New Hampshire Department of Corrections Special Programs 2024 Behavioral Health Summit

Agenda

- Assessments for addictions
- Focus Treatment program
- Addiction Treatment Medication
- Wellness Unit
- Peer supporters

Assessment/Evaluation-A Substance Use Disorder (SUD) evaluation consists of collecting biological, social, psychological, and historical personal data. This information is gathered through interviews, chart review and diagnostic screening materials. Evaluations consist of a set of comprehensive questions designed to help all parties involved to determine whether the defendant meets the diagnosis of substance abuse or addiction or has misused the substance that led to the criminal charge. The data is analyzed to determine the personal level of involvement concerning alcohol use and/or other chemical substances. This assessment is used by the evaluator to determine formal recommendations.

What the assessment is looking at

- For SUD services, the initial assessment that is completed as with any standard assessment, is a compilation of information that is gathered from interviewing the resident and, if applicable, with information from significant others that may be involved with the resident's treatment or referral for treatment. The Assessor will use the ASAM Triage Tool to formulate the assessment to include the following aspects of the resident's life:
- 1. Drug and/or alcohol use history.
- 2. Medical history.
- 3. Family history.
- 4. Psychiatric/psychological history.
- 5. Social/recreational history.
- 6. Financial status/history.
- 7. Educational history.
- 8. Employment history.
- 9. Criminal history, legal status; and
- 10. Previous SUD treatment history Since the initial assessment is where medical necessity must first be documented. All of the above information that must be incorporated into a standard assessment, is intended to be addressed in the SUD Assessment. We need to demonstrate how the problems in the resident's life is a result of the substance use. These are the problems that we will be addressing in the resident's treatment. Therefore, what is relevant to the substance use is what we need to clearly document. So, for the purposes of our initial assessment, it is not enough just to gather information about the resident's life. It is a purposeful gathering of information, directed at identifying how the substance use has affected the resident

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In Corrections we also must take into consideration criminogenic factors.

Criminogenic factors help staff better prepare for the needs of the individual and their treatment plan.

It also is a good indicator if the resident would be successful in a community treatment facility.

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The SUD staff concludes with a "Finding" and "Recommendation." The evaluation is required to determine what will be the appropriate intervention for the defendant to be at a "Low risk of re-offending." All evaluations will include the diagnosis outcome if appropriate, ASAM criteria and treatment recommendations to include but not limited to Medication assisted treatment, readiness for change and/or Medication Opioid Use Disorder.

Once the level of care is indicated, the resident is made aware of their treatment options, and this may include community treatment.

Treatment Plan Development and Forming a Team

Once the SUD Assessment has been completed, you now have the basis for building the resident 's treatment plan when services begin. The treatment plan is the resident 's roadmap for his or her time in the current treatment episode or level of care. The risk ratings that are indicated for each dimension of the SUD Assessment form will help you to identify and prioritize the areas that need to be addressed in treatment. It is expected that all problems identified in the assessment are reflected on the treatment plan. However, not all need to be addressed at once. We must take into account what will be feasible for the resident as well as what the priorities are for the resident. In order to develop a meaningful treatment plan, it must be a collaborative process that includes the input of the resident. In the progress note for the session in which you collaborated with the resident on the treatment planning process, it can be documented as to why a particular problem will or will not be addressed on the treatment plan. Such problems or goals can be "deferred" for a later date.

The Focus Program

We have a band system

The bands represent the ability to obtain reachable goals

Red Band

Housed in lower cells when possible near security station. Orientation, treating the symptoms of withdrawal if appropriate, MAT if appropriate and program preparation. Any mental health, nutrition, family connections, education referrals should be done at the phase. Treatment planning should be done with the goal to progress in treatment and other needs. They have very limited movement and groups should take place on the unit as much as possible. Attendance of all groups and being assigned to a black band mentor is required to be considered for red band completion. At this phase they must take responsibility for their addiction. Residents do not move forward until they have some level of insight of their needs and impact of their addiction.

Addiction educational groups, support groups and individualized interventions occur during red band. Residents who are continually making attempts to get out of treatment or are not committing to recovery should be re-evaluated for readiness

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All red band are assigned to a peer support team *Peer support teams are black band members who will offer mentorship to new residents of the program and evening and weekend groups.*

If the clinician feels that a resident is not progressing in treatment, they will not be eligible to move forward to the next band The treatment plan should be updated with a success plan addressing the deficits.

Provide additional supports

Re-evaluate any other service needs (treating withdrawal symptoms, mental health, medical conditions)

Review readiness for change, co-occurring treatment or change the focus to Harm reduction

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Blue Band

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Blue Band –is helping residents find their way. Clinical interventions and peer interventions

1. Clinical group and clinical interventions clearly documented to include any absence. Residents must make up missed groups. These groups are sharing groups and not educational.
2. At least one individual monthly session and weekly group progress note
3. Continued verification that resident has negative urines
4. Is meaningfully participating in all treatment and documented
5. All Group notes will consist of the name of group, what the specific session was on, the treatment objective they are working on and an individualized statement on how they participated along with any symptoms, concerns of acclamations.
6. Re-evaluation for level of care

Black Band

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Clinically, we know that an assessment is not final once the treatment plan is created. Assessment is ongoing. We want to continue to assess (i.e. re-assess) the resident for changes in need. This too is a part of individualizing services to the residents.

Any victory or setback needs to be documents and an addendum should be completed to reflect the level of care and treatment plan taking into consideration their progress or lack of progress and any new issues that may have come up in their lives that may impact their recovery.

Discharge Plan All resident s will have a discharge plan. This will include at a minimum a description of the resident 's relapse triggers, a plan to assist the resident to avoid relapse when confronted with each trigger, A support plan and at least one electronic or in person meeting with the resident's community support person, resident and SUP provider discussing their cycle.

Setbacks

If a resident's behavior is inappropriate to include disciplinary, lack of participation, or not following unit posted rules, they will be required to meet with the team.

All treatment stops until they have submitted a self-report on how they will address the issue of concern. They will meet with the team to discuss what they and their team can do to help with success.

If removed from the unit, they will be reassigned to a different clinician and/or unit to address the issue and must follow the steps noted above to move forward in the program.

They will work with their assigned clinician on a plan of care to be completed prior to being moved back on the unit.

If accepted the resident is not removed, they will implement the plan developed by the self report and thinking plan.

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Recovery Coaches

Meet Ginger Ross

Founder of CHOICES

Mindset Coach | Educator | Speaker | Veteran

CHOICES was founded in 2018 by Ginger Ross. She has authored all the training courses offered by CHOICES. She is passionate about educating guardian ad litem and court-appointed special advocates on addiction behaviors, recovery, and emotional abuse. Ginger has over eight years of experience helping people with substance use disorders.

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Peer recovery Program

1. Just like in the community residents attend a 5-day training to learn and develop skills to better support those with addictions. Once the receive their certificate they can do peer groups under the supervision of a LADC.

As of today 226, residents have completed the program and have been working with peer residents who struggle with substances or have obtained employment in the community.

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Next steps

- •Peer Recovery Coach Training
- •Ethical Foundations for Peer Recovery Coaches (16 Hours)
- •Suicide Prevention for Non-Clinical Workers
- •HIV/AIDS & Bloodborne Pathogens
- •Motivational Interviewing Foundations

Completion of the training is just the start. Residents then are required to provide support under the supervision of a LADC.

These individuals work really hard to develop the skills learned and apply it to daily life.

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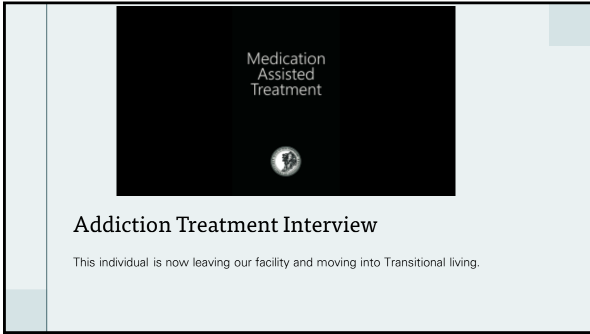
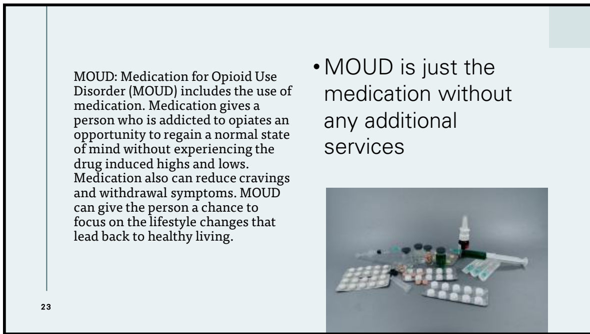
Addiction Treatment Medications


Medication
Assisted
Treatment
Addiction Treatment Interview
This individual is now leaving our facility and moving into Transitional living.


MOUD: Medication for Opioid Use Disorder (MOUD) includes the use of medication. Medication gives a person who is addicted to opiates an opportunity to regain a normal state of mind without experiencing the drug induced highs and lows. Medication also can reduce cravings and withdrawal symptoms. MOUD can give the person a chance to focus on the lifestyle changes that lead back to healthy living.
• MOUD is just the medication without any additional services
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MAT: Medication Assisted Treatment – is the use of anti-craving medicine such as naltrexone (Vivitrol), buprenorphine (Suboxone) or methadone — along with comprehensive therapy and support — to help address issues related to opioid dependence, including withdrawal, cravings and relapse prevention.
NDC 12496-1208-1
1 sublingual film
Suboxone
(buprenorphine and naloxone) sublingual film
8 mg/2 mg
Rx only
MAT: is medications that assist with therapy
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Why be Different ?

At the New Hampshire Department of Corrections, we prefer to use Addiction treatment medications (ATM), in place of MAT MAUD OUD

This decision was to work toward normalizing the reality that we are treating an illness, The goal is to treat the whole person and they may need services in addition to medication at times, but recovery is fluid, so its always shifting and so do their needs..

NHDOC started offering treatment for opioid use disorders in 2010 with significant advancements in 2015. With changes in The Addiction Community, supported by various organizations such as ACLU, ADA, ASAM and SAMHSA and based on evidence-based practice, the changes have been progressive for this chronic, relapsing disease.

"MAT reduces the risk of death from an overdose by 75 percent in the weeks following release"

"The risk of unnatural death — including overdose, suicide, and other preventable causes — was 87 percent lower for incarcerated people on Medication Assisted Treatment (MAT)or Medication oud compared to incarcerated people with OUD not on MAT".

Individuals active in treatment are at times at higher risk.

As of October 24th, 2024, we currently house 1,987 residents in our state facilities.

We currently have 626 residents being prescribed medications to treat addiction.

32% of our population.

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Wellness Units

Wellness units provide an environment for residents to address their behavioral health simultaneous with living along-side general population. It provides a structured environment with positive reinforcement promoting change toward mental, social and physical wellness.

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Requirements to live on Wellness

1. Have a major mental health condition
2. Agree to treatment
3. Open to leaving crimes and bias at the door
4. Work as a community

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Why is Wellness different?

Residents are required to participate in a minimum of 3 groups a week

Be active in community decisions and committees

Control behaviors and seek support from other residents during crisis

Each resident begins his/her residency by consenting with an agreement that governs his/her behavior and defines expectations.

A key element of this agreement is the understanding that the resident will participate meaningfully and will take an active role in establishing and meeting his/her treatment plan goals.

This includes his/her commitment to give and receive feedback from the community and developing healthy and safe life skills to manage themselves and his/her relationships.

Co-Occurring Disorders on Wellness

Residents on Wellness can attend the Co-occurring treatment in place of the Focus program.

This curriculum along with behavioral health services occurs weekly with projected end dates.

Residents are challenged to connect addictions with psychological symptoms.

Consultation with providers to ensure that symptoms are being addressed with medication and/or the development of coping strategies.

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What keeps residents busy on the unit besides treatment?

We have lots of things going on ! Residents enjoy facility contests, movie nights, paint and popcorn, decorating the unit, chess tournaments, game nights and so much more

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Connection with staff and community

Residents speak with staff (line and security) about issues and concerns.

They reach out and give back to the community by providing holiday cards to local nursing homes, puppets and bookmarks for CHAD and walkathons for united way.

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Paint and popcorn

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Holiday Decorations

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Developing a sense of pride

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Gavel Club
We try to expand minds Help residents articulate themselves
Give them a sense of :
Pride Growth Presentation

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Residents see the difference

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The residents, with optimism, take an active role in moving the unit forward and implementing changes within themselves and as a community.
They are reporting a strong sense of community and safety, enabling them to effectively implement their personalized treatment plans.

Peer Support

- The Peer Support groups are further divided into smaller groups. These small groups provide opportunities for the residents to work on problems solving needs in smaller, more intimate relationships and enable them to explore solutions with greater candor. When the resident is more comfortable with the information, he/she is able to bring the issue forward to the greater group with a better sense of safety and confidence.

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How do we prepare a peer supporter

- DHHS comes into the facility a certifies residents in Psychological first Aid
- Psychological First Aid (PFA) is an interactive course in which the participant learns about PFA by taking on the role of a helper during a crisis. The course includes expert tips, videos, and activities in support of learning.
- The course is a weeklong and requires ongoing supervision and support,
- Resident peer supporters are used on the wellness unit as well as end of life care and suicide watch.

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Thank you