

Our Movement. Our Moment.

#NAMICON19



**2019 NAMI
National
Convention**
JUNE 19–22 • SEATTLE

Welcome to 2019 NAMI National Convention

**“Integrating NAMI Peer-to-Peer and Connection
Into a State Prison System: How Iowa Did It”**



Why the Heartland?

The Iowa Department of Corrections recognized in 2014 that they needed help to meet goals to reduce recidivism. What they were doing wasn't working.

- Department of Justice 3-year grant
- NAMI Iowa provides Peer to Peer and Connection training for long-term inmates at all facilities
- Offenders lead classes and support groups for those diagnosed with a SMI and within one year of release
- DOC tracks recidivism rates of those who receive education and support.



Prisons & Jails Have Become the Mental Health Providers of Last Resort

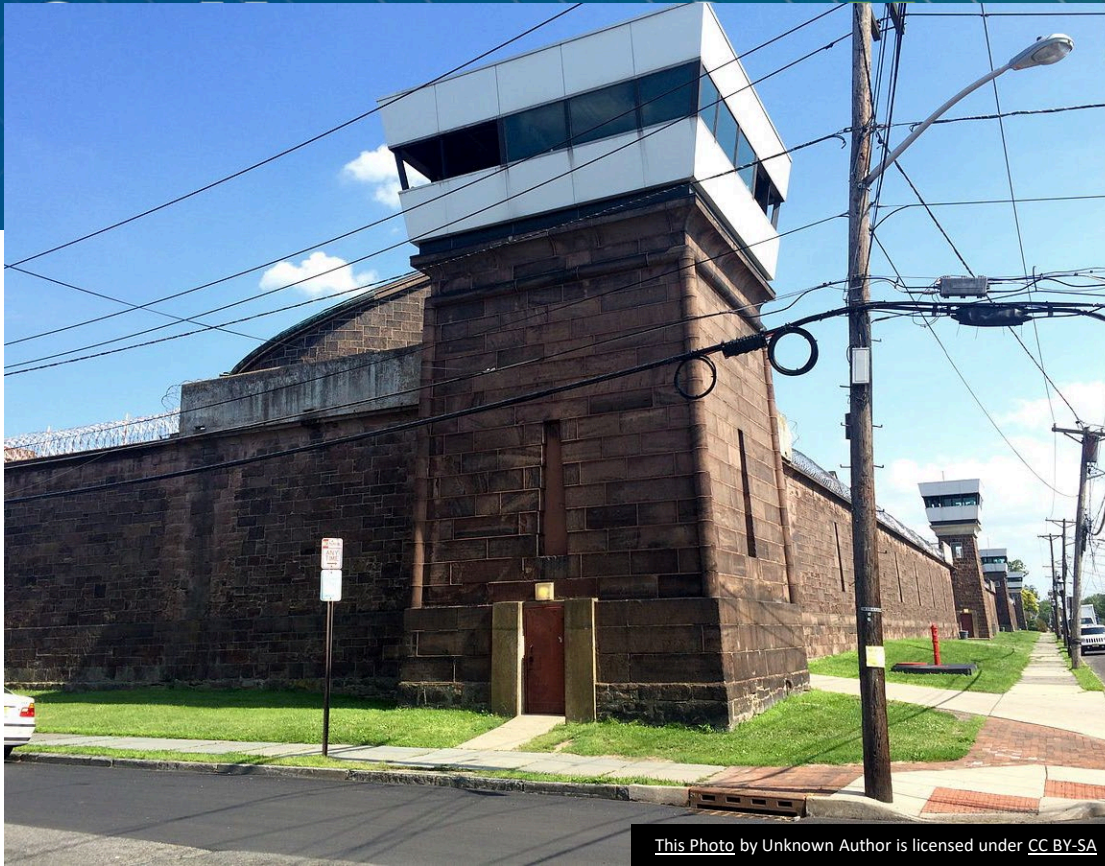
- The number of inpatient mental health beds in Iowa has gone from more than 5,000 at the peak in 1950 to fewer than 800 today.
- The number of state prison beds has increased from 1,800 in 1980 to more than 8,000 today.
- .



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If you're hearing voices
can you complete a job
application?

- 50 percent of male offenders and 85 percent of female offenders in Iowa prisons have at least one diagnosed mental health disorder. Many also have co-occurring substance use disorders.
- 90 percent of current inmates will be released someday. How will they succeed with an undiagnosed or untreated behavioral health disorder?



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Peer to Peer and Connection Fill the Void

- Introducing the idea of peer-led education and support
- Working closely with the institutions and following their rules
- Support from central administration

Mental Health

Iowa Department of Corrections

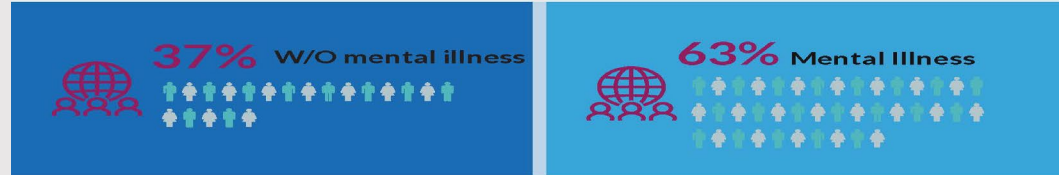
January 2019

Incarcerated individuals without mental illness



Incarcerated individuals with mental illness
Both serious and other

Population



Length of Stay



Recidivism



Pharmaceutical Cost



CREATED BY
Iowa Department of Corrections





Core Programming

Iowa Department Corrections

Evidence-Based Programs

With over 40 years of research conducted by numerous researchers, correctional programs can reduce recidivism

How it Works



Risk Assessments

IDOC utilizes validated risk assessments to target higher risk individuals and identify dynamic risk factors (targets for change)



Programming

IDOC has core programming to target individual "risk" factors in order to reduce reoffending behavior



Fidelity

IDOC has policies and procedures in place to ensure programs are carried out as designed and with highest quality

Core Programs



Moral Reconciliation Therapy

This program targets "thinking errors" and long-standing cognitive issues that create and drive criminal behaviors but also develops pro-social attitudes and behavior in individuals.



The Good Lives Model

The Good Lives Model is utilized for sex offender treatment programming and is a strengths-based approach to offender rehabilitation and premised on the idea that we need to build capabilities and strengths in people in order to reduce their risk of reoffending. Participants are placed into various program tracks depending on their risk level.



Thinking for a Change

This program is cognitive-behavioral and includes cognitive restructuring, social skills development, and the development of problem-solving skills.



ACT-V

This program assists individuals by equipping them to make different choices. Its intent is to increase participants' awareness of the factors that influence behavior and, building awareness, to learn new, workable behaviors consistent with their values.



Seeking Safety

This program is a present-focused counseling model to help people attain safety from trauma and/or substance use disorder.

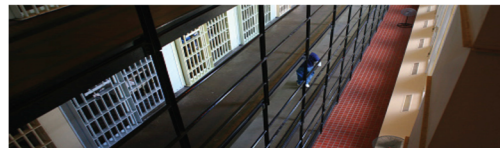


Cognitive-Behavioral Interventions for Substance Abuse

This program is cognitive-behavioral and designed for individuals with moderate to high need in the area of substance use disorder which focuses on skill building activities to assist with cognitive, social, emotional, and coping skill development.

National Recognition

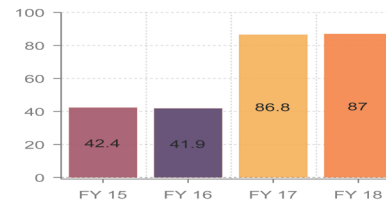
Pew Results First



Iowa's Department of Corrections Takes an Innovative, Evidence-Based Approach

Evidence-Based Programs

% Evidence-Based Programs



Quick Fact:



IDOC takes a data driven approach to program development. A gap analysis is conducted to match individual needs (risk factors) to program capacity.





WOMEN

700+
Women
incarcerated in
Iowa



09

AVERAGE LENGTH
OF STAY (MONTHS)



IN THE PAST 5 YEARS,

20%

GROWTH IN
POPULATION

RACE

84%

WHITE

12%

BLACK

4%

OTHER

687+
PROGRAM
COMPLETIONS



APPRENTICESHIPS
PROGRAMS

EDUCATION LEVELS



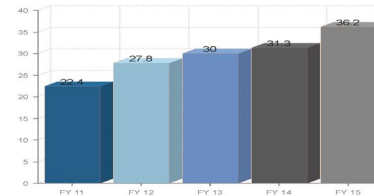
- NO HS DIPLOMA/HS GRAD 16%
- HS DIPLOMA/HS GRAD 71%
- HIGHER EDUCATION 13%

RECIDIVISM

RECIDIVISM TRENDS

21%
Increase in
Recidivism

SINCE 2011 WOMEN HAVE
BECOME AN INCREASING
% OF THE RECIDIVISM
POPULATION



MENTAL ILLNESS

86% WOMEN INCARCERATED
HAVE A MENTAL ILLNESS



Mental Illness



- No Mental Illness 14%
- Other Mental Illness 50%
- Serious Mental Illness 29%



RECIDIVISM

JANUARY 2019

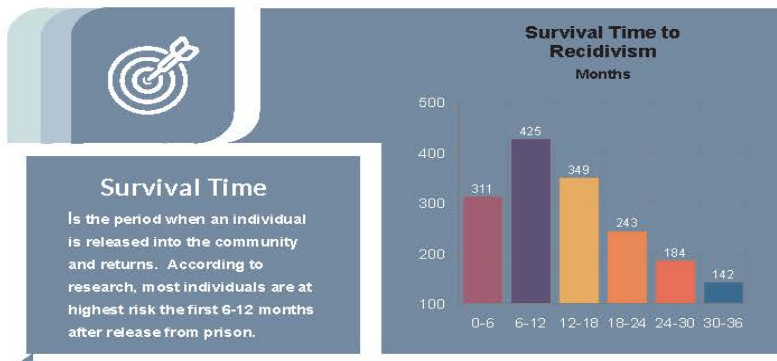
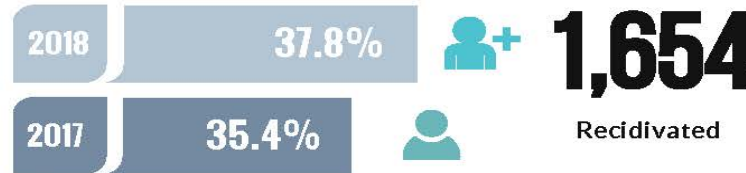


RECIDIVISM DEFINED: Exits from prison (any individual leaving prison onto parole, work release, or discharge) that is reincarcerated within three years for new conviction or revocation from supervision

PERCENT increase in recidivism from 2017:
2.4%



RECIDIVISM HAS INCREASED OVER THE PAST FIVE YEARS



Unpacking the Numbers

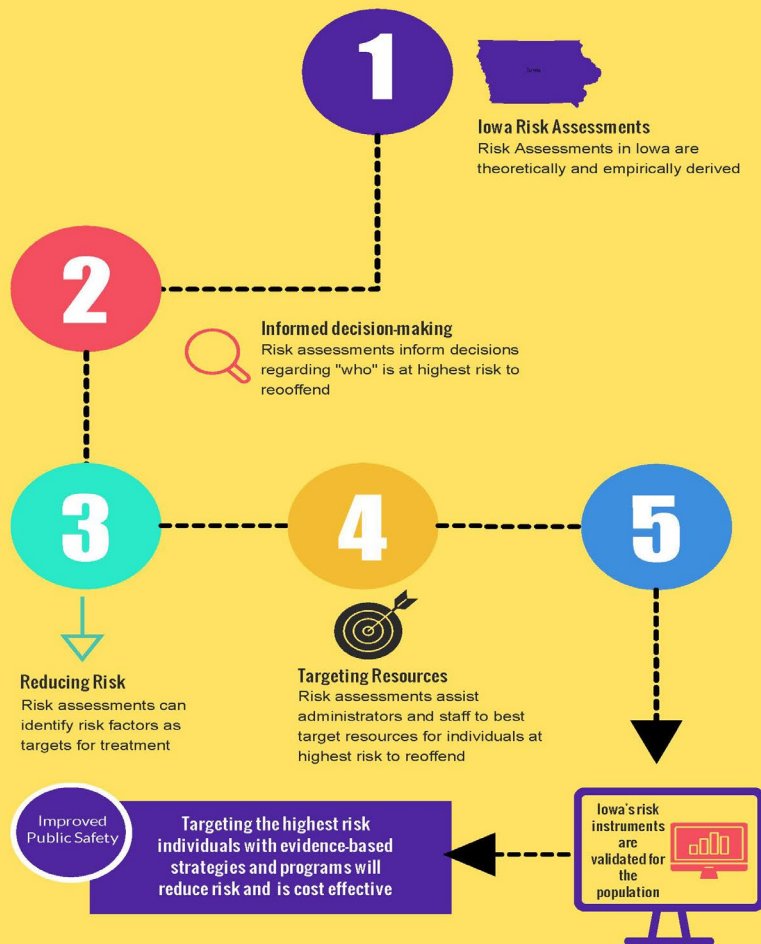
There are a number of potential explanations for the variance in recidivism percentages. Many are policy decisions, such as types of individuals sentenced to prison, how offenders are selected for release, the length of stay under supervision, and decisions about how to respond to violations of supervision.

- Improving Recidivism Metrics**
- Use multiple measures of success
 - Desistance indicators (cessation from crime)
 - Increased protective factors
 - Outcome measures should include:
 - Time to recidivism (survival)
 - Crime severity
 - Behavioral changes

Risk Assessments

Why Do We Need Them?

Iowa Department of Corrections



Risk Assessments in Summary

- 

#1
Guided decisions
- 

#2
Uniformly gathers information
- 

#3
Iowa's risk assessment are actuarial
- 

#4
Risk assessments utilizing structured approaches out perform unstructured risk approaches

Created by:
Iowa Department of Corrections





Apprenticeship Programs



321
Active
Apprentices

 165 graduates

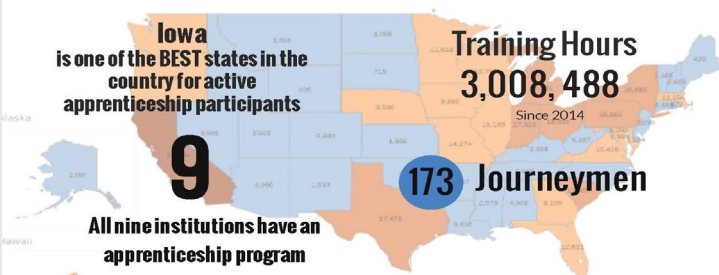


24
Registered occupations
Bakers
Painters
Carpenters
Computer Operators
Electricians
Fabricators
Landscapers
Plumbers
Welders



178,690

Curriculum hours recorded since
the program started in 2014



Goals Moving Forward


Adding 50+ Apprentices




Adding 3 more programs




Tracking Outcomes



Peer to Peer in Iowa Prisons

*Data from 7/1/18 to 4/26/19	Currently in Training	Completed Requirements	Non-Compliant/Behavioral Issues	Transferred to Different Location	Grand Total
NAMI Peer to Peer	20	81	27	7	135
Anamosa	0	8	3	1	12
Clarinda	0	9	2	0	11
Fort Dodge	1	0	0	0	1
Newton	17	53	22	6	98
Oakdale	2	11	0	0	13
NAMI Training	4	1	0	0	5
Mitchellville	4	1	0	0	5
Grand Total	24	82	27	7	140

Impacts on Inmates: Success Stories

Facilitator for NAMI Peer to Peer:

“Every time I facilitate a new course, it helps me with my own problems. By helping others understand and cope with mental illness, I am helping myself as well. It brings a sense of doing something good for all the wrongs that I have done in my life. It gives my time a sense of purpose; doing something productive for others.

“I like that we are taking the stigma out of mental illness. It helps those who are struggling to not be scared or anxious about opening up and asking for help. It also gives people who don’t deal with it a better understanding of why people are the way they are. Understanding takes away judgment. Peer to peer helps people be non-judgmental and to realize that we have more in common than we think.”



What has NAMI done for me? More than mere words can say! In leading Peer to Peer, I had to learn to accept what I deal with. I have PTSD, but PTSD doesn't own me! I have a support group, people that understand and accept me. I have accepted myself and have found a purpose. I can give back and help others. I now love myself, and I accept myself. I do give back and plan to be involved with NAMI for life.

Misunderstood

They call me

Weird

Anxious

Strange

Dangerous

Violent

Lazy

Paranoid

Crazy

Stigma

I say judge me not!

Use uncritical acceptance

For I see myself as

Kind

Loving

Eccentric

Imaginative

Resourceful

Courageous

Misunderstood

This keeps me from being open

Asking for help

Being genuine

At times I feel as if isolation were a norm

Yet I want to reach out

My soul yearns me to seek out

Is there anyone out there

That will help me be understood

For to be known and to have knowledge of me is power

I say judge me not

Am I not a human being?

Flawed as any other

Have some empathy and you will learn about me

Why I am, who I am

From participants in Peer to Peer:

- "I learned that anyone can be dealing with mental health issues, that mental health issues can develop at any age, and people don't necessarily need to be born with the diagnosis. **I also appreciate that NAMI chose to come into prison. It was nice that they didn't write us off like a lot of society chooses to do.**"
- "I found new tools to help me deal with PTSD. It has also given me a group of peers to talk about my issues with."
- "I have realized how many people deal with different mental health issues. It was a major eye opener hearing different peers' life stories."
- "I learned that I am not alone. Lots of others are dealing with issues, and it is okay to ask for help. I have also realized it's good to learn about my illness and not just accept what professionals have told me."
- "I have learned more about my mental illness and learned positive coping skills, and not to just self medicate."
- "I have learned more about my Bipolar. All my life I was told I dealt with it, but I didn't believe it. NAMI help me learn more about it and I have come to accept myself and be okay with it."

From participants in Connection:

- "I have come a long way. I feel better off because I can talk about my issues. It has helped me keep 3 jobs, release my anger, and I now have a group that listens and treats me as an equal (not special needs)."
- "I like attending my NAMI group. I listen to others and how they deal with their issues and have learned a lot and it has made me happy."
- "I can voice my concerns with other's support and I appreciate the feedback and advice about positive coping skills."
- "I am in my 70s and when I got locked up, I was a very negative person. Now I have a way to vent my feelings and get a lot of my chest."
- "I get advice from others who have the same mental health issues as me. I get a lot of insight from how they deal with symptoms and use positive coping skills."
- "With NAMI Connection, I know that there's a common understanding amongst us, both in regards to knowledge of mental illness and in camaraderie. It also keeps me accountable. Don't get too low, don't isolate too much."
- "I am able to get advice on how to handle issues from people who are in the same situation and it helps me understand other people's mental health. I feel safe in this group."



Opportunities for Iowa:

- NAMI programs integrated into Community Corrections (probation and parole) for ex-offenders and family members
- Provider training for clinical staff and correctional officers
- Use of peer support in institutions and community programs



Advocate

Spring 2017

**BUILDING
BONDS**

**BEHIND
BARS**

**WITH NAMI
PEER-TO-PEER**

Inside: Can Social Media Save a Life? - Ketamine - The Power of the NAMI HelpLine - and More!

Opportunities for the Nation:

- State NAMI Chapters establish relationships with their Departments of Correction
- Explain NAMI programs and how they could benefit inmates as well as save the state money; explore possible funding sources
- NAMI builds expertise; promotes and shares resources nationally (Example: new Peer to Peer module for use in prisons)
- **NAMI helps lead the way in reducing recidivism and building community partnerships with justice and corrections systems, resulting in better, healthier lives for ex-offenders and their loved ones.**

Your Presenters:

- Katrina Carter, Director of Reentry and Treatment Services, Iowa Department of Corrections – Katrina.carter@iowa.gov; 515-725-5713 (O)
- Cassie Hindman, Psychologist, Newton Correctional Facility -- cassandra.hindman@iowa.gov; (641) 792-7552 ext 640 and ext 370
- Peggy Huppert, NAMI Iowa Executive Director – peggy@namiiaowa.org; 515-254-0417 (O)
- David Lange, NAMI Iowa State Trainer -- imdav33@yahoo.com; 563-213-8944 (cell)



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