

PEER RECOVERY IN CORRECTIONS

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BACKGROUND

- Vivitrol Program started in July 2015
 - One Vivitrol injection given prior to release
 - Medicaid enrollment
 - Appointment with community provider for subsequent injections

VIVITROL PROGRAM

- We found that our population was not taking advantage of the program. Even if they received the initial injection, they weren't attending their community appointments.
- Why not?
 - Family not supportive
 - Thought they didn't need it, or they weren't "clean" while on it
 - Insurance/transportation issues
 - Clinic wait times

BUT SERIOUSLY, WHY NOT???

- We made a visit to Kentucky DOC and found that their program was successful. What they did differently was the continued support via Community Engagement Specialists and Peer Recovery Coaches.
- We wanted to improve our outcomes, so we decided to use KYDOC as a model.
- SAMSHA came out with grant funding – State Targeted Response
 - WV DOC partnered with WVDHHR to apply.

STR GRANT

- The funding provided us with 2 Community Engagement Specialists and 5 Peer Recovery Coaches.
- Community Engagement Specialists are responsible for working with community providers to make the process as seamless as possible.
- Peer Recovery Coaches are responsible for assisting with recovery plans, connecting with community resources, maintaining contact and “problem solving” with the client, mentoring and acting as a “support person”.

IN THE BEGINNING...

- We were ready to get started in July 2018, and we hired our first two PRC's.
 - We saw immediate results, and the demand was quickly increasing.
 - More PRC's were needed, but were difficult to find.

OBSTACLES

- Stigma - Former addicts/inmates working in correctional facilities.
 - Staff and leadership had some reservations about how this would work.
 - How long is enough “clean” time?
 - What about criminal history?

OBSTACLES

- How do we advertise and recruit PRC's?
 - Networking
 - PRC Conferences
 - Employee Referral
 - Social Media

OBSTACLES

- Training – How to get everyone certified to be PRC
 - Again, social media is a great resource
 - Networking
 - Word of mouth

OBSTACLES

- Ethical Dilemmas
 - Reporting issues disclosed in confidence.
 - What if you know the client?
 - PRC relapse
- Boundaries Issues
 - How much help is too much?
 - Getting involved in family/legal issues.
 - Getting too close, relationships, holiday dinners/parties

MISCELLANEOUS ISSUES

- PRC not in a good place in his or her own recovery.
- Adjusting to professional environment.
- Manipulative or dishonest.

WAYS TO OVERCOME

- Supportive environment/workplace
- Support self-care
- Open communication
- Encourage community engagement
- Offer training opportunities
 - Ethics and Boundaries
 - Motivational Interviewing
 - Mental Health First Aid

RESULTS

JULY 2015-JUNE 2018

- Before PRC
 - 219 Initial injections

JULY 2018-APRIL 2019

TAKEAWAY

- PRC's are an integral part of helping those in recovery.
 - Clients are more comfortable talking with someone who has “been there”
 - PRC's are able to share from personal experience
 - May be the only support person