REENTRY PLANNING TO SUPPORT POST-RELEASE ENGAGEMENT AND RETENTION IN COMMUNITY TREATMENT

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Brought to you by the National Reentry Resource Center, Treatment Alternatives for Safe Communities, the Addiction Technology Transfer Center Network, and the Bureau of Justice Assistance, U.S. Department of Justice

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• The resource center is continually updating its website with materials relevant to the reentry field.

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Presenter

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The ATTC Network is funded by the Substance Abuse and Mental Health Services Administration and serves a critical role in improving the health of our nation.

The mission of the ATTC Network is to:

> Accelerate the adoption and implementation of evidence-based and promising addiction treatment practices and recovery services;

> Heighten the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use or other behavioral health disorders; and

> Foster regional and national alliances among practitioners, researchers, policy makers, funders, and the recovery community.
TASC’s Work

- Over 30 years of experience integrating justice and health in Illinois
- TASC = bridge for people involved in both
  - criminal justice system
  - Behavioral Health treatment system
  - Recovery
- TASC case management
  - keeps people engaged in treatment = improves their chance of successful recovery
  - accountable to the criminal justice system
Presentation Outline

- Comprehensive reentry planning process
- Timing reentry with the completion of treatment
- Family Involvement
Learning Objectives

- Identify key components of multi-disciplinary staffing
- The importance of interdisciplinary staffing with clinical and community corrections
- The importance of engaging families in the recovery planning process
- Timing reentry with treatment completion
Comprehensive Reentry Planning Process

- Strength-based approach
- Treatment should target factors that are associated with criminal behavior
- Tailor services to fit the needs of the individual
- Continuity of care starts upon reentry into criminal justice system, not shortly before release
- Engagement and outreach oriented
- Continuity of care is essential for people with substance abuse issues reentering the community
Comprehensive reentry planning process Cont.

1. Starts 120 days prior to release via staffings
2. Ensures identified services are being delivered
3. Common reporting document
4. Central collection and dissemination area of data
5. Criminal justice supervision should incorporate treatment planning for drug abusing offenders, and treatment providers should be aware of correctional supervision requirements.
Multi-disciplinary Staffings

What is a multi-disciplinary staffing?
A group composed of staff from various organizations (DOC, Satx, MH, Parole, Probation, Family, etc.) with varied but complimentary interest in the successful transitioning of an individual back into their respective communities and their ongoing success.

Where are Multi-disciplinary staffings held?
- Inside prisons
- Inside jails
- At Community Based Organizations

What is the purpose and how do they work?
- Provides a complete picture
- Cross sharing of information
- Comprehensive reentry planning document
Timing Reentry with Treatment Completion

Phases of Treatment

Phase 1 • Induction/ orientation
Phase 2 • Primary Treatment
Phase 3 • Reentry
Phase 4 • Integration
Phase 5 • Maintenance (ongoing)
Case Management Levels

1. High Intensity (minimum of 7 contacts per month)
   - Ideally first 90 days post-release
   - Implemented at junctures of vulnerability
   - Designed to stabilize the formerly incarcerated person in the community
   - Person is stepped down once they achieve behavioral indicators

2. Regular (minimum of 4 contacts per month)
   - Ideally 90-180 days post-release
   - Implemented for those who are stable in the community and working toward achieving goals
   - Person is stepped down once they achieve behavioral indicators
3. Recovery Support (minimum of 1 contact per month)

- Ideally begins 6 months post-release
- Supports on-going recovery
- Continues ideally for 6 months
Behavioral Indicators for Step Down

**From High-Intensity** (stable treatment, stable housing, complying with criminal justice systems, engaged in support groups, engaged in vocational programs, negative drug test in the last 45 days)

**Regular** (completed all treatment, employed for 60 days, negative drug test for the last 60 days, stable housing, engaged in support groups, compliance with reporting agencies).

**Successful Discharge** (successful treatment completion (excluding detox), currently drug free and has been drug free for at least 90 days following the completion of treatment, No new convictions or technical violations, and not currently incarcerated on a new felony or technical violation. In addition to other indicators agreed upon by the individual and the case manager.)
The Family Disease Model

The family disease model looks at substance abuse as a disease that affects the entire family. Family members of the people who abuse substances may develop codependence, which causes them to enable the IP’s substance abuse.
The Family Disease Model Cont

- Based upon the idea that families become organized by their interactions around the substance abuse (Steinglass et al. 1987)

- Limited controlled research evidence is available to support the family disease model, but it none the less is influential in the treatment community as well as in the general public (McCraday and Epstein 1996).
Engaging Families in Reentry

- Challenges
- Effects of incarceration on families
- Families as a Natural Resource for Enhancing Reentry Efforts
- Techniques for involving the family in all phases
  - Incarceration Phase
  - Transition Phase
  - Community Phase
Engaging Families in Reentry Contd

Challenges to Implementing Family Involved Programs in the Prison and at Reentry are:

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<th>Difficulty building partnerships with CBOs</th>
<th>Barriers to family involvement</th>
<th>Recruitment and retention of participants</th>
<th>Stigma in group settings</th>
<th>Connecting with supportive services post-release</th>
<th>Cultural sensitivity</th>
<th>Research limitations</th>
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Effect of Incarceration on Families

- Nationwide, more than 2.3 million people are in prison or jail
- About 5.1 million people are on probation or parole
- Every year 735,000 people are released from US prisons
- More than 12 million are released from jails
- Impacts on Children of Incarcerated Parents
- Difficulties Staying in Touch With Family Members
- Impacts on the Family During Reentry
Families as a Natural Resource for Enhancing Reentry Efforts

What does the research say?

About initial reentry

About intermediate reentry

About long-term reentry
Techniques for Involving the Family

In all phases

- Incarceration Phase
  - Offender and Family Assessment
  - Offender Case Planning and Management
  - Family Visitation
- Transition Phase
- Community Phase
Thank You!

Questions and Answers
Contact Information

• Content questions about this webinar should be directed to:
  Kati Habert at khabert@csg.org
Selected ATTC Resources


> Improving Client Engagement and Retention in Treatment – Side presentation

> Outreach Competencies: Minimum Standards for Conducting Street Outreach for Hard-to-Reach Populations – Book

> Practice Guidelines for Recovery and Resilience Oriented Treatment – Book
  http://www.attcnetwork.org/regcenters/productdetails.asp?prodID=819&rcID=8

> Novel Approaches To Engagement In Care – Video and companion booklet

> Recovery Oriented Systems of Care (ROSC) Framework the Criminal Justice System

> Criminal Justice-Substance Abuse Cross-Training: Working Together for Change – Curriculum
  http://www.attcnetwork.org/regcenters/productdetails.asp?prodID=721&rcID=15
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