RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)

Re-entry Strategies & Resources: Reducing Recidivism Sustaining Recovery
Re-entry Strategies & Resources: Reducing Recidivism  
Sustaining Recovery

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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
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.

A Holistic Approach to Recovery & Desistance
Includes Community Responsibilities

Soon-to-be-released Client

- Case Management
- Job/Educational Supports
- Pro-social Volunteer/Leisure Activities
- Recovery Support Network
- Housing
- Harm Reduction/OD Prevention
- Addiction/MH Treatment
- Medical Care

Includes Community Responsibilities
New resource: 
OTP Medicare Benefit is now Legally Mandated

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

PUBLIC LAW 115–271—OCT. 24, 2018
Substance Use Disorder Prevention that Promotes Treatment for Patients and Communities (SUPPORT) Act

WAYS AND MEANS
Medicare and Opioid Safe Treatment (MOST) Act of 2018 
H.R. 5776
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
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
Other resources:
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)
### Bridges
- Priory 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

- Please vote on your screen.
- 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

The RSAT Model

- Screening/Assessment
- Program intake/ Treatment planning
- Program participation (3-6 mos=jail and 6-12 prison)
- Pre-release phase (1-3 mos)
- Step-down aftercare
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
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
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 prevention 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

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<th>C. Transitional, Reentry, and Release Conditions</th>
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<td>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:</td>
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<td>1. Transferred to a correctional halfway house, transitional housing/reentry unit, or minimum security work release facility;</td>
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<td>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);</td>
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<td>3. Released without criminal justice supervision when they have completed their entire sentence (maxed out); or</td>
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<td>4. Released to the community under correctional supervision (probation, parole, or court supervision).</td>
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Dealing with the rise in stimulant use

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

Effects of Drugs on Dopamine

Di Chiara and Imperato, PNAS, 1988
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://wwwdasis.samhsa.gov/dasis2/nssats.htm
• Please vote on your screen.
• Type your short answer in the box.
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Questions, ideas, thoughts or comments?
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: nmillerr@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
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