

Tablet Technology for Treatment Planning and Recovery Support APDS and District of Columbia (DC) Jails

November 17, 2021

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Learning Objectives

After this session, participants will be able to:

- Understand the needs required to use technology in a secure setting
- Understand the technology available for use and the scope of programs available
- Understand how one jurisdiction uses technology for wide range of programs
- Understand how RSAT programs can be delivered through technology

Tablets

▶▶ GTL Inspire Tablets 2.0

“...bigger screen, game center, more memory, and more.”

▶▶ Securus Technologies

Realigns Business Units, Diversifies Product Offerings, “...sixth generation of its innovative device ...upgraded to feature more user-friendly interfaces, state-of-the-art security measures, a slimmer design, and more capacity, ...host of new services designed to help incarcerated individuals stay connected and prepare for success upon re-entry.”

▶▶ ICS Corrections, Inc.

“... expanded from a customized communications services to correctional facilities to provide tablets to inmates for “Education and Entertainment.”

More Tablets

▶▶ Ameelio

Free video calls for incarcerated, “Tech for a better world”

▶▶ American Prison Data Systems

“...changing corrections for good.”

COVID

COVID emptied out
RSAT Units, confined
people to their cells

Tablets came to
the rescue.

D.C. Jail RSAT Program

Located in Correctional Treatment Center, RSAT participants housed in separate units, one for males and one for females, offers treatment for substance use and co-occurring mental disorders. Has peer support program with mentors housed in units to train participants to become peer specialists.

Treatment occurs in 4 phases beginning with Orientation Phase within 7 to 14 days from admission.

Hello!

Camile Williams, MPH, FACHCA

Deputy Director, Programs And Case Management

As a public health practitioner, I am honored and thrilled to be able to infuse a strong public health and data focus in the criminal justice space that will hopefully change the lives of justice-involved individuals for the better and make them stronger than how the District of Columbia (DC) Department of Corrections (DOC) found them

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Our Programs and Services

Office of Health Services Administration (OHSA)	College & Career Readiness (CCR) Division	Programs & Case Management (PCM) Division
<p>OHSA oversees the provision of DC DOC healthcare services to ensure that the medical, dental, and acute mental health needs of the entire inmate population are met from admission, transfer and release</p>	<p>The Division of CCR provides academic, Career and Technical Education (CTE), postsecondary, cognitive intervention, and work readiness opportunities to DC DOC residents</p>	<p>PCM provides public health and social services to DC DOC residents to include (but not limited to) specialized behavioral and mental health counseling, substance use treatment, life skills development, reentry planning, family reunification programs, wellness services, case management and inmate support/supplementary services such as voting, inmate grievances, and religious services</p>



Average Daily Population (ADP) and Length Of Stay (LOS)

1,474

Total Residents

1,422 (96 percent)

Men

- Average LOS **338 days**
- Median LOS **231 days**

52 (4 percent)

Women

- Average LOS **249 days**
- Median LOS **135 days**

*ADP is for October 2020 – June 30, 2021, for the CDF and CTF. Median LOS is evaluated by men and women residents for the same period.



Groundwork to Support Evidence-Based Programming and Practices (EBPP)



Restructuring Staffing and Resources

Restricting of the PCM division to include a hybrid model of clinical and non-clinical health professionals as well as specialized staff and providing staff with the knowledge and skills needed to lead future efforts



Implementing New Practice Improvements

Requiring new programs to have a program proposal, curriculum, and data metrics associated with the goals and objectives. Being more strategic and selective with service providers to ensure quality programming is being delivered.



Re-examining Assessments & Screening Tools

Reevaluating assessment/screening tools and using pertinent data from them (i.e., risks scores, criminogenic needs and other pertinent information) to prioritize the high-risk populations or those most in need of treatment/programming and how we can achieve the greatest impact



Seeking Additional Streams of Revenue

Pursuing funding opportunities to assist with the expansion of our evidence-based programming and best and promising practices



Harnessing Digital Information & Technology

Exploring opportunities to use data and technology to monitor and report on program and service-related activity from tracking attendance to determining impact. This also includes a new OMS system and PCM data dashboard to assist leadership and staff with making informed decisions.



Reforming Policy and Procedures

Revisiting and redrafting policies to reflect current standards, regulations, and best practices to include the creation of more standalone policies, particularly around programming and case management services



Hello!

Syncia B. Sabain, Ed.D, M.S., MPH
Chief of Treatment and Community Services

As a clinical and public health researcher, I'm humbled and honored to provide effective programming and resources for DC DOC's programs related to substance abuse, mental/behavioral health, youth rehabilitation and community reentry for men and women incarcerated in the District of Columbia

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Overview of the RSAT Program

Mission

- The Residential Substance Abuse Treatment's (RSAT) mission within the DC DOC is to provide comprehensive, diversified treatment interventions and support service linkages upon release to participants with co-occurring disorders for the purpose of developing and enhancing the effective coping skills necessary to the recovery process and becoming productive members of their communities.

RSAT Goal/Purpose

- RSAT is an inpatient, 120-day, co-occurring, and modified therapeutic residential substance abuse treatment community, housing up to (80) male and up to (20) female residents with four phases of treatment on self-contained units at the Correctional Treatment Facility (CTF)
- The Modified Therapeutic Community (MTC) adapts the principles and methods of the therapeutic community to the circumstances of the client, making three key alterations: increased flexibility, more individualized treatment, and reduced intensity
- Governed by the Department of Behavioral Health (DBH) regulations Chapter 63 and DBH certified



Overview of the RSAT Program (continued)

Staffing

1 Program Manager

6-Licensed Substance Abuse Treatment Specialists

2 Peer Specialists



Program Objectives & Offerings

Provide a structured program that promotes accountability for self and others and that identifies physical, social, medical, mental health, community, and spiritual needs

Program Offerings include (not limited too)
Person-Centered, Individual Sessions
Anger Management, Parenting, Recovery Support
Family Therapy, Trauma-Informed Care
Thinking for a Change, Health Education, Meditation/Mindfulness, GED Support
Breaking Free



RSAT COVID-19 Program and Treatment Enhancements

Individual Therapy:

- The use of tablet programming to conduct recruitment of participants, conduct individual therapy, and supplemental substance use programming
- The use of telehealth platform to conduct individual therapy and assessments

Group Therapy:

- Small group size, no more than five residents per group—Peer Education Group (WRAP via tablet programming)
- Smart boards are used for small group therapy to promote social distancing for in-person sessions
- All residents have tablets and are able to access customized courses that are focused on substance use

RSAT Virtual Programming and Services:

- The current RSAT tablets are used for SUD programming, which consists of WRAP self-paced journals, cognitive behavioral therapy, substance use videos/stories, and TED Talks
- Continue to work with the Hope Foundation for providing both tablets and in-person programming (peer specialist support)
- Implemented family reunification therapy and trauma informed care

Adopting Online Hazelton Substance Use Disorder (SUD) Curriculum:

- Implemented the online Hazelton co-occurring disorder curriculum to teach and conduct groups with RSAT residents via smart board and tablets
- Community release planning and family therapy via tablet programming





Changing corrections for good

APDS IS CHANGING THE FUTURE OF CORRECTIONS

OUR MISSION

Providing incarcerated learners with the digital tools they need to succeed

The U.S. incarcerates more people than any other nation in the world. Despite spending more on corrections than the GNP of most countries, it fails to help them lead a better life.

We put those who are incarcerated and corrections officials at the center of our work. We listen to their concerns, customize the APDS solution to their needs, and support them in achieving their goals.

We aim to empower and rehabilitate. We do not pass on any costs to the end user. We go beyond entertainment to focus on education, recovery, and growth.

As a public benefit corporation and B Corporation we are continuously trying to measure our social impact and share our progress openly with the public.





Changing corrections for good

CURRENT SOLUTION PROVIDERS

APDS is the only correctional tablet company whose business model charges institutions rather than the justice involved and focuses on user outcomes.

Operate primarily as telecom or money transfer/commissary providers

Pricing that limits contact with family and friends in the outside world

Edutainment, without education standards





END THE REVOLVING DOOR OF CORRECTIONS

Unlike other providers, APDS works in partnership with facilities and institutions to provide:

- Personalized Learning Paths
- Customized service delivery
- Specialized training - ongoing support
- Robust data analytics
- Legislative compliance
- Non-exploitative services - free of cost to inmates and their friends and family



**CHANGING CORRECTIONS
FOR GOOD**

APDS brings the transformative power of the digital revolution to correctional facilities by delivering individualized inmate education, job training, rehabilitation, and reentry plans

Questions and Answers

Technology



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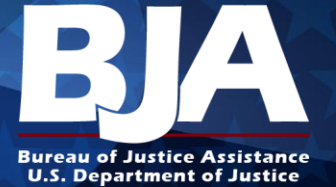
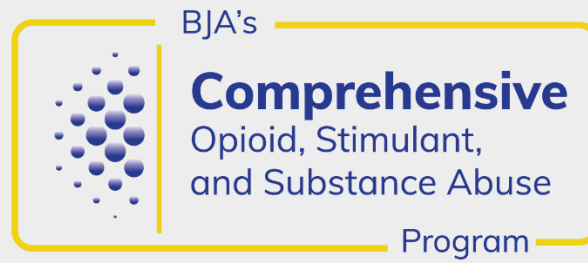
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