



Justice Center

THE COUNCIL OF STATE GOVERNMENTS

How Do Relapse Prevention Plans Support Reentry?

Presentation Outline

I. Welcome and Introductions

II. Relapse Prevention Plans

III. Louisiana Department of Public Safety & Corrections

IV. Sullivan County, New Hampshire

V. Questions & Answers

The Council of State Governments Justice Center

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, representing state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

How We Work

- We bring people together
- We drive the criminal justice field forward with original research
- We build momentum for policy change
- We provide expert assistance

Our Goals

Break the cycle of incarceration

We assist those working inside and outside of government to reduce both crime and incarceration among youth and adults in contact with the justice system.

Improve health, opportunity, and equity

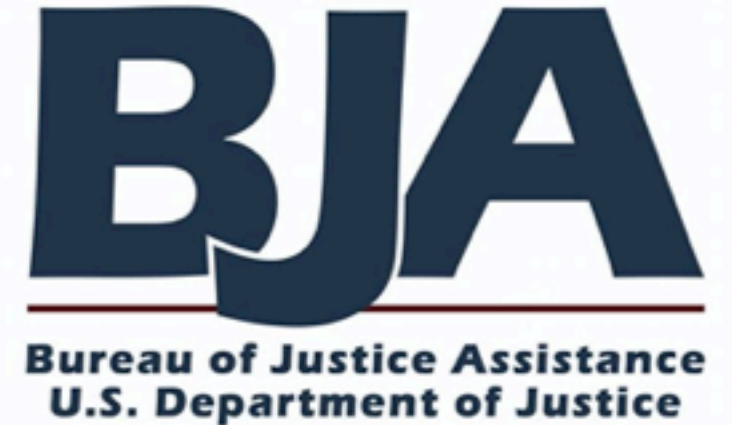
We work across systems to develop collaborative approaches to improve behavioral health, expand economic mobility, and advance racial equity for people and communities affected by the justice system.

Expand what works to improve safety

We help leaders understand what works to improve public safety and what does not, and assist them to develop strategies, adopt new approaches and align resources accordingly.

The U.S. Department of Justice Bureau of Justice Assistance

Mission: BJA provides leadership and assistance to local criminal justice programs that improve and reinforce the nation's criminal justice system. BJA's goals are to reduce and prevent crime, violence, and drug abuse and to improve the way in which the criminal justice system functions. In order to achieve such goals, BJA programs illustrate the coordination and cooperation of local, state, and federal governments. BJA works closely with programs that bolster law enforcement operations, expand drug courts, and provide benefits to safety officers.



Visit the [BJA website](#) to learn more.

Speakers

- Shelley Edgerton, *Program Director, Opioid/MAT Substance Treatment Programs, Louisiana Department of Corrections*
- Rachel Lee, *Policy Analyst, Behavioral Health, CSG Justice Center*
- Donna Magee, *Program Director, Sullivan County Community Corrections Center*
- Kevin Warwick, *President, Alternative Solutions Associates*
- Sarah Wurzburg, *Program Director, Behavioral Health, CSG Justice Center*

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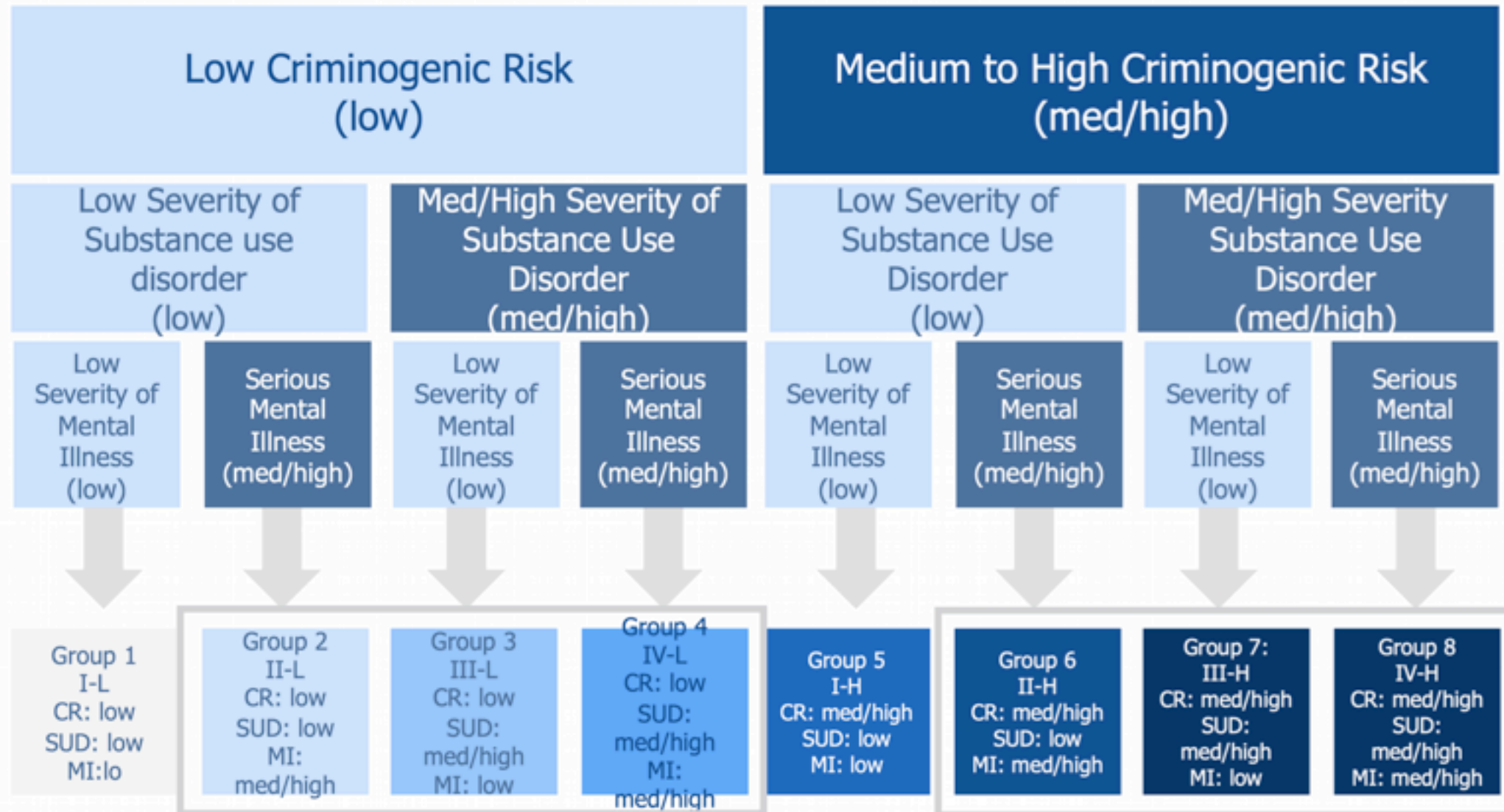
V. Questions & Answers

Web-Based Tool to Support Case Planning

The screenshot shows the CSG Justice Center website. The header includes the CSG logo, the text 'Justice Center THE COUNCIL OF STATE GOVERNMENTS', and navigation buttons for 'VIEW STATES', 'VIEW TOPICS', and a search bar. Below the header are links for 'About Us', 'Resources', 'Projects', and 'Work With Us'. The main content area features a dark blue box with the title 'Collaborative Comprehensive Case Plans' and a list of sub-sections: 'ABOUT', 'IMPLEMENTATION', 'OTHER CONSIDERATIONS', 'RESOURCES', and 'ACKNOWLEDGEMENTS'. Below this, three teal buttons are displayed: 'LEAD CASE PLANNER: BEHAVIORAL HEALTH TREATMENT PROVIDER', 'LEAD CASE PLANNER: COMMUNITY SUPERVISION AGENCY', and 'LEAD CASE PLANNER: CORRECTIONAL AGENCY'.

- Online tool that helps behavioral health and criminal justice professionals integrate the risk/needs information gathered from assessments into case plans that engage the person reentering the community.
- “Collaborative Comprehensive Case Plans,” the CSG Justice Center, accessed May 7, 2020, <https://csgjusticecenter.org/publications/collaborative-comprehensive-case-plans/>.

Behavioral Health/Criminal Justice Framework



Implementation of CC Case Plans

INTERAGENCY COLLABORATION AND INFORMATION SHARING	^
STAFF TRAINING	^
SCREENING AND ASSESSMENT	^
CASE CONFERENCE PROCEDURES	^
PARTICIPANT ENGAGEMENT	^
PRIORITIZED NEEDS AND GOALS	^
RESPONSIVITY	^
LEGAL INFORMATION	^
PARTICIPANT STRENGTHS	^
GENDER CONSIDERATIONS	^

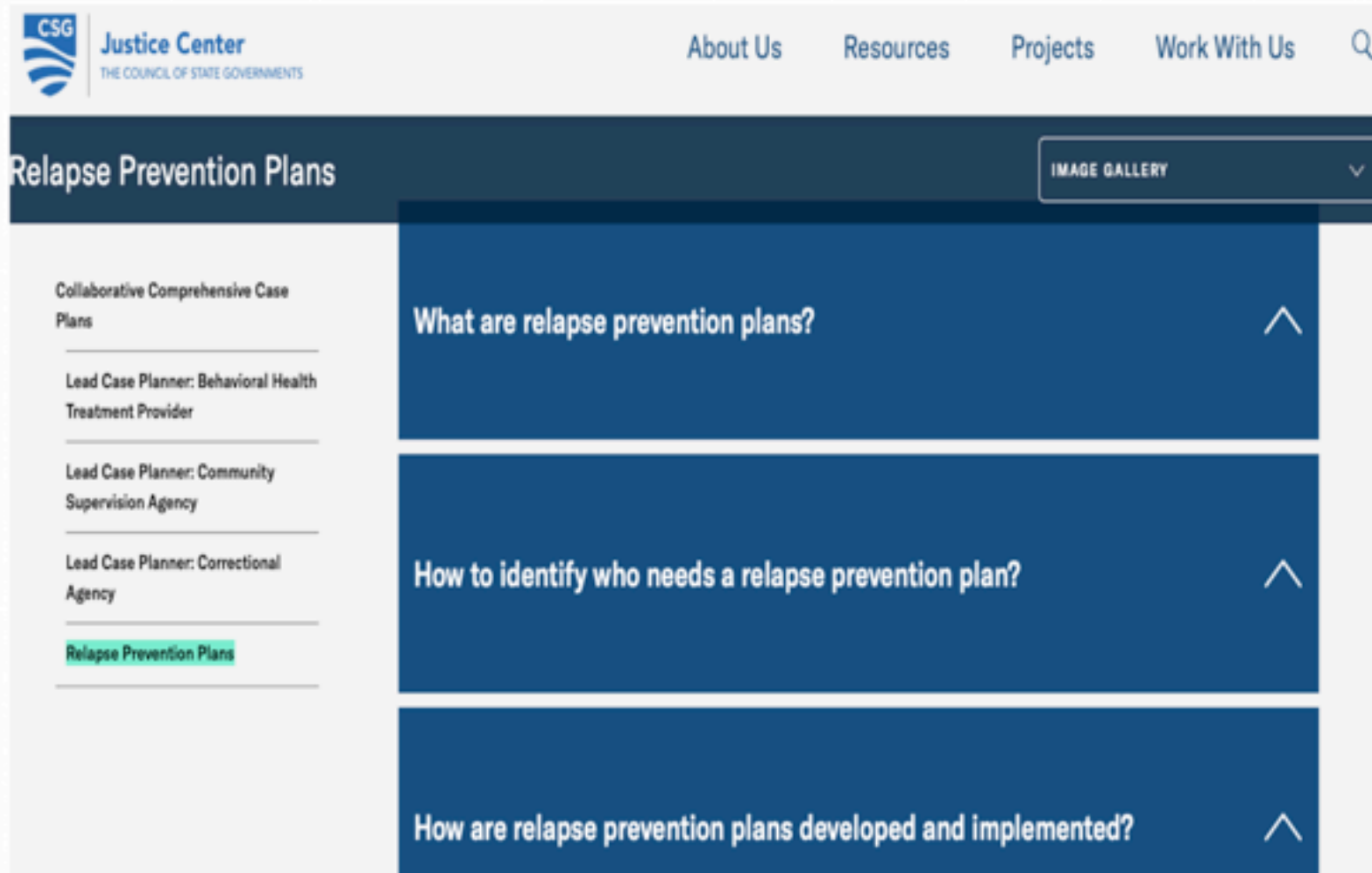
Example of Lead Case Planner



Lead Case Planners:

- Are any agency or provider who takes the lead in case planning and management, such as a probation or parole agency, behavioral health treatment provider, or correctional agency
- Oversee the case planning process and engage the appropriate people from each partnering agency, as well as each participant and their support system

Web-based Tool for Relapse Prevention Plans



- Online tool that provides guidance on how to:
 - ❑ identify people who need relapse prevention plans
 - ❑ develop tailored plans in collaboration with other agencies and the individual's support network
 - ❑ implement these plans and respond if a person does relapse
- "Relapse Prevention Plans," the CSG Justice Center, accessed May 7, 2020, <https://csgjusticecenter.org/publications/collaborative-comprehensive-case-plans/relapse-prevention-plans/>

Relapse Prevention Plans

- Reentry is a high-risk time for relapse and overdose
- Relapse prevention plans should be part of CC Case Plans
- Relapse prevention plans should include:
 - Individualized recovery goals
 - Potential triggers for relapse
 - Early warning signs of relapse
 - Coping skills
 - Action steps
- Lead case planners can help if someone relapses

Questions to Assist in Relapse Prevention Planning

What are relapse prevention plans? 

How to identify who needs a relapse prevention plan? 

How are relapse prevention plans developed? 

How are relapse prevention plans implemented? 

What should relapse prevention plans include? 

What should lead case planners do if someone relapses after leaving jail or prison? 

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Louisiana Dept. of Corrections Substance Treatment & Recovery Program (STR)

Program Phases



Phase I: Screening and Assessment

I. Screening Process

- A. Clinical intake interview
- B. Mental Health Evaluation
- C. Medical Evaluation

II. Assessment Process

- A. Texas Christian University Client Evaluation and Self Treatment (TCU-CEST)
- B. Texas Christian University Drug Screen V
- C. TIGER - Targeted Interventions to Greater Enhance Re-entry (Risk Needs Responsivity Tool).

III. Male/Female in Prison Selection Process

- A. Have no more than 2+ years left on their sentence
- B. Cannot have mental health contraindications that will prohibit dosage of treatment

Phase II: Pre-Release Substance Treatment & Medication-Assisted Treatment (MAT)

- Focused primarily on cognitive behavioral therapies: evidence-based approaches
- Individualized treatment plan: *(MAT offered if indicated)*
- Each participant will receive 3 months to 1 year of treatment following an Intensive Outpatient Model that comprises of 3 hours of treatment a day 3x a week
- Psychosocial interventions will be administered in a group setting

Phase II: Overall Areas of Focus Implemented in STR Program

- Twelve step facilitation therapy
- Moral Reconciliation Therapy (MRT)
- Anger management
- Relaxation training
- Motivational enhancement techniques
- Trauma-Informed Care
- Relapse prevention therapy
- Psychoeducation
- Stress inoculation training
- Peer Support throughout the entire pre-release and post-release phase of the program
- Motivational Interviewing
- Nutrition and fitness
- MAT offered (*psychoeducation on all forms of MAT & harm reduction*)
- Mindfulness practices

Phase III: Transition Planning & MAT

Occurs Within the Last 90-30 Days of Each Participant's Release Date

- A. Individualized treatment and transition plan for each participant
 - Discharge planning: aftercare appointments, residential treatment if needed

- B. Ongoing psychosocial interventions which will include
 - Relapse Prevention (*Relapse Prevention Tool*)
 - Peer Support
 - Vocational Training, if indicated

Phase III: Medication Assisted Treatment

C. Medication Assisted Treatment (MAT)

- MAT: Naltrexone Therapy
 - Within 1 – 2 years for oral naltrexone
- Last 2 months - 24 hours for vivitrol (prior to release)
- Prior to the initiation of MAT a urine toxicology screen is administered
- Consent form for MAT – Naltrexone Therapy
- After initial MAT administration offender will be monitored for any potential signs/symptoms of side effects

Phase IV: Post-Release Substance Use Treatment

A. Continuation of Treatment For Those on MAT

- Those that received MAT: A Discharge Advisory is sent to Probation and Parole
- Referrals to community providers
- Program's peer support specialists continue to engage client for at least 1-year post-release

Where Are We on MAT Implementation?

Participating Facilities Using MAT: Naltrexone Therapy

- Louisiana State Penitentiary (LSP): Angola, LA
- Louisiana Correctional Institution for Women (LCIW): Baker, LA
- Dixon Correctional Institute (DCI): Jackson, LA
- Steve Hoyle Intensive Substance Abuse Program (SHISAP) at Bossier Parish Correctional Center: Plaindealing, LA
- Louisiana Transitional Center for Women (LTCW): Tallulah, LA
- Lafourche Parish Prison (LPP): Thibodeaux, LA

Facilities Offering Buprenorphine Products Within 6 Months:

- Bayou Dorcheat Corrections Center, Minden, LA (North Louisiana)
- Lafourche Parish Prison (South Louisiana)

Future Expansion

- Plaquemines Parish Prison

STR Program Implementation Years 9/1/2017 to 6/30/2020

	2017	2018	2019	2020	Grant Total
# offenders identified & screened for enrollment	121	590	569	142	1422
# people enrolled from screening	121	526	556	142	1345
# people released from program	49	220	468	232	969
# offenders w/ successful complement of program	49	217	457	226	949
# offenders that received Vivitrol injection prior to release	0	73	88	23	184

Participant Profile

Gender

Male	89%
Female	11%

Average Age

35 years

Race

Black/African American	46%
White/Caucasian	53%
Other	1%

Education

High School No-Diploma	38%
High School Diploma	19%
HiSet – GED	27%
Some College/Trade	7%
College – Associate	2%
College-Bachelors	1%
Unknown	6%

Participant Profile Continued

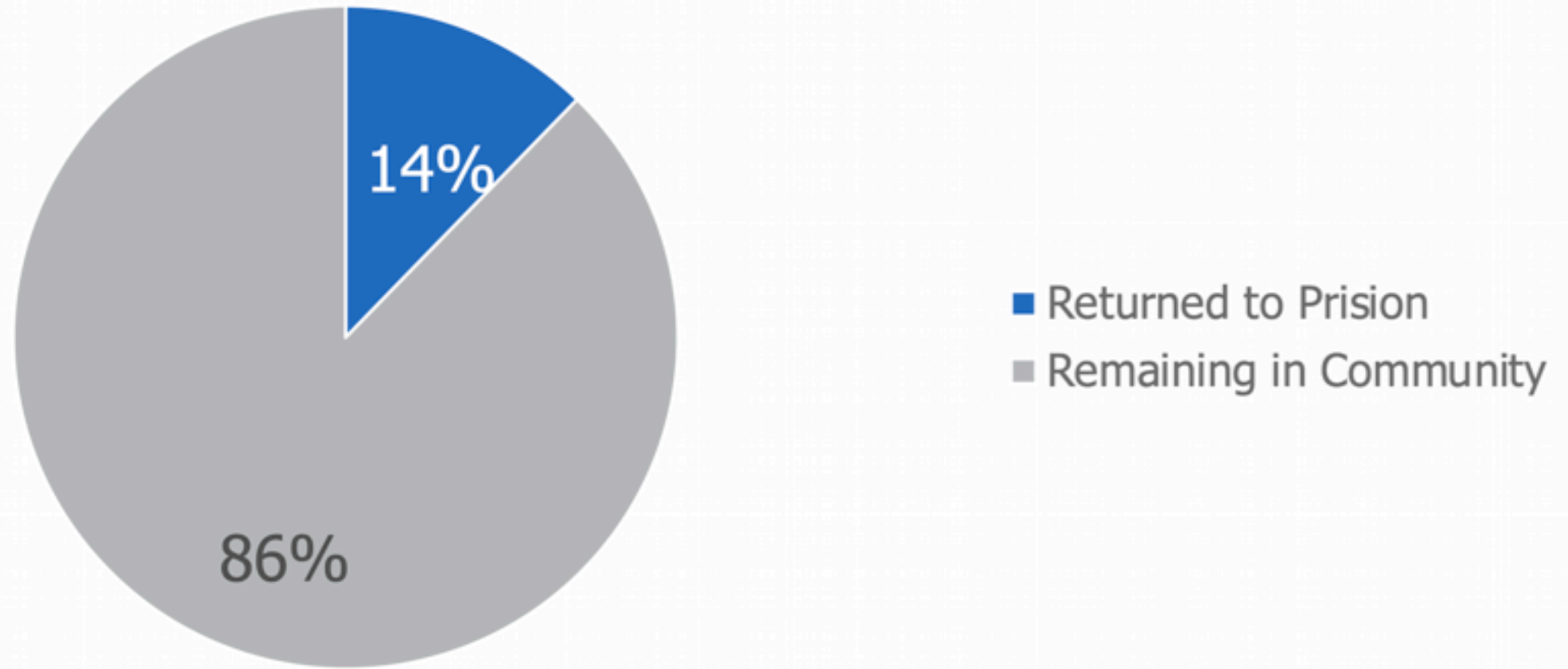
Average # of Incarcerations:	3.7
Average # of Incarcerations related to substance use:	3.1
Average age of first drug/alcohol use:	14 yrs old
Average duration of substance use:	19.8 yrs

(58% of lifetime misusing controlled substances based on average participant age)

Average duration of opiate use:	9.5 yrs
Average length of voluntary sobriety:	1 yr

Recidivism Rates

Returned to Prison After Release to Community



12% Recidivism Rate for Those Who Received Vivitrol

Source: Louisiana Department of Public Safety & Corrections Data.

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Sullivan County Department of Corrections (SCDOC)



Photo Source: Sullivan County Department of Corrections

- Rural county jail providing Community Corrections Transitional Reentry Services since 2010
- Average daily jail population: 65-120
- Second poorest county in New Hampshire
- Second Chance Act Grantee
- Transitional Reentry And Inmate Life Skills (TRAILS) Program
 - 90-day intensive intervention
 - work search, work release, electronic monitoring and aftercare

SCDOC Relapse Prevention Planning

- Reentry planning begins as soon as assessment is done
- ORAS and ASI assessments inform the Relapse Prevention Planning
- During programming, participants meet with SCDOC team every 30 days (we call it the Review Crew)
 - During the review, the lead case manager presents the major accomplishments and the barriers
 - Participant will refer to the Release Readiness Form
- SCDOC Case Managers serve as lead case planner while in the intervention and early aftercare
 - Severe mental health issues will transition to the Community Health provider, but aftercare team will remain into contact with the community provider
- Bring Community Partners into the participation during the 90-day prescription for warm hand-off interactions

Release Readiness Checklist

- Given to participants at the beginning
- Encourages personal accountability and responsibility
- Provides an outline and reference for the 30-day review
- Provides the participant with a source of understanding their own needs

Name _____ Date _____

TRAILS Release Readiness LIST

WHAT	WHO/WHERE	NOTES*	DONE/ INITIALS*
Health Insurance/NH Medicaid	Case Manager		
SSN Card	Case Manager		
Birth Certificate	Case Manager		
Picture ID	Case Manager		
HS Diploma/Hi-Set	Case Manager		
Primary Care Provider	Case Manager		
VA Support	Case Manager		
Participation Rubric	Self-sign		
Treatment Plan	Individual Clinician		
Letter to Self	Prison for Life		
Triggers List	Relapse Prevention Class		
Relapse Prevention Plan	Relapse Prevention Class/Individual Clinician		
Timeline/1 st step	Individual Clinician		
Resumé	Case Manager/Starting Out		
Employment appropriate clothes	Case Manager		
Work Release Packet	Case Manager		
Cooking Matters Certificate	Class/Case Manager		
Thinking for Change Certificate	Class		
Above items completed	Program Director	You will need to complete all above items to be eligible for completion letter	
Employment	Case Manager		
Housing	Case Manager		
8-hour Furlough Debrief	Individual Clinician		
24-hour furlough Debrief	Individual Clinician		
Letter to Superintendent (Good Time)	self		
Electronic Monitoring Paperwork	Case Manager		
Transition/Case Plan	Case Manager		
Aftercare Goal Sheet	Individual Clinician		
Aftercare packet	Aftercare Clinician/AC case manager		
Aftercare Date and Time:			
Probation Appointment	Case Manager		
Probation Date and Time:			

* use N/A if it does not apply

TRAILS Is A Two-Part Intervention



- Based on the [Transition from Jails to Community \(TJC\) Model](#)

Final Report: A Targeted Two-Year Program Evaluation—The Sullivan County Family-Based Treatment Substance Abuse Reentry System” (unpublished report, 2014).

In House Intensive Treatment and Support

- 90-day in house intensive
 - Trauma-informed care
 - Address substance use
 - Address mental illness
 - Builds vocational skills
 - Prosocial messaging
 - Case management

Aftercare

- 6-12 month aftercare
 - Ongoing case management
 - Support groups
 - Individual counseling

Community Partner Participation

- Probation and parole officers come in during planned group
- Local domestic violence intervention group has a class each week
- Community peer recovery worker runs a SMART Recovery Group
- Housing coordinator comes into meet with client when housing needs are greatest
- Community behavioral health provider included in planning

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Thank You!

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