

SUBSTANCE ABUSE RECOVERY UNIT

Opening the Doors to Sobriety



What We Do

The Department of Corrections (DOC) Substance Abuse Recovery Unit (SARU) is one of the largest certified treatment agencies in the State of Washington, with services in 25 state-certified facilities located within prisons and work releases. Treatment services are delivered utilizing an evidence based, structured curriculum to include cognitive behavioral interventions, didactic education, group and individual counseling, motivational interviewing, and recovery-focused skill building. SARU treatment services provide a specialized focus on correcting criminal thinking errors, relapse prevention and management, and gender-specific trauma based therapy.

Drug offenses and property crimes are the most common felony crime types committed by the individuals diagnosed with a Substance Use Disorder (SUD) and currently under the jurisdiction of DOC. Substance Use Disorders that remain untreated lead to the continuous cycle of homelessness and poverty as well as a heightened need for mental health treatment, emergency room visits, and in many cases the eventual return to prison.

What the Research Says

The Washington State Institute for Public Policy (WSIPP) found that offenders who participate in Substance Abuse (SA) treatment programs have lower recidivism rates than those who did not participate by 4 to 9 percent. With these avoided crimes, there is a monetary savings to the state. In a 2017 study (“Chemical Dependency Treatment for Offenders: A Review of the Evidence and Benefit-Cost Findings) the Washington State Institute for Public Policy found that for each dollar spent on drug treatment in confinement and partial confinement there is a taxpayer benefit from \$5.05 to \$13.91 for each dollar spent (depending on level of care and sentencing type).

Treatment Overview

Consistent with research, evidence-based as well as promising and best practices, the Substance Abuse Recovery Unit (SARU) offers a comprehensive continuum of intensive outpatient, intensive day treatment, and residential treatment services. DOC currently has substance use disorder treatment available at 11 of the 12 Washington State prison facilities and nine work release locations.

Integrated Screening

Each individual entering the prison system at both Washington State Reception Centers is administered a screen which determines if there is a need for a comprehensive SUD evaluation. The screening tool administered is the Global Assessment of Individual Needs Short Screener (Gain SS).

FAST FACTS ON SCREENINGS

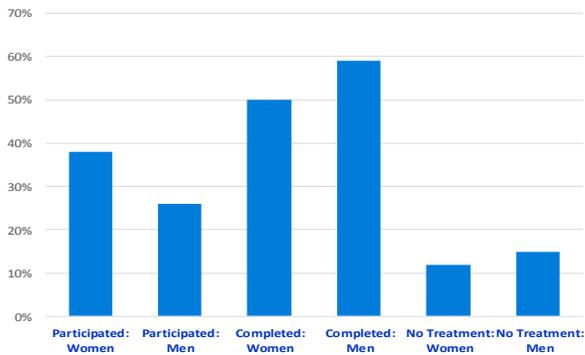
All Individuals Screened as Needing Substance Abuse Assessment in 2017: 2399

Women.....299
Men..... 2100

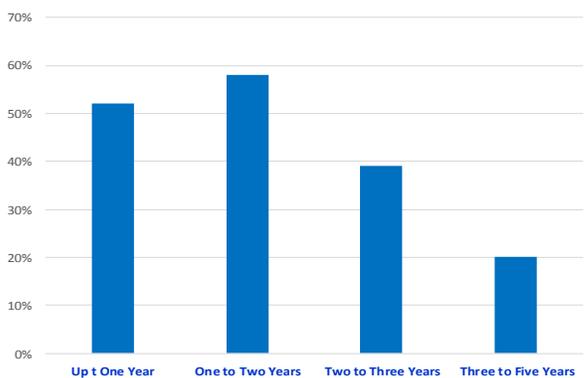
Received Assessment: 1,120

Women..... 232
Men..... 888

Percent That Receive Treatment After Diagnosis



Individuals Assessed Based on Length of Stay



AVAILABLE SERVICES

Treatment Services

Treatment services are provided, within available resources, to offenders who meet the established eligibility criteria based upon clinical need and sentencing requirements, and follow a triage protocol. In Calendar Year 2017 we provided treatment services in total or partial confinement to 3993 individuals.

Triage

Individuals found to have substance use disorders are assessed and referred for SUD treatment services in the following priority:

- Sentenced to a Drug Offender Sentencing Alternative (DOSA), or Family and Offender Sentencing Alternative (FOSA), or Indeterminate Sentence Review Board (ISRB)
- Pregnant and postpartum women
- HIV/AIDS or hepatitis C positive
- Have been/are intravenous drug users
- High Violent and High Non-Violent
- Diagnosed with a substance use disorder determined to be in need of services

Therapeutic Community (TC—ASAM Level 3.3)

As an evidenced and phase-based, trauma-informed level of care, TC is the most intensive form of treatment available within DOC prison facilities and community settings. Individuals are placed in the TC in accordance with the American Society of Addiction Medicine (ASAM) model for Level 3.3 clinically managed populations in need of specific, high intensity residential services. TC provides a separate living area and a highly structured environment where individuals participate in substance use disorder treatment, learn right living skills, engage in employment training and education, and where they practice community and personal accountability. The substance use disorder treatment includes a broad range of education and process groups designed to reduce barriers to change and recovery, with the goal of successful reentry and reduced relapse and

recidivism. TC delivers an evidenced based curriculum that helps individuals discover unhelpful defense mechanisms, relapse triggers, anger cues, and achieve healing from complex trauma, learn adaptive parenting skills, emotional regulation, and how alcohol and drugs have impacted their lives. The progressive nature of TC requires the demonstration of right living and the progression through clinically based stages of change. Individuals are moved to the next phase of treatment following clinical review by the treatment team. The TC treatment teams include certified Chemical Dependency Professionals, mental health and medical services staff, custody officers, classification counselors, and site administrators. The duration of treatment is typically 12 to 18 months.

Intensive Inpatient (IIP—ASAM Level 3.5)

IIP is highly structured residential treatment that is delivered by a DOC contract provider specifically designed for DOC individuals in need of treatment. The provider has adapted the IIP service to the TC model discussed above, but entails more hours per week and has a shorter duration (typically 30-90 days). IIP includes case-management and provides a higher intensity of individual, group, and educational sessions. The community based IIP has specialized treatment services for individuals diagnosed with co-occurring mental health and substance use disorders.

barriers to recovery and reduce recidivism such as: defense mechanisms, relapse prevention, anger management, generalized alcohol and other substance education, and more.

AVAILABLE SERVICES

Treatment Services continued

Intensive Day Treatment (IDT—ASAM Level 2.5)

IDT meets four days a week for 12 weeks and is provided in a prison setting. The curriculum consists of anger management, vocational skills, parenting education, the science and impact of drugs, and utilizes motivation and positive change strategies to assist in overcoming self-defeating behaviors. IDT is designed to deliver treatment to individuals with needs greater than IOP but don't meet TC admission criteria. As with all levels of care progress toward identified treatment goals is reviewed monthly, and treatment planning is based on progress in the program.

Intensive Outpatient (IOP—ASAM Level 2.1)

Similar to IDT, IOP meets four days a week, but for nine hours per week for 12 weeks, and is intended for

individuals who will benefit from our least intensive primary level of care. Although the least intensive IOP still includes monthly progress reviews and provides the essential core treatment elements designed to remove barriers to recovery and reduce recidivism such as: defense mechanisms, relapse prevention, anger management, generalized alcohol and other substance education, and more.

Outpatient (OP—ASAM Level 1)

Individuals completing prison-based treatment and entering a work release are transitioned to an OP program. The duration of OP care is a minimum of three months and frequency of care is twice weekly, and is based on the American Society of Addiction Medicine (ASAM) criteria for each individual.

SUBSTANCE ABUSE TREATMENT FACILITIES

Airway Heights Corrections Center

- Intensive Outpatient
- Intensive Day Treatment
- Therapeutic Community

Cedar Creek Corrections Center

- Intensive Outpatient

Coyote Ridge Corrections Center

- Intensive Outpatient
- Intensive Day Treatment

Larch Corrections Center

- Intensive Outpatient
- Intensive Day Treatment

Monroe Correctional Complex

- Intensive Outpatient
- Intensive Day Treatment

Mission Creek Corrections Center for Women

- Intensive Day Treatment
- Therapeutic Community

Olympic Corrections Center

- Intensive Outpatient
- Intensive Day Treatment

Stafford Creek Corrections Center

- Intensive Outpatient
- Intensive Day Treatment

Washington Corrections Center

- Intensive Outpatient
- Intensive Day Treatment

Washington Corrections Center for Women

- Intensive Outpatient
- Therapeutic Community

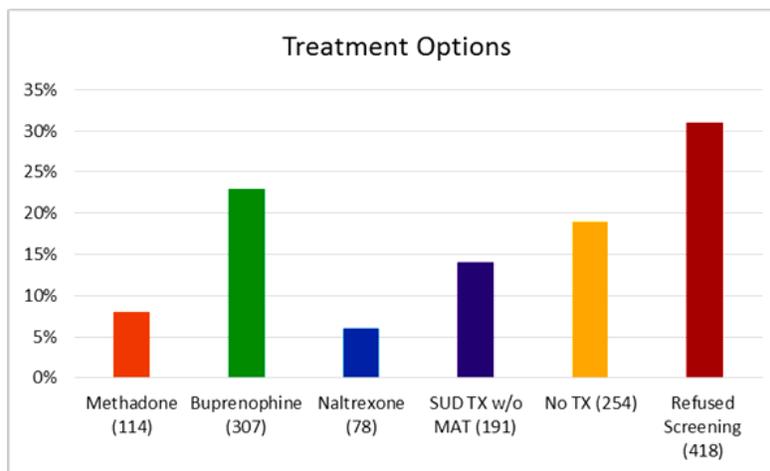
Washington State Penitentiary

- Intensive Outpatient
- Intensive Day Treatment

STATE TARGETED RESPONSE (STR)

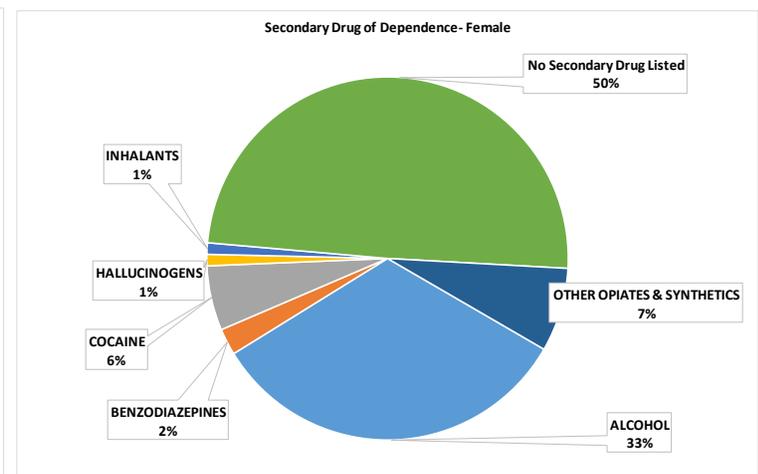
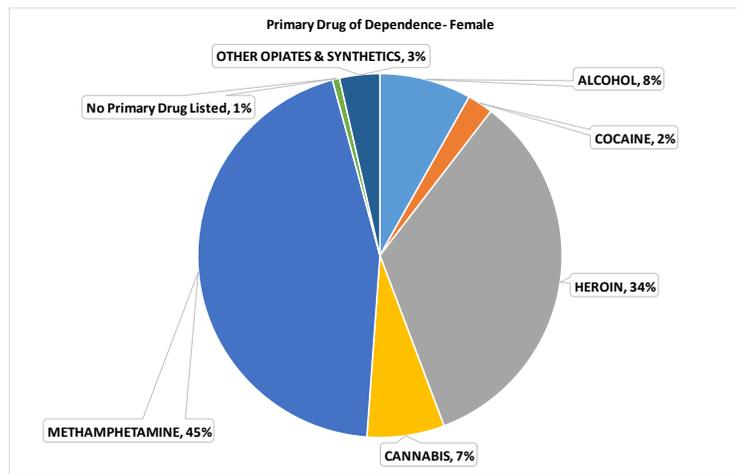
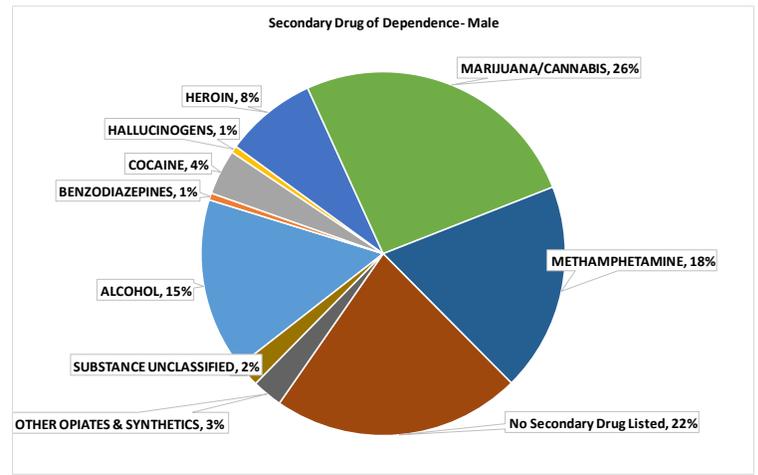
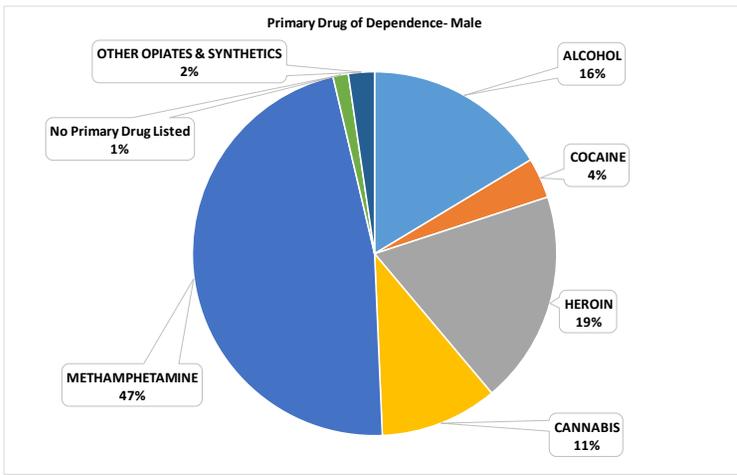
In September 2017, the Department of Corrections partnered with the Division of Behavioral Health and Recovery (DBHR) in a 2-year grant project targeted to the opioid misuse epidemic. This effort has resulted in re-entry Chemical Dependency Professionals (CDP) providing brief risk screening interventions to inmates releasing from short term confinement. This project provides targeted education to support informed treatment decision making by the releasing inmate, and referrals to medication assisted treatment (MAT) programs. Currently, re-entry MAT referral services are provided at seven locations throughout the state. During this process individuals are educated on the proper use of opioid overdose rescue kits, rescue breathing and are then issued a kit upon release from incarceration. The Department of Corrections-STR Re-Entry Team provided these services to 1605 individuals from September 1, 2017 to April 30, 2018 and have issued 816 opioid overdose prevention kits since the beginning of the project.

MAT Options Selected by Participants (non-duplicated)



DIAGNOSED DRUG OF DEPENDENCY FOR ALL SUBSTANCE ABUSE ASSESSMENTS COMPLETED Calendar Year 2017

Support for the severity of the opioid epidemic and national response can be seen in the charts below, where 38% of women and 21% of men who were assessed in 2017 reported heroin and other opiates as the primary drug of dependence with 15% and 11% respectively reporting opioids as their secondary drug. However, methamphetamines are still the predominant diagnosed drug of dependence within the prison population, with 43% of the women and 32% of the men citing it as primary.



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