



# Pennsylvania Department of Corrections

Bureau of Treatment Services  
Substance Related and Addictive Disorders Section

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# Background

- Pennsylvania has 26 State Correctional Facilities and a Motivational Boot Camp
    - Female Prisons – Muncy and Cambridge Springs
  - 14 Community Corrections Facilities and 40 Contract Facilities
  - Approximately 16,000 employees
  - More than 51,000 offenders
- (County Jails and PBPP do not fall under the jurisdiction of the Department)

# Treatment Qualifications

- The Department uses the RST (Risk Screening Tool) to identify the offenders risk to re-offend.
  - Offenders who are low risk do not receive treatment in the State Correctional Facility, they are recommended for treatment in the community.
  - Offenders who are medium to high risk receive treatment in the State Correctional Facility.
- Risks, Needs, and Responsivity Principle:
  - The likelihood that an individual (either formerly incarcerated and/or under supervision of a justice agency) will commit a crime or violate the conditions of his/her supervision. In this context, risk does not refer to the seriousness of crime that a person has committed in the past or will commit in the future.
  - Research shows that prioritizing resources for individuals at moderate or high risk for reoffending can lead to a significant reduction in recidivism.

# Treatment Qualifications

- Treatment is Standardized however individual needs are addressed through Individualized Treatment Plans and measureable goals are identified.
- Treatment is based on the Principles of Effective Offender Interventions
- Target Criminogenic Needs such as; Criminal Thinking, Anti-Social Associates, Low Level Education, Low Level Vocational, Poor Decision Making, Substance Use, Poor Self Control, etc.
  - What does not fall under criminogenic needs are; low self esteem, poor physical condition, mental health, medical needs, etc.

# Texas Christian University Drug Screen II

- Worked with author Kevin Knight
  - TCU score 0-2 – No Treatment
  - TCU score 3-5 – Outpatient
  - TCU score 6-9 – Therapeutic Community
- There are approximately 43,813 offenders with a valid TCU score in the system
- Piloted the use of the TCU-5
  - Aligns with the DSM-5
- Piloting a DDAP pilot where the PCPC (Pennsylvania Client Placement Criteria) is given prior to release so level of care is determined prior to release, for continuity of care.

# Statistics

- Currently the department can provide Therapeutic Community treatment for 7,340 offenders annually and Outpatient treatment for 5,760 offenders
- There are approximately 195 Drug and Alcohol Treatment Specialists and Drug and Alcohol Treatment Specialist Supervisors in the Department
- There are eight facilities that have contract Outpatient staff and 2 facilities that have contract Therapeutic Community staff

# Statistics

- Approximately 70% of offenders have an Substance Use Disorder
- Approximately 35,700 offenders have a Substance Use Disorder
- The Department has 42 Therapeutic Community Treatment Programs and 2,315 TC beds
- The Department averages 288 Outpatient sessions a week
- Primary ages of offenders in SUD treatment are 16 to 27 years of age (35%-46%) and 28 to 35 years of age (25%-29%)

# Bureau of Treatment Services- Treatment Division

- Standardized Treatment
  - Violence Prevention
  - Thinking for a Change
  - Domestic Violence Program
  - Long Term Offenders
  - Inside Out Dad's
- Addiction Treatment and Services
  - Outpatient
  - Co-Occurring Outpatient
  - Co-Occurring Therapeutic Community
  - Hispanic Therapeutic Community
  - Therapeutic Community
  - State Intermediate Punishment
  - Self-Help Programs
  - Peer Assistant Program
  - Recovery Programs



# Standardized Treatment

- Thinking for a Change (The Change Company)
  - 25 session (1.5 hours/session) program currently offered at all SCIs.
  - Conducted over a 3 month period.
  - Recommended inmates have medium (19-29) to high (30 +) scores on CSS-M (Criminal Sentiments Scale-Modified), demonstrated a pattern of poor decision making, & criminal thinking.
  - Evidence-based, cognitive behavioral program that focuses on self change, social skills improvement and problem-solving skills development.
- Female offenders receive the Moving On program in place of Thinking for a Change, in order to be responsive to female offenders.

# Standardized Treatment

- Violence Prevention
  - Two intensity levels (Moderate and High) of varying duration offered at all SCIs.
  - Conducted over 3 month period (VPM) and over a six month period (VPH).
  - Recommended inmates generally have history of violence, current violent offense, or pattern of violence.
  - Provides inmates with appropriate alternatives for dealing with their aggressive behavior and feelings of anger and frustration.
  - Teaches positive coping techniques that can reduce physical conflicts and confrontations in the facility, as well as incidents of violence in the community.

# Standardized Treatment

- Domestic Violence Program (Batterer's Intervention)
  - 26 session program based on the Duluth Model for Domestic Violence Intervention.
  - Conducted over a 3 month period.
  - Recommended for inmates meeting DV protocol, such as currently or previously serving a sentence involving DV against an intimate partner or where collateral sources (or the inmate) disclose credible evidence of DV.
  - Teaches assertive responses as opposed to aggressive behaviors using role-playing, modeling, & homework assignments.

Currently the Department is developing a Domestic Violence Program that can be used for same sex partners and for both male and female offenders. The Department does not currently provide DV treatment for female offenders, however females identified with DV concerns receive Violence Prevention treatment.

# Standardized Treatment

- Long-Term Offenders Program
  - CBT-based treatment program.
  - Aimed at helping long-term offenders (i.e., 10+ years to min, to include LIFERS) to:
    - Change their thinking (and, thus, their behavior), and
    - Adjust to incarceration.
  - Primary facilitators: Counselors, DATS, Psychology.
  - Staff from many disciplines within the institution (e.g., Activities, Health Care, etc.) will take part in assisting with the facilitation of the program.

# Standardized Treatment

- Parenting – “Inside Out Dads”
  - Evidence-based program
  - Twelve 1.5 hour sessions
  - Facilitators are from a variety of institutional disciplines: Chaplaincy, Counselors, Psychology
  - Based upon interest in the program and staffing considerations
  - Goals of the program:
    - Develop empathy,
    - Increase family communication,
    - Build family support and cohesion,
    - Increase awareness of developmental needs,
    - Substitute nurturing parenting practices for abusive ones, and
    - Understand importance of values and goals in making decisions

# Addiction Treatment and Services

- Outpatient Program (24 facilities)
  - General Population
  - Moderate to High Risk
  - TCU II (Texas Christian University) = score 3 to 5
  - 41 Sessions includes; MET group, CBT Addictions Concepts, CBT Relapse Prevention, Commitment to Change, and Introduction to Self Help Groups
  - 3x a week; 1.5 hr. group sessions
- Currently in the middle of a revision to the program, launch date December 2015.

# Addiction Treatment and Services

- Co-Occurring Outpatient Treatment (24 facilities)
  - C and D score offenders (mental health diagnosis)
  - Moderate to High Risk
  - TCU II = score 3 to 5
  - 47 sessions includes; Integrated Combined Therapy, Medication Management, Cognitive Behavioral Therapy, and Family Education and Skills
  - 3x a week; 1 hour group sessions

# Addiction Treatment and Services

- Therapeutic Community (all facilities)
  - General Population
  - Moderate to High Risk
  - TCU II = score 6 to 9
  - 4 months, 3 phases includes; Phase I – Orientation, Phase II – Primary Treatment, and Phase III – Re-Entry
- Hispanic Therapeutic Community (CHS)
  - Hispanic Offenders (Bi-Lingual and Spanish Speaking Only)
  - Moderate to High Risk
  - TCU II = score 6 to 9
- The Department can provide TC treatment for approximately 6,945 offenders annually (Both TC's are currently under revision; the model and the curricula)



# Addiction Treatment and Services

- Co-Occurring Disorder Therapeutic Community (MUN and RET)
  - C or D Score Offenders (mental health)
  - Moderate to High Risk
  - Modified for Gender Responsivity, Trauma, Mental Health, and Criminal Justice
  - TCU II = score 6 to 9
  - 6 months, 3 phases as stated above and also includes; Evidence Based Programming on Living Skills, Co-Occurring Disorders Program by Dartmouth University and Hazelden Publishing, HIV Education, Hepatitis C Education, A New Direction by The Minnesota Department of Corrections and Hazelden Publishing, Medication Assisted Treatment, etc.

# Addiction Treatment and Services

- State Intermediate Punishment (SIP)
  - Designed for offenders convicted of drug-related offenses
  - Both the prosecutor and the sentencing judge must recommend the offender for the program
  - A thorough assessment of the offender is done to determine that the offender is suitable for the program
    - Camp Hill
    - Muncy
  - If the offender is determined to be suitable for SIP, the judge imposes the sentence of SIP
  - The SIP sentence is 24 months in duration
  - Program must be individualized
  - Must also address other issues essential for successful community reintegration
    - Education
    - Employment
  - An Individualized Alcohol and Other Drug Offender Treatment Plan (IAODOTP) is completed during assessment at CAM/MUN
  - Programs other than SUD TC may be recommended by CAM/MUN staff
  - Other programs may be necessary as a result of ongoing adjustment/treatment issues – modification of IAODOTP

# Addiction Treatment and Services

## ■ Phases of the SIP Program

- Level 1 – (Minimum 7 months)
  - SCI based – SCI Cambridge Springs, SCI Quehanna Boot Camp, and SCI Chester
  - Not less than four months spent in a TC (SUD Therapeutic Community) designed for SIP participants
- Level 2 – (Minimum 2 months)
  - Community Based Treatment Center (CBTC) – Inpatient SUD treatment
  - The length of time spent in the CBTC will be determined by the participant's progress in meeting treatment goals established as part of the IAODOTP
- Level 3 – (Minimum 6 months)
  - Community Based Outpatient SUD treatment
- Level 4 –
  - The SIP participant will complete a period of supervised reintegration into the community in a CCC, CCF or transitional residence
  - During this time, he/she will continue to be supervised by the Department of Corrections and comply with the conditions the Department has imposed
  - CCC/CCF staff will visit once per month, unannounced, at the approved residence or job site
  - The SIP participant will report at least twice weekly to the CCC/CCF closest to his/her approved transitional residence, for a minimum of four weeks
  - Upon recommendation and approval, the SIP participant may report once per week after the first four weeks

# Addiction Treatment and Services

- Self-Help Programs (Offered at all facilities at least 1x a day)
  - Alcoholics Anonymous (AA)
  - Narcotics Anonymous (NA)
  - Al- Anon
  - SMART Recovery
  - Double Trouble in Recovery (DTR)
  - Gamblers Anonymous (GA)

# Why Self Management and Recovery Training (SMART)?

- Court Rulings determined it is a violation of First Amendment Rights to require offenders to attend 12 Step meetings- Kerr v. Farrey, Griffen v. Coughlin, and Warner v. Orange County Department of Probation
- Originated in 1994
- Secular Program for Addictive Substances and Addictive Behaviors
- Does not require a label “alcoholic or addict”
- Uses the 4 Point Program:
  - Enhancing and Maintaining Motivation
  - Coping with Urges
  - Problem Solving
  - Lifestyle Balance

# Addiction Treatment and Services

## SUD Peer Assistant Training Program

- Launched 2014
  - Training is conducted by the SUD Peer Assistant Coordinator (DATS) at each facility
  - Training is 2 days in length, 4 hours each day
  - Supervision forms completed on the Peer Assistants every month and after 6 months they are completed quarterly
- Overview:
    - Job Description
    - Expectations for TC or OP programs
    - Application
    - Modeling Positive Behavior
    - Communication Skills
    - Boundaries
    - Problem Solving
    - Teach-backs
    - Curriculum

# Why a Recovery Program for Correctional Settings?

- After the changes to the SUD audit process, interviews were conducted with offenders and staff
- Offenders expressed an interest in participating in programming after they had completed their treatment requirements
- If an offender completes TC treatment, after completion they are sent back into general population. Outpatient treatment occurs off the housing unit in the Education Building.
- The Office of National Drug Control Policy research indicates, if TC is initiated prior to 12-18 months from anticipated release, and participants are returned to general population after TC completion and remain there for three months or more, treatment is likely to be less effective

# Recovery Model for Correctional Settings

- In May 2011, a SAMHSA blog posting released Recovery Defined: A Unified Working Definition and Set of Principles that reflects SAMHSA's move into a "behavioral health definition" of recovery that is inclusive of both addiction to alcohol and drugs as well as mental health recovery.
- SAMHSA Working Definition of Recovery:
  - "Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential."



# Recovery Model for Correctional Settings

- SAMHSA Principles of Recovery
  - Person-driven;
  - Occurs via many pathways;
    - Is holistic (entire person);
    - Is supported by peers (peer assistants and CPS);
    - Is supported through relationships;
    - Is culturally-based and influenced (LGBTIQ and Spanish);
    - Is supported by addressing trauma (Seeking Safety and GAINS Center Trauma Trainer);
    - Involves individual, family, and community strengths and responsibility;
    - Is based on respect (Discuss the Definition); and
    - Emerges from hope (Believe in Change)

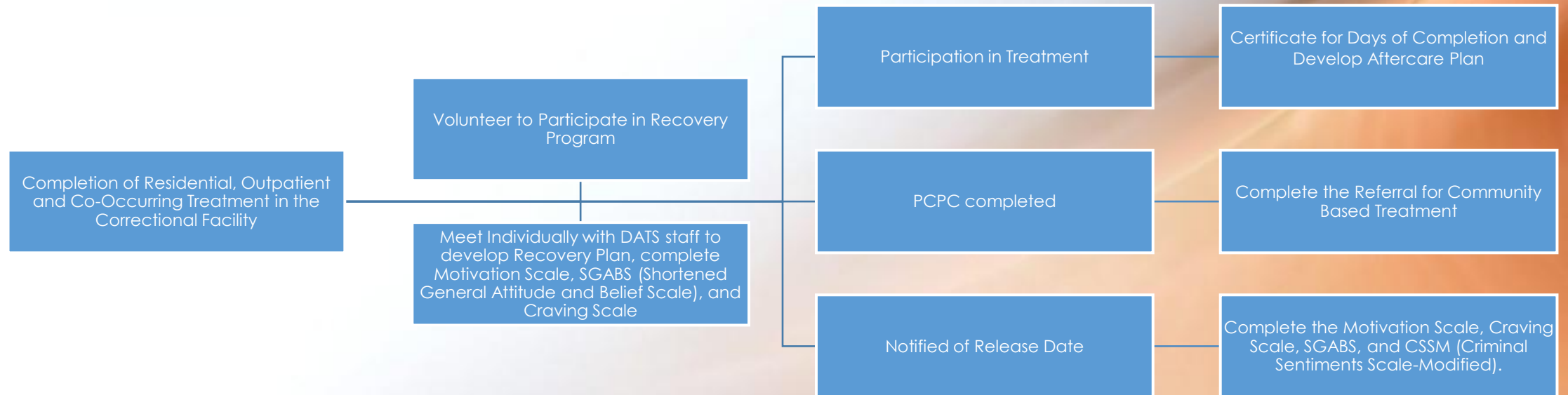
# Recovery Model for Correctional Settings

- Offenders who are eligible to participate in recovery programming must complete SUD treatment in the facility
- Offenders should reside on a housing unit together in a recovery based environment
- A DATS should be assigned to the Recovery Unit to facilitate 10-12 sessions a week.
- There will be 2-3 SUD Peer Assistants that will facilitate 8 sessions a week.

# Recovery Model for Correctional Settings

- Offenders will meet individually with DATS staff to review Correctional Plan Evaluation and develop a Recovery Plan in which staff will work with offenders to set measurable goals
- Offenders will choose what sessions they want to participate in and will work DATS recommendations
- Offenders will receive a certificate for the amount of days the offender participated in the Recovery Program
- Offenders will be assessed with the PCPC prior to release to set up a continuum of care for their treatment needs

# Recovery Model for Correctional Settings



# Recovery Model for Correctional Settings

- The Recovery Unit Workshops are opened ended programs, which can be entered at any time. There are 20 Modules that are gender neutral and 1 module specific to female offenders.
- The program has a total of 188 sessions and as evidence based curricula is identified we continually add to this menu based on current research practices.
- There are additional workshops such as 9 self-help groups a week, Addictions Journaling 2x a week, Natural Meditation 2x a week, and Addictions Books Club 1x a week.

# Recovery Model for Correctional Settings

- The majority of the workshops are included on the National Registry for Evidence Based Programs and Practices (NREPP).
  - Living in Balance
  - Beat the Streets
  - SHIELD
  - Center for Disease Control and Veteran Affairs Program for Hepatitis C
  - Addictions Journaling
  - Addictions Book Club
  - SAMHSA's Intensive Outpatient
- Treatment Matrix
  - Living Skills by Hazelden
  - InsideOut (SMART Recovery Correctional Program)
  - Natural Meditation
  - Alcoholics Anonymous
  - Narcotics Anonymous
  - SMART Recovery
  - Al-Anon
  - Double Trouble in Recovery

# Recovery Model for Correctional Settings

- Living in Balance (NREPP) Hazelden Publishing
  - Emphasizes group process and interaction through discussions and role plays;
  - Uses a biopsychosocial approach to strengthen neglected areas of clients' lives;
  - Allows clients to enter the program at any point in the cycle of sessions;
  - Features session-specific guidance and strategies for clinicians;
  - Teaches clients to use relaxation and visualization techniques; and
  - Can be used for individual treatment.

# Recovery Model for Correctional Settings

- *Beat the Street* is a cutting-edge, five-part video series that reveals effective relapse prevention strategies through powerful presentations by recovering inner-city addicts.
- Uses input from hundreds of streetwise recovering addicts and a panel of national experts.
- Enhanced by special effects, graphics, and a musical score adults can relate to.
  - The collection includes a facilitator's guide and the following videos:
    - Part 1: Street Smarts: Learning to Avoid Relapse
    - Part 2: Back on the Block: Early Recovery
    - Part 3: Recovering Relationships: Families, Partners, and Kids
    - Part 4: Catchin' Feelings: New Ways to Cope with Emotions
    - Part 5: Making It Happen: Work, Money, School, and Good Times



# Recovery Model for Correctional Settings

- SHIELD (NREPP)
  - Self-Help in Eliminating Life-Threatening Diseases (SHIELD) is a training program for adult men and women who are current or former drug users with or without HIV.
  - There are approximately 692 offenders that are diagnosed with HIV in the State Correctional System
  - SHIELD trainees become peer educators on risky behaviors for HIV infection, serving as indigenous outreach workers for others in their immediate social network (i.e., sex and drug partners, family members, friends) and/or community network.
  - SHIELD aims to motivate peer educators to reduce or eliminate their own injection drug use and needle sharing and to increase condom use during sex, as well as to encourage others to practice similar behaviors.

# Recovery Model for Correctional Settings

- Hepatitis C
  - There are approximately 5,389 offenders diagnosed with HepC in our State Correctional System
  - Of those 3,967 have an assessed Substance Use Disorder
  - Educational Program – Introductory Guide for Patients
  - Developed by the Hepatitis C Veteran Affairs Resource Center
    - Developed in October 2009
    - Revised in April 2015
  - Fact Sheets on Hepatitis C
    - Authored by CDC

# Recovery Model for Correctional Settings

- Addictions Journaling
  - is a goal-directed, client-centered program that aims to reduce substance abuse and substance-related behaviors, such as recidivism, by guiding adults and youth with substance use disorders through a process of written self-reflection.
  - The model is based on structured and expressive writing techniques, principles of motivational interviewing, cognitive-behavioral interventions, and the integration of the trans-theoretical model of behavior change
  - The journal is intended to help participants think and then write about their substance use problem and its association with their current negative life situation

# Recovery Model for Correctional Settings

- Addictions Book Club
- The book club will meet once a week to review the weekly book identified for discussion.
- Below is a list of the books authorized for the book club by the Bureau of Treatment Services.
- If you would like to utilize a book that is not included in this list, please submit a request for approval to BTS.

12 Stupid Things That Mess Up Recovery by Allen Berger  
12 Smart Things to Do when the Booze and Drugs are Gone by Allen Berger  
More Language of Letting Go by Melody Beattie  
Blind Devotion by Sharlene Prinsen  
Craving by Omar Manejwala  
Addictive Personality by Craig Nakken  
Of Course You're Angry by Gayle Rosellini  
5 Survivors by Tracy Stecker  
Codependent No More by Melody Beattie  
The Gifts of Imperfection by Brené Brown  
Beyond Codependency by Melody Beattie  
Now What by Judith and Bill Moyers  
Letting go of Shame by Ronald Potter-Efron  
White Out by Michael Clune  
Houses of Healing by Robin Casarjian  
A Man Named Dave by Dave Pelzer  
The Lost Boy by Dave Pelzer  
Finding Your Moral Compass by Craig Nakken  
The Grief Club by Melody Beattie

# Recovery Model for Correctional Settings

- SAMHSA'S Intensive Outpatient Matrix Program (NREPP)
  - The Matrix Model is an intensive outpatient treatment approach for stimulant abuse and dependence that was developed through 20 years of experience in real-world treatment settings.
  - The intervention consists of relapse-prevention groups, education groups, social-support groups, individual counseling, and urine and breath testing delivered over a 16-week period.
  - Patients learn about issues critical to addiction and relapse, receive direction and support from a trained therapist, become familiar with self-help programs, and are monitored for drug use by urine testing.
  - The program includes education for family members affected by the addiction.
  - The therapist functions simultaneously as teacher and coach, fostering a positive, encouraging relationship with the patient and using that relationship to reinforce positive behavior change.
  - The interaction between the therapist and the patient is realistic and direct, but not confrontational or parental.
  - Therapists are trained to conduct treatment sessions in a way that promotes the patient's self-esteem, dignity, and self-worth.

# Recovery Model for Correctional Settings

- **Living Skills by Hazelden Publishing**
- Understanding and practicing the skills needed for daily living are tremendously important, especially in today's economic climate.
- Living Skills is divided into two unique components: Personal Growth and Practical Guidance.
  - **Personal Growth** covers the internal skills needed to be a positive member of a community. Topics include:
    - Making decisions
    - Refusal skills
    - Interpersonal skills
    - Values and responsibilities
    - Setting and attaining goals
    - Parenting and child development
  - **Practical Guidance** provides information on the day-to-day external skills needed to live a healthy life. Topics include:
    - Hygiene and self-care
    - Sexual health
    - Looking for work
    - Education
    - Managing money
    - Securing housing
- Ideal for treatment, mental health, criminal justice and a wide variety of other settings, this program provides all the tools necessary to help clients live healthy, fulfilling lives.

# Recovery Model for Correctional Settings

## InsideOut (SMART Recovery for Correctional Programs)

- is a cognitive-based (CBT) program for substance abuse treatment (offender rehab) in correctional settings, and is based around the 4-Point Program® of SMART Recovery.
- The primary goal is to prevent offender recidivism through a carefully designed and scientifically-based secular program.
- Designed for drug courts, correctional institutions (jails, prisons), DUI diversion programs, and related aftercare programs.

# Recovery Model for Correctional Settings

- Natural Meditation
  - There are many methods and styles of meditation, each with different flavors and purposes.
  - We teach a method called Natural Meditation designed by Ted Phelps in 1994 as a simple way of "turning on" the meditative awareness and deep relaxation that is naturally built-into all humans.
  - Other meditation methods can do this too, but most of have considerable cultural components that can present obstacles for our population.



# Recovery Model for Correctional Settings

- Alcoholics Anonymous
  - is an international fellowship of men and women who have had a drinking problem.
  - It is nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere.
  - There are no age or education requirements.
  - Membership is open to anyone who wants to do something about his or her drinking problem.
  - THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS A.A.'s
    - Twelve Steps are a group of principles, spiritual in their nature, which, if practiced as a way of life, can expel the obsession to drink and enable the sufferer to become happily and usefully whole

# Recovery Model for Correctional Settings

- Narcotics Anonymous
  - is a global, community-based organization with a multi-lingual and multicultural membership.
  - NA was founded in 1953, since the publication of the Basic Text in 1983, the number of members and meetings has increased dramatically.
  - Today, NA members hold more than 61,000 meetings weekly in 129 countries.
  - NA offers recovery from the effects of addiction through working a twelve-step program, including regular attendance at group meetings.
  - The group atmosphere provides help from peers and offers an ongoing support network for addicts who wish to pursue and maintain a drug-free lifestyle.
  - NA is 12 Step facilitated

# Recovery Model for Correctional Settings

- Al-Anon
  - Al-Anon is a mutual support group of peers who share their experience in applying the Al-Anon principles to problems related to the effects of a problem drinker in their lives.
  - It is not group therapy and is not led by a counselor or therapist;
  - Anyone affected by someone else's drinking is welcome to attend.
  - Groups are self-supporting, and usually pass a basket around for a voluntary contribution to pay for rent or Al-Anon literature.
  - The 2012 Al-Anon membership survey shows that 88% of newcomers who first came to Al-Anon because of a loved one's drug addiction later came to better understand the seriousness of that person's alcohol problem only after attending Al-Anon for a period of time.

# Recovery Model for Correctional Settings

- Double Trouble In Recovery (NREPP)
  - Double Trouble in Recovery (DTR) is a mutual aid, self-help program for adults ages 18-55 who have been dually diagnosed with mental illness and a substance use disorder.
  - In a mutual aid program, people help each other address a common problem, usually in a group led by consumer facilitators rather than by professional treatment or service providers. DTR is adapted from the Twelve Steps of Alcoholics Anonymous.
  - DTR meetings follow the traditional 12-step format, which includes group member introductions, a presentation by a speaker with experiences similar to those of the meeting attendees, and time for all attendees to share their experiences with the group.
  - DTR encourages members to discuss their addiction, mental illness, psychotropic medications, and experiences with formal treatment without the stigma they might encounter in traditional 12-step programs, which have a single focus.
  - DTR groups are structured to create an environment in which people with an active addiction and psychiatric diagnosis can identify with other members and explore their dual recovery needs.

# Recovery Model for Correctional Settings

- SMART (Self Management and Recovery Training)
  - SMART Recovery is the leading self-empowering addiction recovery support group.
  - Participants learn tools for addiction recovery based on the latest scientific research and participate in a world-wide community which includes free, self-empowering, science-based mutual help groups.
- The SMART Recovery 4-Point Program® helps people recover from all types of addiction and addictive behaviors, including: drug abuse, drug addiction, substance abuse, alcohol abuse, gambling addiction, cocaine addiction, prescription drug abuse, sexual addiction, and problem addiction to other substances and activities.
- SMART Recovery sponsors face-to-face meetings around the world, and daily online meetings. In addition, SMART provides an online message board and 24/7 chat room that are excellent forums to learn about SMART Recovery and obtain addiction recovery support.

# Recovery Model for Correctional Settings

- Theory
  - Recovery Programming after SUD Treatment in the correctional facility will;
    - Decrease relapse in offenders
    - Decrease recidivism among SUD offenders
    - Decrease misconduct/behavioral concerns among SUD offenders
    - Increase use of community based treatment
    - Increase motivation to change
    - Decrease cravings
    - Improve general attitudes and beliefs
    - Decrease criminal sentiments

# Vivitrol and Corrections

- There are approximately 28,081 offenders with a TCU score of 3 or more
- Of those offenders with a valid TCU score there are 16,045 that have alcohol or opiate dependence
- 57% of our population have an opiate and alcohol dependence

# Corrections and Vivitrol

- Expansion of Vivitrol
  - July 6<sup>th</sup>, 2015
  - SCI's Muncy, Pittsburgh, Chester, Mahanoy, and Graterford
  - Counties of Release – Lehigh, Philadelphia, Alleghany, and Dauphin
  - Offenders must meet the protocol criterion –
    - Up to 175 offenders will receive the Vivitrol injection
  - Social Workers in place at each location
  - University of Pennsylvania conducting research evaluation



# Vivitrol

- Show Video
  - Monthly injection
    - Opioid and Alcohol Dependence
    - Used in conjunction with SUD treatment services
    - Medium to High Risk
    - No Liver Failure
    - No Acute Hepatitis
    - Must be Opiate and Alcohol free
    - Must complete SUD treatment in facility
    - Must be within 2 months to 18 months of minimum date
    - Begins meeting with social worker 6 weeks prior to release

# Overdose Free PA

- University of Pittsburgh
  - School of Pharmacy
    - Program Evaluation and Research Unit (PERU)
- Criminal Justice Working Group
- [www.overdosefreepa.org](http://www.overdosefreepa.org)
  - Pennsylvania's town square for overdose prevention information
    - News
    - Overdose data
    - Education – health care professionals, criminal justice, school/community, family and friends
    - Local Resources
    - Emergency Information

# THANK YOU

- Contact:
  - Tracy Smith, Acting Director of Treatment Services  
1920 Technology Parkway Mechanicsburg, Pa 17050  
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[trasmith@pa.gov](mailto:trasmith@pa.gov)
  - E. Renea Snyder, Drug and Alcohol Program Manager
    - 1920 Technology Parkway Mechanicsburg, Pa 17050
    - 814.952.2264 or 717.728.0391
    - [emosnyder@pa.gov](mailto:emosnyder@pa.gov)