO to share this with!

1. Things I cannot do in safety:
2. Things that help me to stay safe from relapse:
3. If you see me doing these kinds of behaviors, I want you to help me in this way:
   [Be specific so the person does the right thing by you. Include what you don’t want!]
4. If I relapse, this is the help that I want, and here are the people to call to help me:
5. Here are the things I will do to take responsibility to stay in recovery:

Signature:
Date:
If successful, the plan will have some of these!

Priorities identified by the individual in his/her language. Reflect the motivations most important at this time. Be realistic and specific as to timing of goals. Will Include short term/micro goals and the steps to get there:

Obtain work…but first get copy of birth certificate but first get ride, credit card.
Include safety and reset goals.
Part Three: from reentry to return
Part Three: from reentry to return

Challenges for providers:

*What we know:* SUD is characterized by chronic dysregulation of the brain’s reward system. Relapse is common.

*What we want:* Quality life of recovery for the people we work with.

*What we feel:* discouraged, demoralized, overwhelmed, angry, shut down.

*What we think about:* what went wrong……..

But most intake and treatment plans do not review the issues in the return to custody.

SO: after you complete the paper work….

Try some reverse engineering.

Gather information to improve the effectiveness of your interventions.

What worked, what didn’t work for each person.
When Reentry becomes Recidivism: Try Reverse Engineering

What happened just before the relapse? What before before before.

Try rescripting. What could have happened to help you make a different choice?

Look for inadequate skills, motivation, and set opportunities to practice same in this new treatment episode.

Make a treatment plan off of this.
Finally……

We are always planting seeds for the time when conditions improve, and the seed will grow. The seeds matter. We just don’t know when.
Questions?

Type your questions in the Q&A box on your screen

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Tommie Bower
tommiebower@gmail.com
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