

RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)

Re-entry Strategies & Resources: Reducing Recidivism Sustaining Recovery

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Re-entry Strategies & Resources: Reducing Recidivism Sustaining Recovery

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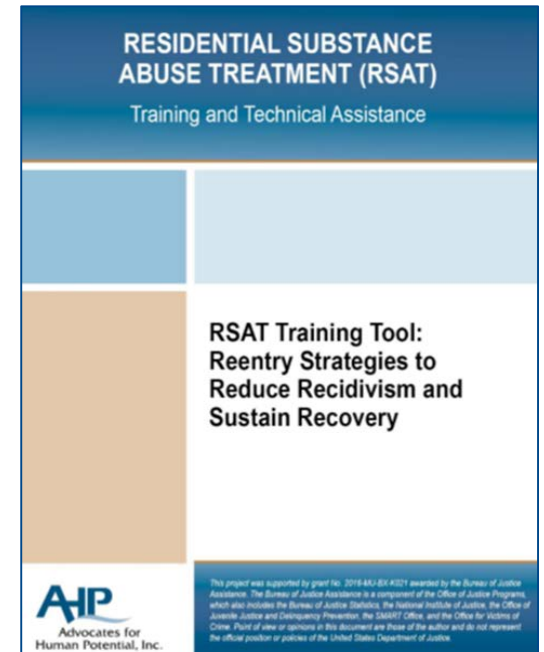
Advocates for Human Potential

RSAT National Training & Technical Assistance
Center

What's new?

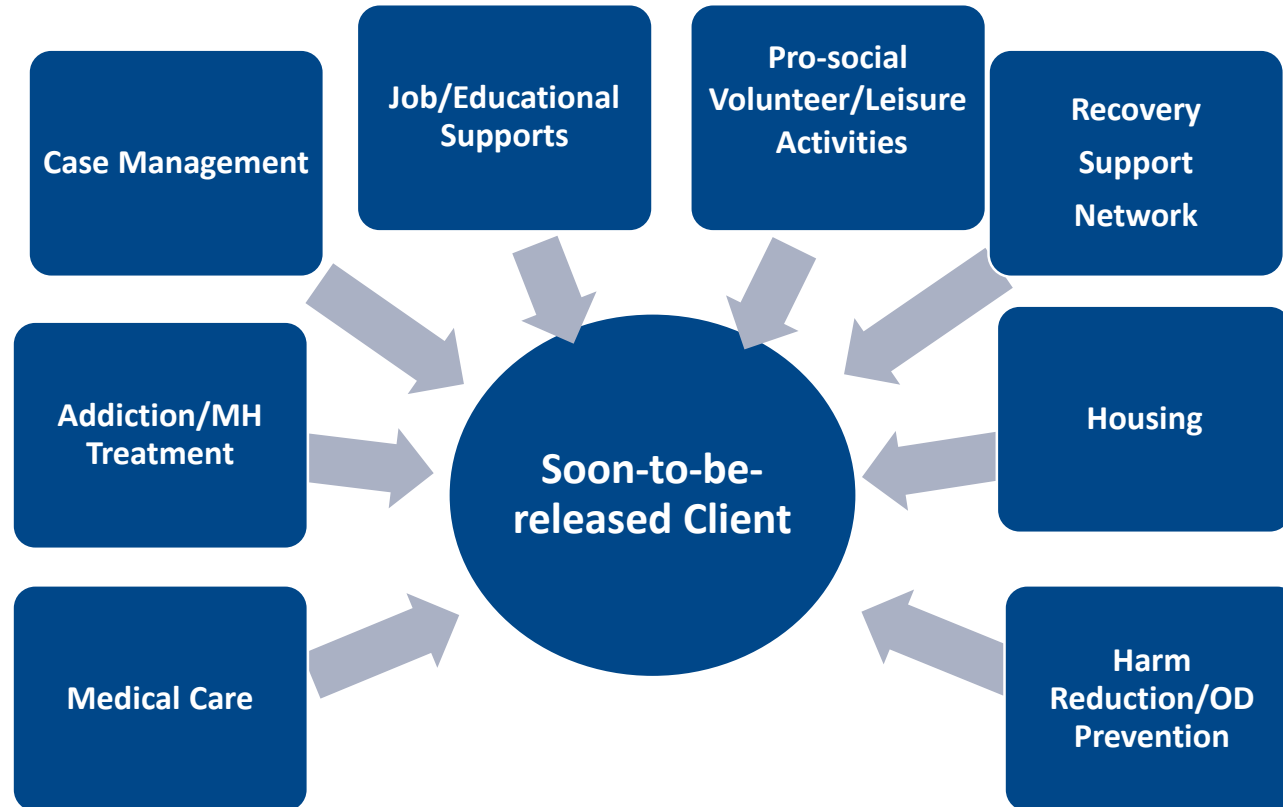
Learning Objectives: This presentation includes new...

- Resources available to RSAT clients that help:
 - Support re-entry
 - Sustain recovery
- Tools to help determine individual needs for:
 - Community-based clinical care
 - Recovery/re-entry supports & services
- New pre-release planning tools to:
 - Engage clients in re-entry planning during all phases of treatment
 - Increase pre-release collaboration with community corrections



A Holistic Approach to Recovery & Desistance Includes Community Responsibilities

RSAT pre-release planning is often the client's only link to addiction recovery support **and** to other linkages to the essentials of success in the community..



New resource: OTP Medicare Benefit is now Legally Mandated

PUBLIC LAW 115-271—OCT. 24, 2018



**Substance Use Disorder Prevention
that Promotes Treatment for Patients and
Communities (SUPPORT) Act**

TITLE II—MEDICARE PROVISIONS TO ADDRESS THE
OPIOID CRISIS



WAYS AND MEANS

**Medicare and Opioid Safe Treatment
(MOST) Act of 2018
H.R. 5776**

Covers Bundled Services (billed weekly)

(amounts based on staff providing them, scope & frequency)

- FDA-approved opioid agonist & antagonist MAT drugs
- Dispensing/administering medications
- Counseling: individual & group (okay via video conferencing)
- Toxicology testing, intake, & periodic assessments

*OBOT currently covered by Part B & Medicare Advantage plans

Audience Poll



- Please vote on your screen.
- Check the box next to the answer you would like to select.
- There is no submit button.
- Type additional comments in the chat box.

Medicare coverage for SUD Services up until now

- No specific SUD Tx benefit
- Treatment centers not a recognized provider type
- No bundled payment for SUD services

What SUD services has Medicare covered?

- Part A: costs at enrolled hospitals
 - inpatient SUD treatment
 - day-hospitalization programs
- Part B: outpatient care
 - drugs administered by a doctor
 - counseling (LCSW, psychologist or psychiatrist)
- Part D: prescribed buprenorphine



Impact on RSAT clients?

- RSAT clients on disability prior to incarceration (SSDI & SSI)
- SSDI: suspended indefinitely after 30 days in custody
- SSI: suspended after 30 days in custody
- SSI terminated only after 12 consecutive months in custody (sentenced)
- Older clients at or nearing SS retirement eligibility age
- Others who may be Eligible for disability upon release

Other provisions for re-entering populations

At-risk youth Medicaid protection law

- By law Medicaid cannot be terminated for juveniles in custody
- Suspended while in custody
- States shall review eligibility prior to release
- Juveniles who remain eligible are covered day of release
- Juvenile = anyone under 21

Housing, Employment & Peer Support

- SAMHSA Recovery Housing National Standards
- Medicaid reimbursement for addiction peer recovery 18 states
- Medicaid coverage for methadone in all states by October
- Medicaid recovery housing innovations plan (federal)
- State pilots covered with approval (3 waivers/amendments)
- Maryland pilot approved 1115 waiver (SUD supportive housing)

Re-entry & Recovery: Building Bridges and Walls

Bridges

- Priority in-reach follow up list
- Relapse action plan
- Harm reduction resources
- Family mapping – allies
- Recovery resources & contacts
- Fun, fulfilling activities
- Self-care schedule

Walls

- Overdose protection plan
- Trigger avoidance measures
- Crisis resources & contact
- Red flags & counter measures
- Family mapping – threats
- Self-preservation measures

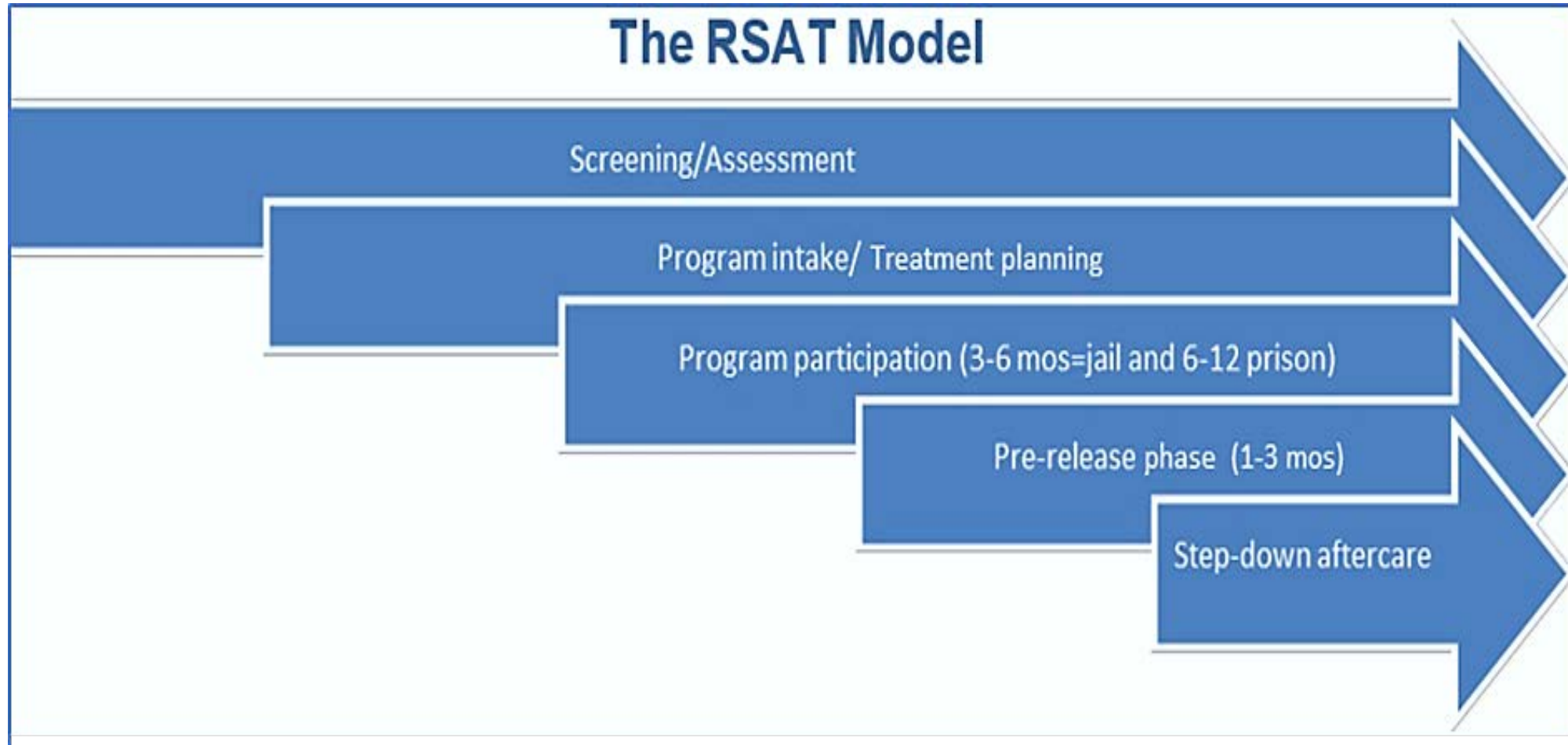
Audience Poll



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- Type your short answer in the box.
- There is no submit button.

Re-entry Considerations During Core Phases of Tx

Phases: flexible duration, re-entry tasks at each phase



Re-entry Considerations: Assessment Intake & Tx Planning

- 1) Assessments: level of re-entry needs inform tx plans
- 2) Case management follows re-entry prep needs
- 3) SMART goals the client can grasp
- 4) Intensity: Addiction severity, criminal risk, re-entry capital
- 5) Critical data: shared w/Medicaid, tx providers, & others

Checklist #2 page 17

Reentry Checklist #1: Assessment and Treatment Planning

- ❑ **Assessment:** Highlights the degree of reentry planning clients are likely to require. A pre-release risk and needs reassessment is administered as clients approach release dates. The client and staff review progress to determine release planning priorities and reentry risks and needs.
- ❑ **Case Management:** Clients are assigned to other correctional programs that will prepare them for release, such as educational programs, career and technical training, and job readiness and placement.
- ❑ **SMART Goals:** Treatment plans are developed *with the client* and comprise Specific, Measurable, Achievable, Realistic, Time-limited objectives. Complex goals are broken down into a series of action steps, and responsibility for completion is assigned to the client, with appropriate staff support. The timeframes for completion become critical prior to reentry.
- ❑ **Intensity:** Criminal risk factors and addiction severity are reviewed with the client to inform required levels of post-release supervision and continuing SUD care. Intensive residential treatment upon release may be duplicative and is reserved for high-risk offenders with severe SUDs, especially if they are reentering after a long period in custody without community supervision and have low levels of recovery support.
- ❑ **Managing Critical Information:** Arrangements are in place for sharing with Medicaid or other benefit programs to suspend enrollment when possible. Release dates and status are tracked, with sentence reductions factored in (unsupervised releases are flagged). Clients sign releases to allow confidential SUD treatment information to be shared for purposes of release planning and supervision assignments.

Re-entry Considerations: Core Treatment

- 1) Active Roles for Clients
- 2) Dedicated case managers
- 3) Mapping re-entry supports
- 4) Involve community partners

Checklist #2 page 19

Reentry Checklist #2: Core Programming and Structure

- Active Roles for Clients:** Participants take on responsibilities and roles within the therapeutic community. Progress is rewarded by assigning leadership roles or mentorship responsibilities. Clients are introduced to ongoing recovery self-management tools.
- Mentoring/Peer Assistance:** Programs engage clients to serve as mentors, navigators, or peer educators. Twelve-step and other recovery meetings with outside speakers are held at the facility. Mentor or coaching programs match reentering individuals with peers or volunteers in the community prior to release.
- Dedicated Staff:** Specialized case managers, who are skilled in facilitating continuing community-based treatment, benefit enrollment, and reentry housing, serve as points of contact for providers, community corrections, and family members. They develop in-reach and referral contacts to serve the reentry population.
- Mapping:** Programs use mapping templates to help clients produce visual representations of complex relationships, family and social support networks, reentry service plans, and goals (see resource section for specific examples).
- Community partners:** Community partners are involved in the reentry phase. HIV and overdose prevention, parenting programs, and other community public and nonprofit agencies are included. Information sessions are held regularly, and partnerships with community SUD treatment providers are in place.

RSAT programs should be provided in flexible phases, based on participants having reached specified behavioral and recovery milestones.

—Promising Practices Guidelines for RSAT, p. 12

Re-entry Tasks: Pre-release Phase

- 1) Benefit enrollment
- 2) Level of clinical MH & SUD
- 3) Contact with PPO
- 4) CWS & family services
- 5) Leisure activities

Checklist #3 pages 20-21

Reentry Checklist #3: Pre-release Phase

- Identification of and Enrollment in Benefit Programs:** Clients eligible for benefit enrollment or reactivation undergo processes to ensure health care coverage upon release. In states without expanded Medicaid eligibility, other sources are identified, including publicly funded treatment, resources for treating OUD, programs for veterans or people with HIV/AIDS, and so on.
- Behavioral Health Services:** Intake for community SUD and/or mental health treatment is arranged by phone or video conferencing when possible. Appointments are set and prescribers are in place for important medications. Medical homes, community case management, transportation, and other resources are coordinated.
- Contact with Assigned Agent or Officer:** Processes are in place for planning and information sharing, client introductions, and pre-release two-way communication with community corrections staff who will be supervising the offender upon release. RSAT staff confer with post-release supervisors or release planning. (See below for more information on the role of community corrections staff.)
- Child Welfare and Family Services:** Clients in need of pre-release family conflict resolution, child reunification planning, and parenting support are linked to child welfare services, visitation centers, domestic violence services, and child support offices. Supportive family members are involved, and clients may be linked to cultural or community groups that offer support in communities of release.
- Linkages to Faith Community and Leisure Activities:** Chaplains are actively involved in cultivating welcoming congregations that offer faith-based supports such as family activities, fellowship, and general assistance. Drug- and alcohol-free pro-social recreational activities, recovery centers, and fitness or sports should not be overlooked.

Overdose prevent measures

- Included in core tx
 - Pre-release planning
 - OD prevention plan form
 - Naloxone pre-release or day of release
- ❑ **Overdose/Relapse Prevention and Risk Reduction:** If overdose prevention and risk reduction education is not offered to RSAT clients in treatment, they are linked to community-based agencies that offer these services and access to naloxone for reentering clients with OUD. All clients require an overdose/relapse risk-reduction plan.
 - ❑ **72-Hour Plan:** Clients develop a detailed plan for the initial post-release period, which may include a pick-up and drop-off schedule, first contact with supervision and recovery contacts, initial aftercare sessions, attending to identification, benefit enrollment, or reactivation, and so forth. Transitional housing arrangements are finalized. Clients seek feedback from peers on release plans, and RSAT staff closely monitor progress.

Tool: [The San Francisco Reentry Council 72 Hour Checklist](#) is a printable, one-page sheet, available online as part of [Getting Out & Staying Out](#), the council's reentry resource website for people reentering San Francisco County from jails and prisons.

Other tools & information

Also includes:

- Checklists and planning tools for all release conditions
- A chapter devoted to working with PPO
- Tools for expanding community partnerships
- Examples from RSAT programs

C. Transitional, Reentry, and Release **Conditions**

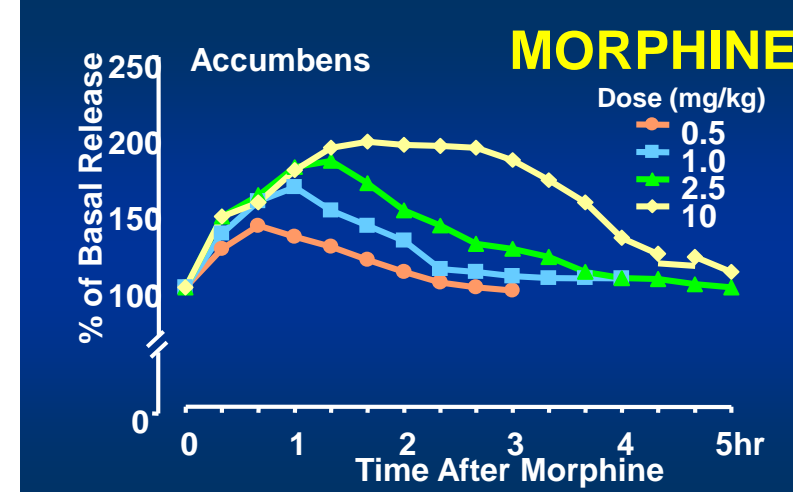
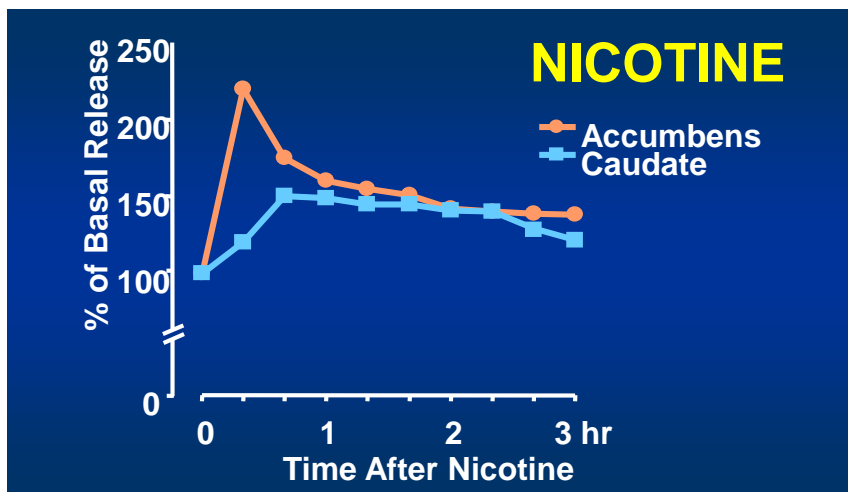
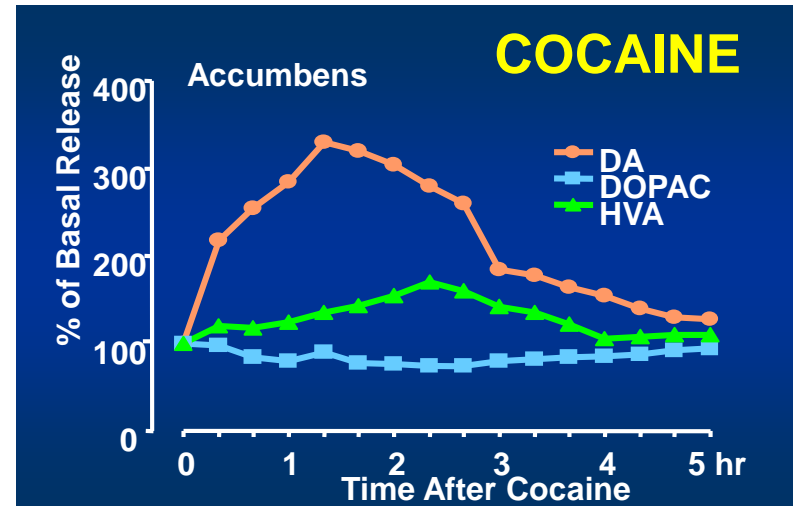
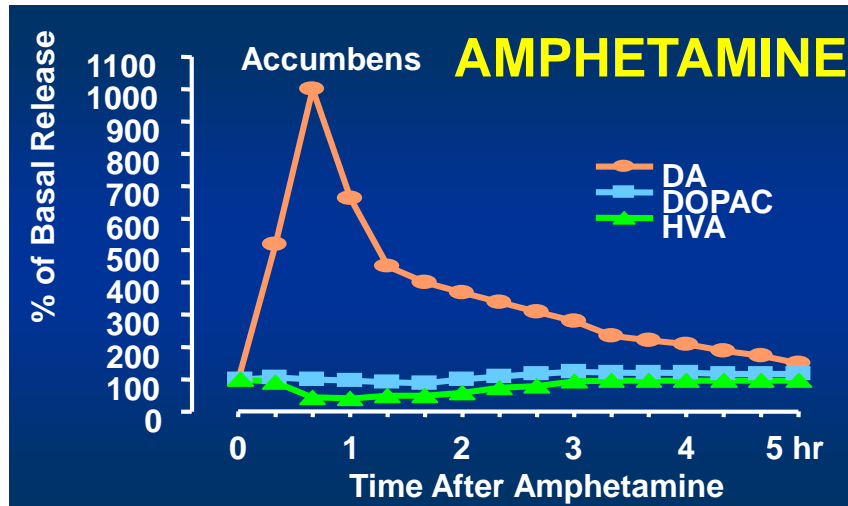
RSAT clients may be released to a variety of destinations and under different conditions, which has an impact on pre-release planning. They may be:

1. Transferred to a correctional halfway house, transitional housing/reentry unit, or minimum security work release facility;
2. Released to low-intensity, long-term residential treatment, a reentry program, or supportive housing (usually also under community supervision, but not when the following bullet is the case);
3. Released without criminal justice supervision when they have completed their entire sentence (maxed out); or
4. Released to the community under correctional supervision (probation, parole, or court supervision).

Dealing with the rise in stimulant use

Communities are seeing: more meth use and opioids & meth used together

Effects of
Drugs on
Dopamine



Research on effective treatment

Treatment: Matrix Model has been accepted best practice

- ▶ Immediate certain consequences from a positive UA
- ▶ Contingency management: very useful
- ▶ Eliminating, avoiding, dealing with triggers
- ▶ Drug court participants report it was the key to stopping
- ▶ Exercise component very helpful

Community-based Tx Capacities

Capacities important to re-entry

- Levels of care/ payments accepted
- Serve criminal justice clients
- Type of SUDs treated
- If prescribers are available
- All medications used (detox or MAT)
- Cognitive behavioral therapy
- Contingency management
- Motivational interviewing
- Trauma-related counseling
- Anger management
- Matrix Model

All SUD treatment programs surveyed report interventions offered & clients served

National Survey of Substance Abuse Treatment Services:
<https://www.dasis.samhsa.gov/dasis2/nssats.htm>

Audience Poll



- Please vote on your screen.
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- There is no submit button.

Questions, ideas, thoughts or comments?



Always Happy to Hear From You

Thank you for participating ...

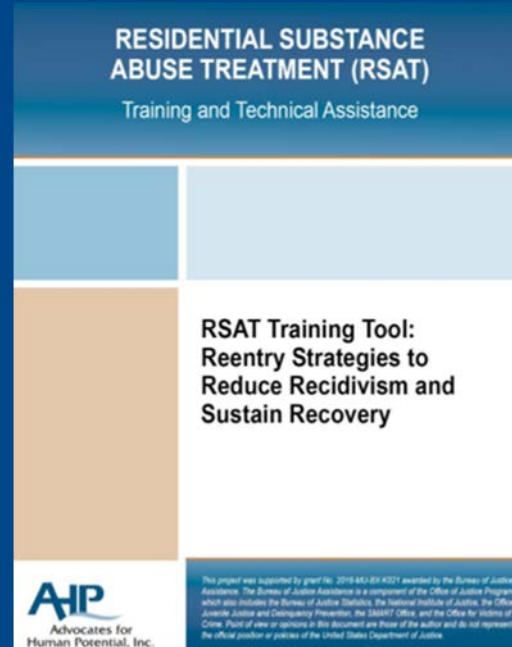
We appreciate hearing from you about:

- New challenges RSAT staff are facing
- What RSAT programs need to be as effective as possible
- What we can do to make this demanding work a bit easier...
- Also appreciate hearing about your experiences & innovations...

Contact me anytime regarding the topics we covered: nmiller@ahpnet.com

Thanks for all the great work you do!

More information is available from the
RSAT Training Tool:



Thank you !



For more information on RSAT training
and technical assistance please visit:

<http://www.rsat-tta.com/Home>

Stephen Keller

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