



APPLICATION FORM

All applications must include the following information. Separate applications must be submitted for each eligible program. **Deadline: June 2, 2017.** Please include this application form with electronic entry.

PROGRAM INFORMATION

County: _____

Program Title: _____

Program Category: _____

CONTACT INFORMATION

Name: _____

Title: _____

Department: _____

Complete Mailing Address: _____

Telephone: _____ Website: _____

Email: _____

SIGNATURE OF COUNTY ADMINISTRATOR OR CHIEF ADMINISTRATIVE OFFICER

Name: _____

Title: _____

Signature: _____

Program Overview

HARP is a very intensive and demanding recovery program that specifically addresses addiction from heroin only. It utilizes a myriad of therapeutic, medical and educational approaches to overwhelm the addict with options and tools to use that best fit their individual recovery path and what works best for them.

The Commonwealth of Virginia calculates costs per day of each jail within the Commonwealth. The most recent cost per day for Chesterfield County was set at \$119/day. This equates to a total taxpayer cost of \$4.3 million annually as compared to an overall HARP program cost of just under \$200,000

With inception of the Male HARP only dating back to March of 2016, and the female HARP to September of 2016, long-term data is not available to track the success of the program. However, we have tracked recidivism rates with the limited data available to date. We have defined recidivism as any new arrest that could incur a jail and or prison sentence.

	Phase I Graduates	Non-Graduates
HARP	19%	35%
Chesterfield Co. Drug Court	25%	58.5%
Statewide Drug Court Average	34.5%	80%

Program Summary

The Heroin Addiction Recovery Program, or HARP, is a very intensive and demanding recovery program which specifically addresses addiction from heroin only. (Other programs in the jail focus on all addictions to include alcohol.) It utilizes a myriad of therapeutic, medical and educational approaches to overwhelm the addict with options and tools to use that best fit their individual recovery path and what works best for them. It is known that the best time to give someone help is at the very time they ask for it. For that reason, another distinction of HARP that makes it unique is that participants are both “pre” and “post” sentence which allows someone ready to recover to enter the program on the very same day they are incarcerated.

The outcomes of the program are measured using statewide recidivism data as well as information from post release clients about their improved quality of life. The statistical way the program’s effectiveness is measured is through the software program, CORIS. CORIS provides statewide data about recidivism. We define recidivism as any new arrest that could incur a jail and or prison sentence. Currently our graduates have a 11% reactivation rate as compared to a 77% county average rate.

Problem/Situation Facing the County

Heroin-related deaths jumped 39 percent from 2012 to 2013, and the longer-term trends are equally disturbing: from 2002 to 2013, the rate of heroin-related overdose deaths nearly quadrupled, per the Centers for Disease Control and Prevention. Heroin deaths even surpassed gun homicides for the first time, CDC data showed Opioid deaths continued to surge in 2015, surpassing 30,000 for the first time in recent history. That marks an increase of nearly 5,000 deaths from 2014. Deaths involving powerful synthetic opiates, like fentanyl, rose by nearly 75 percent from 2014 to 2015. In a grim milestone, more people died from heroin-related causes than from gun homicides in 2015. As recently as 2007, gun homicides outnumbered heroin deaths by more than 5 to 1 and in some areas, like Virginia, heroin deaths have surpassed traffic fatalities. Chesterfield County is not immune to this epidemic. It is here, it is now and it is killing our sons, daughters, brothers, sisters, mothers, fathers, and friends.

HARP is a very intensive and demanding recovery program that specifically addresses addiction from heroin only. (Other programs in the jail focus on all addictions to include alcohol.) It utilizes a myriad of therapeutic, medical and educational approaches to overwhelm the addict with options and tools to use that best fit their individual recovery path and what works best for them. HARP is also a voluntary program that only those committed to living a clean and sober life can apply to be part of. Once they apply a thorough screening process takes place to determine if in fact the individual is a heroin addict and if they are

determined to beat that addiction. Additionally, there have been instances where the court has ordered offenders to enter program. In most, if not all these cases, those being directed into the program are still doing so because they have requested it.

HARP is a two-phase program. Phase I, which usually takes approximately six months to complete, consists of peer-to-peer recovery, skills training, professional recovery and discharge planning and other courses that will be described in detail later in this program guide. Phase II is based on each person's needs and eligibility to participate in alternative sentencing such as work release and home incarceration. To continue their recovery, it is mandatory that participants, if not incarcerated, attend meetings with local NA groups or other substance abuse practitioners

The approach to recover from opiates must keep the participants engaged and attack the disease from many angles. These include medical, clinical, peer-to-peer, mental health, professional, spiritual, family and aftercare.

There are several components of HARP that required innovative thinking and collaboration with local partners and community members that are described in the individual sections of the program.

By design, members of HARP were located directly across the hall from the Medical Division to assist with direct on-site help while undertaking the very traumatic and physical withdrawal from heroin, as well as to address other medical aspects that arise through addiction. It is well known that many people who have substance abuse issues may also have underlying mental health issues (i.e. Depression, Bipolar Disorder). Treatment of these issues must coincide with the treatment of substance abuse to have the best chance for recovery. Our in-house Mental Health Team is comprised of the Medical Director, Psychiatrist and two Mental Health Clinicians. The psychiatrist can diagnose and treat any mental health issues which may be contributing to substance abuse and/or undermining a successful recovery. Our two clinicians round out the Jail Mental Health Team. The Senior Clinician will be providing individual and group therapy sessions in *Moral Reconciliation Therapy (MRT). He/she also performs clinical assessments to determine diagnosis and develop jail-based recommended treatment plans in conjunction with the medical director and psychiatrist. The second clinician provides group therapy sessions on "Seeking Safety" and re-entry groups. He/she will develop and complete release plans for inmates with MH/SUD referral and resource information. He/she will also provide discharge planning summaries and re-entry coordination (determining appropriate services, linking, and coordinating service providers) into the community.

Perhaps the most heralded component of HARP is our organized peer-to-peer counseling which is provided by the McShin Foundation out of Richmond which conducts the 12-step NA recovery model. While providing the tools for recovering individuals to create positive lifestyles, they aim to spread the word of recovery and educate families, communities and government regarding substance abuse disorders as well as reduce the stigma attached to them.

Mental Health Clinicians from Chesterfield CSB provide counseling for the following is smaller sessions for all participants. The sessions cover skill groups from the “Substance Abuse Stages of Change Therapy Model”.

A part-time clinician was hired by the Sheriff’s Office who assists in providing case planning which addresses needs of the individual to concentrate on. Case plans include two to three goals the participant agrees to and a date they project the goal will be completed. The clinician discusses any barriers, triggers, strengths, and resource recommendations to help the achieve their goal. As the participant nears completion, the clinician assists in discharge planning and linking the offender to appropriate housing and/or treatment centers. If the discharge is known in advance the counselor can discuss what activities will assist the person once released.

ACE’s and Resilience Workshop and Rising Strong Curriculum is a course

taught by Dr. Allison Jackson, LCSW of Integration Solutions, Inc. and John Richardson-Lauve. The workshop specifically focuses on enhancing their understanding of how negative experiences in childhood have led to adversity they have experienced. Due to those adversities, it has impacted their ability to make health choices in their life. This class focuses on the five following areas:

Therapy dogs are trained to provide comfort and affection to those in stressful situations. The program is designed to show offenders how they can use K9 companions to deal with stress once relapsed and how to use them to avoid triggers that contributed to their addictions.

Music Therapy is a clinical and evidence-based use of musical interventions used by a professional. Music is used to accomplish individualized goals within a therapeutic relationship.

The incarceration of a parent affects rising numbers of children. Families affected by parental incarceration face many challenges: separation, stigmatization, disrupting in the home environment and the loss of family income. These challenges have been associated with negative outcomes for children, including poor parental bonding, internalizing and externalizing disorders and low school achievement. This gap represents a lost opportunity to intervene with at-risk families to improve family functioning, particularly during the critical period before re-entry.

The Chesterfield County Sheriff's Office partners with Good News Jail and Prison Ministry in providing spiritual and faith based services to those that request the services. The ministry's message is to plant and build the church of Jesus Christ around the world. The program is a biblically centered program designed to teach inmates how their world and personal view relates to every are of life.

The Sheriff's Office also collaborates with other faith providers within the community to provide our diverse population access to faiths and beliefs of their choosing.

It is no secret that having physical fitness as part of HARP strengthens the effects of recovery. One study of patients being treated for substance abuse published in Mental Health and Physical Activity reveals physical fitness regimens can lead to a sense of accomplishment; feeling stronger, improved health and increased confidence in staying clean and sober.

Once an offender reaches the following milestones, they are eligible for graduation of Phase I.

- Minimum of six months of peer-to-peer instruction in the 12-step model;
- Completion of a treatment plan and discharge plan;
- Completion of CSB Life Skills Training;

- Completion of trauma related programming (if identified as required); and
- Completion of parenting courses (if identified as required).

Another paradigm shift that makes HARP unique is that offenders who participate in the program and are released through posting bond or bail, or on their own recognizance by a Judge, or simply serving their time, can return to the inside of our jail to continue their peer-to-peer sessions. With the lack of recovery programs on the outside knowing that these participants desire to continue with their recovery, we allow them to re-enter the jail every day/any day to maintain their work with the program. In addition to former participants, HARP has also been opened, on rare occasions, to heroin addicts on the street who have not been arrested and placed in the criminal justice system yet but who strongly desire to end their addiction. They have been permitted to join in on the counseling sessions for a limited numbers of times.

Perhaps one of the most important attributes of HARP, and one most demanding as well, is the personal investment made by many members of the staff up to and including the Sheriff who makes almost daily visits to both HARP wards. These visits for some of the HARP members are the first time they have seen law enforcement in a positive role. They also serve to reinforce with the members that someone does care for them as many have lived in a world void of respect, care and love. From the very top of the organization to the first-line deputies, the vision for HARP must be understood and accepted for the program to succeed.

This also included taking two deputies off their normal assignments and having one male deputy and one female deputy assigned directly to HARP to serve as their liaison.

HARP invests much time in trying to break down the stigma of being an addict as well as the accompanying stigma of being a “convict” by opening its doors to a multitude of print media and video news organizations to educate the general public about this crisis as well as to start building the community support needed to win the battle against it. The media coverage worked to humanize this issue and to bring it home which has had a very positive effect in our community. Our HARP participants, although at the very beginning very reluctant to have their faces seen or their names released, soon not only realized they had a powerful story to tell but that telling their story was also therapeutic to them and their road to recovery.

In addition to the media coverage HARP also conducted several live Facebook feeds directly from the living quarters of the HARP participants, another out of the box concept in educating the larger community Nationwide regarding this issue. This was highlighted on a documentary publicized nationwide by Addiction Across American in the Huffington Post.

When HARP was first being established we were already out of the regular budget request process for the upcoming fiscal year so we knew there was not a

method to receive funding we could use. We also knew any delay in trying to receive funding would result in additional lives lost to heroin overdoses so we moved forward with the understanding that we would have to pinch pennies and find the funds to make this work out of existing budget resources. Additional funds were obtained through active solicitation for donations from the community.

Fortunately, with the success of our program that we have witnessed and with an understanding and compassionate governing body, when the budget process for the following fiscal year did come about they did recommend funding it.

Male HARP (60 maximum participants)

	Monthly	Annually
Peer-to-Peer counseling (McShin)	\$600	\$7,200
HARP Books/Materials	\$300	\$3,600
Therapy Clinician (exit planning)	\$600	\$7,200
Therapy Clinician (trauma identification)	\$600	\$7,200
Music therapy	\$600	\$7,200
Caritas (alternative housing/skill building)	\$800	\$9,600
Gatorade	\$60	\$720
<u>HARP Incidentals</u>	<u>\$100</u>	<u>\$1,200</u>
Total costs without HARP deputy	\$3,660	\$43,920

Female HARP (40 maximum participants)

	Monthly	Annually
Peer-to-Peer counseling (McShin)	\$600	\$7,200
HARP Books/Materials	\$200	\$2,400
Therapy Clinician (exit planning)	\$600	\$7,200
Therapy Clinician (trauma identification)	\$600	\$7,200
Music Therapy	\$600	\$7,200
Gatorade	\$60	\$720
<u>HARP Incidentals</u>	<u>\$80</u>	<u>\$960</u>
Total costs without HARP deputy	\$2,740	\$32,880

Total annual costs for both programs without HARP deputy: \$76,800

Cost for two dedicated HARP deputies \$9,489 \$113,868

Total costs with HARP Deputies \$190,668

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Throughout this time, recidivism data has been reviewed a couple of times by use of the CORIS software. Although recidivism data can be measured many

different ways, Chesterfield County looks at recidivism from a state level. This means when looking at the overall effectiveness of the program, data about repeat offenses by previous participants is gathered state-wide, not merely jurisdictionally.

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However, researchers and professionals would consider true success of the program to be measured on a much smaller scale. For individuals who struggle with the disease of addiction it is imperative to consider how one's quality of life has improved after receiving treatment. For instance, remaining sober for more consecutive days than ever before, obtaining a 12-step sponsor, engaging in support services, and/or attending 12-step meetings on a regular basis are a few smaller ways to measure success in the life of someone in recovery. However, it is proven difficult to collect this data due to the population being rather transient.

HARP not only focuses on helping those afflicted with the disease of addiction recover from their addiction, it also goes into the community to help educate the community on the issues with addiction and to create partnerships where members of HARP can go to community events, church functions, juvenile detention facilities, and mostly school settings to tell their story and discourage young members of our society from even getting into drugs or alcohol in the first place, or to stop using those mind altering drugs right now.

HARP has had an open door policy since day one of letting government groups, public entities, media outlets, citizens, religious organizations, and more have open and unlimited access to HARP. The stories of recovery that are often told and later published serve to bring the community together by gaining a better understanding of the disease, those who suffer with it, and the work needed to end the addiction. In many cases participants in HARP have been transported off-site to tell their stories at many different functions and events to include testifying at the Virginia General Assembly on bills introduced to battle drug use. The Sheriff's Office has also developed a guidebook for other agencies to use to develop their own program. Recently Delegate Kirk used this book to pass legislation to make this program a model for other jails in the Commonwealth.