

## *NTASC Session Descriptions*

April 10, 2017

### **8:30am-10:00am- Opening Plenary Session- Overview of the Affects of Trauma- Dr. Brian Sims, MD**

This session will focus on an understanding of the profound neurobiological effects trauma has on an individual, raising awareness of the need for the early addressing of trauma to give the best outcome. During the discussion, there will be a stepwise progression through brain development with related behavioral manifestations targeting changes seen if trauma is introduced at the various stages of development. The ACE study will be discussed to increase awareness of the associated effects on behavior of not only the trauma components themselves but the organic changes that occur in the brain (i.e., changes in volume of the cortex and hippocampus as well as an increase impulse affecting the amygdala) to give real time understanding of behaviors often seen as ‘for no apparent reason’. The exploration will help understand that all behavior has meaning, and more importantly, assist us in understanding that one “does not have to be a therapist to be therapeutic”, enhancing the understanding that anyone can have not only profoundly negative effects on individuals but through understanding trauma and its effects, interact with others in a manner that promotes healing and recovery. The final portion of the discussion will center on techniques anyone can utilize to become a more trauma- informed person, able to effectively interact and assist those with lives filled with trauma. The intent is not to train one to be a trauma therapist, but to show that through many practices already done on a day to day basis, we can shape and assist many who are suffering with trauma with finding healing and increase resilience, despite the organic changes trauma can have on our brains. In doing so, we are assisting in the overall healing process in a manner seen widespread as very effective. Much of the research and work in the discussion will be coming from the works of Dr. Bruce Perry, currently the Senior Fellow of the Child Trauma Academy in Houston, Texas.

### **10:15am-11:45am**

#### **Session 1A-Drug Trends- Opioid and Drug Testing- Jamie Anderson**

This presentation will focus on various opioids, taking a closer look at each individual drug. These drugs will be discussed from a medicinal, legal and abuse perspective. Past, present and future trends will be addressed. The attendee will walk away more confident in their understanding of opioids and their abuse in the United States.

#### **Session 1 B- Safe Re-Entry- Implementing an Opiate Overdose Prevention Program- Jac Charlier and Amanda Auerbach**

Reentry is high risk time for overdose (OD) and fatal OD—individuals are 12 times more likely than others to OD post-release. Incarceration allows for a level of observation and supervision. Upon release from prison or jail, individuals require timely and appropriate services to reduce their risk of overdose and improve their likelihood of recovery. Reentry creates an opportunity to intervene in a way that will reduce crime and increase lives saved. This workshop will discuss activities that agencies working toward safe reentry should consider. The goal of the workshop is to provide attendees with an understanding of reentry activities that support opiate overdose prevention and encourage brainstorming around developing an effective opiate overdose prevention program in their communities. We will present several critical activities of opiate overdose prevention upon reentry (the “what”), describe the importance and relevance of each activity (the “so what), and have attendees discuss ongoing efforts to meet these needs and considerations moving forward (the “now what”). We will also introduce the concept of a Safe Reentry Interventions Team (SRIT). A SRIT can work collaboratively (employing a collaborative decision-making model throughout their work) to focus on both the supervision and treatment of at-risk clients.

**Session 1 C- The Three Legged Stool: Maximizing success in reducing DWI recidivism by understanding the relationship of supervision treatment and technology- Mark Stodola**

Research has shown that the marriage of assessment based community supervision, technologies that promote accountability, and the use of evidence based treatment can be an effective countermeasure for high risk drunk drivers. However its full potential is often limited by a lack of understanding of the relationship, parameters and limitations of these three essential components in the challenge of reducing DWI recidivism. This interactive presentation will help participants understand these roles and avoid the pitfalls that impede successful collaboration. Participants will also be guided through the latest research on effective DWI supervision practices, understand how to match appropriate alcohol technology to offender risk, and use assessment tools to match treatment to the specific needs of the client.

**Session 1 D- Understanding and Utilizing Peers, Peer Support and Services- Pamela Butler, Audrey Sherman Erwin, and Brooke Taylor**

This presentation will introduce peer support, peer services and the Peer ROSC (recovery oriented system of care) model. Participants will have a clear understanding of what peer support is, what services are utilized and what the value of peer support services bring to the table.

**11:45pm-1:45pm-Lunch Speaker- May the Circle Be Unbroken-Ken Robertson, SAMHSA**

A brief overview of how TASC was conceived in a time of a growing heroin crisis in the U.S., the shift to viewing substance use as a public health issue, a retreat into incarceration, and a new perspective on justice that brings us back to the initial role of TASC, treatment and alternative programs. This is a lunch time presentation so I want to make it entertaining and interesting instead of just a formal, academic speech. I will tie my 40 year career into the 50 year lifespan of TASC and treatment for clients in the justice system. It hopefully will be a fitting “good bye” as a federal official involved in this work while still educating a younger workforce that may not be familiar with the history of our field.

**1:45pm-3:15pm**

**Session 2 A-Using Diversion in Successful Drug Treatment- Ronald Lampard, Leon A. Cannizzaro and/or Andrea Mattix**

This workshop will examine how the Orleans Parish or Jefferson Parish’s District Attorney’s Diversion program is successful. It will examine the offenders eligible for diversion and what practices are used to treat that particular individual. Finally, the discussion would include some model policies on diversion programs being implemented.

**Session 2 B- Supportive Housing for Safer Healthier Communities- Ryan Moser**

Promoting public safety and public health through housing. This session will provide an overview of supportive housing models and larger housing context for justice involved people. It will help participants better understand how to engage with their local housing partners, what roles the justice system can play in funding, developing, and creating supports for people with justice involvement. The session will include overviews of data-driven targeting for supportive housing, national needs assessment for supportive housing, and pay for success models.

## **Session 2 C- Building Partnerships between Law enforcement and Treatment Communities- Jac Charlier and Meghan Westwood**

The goal of this workshop is to provide agencies with information on an emerging area of policing- police “deflection”- which relies on a strong partnership between law enforcement and treatment providers to link individuals to necessary care. We will discuss police “deflection”, which brings risk-need, screening and assessment and neutral case management to front-end diversion, describe the integral role treatment providers, and explore ways in which providers can create develop working relationships with local law enforcement and create rapid access to services for individuals with SUD, mental illness, or both

## **Session 2 D- Second Chance Act- Co-occurring disorders and re-entry programs: Louisiana Highlight- Sarah Wurzburch and Shelly Edgerton**

This session will provide information on the Second Chance Act (SCA) Reentry Program for Adults with Co-occurring Substance Use and Mental Disorders (COD) grant and will feature a current SCA COD grantee: the Louisiana Department of Public Safety & Corrections’ New Beginning program. The New Beginnings program is focused on improving outcomes for individuals incarcerated in the state corrections facilities with co-occurring substance use and mental disorders who are released to the greater Baton Rouge and New Orleans areas through an integrate pre-release/post-release care model comprised of evidence-based treatment services and supports. The American Correctional Association honored with New Beginnings program with a 2017 Innovation in Corrections award.

**3:30pm-5:00pm**

## **Session 3 A- A Closer Look at Beating the Drug Test-Jamie Anderson**

This presentation will concentrate on popular methods for beating a urine drug test. Legitimate methods will be discussed as well as the more mythical approaches. The presenter will discuss the commercial adulterant industry and take a closer look at some of the available products and how they may or may not work. The presenter will also shed light on the online community of drug users who share their testimonies in hope of helping their fellow drug user beat their drug test. An evaluation of some of their methods will be shared.

## **Session 3 B-Principles of Effective Treatment within the Criminal Justice System- Wayne Lehman**

This in-depth session will focus on the goal of understanding the importance of treatment process, with a focus on offender re-entry and continuity of care within criminal justice settings. The application of research findings to clinical practice will be discussed. Specific areas to be addressed will include the integrity of continued care, client satisfaction with community-based treatment, client-problem severity, client motivation, and graduated sanctions. The session will include an overview of the TCU assessments as a means for assessing these factors, and include descriptions of TCU Concept Mapping and the TCU brief interventions as options for addressing client needs.

## **Session 3 C- Understanding the Concept of Responsivity within the RNR Model-**

**Edward Fernandez and Melodi Foellmi**

Although the majority of individuals with serious mental illness do not commit crimes, the subset that do continue to vex the criminal justice and mental health systems, both of which have felt ill-equipped to provide treatment and case management targeting both public safety and clinical stability. The past 10 years has seen

increasing attention paid in the mental health literature to the relevance the of risk-needs-responsivity (RNR) model in informing treatment planning and addressing recidivism in individuals who also have serious mental illness and/or co-occurring disorders. Within the RNR model, however, responsivity has received significantly less attention to date, but can have a profound impact on outcomes, especially for individuals with mental illness. In this presentation, we review the concept of responsivity, with particular attention to how to fully integrate an understanding of mental illness into RNR-based risk assessment, risk management and treatment planning.

### **Session 3 D-Peer Support- We are the People We Serve- Pam Butler**

Peer Support Services are a range of non-clinical supportive services provided by a person with lived experience to facilitate the process of recovery and holistic wellness. The goal of this workshop is to define peer services, describe the process and qualifications to create a quality peer certification, and provide strategies to utilize peer support specialist in a current system of care.

*April 11, 2017*

### **8:30am-10:00am- Opening Plenary Session- Marijuana-Why the Brain Doesn't Care if its Legal- Dr. Ken Robinson**

Neuro-imaging has yielded new evidence about the effects on the brain of marijuana use. This presentation will focus on those new finding as well as describe the psychopharmacology of marijuana use from both an acute and chronic use perspective. This session will also highlight the impact of new finding in what works in treating those dependent on marijuana.

### **10:15am-11:45am**

### **Session 4 A-Naloxone Training and Distribution to Reduce Opioid Overdose- Karen Cropsey**

In the United States, 78 people die each day from opioid overdose (CDC, 2016). The current spike in overdose deaths is largely attributed to more restrictive prescribing of opioid medications and increased heroin availability with unknown potency (ONDC, 2014; Unick, Rosenblum, Mars, Ciccarone, 2014). Death can occur within a few minutes of a lethal dose; however, more often death from an overdose takes one or more hours (Darke & Duflo, 2016). Fortunately, opioid overdose is both preventable and potentially reversible if recognized and medical treatment is provided quickly. Naloxone (Narcan™; given through intramuscular injection or nasal spray) is an opioid antagonist typically administered in Emergency Rooms (ER) to reverse opioid overdose. More recently, non-medical persons have been trained to distinguish signs of overdose and administer this medication through naloxone distribution programs (Wheeler et al., 2015). These programs have demonstrated that training laypersons to recognize signs of overdose and administer naloxone is effective in reducing overdoses, safe, and cost-effective (Coffin & Sullivan, 2013; Behar et al., 2015). Our own ongoing pilot study has dispensed 157 kits (target 350 kits) to those at high risk for opioid overdose through various community locations (e.g., drug treatment facilities, inpatient hospital setting, and drug court). Participants were trained in dyad (either friend/family member who may or may not be a fellow user) to recognize signs of opioid overdose, administer naloxone, and seek medical treatment. Thus far, we have demonstrated 15 reversals (9.8%) and one death over 6 months of follow-up, although recruitment and follow-up remains ongoing. The majority of reversals (75%) were on third-party individuals, 16.7% of reversals are on the friend/family member that was trained in the dyad, and one reversal (8.3%) was on the user themselves. We have an 84% follow-up rate through Month 6. The purpose of this workshop is to review the signs of opioid overdose, understand the role of naloxone in preventing fatal overdoses, and discuss the implications of expanding access to naloxone on the opioid epidemic.

#### **Session 4 B- SAMSHA GAINS- Behavioral Health and Justice Transformation on Trauma Informed Care for Criminal Justice Populations- Leah Vail**

Although prevalence estimates vary, there is consensus that high percentages of justice-involved women and men have experienced serious trauma throughout their lifetime. The reverberating effects of trauma experiences can challenge a person's capacity for recovery and pose significant barriers to accessing services, often resulting in an increased risk of coming into contact with the criminal justice system. Trauma-informed criminal justice responses can help to avoid re-traumatizing individuals, and thereby increase safety for all, decrease recidivism, and promote and support recovery of justice-involved women and men with serious mental illness. Partnerships across systems can also help to link individuals to trauma-informed services and treatment for trauma. This highly interactive training is specifically tailored to community-based criminal justice professionals including:

- Community corrections (probation, parole, and pre-trial services officers)
- Court personnel
- Police
- Other human service providers

#### **Session 4 C-Applying Risk Needs and Responsivity with Mental Health Treatment Courts- Edward Fernandez and Lauren Saunders**

Treatment mandates for justice involved individuals with substance use disorders have become increasingly accepted as an effective alternative. For individuals with co-occurring mental health issues, treatment planning becomes essential to effectively support them in improving their mental health and successfully completing their treatment mandates. Having a "one size fits all" approach to case management may be ineffective for clients with mental illness, as their symptoms and targets can evolve throughout the length of a court mandate. The treatment targets identified during the initial assessment period may no longer be relevant as the client goes through psychiatric and situational changes. To enhance treatment effectiveness and mandate completion, case management needs an approach that addresses the dynamic nature of reoffense risk and mental health symptoms. The Risk Needs Responsivity (RNR) model focuses on first assessing risk factors and then designing the most effective plan to target said factors. Attendees will be able to identify dynamic risk factors, how to incorporate these risk factors into an effective treatment plan, and how to adjust the treatment plan as risk factors fluctuate. In particular, the application of the HCR-20 Violence Risk Assessment in evaluations will be discussed. Case examples for dynamic treatment planning will be provided. In addition, the presentation will feature tips for effectively communicating with the courts regarding the need for flexibility in treatment targets when working with clients with mental health needs.

#### **Session 4 D-Implementation Science: The Science behind effectively implementing Evidence Based Programs and Process- Jac Charlier**

Implementation Science is the science and research around effectively implementing evidenced-based practices (EBP). Implementation Science can be a useful tool for organizations and agencies implementing evidence-based behavioral health treatment practices. Implementation efforts must be purposeful to create change in the knowledge, behavior, and attitudes of all involved partners. The goal of this workshop is to provide participants with an introduction to implementation science and an understanding of the driving factors to consider to effectively implement EBPs in their organization, agency, or program. We will introduce several aspects of Implementation Science, such as:

1. Implementation fidelity: how well the real-world implementation aligns with the implementation as prescribed by the program model. This is important as greater implementation fidelity is highly and directly associated with likelihood of positive outcomes. For examples, complete implementation and

EBP delivery is associated with reduced recidivism, where incomplete implementation and delivery is associated with a diminished reduction in recidivism.

2. Implementation Drivers: processes by which can improve organizational and staff capabilities of effectively implementing EBP. Three categories of drivers are:

- Competency drivers: These include the selection, training, and supervision of staff that are implementing the EBP
- Organizational drivers: These include decision making processes by

organization over the EBP

- Leadership drivers: These are the adaptiveness and managerial capacity of the leadership working on implementation of the EBP.

1. Stage-based implementation assessments: A key part of implementation is assessing implementation of the EBP. The stage of implementation helps guide the assessment.

We will introduce a discussion on how to begin planning for implementation or assessment of implementation of EBP.

### **1:45pm-3:15pm**

#### **Session 5 A- Benefits of MAT and Substance Abuse Counseling for Clients diagnosed with Opioid disorders- Anthony Morris**

Participants will gain knowledge if the various Medication-Assisted Treatments and how the decisions are made regarding what treatment option best fits our client's needs. Drug overdose deaths and opioid involved deaths continue to increase in the United States. According to the Centers for Disease Control and Prevention 91 American side every day from an opioid overdose (that includes prescription opioids and heroin). CDC. As opioid use has become a state of emergency and an epidemic, what is the role of Treatment Centers and Substance Abuse Counselor in affording clients alternatives that reduces the risk of opioid overdoses and/or death among the clients we serve? As substance abuse treatment providers we must at times think out of the box and put aside antiquated ideas of, "are we treating substance abuse users with just another drug?" This workshop will address the devastating effects of opioid use on clients as well as their families and the benefits of MAT as an addiction treatment therapy.

#### **Session 5 B-Neurobiology of Addiction and its Etiology- Darryl S. Inaba**

Brain imaging and other more recent research tools continue to discover neurobiological variances in neuro-cellular, neuro-chemical, and neuro-functioning that underlie a vulnerability to develop substance-related and other addictive disorders. The brain anomalies associated with addictive disorders provide an understanding of the differences between the wide variety of drugs and behavioral compulsions that can develop in some individuals predisposed to addictive disorders. The biologic anomalies associated with addictive disorders explain the 30 – 40% lifetime prevalence of addiction in US. Addiction is biological, psychological, social, and spiritual condition that is generated by a combination of heredity (genetic), environment (epigenetic) and pharmacologic factors that result in the hijacking of the survival mechanism of the brain's survival instincts. The Diathesis-Stress Model of Addiction is the mechanism that combines these forces into the development of vulnerability for substance-related and addictive disorders. The model also helps to explain why some are more likely than others to relapse after treatment for their compulsive drug use or behaviors. This

presentation will explore the neurobiology of Addiction and Recovery to help dispel the undue stigma associated with Substance Related and Addictive Disorders.

Goals: Participation in this presentation will result in the following:

- Increased understanding of neuro-chemical, neuro-cellular and neuro-functional mechanisms that underlie addictions and related disorders.
- Appreciation of the diathesis stress model as the root cause of addiction and related disorders
- Familiarity with the brain's memory process of dendritic spines and their role in triggering cravings that lead to vulnerability for slips and relapses in recovery.
- Improved understanding of the brain's memory process and its role in craving and relapse in addiction
- Exposure to the expanding science of epigenetic gene expressions and how environmental trauma can influence the vulnerability to addiction.

### **Session 5 C- Recovery Oriented System of Care for Mental Health and Substance Use Disorders- Carlos McNeil and Christine Cooper**

This training provides a theoretical overview and practical application of the recovery-oriented model of care in mental health treatment for legally involved persons. The recovery-oriented model of care is at the forefront of mental health treatment. This model is consistent with patient-centered care but is more vital due to the history of stigmatization and prejudice faced by persons with mental health challenges and with legal issues. This training will cover the definitions and principles of Recovery-oriented care, the four dimensions of recovery and the 10 components of recovery. Culturally competent care will be delineated as relevant to delivery of care. Trauma-informed care will also be explicated as an essential aspect of treatment as most persons with mental health concerns, substance use disorders or legal involvement have experienced trauma. Tools to support Recovery oriented care will be included in the training. These include advance mental health directives and Wellness Recovery Action Plans. The overarching spirit of respect and empowerment will be emphasized throughout this training. A guide with specifics including the power of language and the preferred terminology of consumers will be provided. A model for self-care and supporting colleagues in dealing with countertransference is also referenced as a method to maintain cultural transformation within an organization.

### **Session 5 D- Addressing Criminal Thinking- What Works Dr. Ken Robinson**

The purpose of this workshop is to provide participants with an overview of cognitive-behavioral approaches and their use with at-risk populations.

**3:30pm-5:00pm**

### **Session 6 A- Incorporating MAT into full continuum of treatment for criminal justice involved clients- Stephen Doherty**

This presentation will address how Missouri has incorporated medication assisted treatment for criminal justice involved clients involving the partnerships of both state and private agencies to enhance a state funded treatment system for these clients. The goals of the workshop are to describe a comprehensive treatment system enhancement, including in-custody and community treatment phases, emphasizing that the integration of MAT is not a stand-alone program but rather an "overlay" of already delivered evidence based treatment interventions. The presentation will contrast how including comprehensive re-entry services with MAT is more effective than just adding addiction treatment medications to the formulary for offenders. The presentation will highlight the importance of education and training for the treatment, medical, criminal justice and community professionals, as well as the clients who may benefit from MAT. Finally, the presenter will offer some preliminary (2 year) outcomes and research findings produced as a result of this treatment system enhancement.

### **Session 6 B-Peer to Peer mentoring before, during and after entering the criminal justice system Steven Miccio**

This workshop will illustrate to the audience The importance of developing a solid peer program to assist people re-entering the community after being incarcerated in a jail or prison. The workshop will show the steps that have made re-entry peer to peer mentoring successful and how it can be replicated. The workshop will also discuss how to develop a better-integrated communication and service delivery system within the community to assist with reducing recidivism. The workshop will explore why a peer mentoring service would be needed as well as methods on how to create a mission that helps to bridge people during re-entry in being successful persons in the community. The workshop will illustrate the menu of services that a peer mentor can offer to people re-entering society that focuses on the 8 dimensions of wellness. The workshop will also discuss the variables that make peer services successful and how to avoid failure. The discussion will stem around perceptions from the general community and how stigma, marginalization and unclear roles and expectations can distract from success. The workshop will also illustrate how our peer services gained success in outcomes and integrity and opened the door to new innovative opportunities to provide prevention services so that people can avoid the criminal justice system altogether. Peer respite services, mobile services, support and education services will be shared leading to the introduction of a partnership of agencies opening a crisis stabilization center.

### **Session 6 C- The Sequential Intercept Model in Action- Leah Vail**

The Sequential Intercept Model is a SAMHSA GAINS Center national best practice framework for thinking about how and where diversionary alternatives might best fit a community. The model incorporates components to forward thinking on diversion opportunities and re-entry possibilities that are consistent with the significant points where interventions can take place rather than restricting. This training will review the six intercepts in the model: Intercept 0 – Prevention, Intercept 1 – Law Enforcement, Intercept 2 – Initial Detention/Initial Court Hearing, Intercept 3 Jail/Court – Specialty Courts, Intercept 4 – Re-entry, and Intercept 5 – Community Corrections. With the review of each intercept, examples will be given of successful intercept interventions that can be used with highlights of the Meridian Forensic Program. The program is an innovative and successful jail diversion and re-entry program. Since 2007, their success can be contributed to the use of the Sequential Intercept Model by Meridian and community stakeholders. The results have demonstrated an increase in public safety with few arrests, charges and jail days. The major goal of this training help participants be aware to promote a system of identification, assessment, and negotiation to effectively divert those with a mental illness, co-occurring substance abuse issues, homelessness, and involvement in the criminal justice system from the jail and state hospitals to appropriate services. The results conclude that collaboration, using best practices and funding, work towards the “decriminalization” of persons with mental illnesses and substances abuse issues.

### **Session 6 D- How to Thrive as a Leader in this Environment- Peter Palanca**

This presentation examines the concept of leadership as seen through the life experiences and rhetoric of widely respected leaders of today and throughout history. He will discuss the characteristics of great leaders. “Servant Leadership” will be reviewed. This engaging session will be interactive and focused on ensuring that participants recognize, sharpen and improve leadership skills. Bring a willingness to learn, engage in new ideas, laugh and be inspired in this session. Leadership for positive results, developing a healthy culture, and long term personal and organizational success will also be reviewed.

*April 12, 2017*

**8:30am-11:30am- Closing Session- Facilitating Change Kip Lowe**



This workshop will explore the use of evidence-based curricula for facilitating behavior change with justice-involved individuals. Five change applications will be outlined including: change conversation; self-directed; individual; structured group; and process group. Participants will learn and practice individual applications of change conversation, self-directed, and individual. The workshop highlight will be the opportunity to participate in and observe *group facilitation* using process and structured group applications. Participants will be invited to engage in group facilitation activities as facilitators, group members, and observers using the “fishbowl technique”.