



## Peer Support in Jails and Prisons:

# Enhancing Treatment Communities and Residential Substance Abuse Treatment Programs

# Welcome and Introductions



---

# Welcome

- Timothy Jeffries, Senior Policy Advisor, BJA
- Elizabeth Burden, Technical Assistance Director, Altarum
- Erin Etwaroo, LPC, Analyst, Altarum
- Kelly Gunn, B.S., Program Coordinator and Project Manager
- Ben Ekelund, M.P.A., Director of Training and Consulting
- Thomas Corman, LADAC II, QCS, M.A., Clinical Director, Corizon Healthcare at WTSP

---

## Guest Presenter – Kelly Gunn



- Program coordinator for the Hamilton County COPE/Quick Response Team (QRT) Program
- Project manager for the TOWER Mentoring Program in the Hamilton County Jail
- Prior experience:
  - Juvenile corrections officer for the Hamilton County Sheriff's Office
  - State probation officer for the state of Florida
  - Family and individual case management and social work
  - Client engagement at a community mental health center
- Bachelor's degree in criminal justice, Ball State University
- Numerous volunteer and service activities



## Guest Presenter – Ben Ekelund

- Director of Training and Consulting, Center for Health and Justice, Treatment Alternatives for Safe Communities (TASC)
  - Oversees projects educating officials within the criminal justice system on reforms to address the needs of individuals with behavioral health disorders to reduce recidivism
- Prior experience
  - Project manager at the International Association of Chiefs of Police
  - Outreach coordinator for Project Safe Neighborhoods in Chicago
  - Linkage team coordinator for a community mental health center in Chicago
- Master's degree in public administration, University of Illinois–Chicago
- Bachelor's degree in psychology, Viterbo University



## Guest Presenter – Thomas Corman

- Clinical Director for West Tennessee State Penitentiary's opioid programs
  - Supervises the counselors in the therapeutic community and outpatient services, as well as the certified peer recovery specialists
- Prior experience
  - Peer counselor
  - Worked in hospitals and nonprofits before entering corrections
- Master's degree in alcohol and drug abuse counseling
- Licensed counselor
- Restorative justice continues to be his passion

# Learning Objectives

---

## After this session, you will be able to . . .

- Identify programmatic elements that encourage a person-centered, recovery-oriented approach to treatment
- Recognize the importance of corrections-based residential substance abuse treatment programs and therapeutic communities that include peer-based supports for the recovery of individuals returning to their communities
- Identify common challenges and potential solutions for improving community partnerships that benefit and serve returning individuals
- Describe several necessary steps for building your organization's capacity to support peers in their work with returning individuals

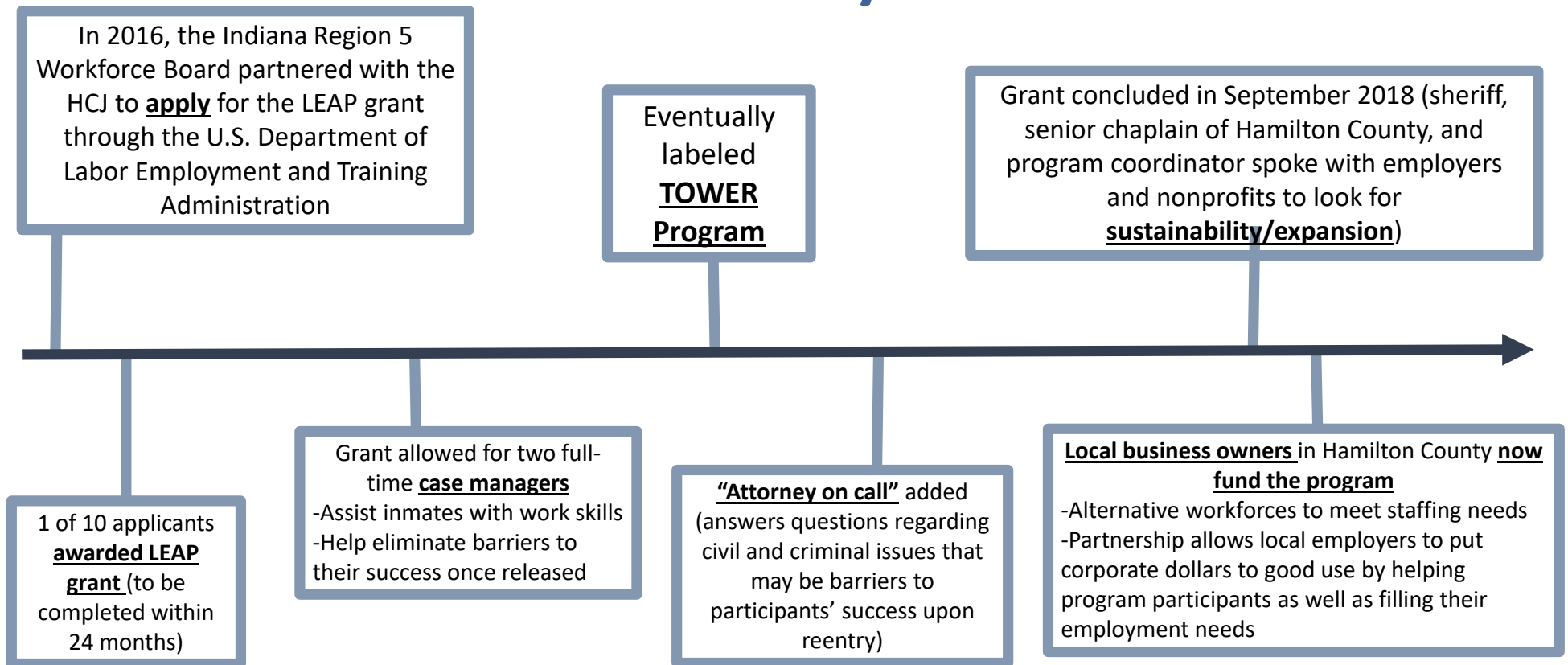


# TOWER PROGRAM

Transitioning Opportunities for Work, Education,  
and Reality



# History



---

# Evidence-Based Model

The TOWER program is **modeled on the Minnesota Comprehensive Offender Reentry Program** (2016). It was implemented in prisons but altered to reflect the needs of participants in the HCJ

The Minnesota program **used motivational interviewing and SMART** (small, manageable, attainable, realistic, and timely) **planning strategies**. These strategies assist program participants in completing their reentry plans

The **TOWER program partners with the jail's cognitive behavioral therapist** to assess each participant

- Change patterns of thinking or behavior
- Change the way participants feel and view themselves

The program coordinator **connects participants with services**

- Employment, education, vocational training, income support, mentoring/peer support, housing, faith-based programming
- Anything else that may be needed

The **TOWER program's partnership with a local trustee's office** is unique to our county and the services that trustees' offices provide to the community

- The Noblesville Township Trustee's Office agreed to provide first month's rent/utilities to TOWER participants who have met the criteria
- Historically, this trustee's office has never provided first month's rent/utilities to any constituent that it assisted
- The trustee's office believes in the program and graciously offered to provide this service to our program participants

---

# Hamilton County Jail TOWER Reentry Pod

**Intensive educational and life skills for men who desire to learn, work on self-development, and grow in their gifts, talents, strengths, and abilities**

## **Classes**

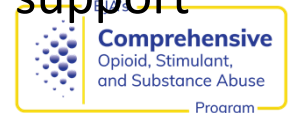
- Monday, Tuesday, Thursday, and Friday
- Various basic life principles and life skills (CBT, healthy relationships, conflict resolution, finances, substance use disorder relapse prevention and education, spiritual DNA, and Bible studies)
- Faith-based and non-faith-based classes

## **One-on-One Case Management**

Address barriers to success and emergent needs prior to release

## **Optional**

Mentor/peer accountability, encouragement, and support



---

# Hamilton County Jail TOWER Reentry Pod

Intensive educational and life skills for men who desire to learn, work on self-development, and grow in their gifts, talents, strengths, and abilities

## Expectations

- Respectful to teachers, instructions, volunteers, chaplains, and jail staff members
- Fully cooperate
- Encourage one another
- Be active
- Build prosocial supports and life skills to aid in successful transitioning

## Process

Application

Interview

Admission

Orientation

Release date must be at least 90 days or more from the application date.



---

# TOWER Reentry Pod Admissions Criteria

- **NO** holds in other counties
- **NO** outstanding warrants
- **NO** DOC sentencing
- **NO** violent or sex offenses
- **NO** significant disciplinary history in the jail
- **NO** federal inmates

**MUST** be a resident of Hamilton County (or Hancock, Madison, Boone, Tipton, or Marion)

**MUST** have at least 90+ days remaining prior to release date

**\*\*There is NO time cut for participating in the TOWER pod or programming**

---

# Our Mission

**Provide support and assist with decision making, employment success, and community resources**

**Our Holistic Approach:** The jail staff, the chaplaincy staff, mentors/peers, the cognitive behavior therapist, and the high school equivalency staff work together as a team to collaborate and effectively send the same message to the inmate to ensure that all his or her needs are met—mental, spiritual, educational, and social

**Our Unifying Message:** Support and encourage participants to recognize their worth, strengths, and abilities and build on those qualities

**Encourage Career Development:** Work on a transition plan while inside the jail to establish goals (mentee/mentor/peer will work on these goals together when mentee is released)

**Encourage Mental/Social Health:** Social service referrals are made as needed to meet the emergent needs of mentees. Support meetings with mentors/peers will be held to discuss effectiveness

**Encourage Spiritual Growth:** Mentors/peers are signed up as volunteers with the chaplaincy and must attend an annual training through Chaplain Fidler

## Grace – Forgiveness – Hope

---

# Mentoring/Peer Support

- Mentors/peers who are approved to participate in the TOWER program have lived experience with incarceration (in county jails and at the Department of Corrections), substance use disorder (and are now in active recovery), or both
- The TOWER program currently has 18 active mentors/peers. Fifty percent have been previously incarcerated and/or suffered from substance use disorder and are in active recovery. The remaining mentors/peers come from local churches and the business community. Two of these peers are drug court graduates, and several have successfully completed the work release program in Hamilton County
- Our mentors/peers provide one-on-one support in the jail in the form of face-to-face visitation with their mentees. This relationship continues upon a participant's release from the jail, and the peer then offers support in the community. Many of our peers attend AA/NA or other support group meetings with their mentees upon release, as well as continuing to meet with them one on one
- The peer support provided by these individuals has proven to be a powerful tool for our program participants. They value and appreciate the opportunity to engage and build relationships with others who have walked a similar path, come out successfully on the other side, and changed their lives



---

# TOWER Mentoring Program

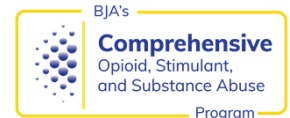
Offers **one-on-one support** within the jail (for participants who are within 3 to 6 months of release)

- Assist participants in addressing barriers to success upon their reentry to society
- The goal is to provide support and guidance
- Make appropriate referrals to participants to ensure that they have concrete reentry plans and strategies
- Participants are paired with mentors/peers for additional support and accountability upon release

## **Ongoing partnership with the Hamilton County Sheriff's Office Chaplaincy Division**

- Mentors/peers come from the chaplain's pool of vetted and trained volunteers
- Mentors/peers meet with their mentees several times prior to the mentees' release (build rapport and discover mentees' goals and needs)
- Upon a mentee's release, the goal is for the mentee and the mentor/peer to remain in active contact (the mentee can seek accountability, support, and encouragement as he or she transitions back to the community)

**Mission statement: "To provide ongoing support for inmates who have been released from the Hamilton County Jail by helping them with decision making, employment success, and connecting mentees with community resources through the help and support of the Hamilton County Jail, the Chaplaincy Division and community partners"**



# How Were Inmates Served in 2019?

**Total Served: 53 inmates**

<b>42</b> were enrolled into the mentoring program (paired with a mentor) and received case management services				<b>11</b> received case management services (deemed inappropriate/ineligible for mentoring program)		
<b>9</b>	<b>4</b>	<b>23</b>	<b>5</b>	<b>15</b>	<b>22</b>	<b>5</b>
Linked to temporary/transitional housing prior to release	Set up with phone interviews inside jail for Progress House	Referred to substance abuse treatment/services post-release	Referred to HCJ Vivitrol program	Interviewed inside jail for employment placement	Participated in HCJ Job and Resource Fair	Were linked to TOWER pro-bono legal assistance

**8 new mentors/peers added (4 males/4 females)**



---

## COVID–19: Current Situation

- Active-living community pod implemented in March 2020 (just before the COVID-19 pandemic)
- Programming in the jail has been suspended
- Case management and services continue to be delivered to incarcerated and released program participants via email, phone/text, and correspondence from jail staff

Porter County Jail (Valparaiso, Indiana) is mentoring the TOWER program, since it has two active-living/therapeutic community pods in the jail that have been successful in reducing recidivism for the county

**Winner's Circle**

**TASC's Center for Health and Justice**



---

## What Is Winner's Circle?

- Peer-led, peer-driven support group for individuals leaving a corrections facility
- Open to formerly incarcerated individuals, probation/parolees, and family/friends
- Supports recovery from addiction and restoring its members to citizenship in a community

---

## Origins of Winner's Circle

- Began in Connecticut in 1988
- Brought to Texas, where it further developed through therapeutic community concepts
- In Illinois, TASC facilitates both Inner and Winner's Circles

---

## Inner Circle

- Facilitated by TASC case managers within state correction centers
- Individuals six months from release are eligible to participate
- Meets regularly to prepare individuals for release, including strategies for maintaining recovery and avoiding criminal behavior

---

## Guiding Principles of Winner's Circle

- Winner's Circle is a place to voluntarily learn and practice prosocial skills
- Members should be encouraged to actively participate in family, recreational, and community projects



---

## What Is a Therapeutic Support Network?

- A peer-based group facilitated by positive role models
- Role models share similar backgrounds and experiences
- The support network allows participants to share emotions resulting from their release from CJS

---

## Recruitment of Group Members

- Promote the group with local social service providers
- Stipulate that members do not have to have a SUD
- Family members of ex-offenders are also invited to attend

---

## Circle Format

- 10–12 people is an ideal circle size (but there is no limit)
- 1-hour meeting
- Peer-led, peer-driven
- Not a 12-step meeting
- Professionally facilitated (maintains control)

---

## What Is the Value of a Winner's Circle?

- Low cost
- Recovery support capacity
- Entry point for starting a recovery program or expanding peer support in a community
- Improves treatment retention
- Promotes best practices



Type of Support	Description	Peer Support Service Examples
<b>Emotional</b>	Demonstrate empathy, caring, or concern to bolster person's self-esteem and confidence.	Peer mentoring Peer-led support groups
<b>Informational</b>	Share knowledge and information and/or provide life or vocational skills training.	Parenting class Job readiness training Wellness seminar
<b>Instrumental</b>	Provide concrete assistance to help others accomplish tasks.	Child care Transportation Help accessing community health and social services
<b>Affiliational</b>	Facilitate contacts with other people to promote learning of social and recreational skills, create community, and acquire a sense of belonging	Recovery centers Sports league participation Alcohol- and drug-free socialization opportunities

# Certified Peer Recovery Specialist

## Western Tennessee State Penitentiary



---

## Before you start . . .

- Research certified peer recovery specialist programs in other states
- Do you have the correctional administrators' (warden, correctional staff, etc.) buy-in?
- Contact your state's governing agency
- Know the policies that govern your agency's program
- Be prepared to write policies, if none are available
- Educate, educate, educate
- Be willing to explain the program to everyone

---

## Brief History

- In 2017, the Tennessee Department of Correction (TDOC), in partnership with the Tennessee Department of Mental Health Substance Abuse Services (TDMHSAS), conducted the first Certified Peer Recovery Specialist (CPRS) training in a state-operated correctional facility
- TDMHSAS' Office of Consumer Affairs and Peer Recovery Services operates Tennessee's Certified Peer Recovery Specialist Program with consultation from the CPRS Advisory Committee (CPRS Handbook, 2020)
- Peer support services constitute an evidence-based mental health model of care that includes a qualified peer support provider, who assists individuals with their recovery from mental illness and substance use disorders (U.S. Department of Health and Human Services, 2007)



---

# Candidate Selection Process

**TDOC and TDMHSAS uses a three-tier application process, which includes**

- TDOC screening tool
- CPRS application 1: training
- CPRS application 2: certification

## **Minimum Qualifications:**

- High school diploma/GED
- In recovery for 24 consecutive months prior to application
- Must have a substance abuse disorder, a mental health diagnosis, or both
- No Class A and/or B disciplinary for 1 year
- No Class C disciplinary for 6 months

## **Professional References:**

- Correctional officers (sergeants and above)
- Behavioral health professionals (LADACs, M.S.W.s, etc.)

---

# Training, Certification, and Renewal Process

## Peer Recovery Specialist (PRS) 40-hour training

- **Facilitation:** Conducted by two individuals who have been certified as CPRS trainers, completed TDOC volunteer training, submitted to a criminal background check, and been approved to enter TDOC's facility
- **Method:** Use of role playing, feedback, group work, self-examination, and tests
- **Topics:** Communication, problem-solving, values, motivation, wellness, opioid use disorder, and ethics

## Certification Requirements

- Complete a minimum of 75 hours of supervised PRS work (paid or volunteer) after training and submit certification application within 12 months from training date
- Certification applications are submitted to TDMHSAS for approval

## Certification Renewal

- Complete 10 hours of annual continuing education, including 1 hour of ethics, to maintain certification
- Each CPRS must complete a renewal application annually

---

# Annual Training

- CPRS should not receive any type of clinical skills training. Examples of training topics include the following
  - Problem solving (1.5 hr.)
  - Conflict resolution (1.5 hr.)
  - Ethics (1.0 hr.) required
  - Boundaries (1.5 hr.)
  - Documentation (1.5 hr.)
  - Self-care (1.5 hr.)
- Supervisors of CPRS also must complete supervision training approved by and reported to TDMHSAS

---

# Scope of Practice

## **Utilizing unique recovery experiences, the certified peer recovery specialist shall**

- a. Teach and model the value of every individual's recovery experience
- b. Model effective coping techniques and self-help strategies
- c. Encourage peers to develop a healthy independence
- d. Establish and maintain a peer relationship rather than a hierarchical one

## **Utilizing direct peer-to-peer interaction and a goal-setting process, the certified peer recovery specialist shall**

- a. Understand and utilize specific interventions necessary to assist peers in meeting their individualized recovery goals
- b. Demonstrate and impart how to facilitate recovery dialogues by using active listening and other evidence-based and/or best practice methods
- c. Demonstrate and impart relevant skills needed for self-management of symptoms and prevention of relapse
- d. Demonstrate and impart how to overcome personal fears, anxieties, urges, and triggers
- e. Assist peers in articulating their personal goals and objectives for their recovery
- f. Assist peers in creating their personal recovery plans (e.g., WRAP®, Declaration for Mental Health Treatment, crisis plans, relapse prevention plans)
- g. Appropriately document activities provided to peers in either their individual records or program records

---

# Scope of Practice

**The certified peer recovery specialist shall maintain a working knowledge of current trends and developments in the fields of mental health, substance use disorders, co-occurring disorders, and peer recovery services by**

- a. Reading books, current journals, and other relevant material
- b. Developing and sharing recovery-oriented material with other certified peer recovery specialists
- c. Attending authorized or recognized seminars, workshops, and educational trainings

**The certified peer recovery specialist shall serve as a recovery agent by**

- a. Providing and promoting recovery-based services (e.g., BRIDGES, WRAP®, 12-step groups)
- b. Assisting peers in obtaining services that suit each peer's recovery needs
- c. Assisting peers in developing empowerment skills through self-advocacy
- d. Assisting peers in developing problem-solving skills that will help them respond to challenges to their recovery
- e. When appropriate, sharing his or her unique perspective on recovery from mental illness and substance abuse disorders and co-occurring disorders with non-peer staff members
- f. Assisting non-peer staff members in a collaborative process of identifying programs and environments that are conducive to recovery

---

# Challenges and Motivators

## Challenges

- Individuals may be challenged by inmate.com or by peer pressure to conform to prison norms
- Individuals will attempt to manipulate you or the process
- Identifying authentic behavior change: If a person is serious about *giving back*, this will not be an issue; however, in a prison setting, it can be a challenge

## Motivators

- Some inmates are remorseful and see how selfishly they have been living; they would like to give back in a positive way
- Many want to learn a different field and develop people skills to become CPRS in the community upon their release from incarceration

**Peer Recovery Specialists and Role Comparisons**

	<b>12-Step Sponsor</b>	<b>Peer Recovery Specialist</b>	<b>Case Manager</b>	<b>Psychosocial and Recovery Staff</b>	<b>Substance Use Disorder Professional</b>	<b>Mental Health Professional</b>
<b>Planning Service</b>	Reviews the meaning of the 12 Steps and emphasizes their importance.	Assists the individual in developing and monitoring a recovery plan.	Assists the individual in developing a service plan.	Assists the individual in developing an employment/housing plan.	Develops treatment plan with individual.	Develops treatment plan with the individual.
<b>Resource Service</b>	Accesses professional help if assistance outside the scope of the 12 Step Program is needed.	Teaches, role models, coaches how to use resources and navigate the mental health and/or substance use disorder systems.	Provides referral and linkage.	Identifies resources needed to implement plan.	Conducts clinical assessment.	Conducts clinical assessment.
<b>Illness Management Service</b>	Encourages the person to work with others in recovery as soon as possible and begins to take him or her on Twelfth Step calls.	Teaches, supports, coaches the acquisition and exercise of skills needed for management of symptoms.	Ensures individual has access, continuity of care throughout the mental health and primary healthcare system.	Assists the individual so that illness symptoms do not negatively impact employment and housing goals.	Provides clinical education and training regarding symptomatology and medication management.	Provides clinical education and training regarding symptomatology and medication management.
<b>Medication Management Service</b>	Refers the person to the literature that discusses medication. Encourages appropriate use of medication. Encourages the person to talk openly with their doctor about their symptoms and about being a person in recovery.	Encourages appropriate use of medication; holds the person accountable for his or her actions; teaches, models monitoring symptoms and/or medication reactions, effective communication with doctors, therapists.	Ensures individual has resources to acquire medication, has transportation for appointments, and attends appointments.	Educates employers, landlords on the treatment process, the role of medication, and symptoms in the management of the illness, as appropriate.	Provides clinical treatment to include individual and group therapy focusing on education of the role of medication in the recovery process.	Provides clinical treatment to include individual and group therapy focusing on education of the role of medication in the recovery process.
<b>Employment/Housing Services</b>	Encourages personal responsibility, including getting a job and becoming a productive member of society.	Teaches, models, coaches skills and attributes needed to attain and maintain employment and housing.	Ensures individual has access to psychosocial rehab, supportive employment, and housing options.	Provides employment and housing support by facilitating opportunities for housing and job placement.	Provides clinical consultation and assessment.	Provides clinical consultation and assessment.
<b>Education Services</b>	Promotes awareness of 12 Step literature, scope of the 12 Steps, and the three Legacies (Recovery, Unity and Service)	Teaches recovery education such as WRAP®, BRIDGES, IMR, and/or 12 Steps for knowledge and skills needed to manage illness	Encourages individual to utilize community/natural supports to assist in illness management.	Teaches skills needed to maintain housing and employment.	Provides clinical support through individual or group therapy sessions.	Provides clinical support through individual or group therapy sessions.

\*TDMHSAS CPRS HANDBOOK, 2020



---

## Resources

- CPRS forms: <https://www.tn.gov/behavioral-health/cprs.html>
- Examples of CPRS training: <https://recoverywithinreach.org/blog/online-webinars/>



---

## References

- Department of Health and Human Services. (2007). Memorandum SMDL #07-011 issued to state medical directors
- Tennessee Department of Mental Health Substance Abuse Services (2020). CPRS Handbook
  - [https://www.tn.gov/content/dam/tn/mentalhealth/documents/CPRS\\_Handbook\\_April\\_2020.pdf](https://www.tn.gov/content/dam/tn/mentalhealth/documents/CPRS_Handbook_April_2020.pdf)

# Questions?

---

# Contact Information

- **Kelly Gunn**

Project Manager, TOWER Mentoring  
Program Hamilton County Jail  
[kegunn32@gmail.com](mailto:kegunn32@gmail.com)

- **Ben Ekelund**

Director of Training and Consulting,  
Center for Health and Justice, TASC  
<http://www.centerforhealthandjustice.org/>  
(855) 827-2444  
[bekelund@tasc.org](mailto:bekelund@tasc.org)

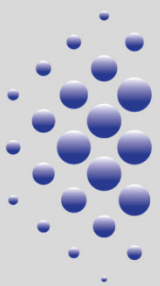
- **Thomas Corman**, LADAC II, QCS, M.A., Corizon Healthcare at WTSP  
[Thomas.Corman@corizonhealth.com](mailto:Thomas.Corman@corizonhealth.com)

**Michelle R. Cole**, LADAC II, QCS | Director of Addiction Treatment and  
Recovery Services, Tennessee Department of Correction  
[Michelle.R.Cole@TN.gov](mailto:Michelle.R.Cole@TN.gov)

**Michelle Webster**, B.A., CPRS | Peer Recovery Coordinator

Tennessee Department of Mental Health Substance Abuse Services,  
Officer of Consumer Affairs and Peer Recovery Services  
[Michelle.Webster@TN.gov](mailto:Michelle.Webster@TN.gov)

**Nicova Bursey**, M.S.S.W. | Behavioral Health Administrator  
Corizon Healthcare at WTSP  
[Nicova.Bursey@Corizonhealth.com](mailto:Nicova.Bursey@Corizonhealth.com)



BJA's

**Comprehensive**  
Opioid, Stimulant,  
and Substance Abuse  
Program