



RECOVERY WORKS EVALUATION: PHASE TWO POLICY BRIEF

Report to the Indiana Division of Mental Health and Addiction

SEPTEMBER 2018 | 18-C26

AUTHOR

Brad Ray, Director, Center for Criminal Justice Research and
Associate Professor, IUPUI School of Public and Environmental Affairs



INDIANA UNIVERSITY
PUBLIC POLICY INSTITUTE
Center for Criminal Justice Research

RESEARCH SUPPORT

Evan Lowder, PhD, Research Associate, IUPUI School of Public and Environmental Affairs

Staci Rising Paquet, Program Analyst, Center for Criminal Justice Research

Prepared for



INDIANA UNIVERSITY
PUBLIC POLICY INSTITUTE
Center for Criminal Justice Research

334 N Senate Avenue, Suite 300
Indianapolis, IN 46204
policyinstitute.iu.edu

BACKGROUND

The Recovery Works program started in November 2015 as part of the House Enrolled Act (HEA) 1006. The overarching goal is to reduce the number of individuals with substance abuse and mental health disorders entering the criminal justice system in Indiana and to also foster partnerships between criminal justice practitioners and behavioral health providers to supplement community supervision strategies.

The program is managed by the Indiana Family and Social Services Administration's (FSSA) Division of Mental Health and Addiction (DMHA). Recovery Works is funded by the Forensic Treatment Services Grant Program which provides vouchers to DMHA certified mental health and substance abuse providers in the community to treat individuals involved in the criminal justice system. The voucher program was designed to cover mental health and/or substance abuse treatment costs for participants without insurance or Medicaid. Participants must be over the age of 18, be a resident of Indiana, have a total household income equal to or less than 200% of the federal income poverty line, and have entered the criminal justice system with a current or prior felony conviction. Recovery Works allows Indiana criminal justice providers to refer persons charged with a felony who have a mental illness or substance addiction to a DMHA certified provider in the community. Services can be provided from up to 30 days before the participant is released from incarceration (with prior authorization) through the end of her or his current episodic treatment.

To examine the Recovery Works program, DMHA contracted with the Center for Criminal Justice Research (CCJR) within the IU Public Policy Institute (PPI), a research and outreach arm of the School of Public and Environmental Affairs (SPEA). The full evaluation of Recovery Works consists of a mixed-methods multi-year study; however, this report details the second phase of the quantitative portion of this study. In this phase, researchers examined administrative data from DARMHA—Data Assessment Registry Mental Health and Addiction—and linked these data up to information from the Indiana Department of Corrections (IDOC) and the Marion County Jail. The analysis below provides aggregated feedback on Recovery Works client characteristics, changes that occurred in these clients, and the types of clients referred over time. An analysis of recidivism examines incarceration both into the Indiana DOC and the Marion County Jail among clients who resided there.

REFERRALS

From its inception in November 2015 through February 2018, Recovery Works has enrolled 23,627 clients. Increases in enrollment during the first 20 months were generally consistent. Since May 2018, however, the monthly number of referrals has started to level off at approximately 1,200 clients per month. The vast majority of Recovery Works referrals have come from the criminal justice system (84.4%), primarily from probation or parole (56.6%) followed by state or federal court (10%). The largest portion of clients were located in Marion County.

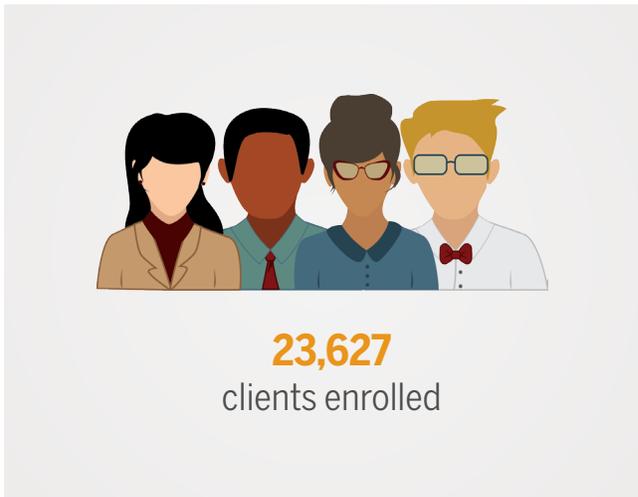
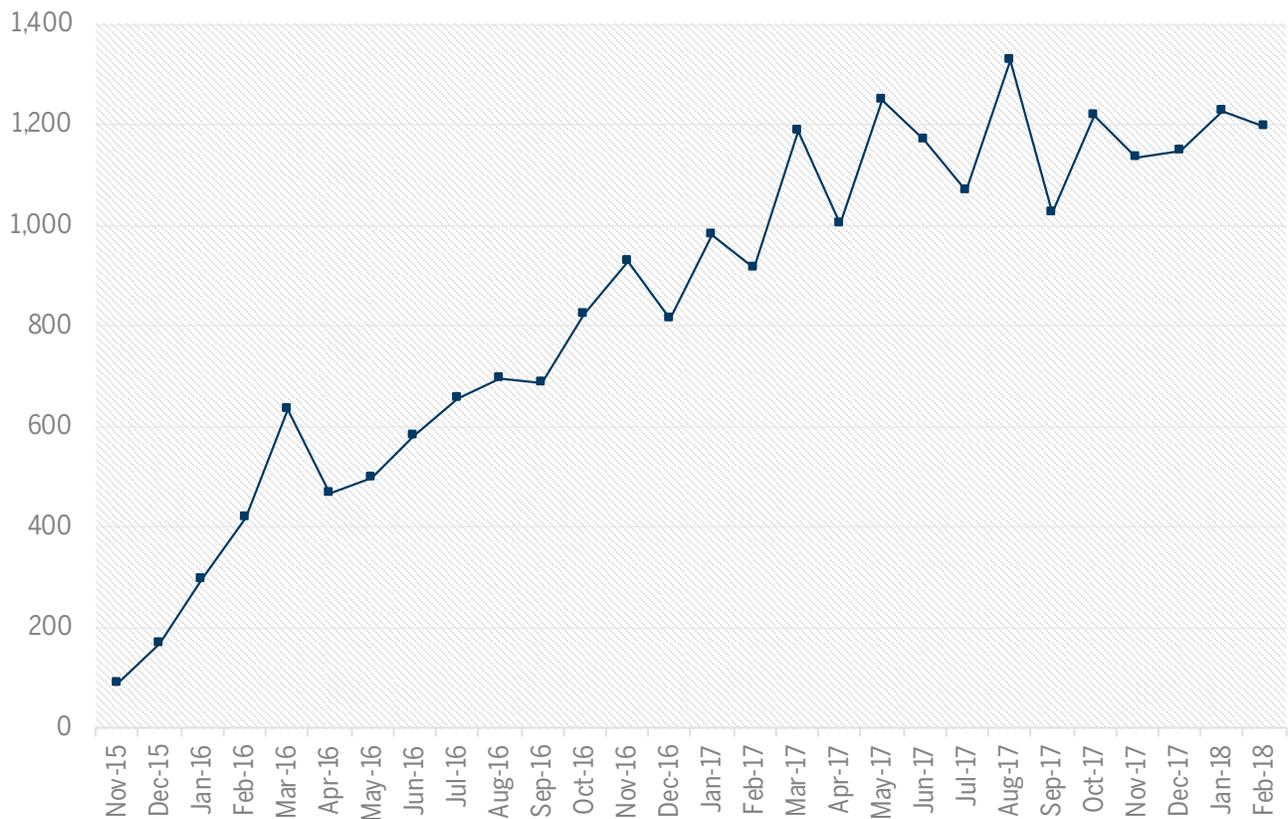


FIGURE 1. Number of New Recovery Works Clients by Month
by Number of Services Received



CLIENT CHARACTERISTICS

Recovery Works clients were predominantly white and male with an average age of 34.5 years. Most clients were unmarried and unemployed, and half had a High School degree or GED. Approximately half of the client sample had no health insurance and almost half had not been in stable housing for the past six months. Clients had an average family adjusted income of \$7,558.

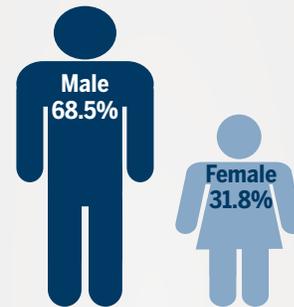
TABLE 1. Social Characteristics

EDUCATION LEVEL	
Less than HS	29.0%
HS Degree or GED	50.8%
Some College	15.5%
College Graduate	2.0%
Vocational	2.7 %
Other	0.0%
MARITAL STATUS	
Single	62.0%
Divorced	17.7%
Married, Living Together	10.6%
Married, Separated	7.0%
Unknown	1.5%
Widowed	1.2%
EMPLOYMENT STATUS	
Unemployed, Looking for Work	46.3%
Unemployed, Not in Labor Force	12.9%
Employed, Full-time 35+ hrs/week	30.5%
Employed, Part-time	10.4%
CONSUMER HEALTH INSURANCE	
None	48.0%
HIP	14.1%
Private Insurance	4.5%
Medicaid and/or Medicare	15.5%
Not Applicable	1.5%
Other	16.4%



68.5% of clients are **Male**
76% are **White**

FIGURE 2. Demographics



Average Age
34.5 years old

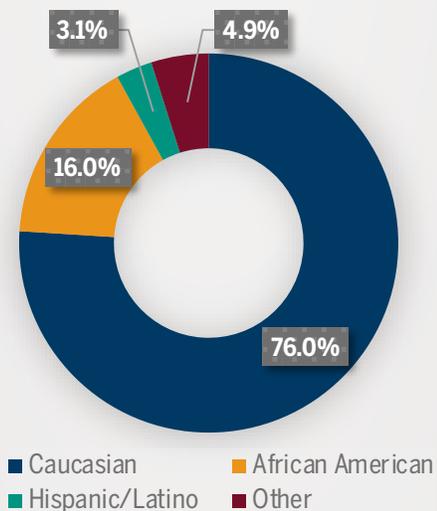


TABLE 2. Housing Characteristics

HOUSING CATEGORY	
Permanent Housing	53.0%
Temporary Housing	28.0%
Institutional Housing	15.2%
Homeless	3.8%
HOUSING STABILITY	
Less than 6 months	57.9%
6 months – 1 year	16.4%
1 – 2 years	8.3%
More than 2 years	17.4%



About **1/2** of clients were in a **permanent housing** situation

SUBSTANCE ABUSE AMONG CLIENTS

Approximately half of referred clients were diagnosed as having substance abuse concerns, followed by one-third who were categorized as having a co-occurring mental health and substance abuse concerns. The most common substances used by Recovery Works clients are opioids, followed by alcohol and marijuana. More than half of clients have had a prior substance abuse treatment episode. Approximately 17% of the client sample reported they had used a needle and 14% reported they had shared a needle.



Most common substances used by clients are **opioids, alcohol, and marijuana**



Average Age at First Use
19.2 years



17.4% of clients have **used needles** to inject drugs

14.3% of clients have used and **shared a needle** to inject drugs

TABLE 3. Additional Substance Use Indicators

PRIMARY SUBSTANCE ABUSE		PRIOR SA TREATMENT EPISODES	
Opioids (Heroin/Rx Opiates)	23.9%	None	41.1%
Alcohol	23.7%	1 prior episode	30.2%
Marijuana	19.5%	2 to 5 prior episodes	25.9%
Methamphetamine	19.2%	6 to 10 prior episodes	2.1%
Cocaine/Crack	4.8%	11 to 20 prior episodes	0.5%
Tobacco	3.6%	21+ prior episodes	0.3%
Benzodiazepines*	1.0%		
Other	1.3%		
None/NA	3.0%		

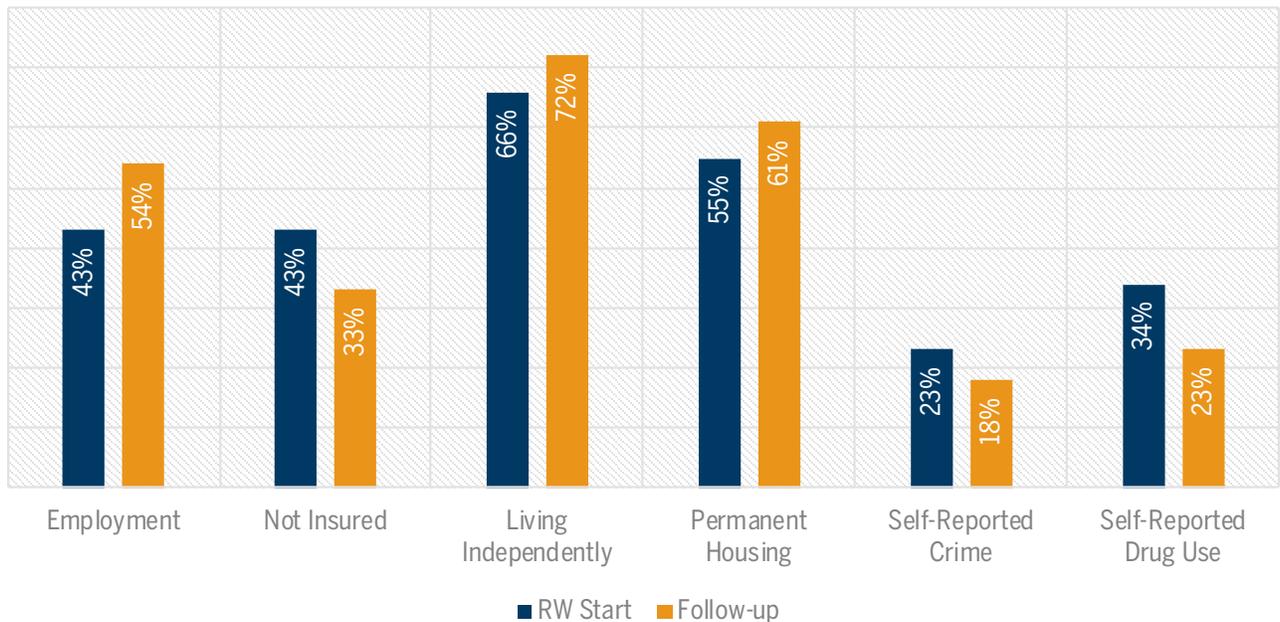
***Benzodiazepines:** any of a group of chemical compounds that are used as minor tranquilizers, such as diazepam (Valium) and chlordiazepoxide (Librium)

CLIENT CHANGES

In order to examine changes over time, we restricted our follow-up period to clients who had a follow-up assessment conducted within 4 to 8 months of their Recovery Works start date (N=4,477). We examined changes in relevant social demographics, housing, and self-reported behaviors.

There were **statistically significant** increases in employment, housing stability, and independent living. There were also **significant** reductions in self-reported crime and substance use. While the average income increased slightly from \$8,476 to \$8,526, the difference was not statistically significant.

FIGURE 3. Client Changes Over Time



CRIMINAL HISTORY & RECIDIVISM

To examine clients' official criminal history, Recovery Works data was linked to Indiana DOC data on ad-missions and releases (January 2002 through April 2018). Data revealed that 36.5% of clients had been incarcerated in DOC prior to their Recovery Works start date. In terms of priors, 17.5% of clients had 1 prior incarceration, while 19% had 2 or more prior incarcerations.

Recidivism was measured as a return to DOC and was assessed for two groups: (1) Recovery Works clients who were *at least one year at risk* for reincarceration and (2) clients who were *at least two years at risk* for reincarceration.

Of those clients with at least one-year of follow-up (N=11,856), 6.6% were incarcerated in DOC following their Recovery Works start date. Since many of these cases had not previously been to DOC, we also examined recidivism among those previously incarcerated (N=4,565); which resulted in a recidivism rate of 9.8%.

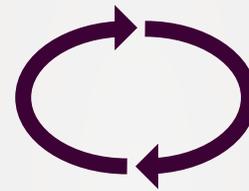
The recidivism rate approximately doubled (13%) for clients who were *at least two years at risk* (N=2,076). Those with prior incarceration in DOC (N=802) had a two-year recidivism rate of 20.9%. Approximately half of recidivism events for both groups of at risk clients were the result of a technical violation.

TABLE 4. Criminal History

PRIOR DOC RELEASE COUNT	
None	63.5%
1 prior	17.5%
2 - 5 priors	17.5%
6 - 10 priors	1.4%
11+ priors	0.1%



36.5% of clients had been **incarcerated** in DOC **prior to enrollment** in Recovery Works



19% had **2 or more prior incarcerations**

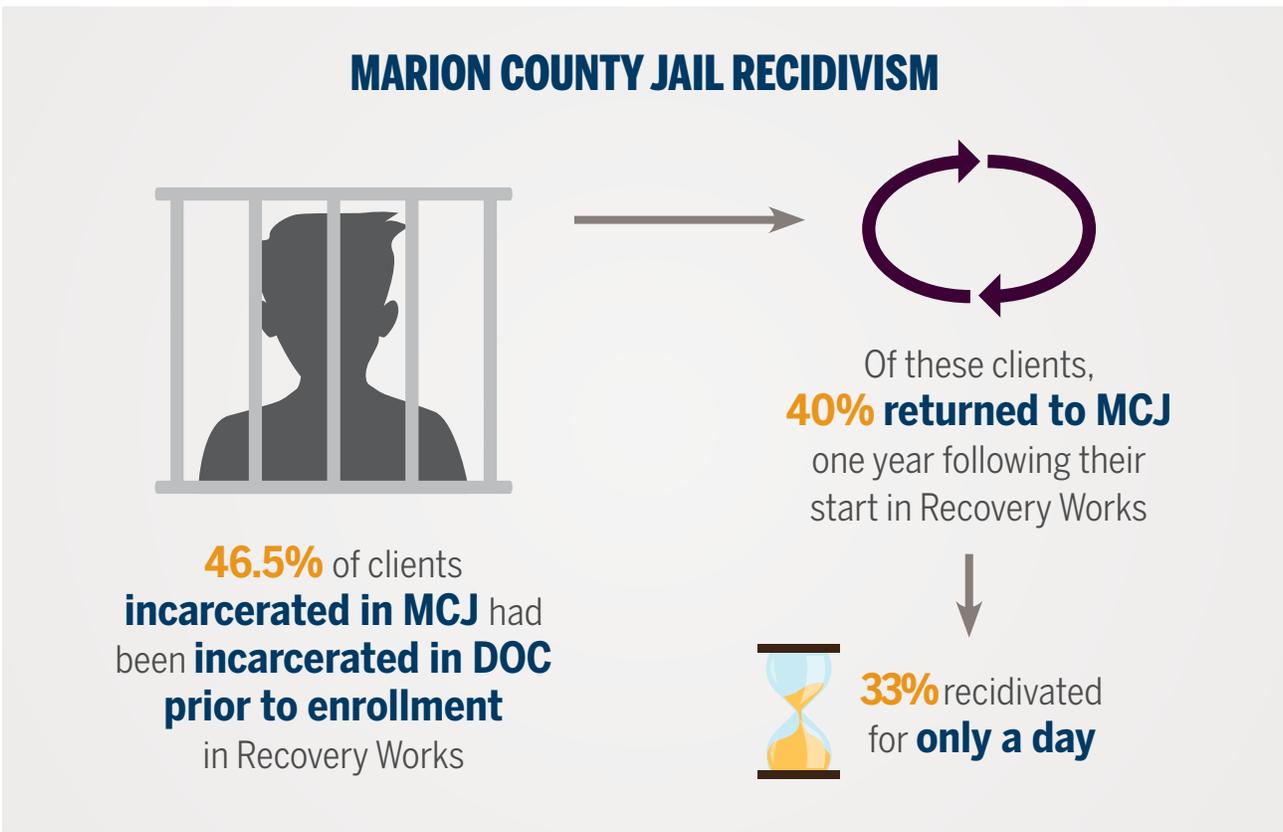


6.6% of one year at risk clients were **incarcerated** in DOC **after enrollment** in Recovery Works

Return to county jail was also examined as a measure of recidivism. Recovery Works data on clients referred from Marion County was linked with data from the Marion County Jail, which ranged from mid-2014 through January 2018. This sample of clients (N=1,616) with at least one year of follow up was more likely to have been previously incarcerated in DOC than the full Recovery Works sample, but had a smaller rate of incarceration in DOC following their Recovery Works start date. We found a much higher recidivism rate (40.0%) compared to the DOC rate (5.2%) when looking at jail incarceration one year following Recovery Works start. One-third of those who recidivated were only in jail for one day and more than half were in jail for a week or less. Since Recovery Works clients are generally under local correctional or court supervision in their respective county, it is likely they were booked into jail as a sanction or as part of their current supervision requirements. Moreover, it is important to note that many jail bookings do not result in a conviction.

TABLE 5. Incarceration & Reincarceration in DOC following Recovery Works Start

	1 YEAR	2 YEARS
INCARCERATION	(N=11,856)	(N=2,076)
Yes	6.6%	13.0%
No	93.4%	87.0%
Receive Code		
New Offense	50.9%	52.6%
Technical Violation	49.1%	47.4%
REINCARCERATION	(N=4,565)	(N=802)
Yes	9.8%	20.9%
No	90.2%	79.1%
Receive Code		
New Offense	47.1%	51.2%
Technical Violation	52.9%	48.8%



FACTORS ASSOCIATED WITH INCARCERATION

Having previously been incarcerated in DOC was significantly associated with client incarceration. Specifically, we found that 9.8% of those who were previously in DOC were incarcerated compared to 4.6% of those who were not ($\chi^2=123.18$, $p < .001$). Moreover, there were significant differences in the number of priors; those who were incarcerated had an average of 1.2 prior DOC stays compared to 0.8 for those who were not ($t=7.67$, $p < .001$).

There were no differences by race/ethnicity; however, those who were incarcerated were significantly younger than those who were not (32 years vs. 35 years; $t=6.44$, $p < .001$) and more likely to be male than female (7.2% vs. 5.4%; $\chi^2=14.13$, $p < .001$). There were no differences by education, marital status, employment, insurance, self-reported arrests, prior substance abuse episodes, diagnosis, or any of the specific substances used. However, there were differences by income and housing. Specifically, those who recidivated made significantly less money than those who did not (\$5,705 vs \$7,976; $t=4.12$, $p < .001$); those who were in permanent housing were significantly less likely to recidivate than those who were not (4.7% vs. 8.7%; $\chi^2=77.79$, $p < .001$); and those who were not in the same housing situation for 6 months were significantly more likely to recidivate than those who had housing stability (8.3% vs. 4.6%; $\chi^2=66.32$, $p < .001$).

Given the salience of these factors in predicting likelihood of recidivism among clients, we assessed linear monthly trends over the first 28 months of Recovery Works. Figure 4 displays the proportion that each of these factors occurred by month. None of these factors had a statistically significant trend during the study period, which suggests Recovery Works is not trending towards taking on referrals who are more or less likely to have characteristics associated with recidivism.

FIGURE 4. Factors Associated with Recidivism by Month

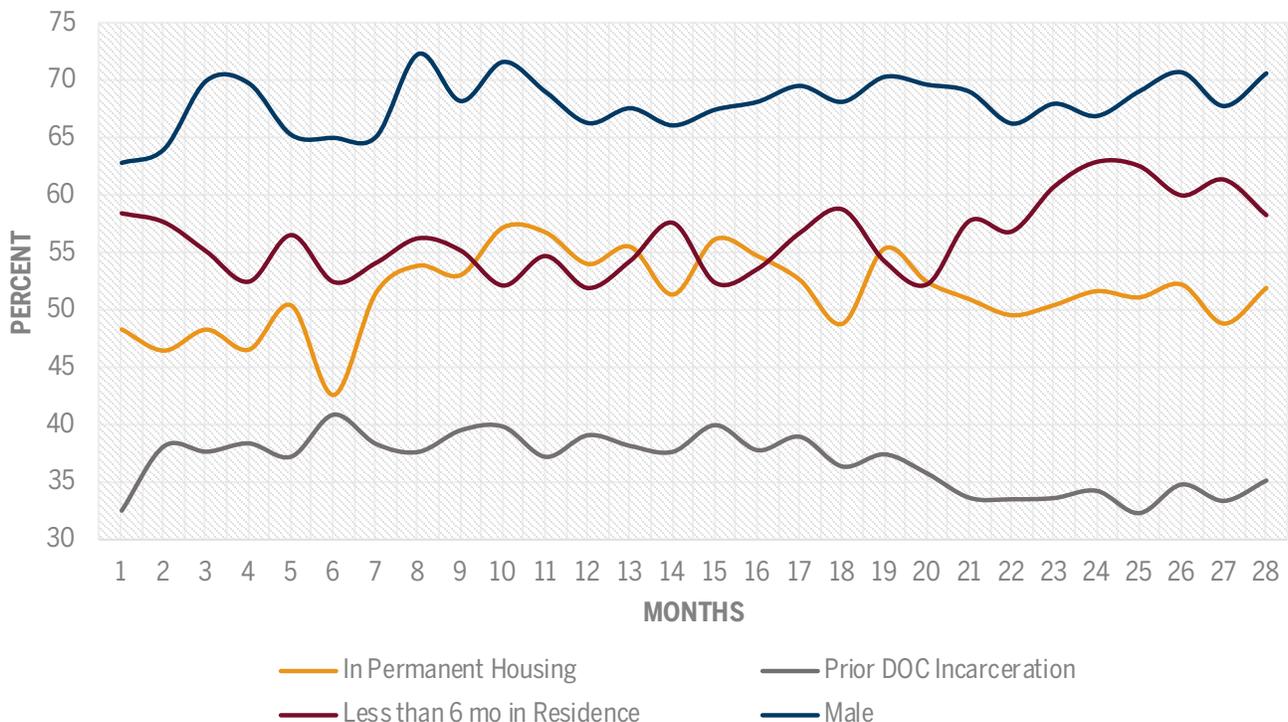
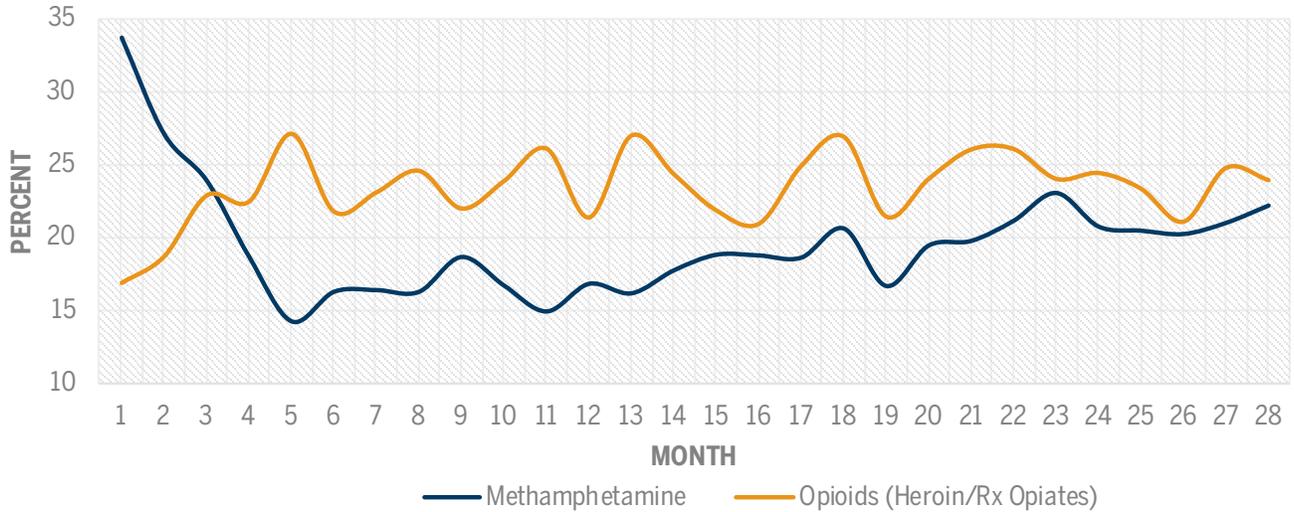


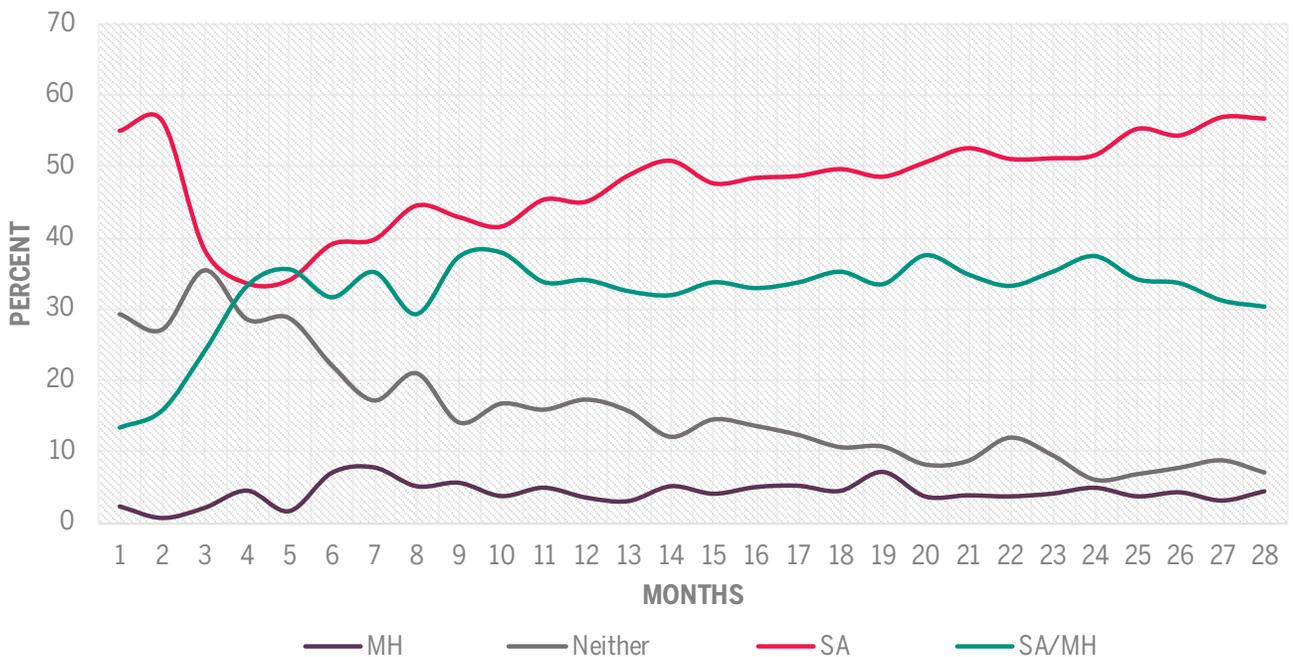
FIGURE 5. Primary Substance Use by Month



We also examined changes in reported primary substances used and found there were no discernable patterns with most substances (Figure 5). However, trajectories in opioid and methamphetamine use mirrored national trends. Opioids as a primary substance increased during the first 6 months of Recovery Works (early 2016) while methamphetamines decreased. Methamphetamines have continued to rise since then, and in February 2018, the percent of clients reporting meth as a primary substance was 22%, with opioids at 24%.

Finally, we detected trends among monthly diagnosis. Figure 6 shows that amount of clients coded as having “neither a mental health nor substance abuse diagnosis” has been consistently decreasing. Only 7% were coded as “neither” in February 2018. Moreover, while mental health diagnosis has remained steady, co-occurring disorders and substance abuse have been increasing.

FIGURE 6. Diagnosis by Month



CLIENT CHARACTERISTICS SUMMARY



23,627
clients enrolled



Most common substances used by clients are **opioids, alcohol, and marijuana**



Clients were predominantly **White Males** with an average age of **34 years**



17.4% of clients have **used needles** to inject drugs, and **14.3%** of clients have **shared a needle**



Majority of clients had a **High School degree** or equivalent, were unmarried, & unemployed



36.5% of clients had been **incarcerated** in DOC **prior to enrollment** in Recovery Works



About **1/2** of clients were in a **permanent housing** situation



6.6% of one year at risk clients were **incarcerated** in DOC **after enrollment** in Recovery Works

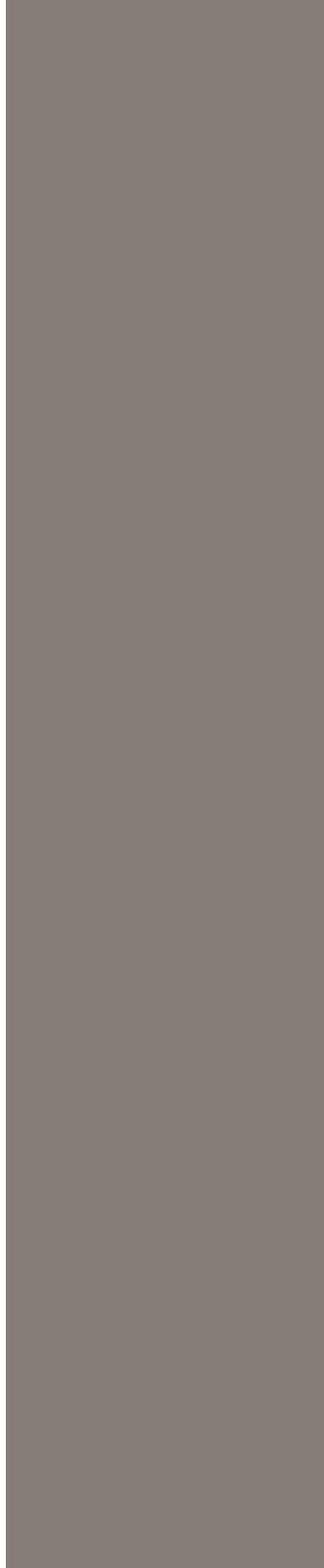


INDIANA UNIVERSITY
PUBLIC POLICY INSTITUTE

The IU Public Policy Institute (PPI) delivers unbiased research and data-driven, objective, expert policy analysis to help public, private, and nonprofit sectors make important decisions that impact quality of life in Indiana and throughout the nation. As a multidisciplinary institute within the IU School of Public and Environmental Affairs, we also support the Center for Criminal Justice Research (CCJR) and the Indiana Advisory Commission on Intergovernmental Relations (IACIR).

DESIGN BY

Karla Camacho-Reyes, Communications & Graphic Design



INDIANA UNIVERSITY
PUBLIC POLICY INSTITUTE
Center for Criminal Justice Research