Lynn Goff spent 33 years in an Ohio prison and never quite understood what it was like to leave. There were many times she would be walking the halls inside the prison or across the compound when one of the inmates would toss a wave in her direction and give voice to the emotions that were motoring his feet toward the main gate.

“Ms. Goff,” he would say, “I’m gettin’ out.”

“That’s great,” she would reply with genuine enthusiasm. “Do you have a job?”

Lynn Goff is an upbeat person with a positive outlook who understands why policy makers in federal, state, and county government are so interested in outcomes of the services they fund. She also understands why administrators in service organizations, researchers in universities, and tax payers in cities, towns, and villages throughout the state are interested in outcomes. People want to know if their money is being spent wisely. For her, though, outcomes are less statistical and more personal—let’s say, individual.

On many occasions in her previous life as assistant to the warden in the Chillicothe Correctional Institution, Goff stood in front of a room full of men who had just arrived from the courts, prepared to give them an orientation to the rules and regulations of the prison. She would begin her presentation with a simple yet poignant survey:

“How many of you have been here before?”

The answer was usually just as simple and poignant: it was a show of hands—from more than half the men in the room. This was the only data that Goff needed to know

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**CORE COMPONENTS OF IDDT RE-ENTRY**

- Referrals from community stakeholders
- Assertive outreach in prisons and the community
- Wrap-around funds for transitional housing and other needs
- Motivational interviewing techniques
- Stages of change & stages of treatment
- Weekly team meetings to review client progress
- Stage-wise groups
- Employment services

For more information about the re-entry program components, consult our EBP Program Locator: [www.ohiosamiccoe.case.edu/ebpprograms/](http://www.ohiosamiccoe.case.edu/ebpprograms/)
that the social and economic systems in the heart of the heart of the wealthiest nation on earth were not working.

**REFLECT UPON THE SELF**

It is difficult to come out of retirement to face the same dismal circumstances that you intentionally left behind. So in the summer of 2002, when an old friend and colleague asked Goff to come back to work, she did not say, “Yes.” Instead, she asked for some time to think about the question and everything else they had talked about. Actually, the word *think* is a bit of an understatement. It was more like *pray*.

Here are some details that she considered. The Scioto Paint Valley Mental Health Center (SPVMHC) in Chillicothe had applied for and received a one-year planning grant from The Health Foundation of Greater Cincinnati to assemble a group of stakeholders from the communities it serves to devise a plan to address the needs of people with mental and substance use disorders involved with the criminal justice system. She was being asked to co-chair the initiative. The stakeholder group would include a number of colleagues from police and sheriff’s departments, the courts, jails, probation, and parole. It would also include service providers from local mental health and substance abuse programs, as well as representatives of the Ohio Department of Mental Health, the Ohio Department of Youth Services, and the Ohio Department of Rehabilitation and Corrections. The committee’s work would take place outside the prison, not inside, so it would be an opportunity to contribute her knowledge and experience, but it would also be an opportunity to learn something new.

**INTEGRATE NEW IDEAS**

The planning meetings were a bit of an eye-opener for Goff. The committee conducted a comprehensive needs assessment and uncovered some startling facts about its community. She learned that, upon release, most inmates have no place to live, little or no money to spend, no healthcare for medication and doctor’s appointments, and no prospects for work because many employers refuse to hire felons, which is permissible by law. She also learned that most inmates do not have relationships with family members because they have broken trust (or “burned bridges”) with them. As a result, when the imprisoned are set free, they typically get help from the people who influenced their criminal past—drug dealers, substance abusers, and the like. For most, a return to the old lifestyle means a return to prison.

Goff also learned that people with co-occurring mental and substance use disorders experience a higher rate of arrest, incarceration, and re-incarceration (recidivism) than others. Their symptoms put them at risk for experiencing impaired judgment; therefore, they are likely to engage in behavior that is or appears to be potentially harmful to themselves or to others, which often results in arrest.

“I never knew how hard it was to succeed on the outside,” she says.

**MAKE INFORMED CHOICES**

At first, Goff thought the stakeholder group would recommend a prevention program or a crisis intervention team. Instead, it chose the Integrated Dual Disorder Treatment (IDDT) model and formed the Criminal Justice SAMI Re-entry Program to implement it (SAMI is an acronym for substance abuse and mental illness).

“When we looked at all the needs of the people coming out of jail, including the treatment needs, IDDT made the most sense,” Goff says. “I don’t think we were on to something new. It just made sense to do it this way.”

The re-entry program applied for and was awarded an implementation grant from the Health Foundation for a program to serve 17- to 30-year olds re-entering Fayette and Highland Counties from secure confinement. Goff has been the Criminal Justice SAMI Re-entry Team Coordinator ever since and maintains a small client caseload. The program started taking referrals and providing assertive outreach in prisons and in the community in October 2003. One year later it was serving 19 clients: 72 percent of the clients had not returned to jail (see “Outcomes” sidebar). The program is now in its second year. It is currently serving 23 clients.

**FIND THE RIGHT PEOPLE**

Goff attributes much of the program’s success to the planning grant, to IDDT training, and to the program’s core components (see sidebar on page 4), especially the wraparound funds, some of which are used for transitional housing. The housing gives former inmates a safe place to stay and, thus, encourages them to use the re-entry team for social support. When asked to describe the single most important contribution to success, Goff does not hesitate to cite the team effort and to praise the commitment of both past and present team members (see sidebar on page 6).

Continued on page 6
“Picking the right people,” she says. “The people are the success. They must be willing to accept the model and perhaps change their philosophies, especially about chemical dependency. Most of all, they must have hope that people can recover.”

Goff is noticeably uncomfortable if you try to highlight her influence upon the program. In fact, she would rather this story be told from other perspectives, not just her own. However, her story is important, because it illustrates the process of personal change that accounts for the success of so many IDDT programs throughout Ohio. IDDT is implemented to reinvent service systems, organizations, and clinical practices simultaneously. Therefore, an implementation effort needs synergy from many people, including policymakers, administrators, community stakeholders, and service providers from many professional disciplines. Change must occur internally within each individual if it is going to occur externally in groups, committees, teams, and communities.

ACQUIRE TRAINING AND USE IT DAILY

There can be something unnerving about sitting in the living room of a person whose judgment has, in the past, been impaired by severe symptoms of mental illness, substance abuse, and criminal intent. Most clients of the re-entry program pose no threat to members of the service team who engage in assertive outreach. Yet, Goff understands the unpredictable and impulsive nature of human beings. Therefore, her first priority is the safety of her team members. She reminds them to notice subtleties in the environment and to trust their instincts.

“I tell my team to pay attention,” Goff says. “For instance, if you have a sense that the person doesn’t want you there, that he or she is being hyper-alert and looking around more than usual, these are clues. It may be best for you to leave.”

If this happens, the entire team reviews the incident at their weekly meeting and develops a new outreach plan for that client.

When choosing team members, Goff looks for individuals who have patience, gentle persistence, a willingness to learn, and a commitment to IDDT principles and skills like motivational interviewing and stages of change. She also looks for individuals who understand the criminal justice culture and its impact upon the mindset of clients. She explains that most clients carry a sense of urgency, an anxious expectation about being arrested again. She adds that a client who experiences a relapse of substance use or mental illness might miss an important appointment, lose a desperately needed job, or be evicted from an apartment. Any of these consequences might be a violation of parole and result in imprisonment.

Goff admits that clients of the re-entry program are among the most difficult to serve and that relapse and recidivism are likely.

“Sometimes we forget this,” she says. “But we go back to the model to remind ourselves.” She adds that team members do not always know if they are making an impact, but when they trust the process of treatment, they eventually see good results.
**MEET WEEKLY AND DISCUSS STAGES OF TREATMENT**

There is an old house on South Washington Street in Greenfield, Ohio that is SPVMHC’s satellite office in Highland County. It is also the main office of the re-entry program, where the service team meets every Tuesday for three hours to discuss each client’s progress with substance abuse treatment and a number of daily needs, including housing, symptom management, medication management (see page 16), employment, family relationships and other social support, and participation in stage-wise groups (see page 8).

Landa Dorris, LPCC, CCDCIII-E, substance abuse coordinator at SPVMHC and SAMI team clinical supervisor, participates in these weekly meetings. She also consults regularly with Goff and other team members. Dorris has worked with the re-entry program since the beginning: she was a member of the original planning group. Like Goff, Dorris has experienced the implementation process as a journey of transformation. She explains that IDDT has given her (and her colleagues) a new vocabulary that is less judgmental and, therefore, more productive. For example, in the past, she would describe clients who resisted substance abuse treatment as being “in denial.” Now, she simply describes them as being in an early stage of change.

“With this new language, we remove the judgmental language, and we have a client who is more willing to listen,” she says. “If you really take this language and this approach into yourself, you become free to participate in a process. It’s no longer you determining treatment. It’s you and the other person working together.”

The results have been startling in terms of outcomes (see sidebar on page 5) and improved relationships among clients and providers. Many clients in the persuasion stage of treatment and the active-treatment stage actually come to the house on South Washington Street unannounced to ask for help or advice or simply to say, “Hello.” They will also ask to attend team meetings to discuss their needs and concerns.

**SUSTAIN FIDELITY AND EXPAND IDDT SERVICES**

For Dorris, the re-entry program is a dream that has finally come true. She has wanted to implement IDDT for nearly 10 years. So she is excited about some recent news. In October, SPVMHC received a $202,000 grant from The Health Foundation of Greater Cincinnati to implement IDDT with Assertive Community Treatment (ACT) for people with co-occurring disorders who are not in the criminal justice system. There will be five new teams to serve Highland, Fayette, and three additional counties—Pickaway, Pike, and Ross. In addition, the re-entry program received a grant from the Health Foundation to hire more staff and to expand its target population to age 40.

Dorris is confident about the future, because the small re-entry program created systems change, organizational change, and clinical change that were manageable. She and Goff anticipate there will be growing pains, but there is consensus and commitment from administrators, community stakeholders, and service providers alike. In addition, SPVMHC prepared for this expansion by investing two years ago in IDDT training for 25 of its staff members, even though only five served on the re-entry program. As a result, everybody is ready. They are eager to begin.

Paul M. Kubek, MA is director of communications at the Ohio SAMI CCOE.

*The Ohio SAMI CCOE has been providing consultation, training, and other forms of technical assistance to SPVMHC since October 2003.*

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**JANE’S RECOVERY**

Jane is a client of the Scioto Paint Valley Mental Health Center’s IDDT SAMI Re-entry Program. Read her success story online:


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**Resources**

Consult our online IDDT Library & Links database and select “criminal justice”:

[www.ohiosamiccoe.case.edu/library/](http://www.ohiosamiccoe.case.edu/library/)

IDDT Overview (The Tri-Fold)
[www.ohiosamiccoe.case.edu/library/emailresource.cfm?resourceid=87](http://www.ohiosamiccoe.case.edu/library/emailresource.cfm?resourceid=87)

National Gains Center (website)

AGENCY PROFILE continued

IDDT SAMI RE-ENTRY

Scioto Paint Valley Mental Health Center
315 South Washington Street
Greenfield, Ohio 45123
937-981-7702
www.spvmhc.org

SUCCESS STORY

Acceptance, assertive outreach and social support inspire Jane’s recovery

—by Paul M. Kubek

Jane feels a bit annoyed whenever she hears fellow classmates at the community college she attends make judgmental comments about people who abuse alcohol and other drugs. After all, she and her classmates are studying to be chemical dependency counselors and social workers. They should be learning how to convey acceptance. It is the foundation of a working alliance—the safe and trusting relationship—that is necessary to support people through recovery. Judgmental language is not safe. It is aggressive. It puts people on the defense and inspires counter-attack or withdrawal or any number of self-protective maneuvers.

Jane is sensitive to judgmental language, because this is what she had expected to receive from service providers when she started her own recovery journey in the spring of 2004. However, to her surprise and relief, this is not how she was treated. She received patience, acceptance, and the persistent reminder that a relapse to her substance use was probable but not inevitable and certainly not a reason for termination from treatment—ever. She insists that this disposition saved her life. She has not used alcohol or other drugs for a year and a half.

SELF-REFLECTION

Jane does not react against judgmental language whenever she hears it fired in her direction or ricocheting around a room. First, she reflects upon the words, upon the people from whom the language has emerged, and upon herself—her own thoughts and her own feelings of disappointment. She reminds herself that her classmates may not have firsthand experience with substance abuse and recovery, and that they may, in fact, be struggling to understand it. She reminds herself that her ability to observe and to convey acceptance are the skills that will make her the kind of professional she wishes to become. It is her way of “giving back,” of acknowledging the spirit of the

Jane R.

A profile of the Scioto Paint Valley Mental Health Center’s IDDT-based SAMI Re-entry Program can be found in the Fall 2005 issue of SAMI Matters (pages 4-7). Contact the Ohio SAMI CCOE or obtain the newsletter online:

people who work for the Integrated Dual Disorder Treatment (IDDT) SAMI Re-entry Program at the Scioto Paint Valley Mental Health Center (SPVMHC) in Greenfield, Ohio—the program that helped her save her life.

Jane is twenty-one years old.

**ISOLATION: BEFORE RECOVERY**

In the spring of 2004, Jane was arrested and sent to a county jail. She does not describe the behavior that resulted in her arrest, except that it was the result of using drugs. She does not name the drug either: she refers to it only as “her drug of choice.” For this version of her story, there is no need for any more details, because this story is less about what happened before the arrest and more about what has happened since.

However, Jane does share the following information to set the context of her recovery. She started using her drug of choice as a junior in high school. Back then, it did not stop her from being a good student and a reliable friend, but over time, it eroded her ability to concentrate and her ability to maintain trusting relationships with others. After she graduated, she increased her use of the drug. She dropped out of two different colleges because she could not stay focused. She fought constantly with her family, moved in with a friend who also used drugs, and eventually got fired from her job. Then she got arrested. A week later, her parents posted her bond.

“When I got out, I realized that I was not where I wanted to be in my life,” Jane says. “I was not living a full life. I was living my life for a drug. When you’re using, you don’t pay attention to details. You’re focused on one thing—getting that drug. You don’t see the clouds in the sky, the season changing, the rainbows. I see all of that stuff now. I see the colors. I pay attention. My life has changed 180 degrees since I have been involved in the SAMI program.”

**ACCEPTANCE & SOCIAL SUPPORT: RECOVERY BEGINS**

In retrospect, Jane’s arrest was an external event that inspired an internal change which aligned her with people in her life and in her community who were willing to help. When she was arrested, her parents placed telephone calls to close friends. One of those friends connected them with an acquaintance at SPVMHC, who connected them with SPVMHC’s IDDT SAMI Re-entry Program office in the town of Greenfield.

After her release from jail, Jane made an appointment with the SAMI Re-entry Program and two weeks later, she went there for an interview—to see if she met the eligibility requirements. The program serves people with co-occurring mental and substance use disorders between the ages of 17- and 30-years old who are involved with the criminal justice system. Jane was diagnosed with depression and substance use disorder.

“I was expecting to go to an office once or twice a week and be shuffled in and out,” Jane recalls. “Instead, they helped me realize I wasn’t the only person going through this. The people at the SAMI program were so accepting. They told me that with my drug of choice, I might relapse. They told me that if I do relapse it does not mean I am done.

“When I realized I could get help and I wasn’t going to be judged or looked down upon—that they would accept me for who I was and that I would be able to see the colors in the world again—I decided to keep going. I wanted to change my path. It relieved me that I did not have to be this way anymore.”

**Working Alliance & the Interpersonal Environment**

The IDDT model is built upon 14 core components (see sidebar). Two of these components can be detected in Jane’s narrative without her having named them specifically. These are stage-wise interventions (stages of change and treatment) and motivational interviewing. Both of these components help service providers create the interpersonal environment of acceptance to which Jane refers (see Connors, Mueser, and Miller in Resources on page 7d). There are six other components of IDDT that Jane specifically describes as being helpful to her. For instance, in the engagement and persuasion stages of treatment, a case manager at the SAMI Re-entry Program conducted assertive outreach with her and her family by making weekly home visits. She explains that the visits helped her feel understood: the case manager made the effort to come to her and her family and took an interest in her environment. (Although SPVMHC offers family psychoeducation groups—another component of IDDT—her family chose not to attend. They conducted their own research about Jane’s diagnoses as soon as they learned about them.)

Jane also participated in group treatment, namely, persuasion groups, which were lead by another service provider at the SAMI Re-entry Program. She describes the group

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**IDDT CORE COMPONENTS**

1a. Multidisciplinary Team
1b. Substance Abuse Specialist
2. Stage-Wise Interventions
3. Access to Comprehensive Services
4. Time-Unlimited Services
5. Assertive Outreach
6. Motivational Interventions
7. Substance Abuse Counseling
8. Group Treatment
9. Family Psychoeducation
10. Participation in Alcohol & Drug Self-Help Groups
11. Pharmacological Treatment
12. Interventions to Promote Health
13. Secondary Interventions for Treatment of Non-Responders

(see IDDT Overview in Resources)
work as an informal, comfortable atmosphere that helped her address her substance abuse (see Persuasion Groups in resources on page 7d). She also benefited from access to comprehensive services and substance abuse counseling, namely, by working with the case manager and with a counselor in one-on-one therapy. She describes the counseling as particularly helpful, because it has given her the chance to talk about important, private issues that she is not comfortable sharing with her parents.

Jane currently sees her therapist once every two weeks and will soon be attending a wellness group, which is part of the active treatment and relapse prevention stages of treatment. Her continuing connection with service providers at the Re-entry Program is evidence of the time-unlimited services component of the IDDT model. Jane has also been working with a psychiatrist about medication issues: this is the pharmacological-treatment component of IDDT.

RE-EMERGENCE
During the early stages of treatment, Jane dedicated most of her time to individual and group therapy. She did not enroll in the community college until a few months later; however, she applied for her old job and was rehired. She prints promotional t-shirts for a local small business.

“My boss brought me back after I got out of jail,” she says. “He realized that I was in a bad place before but that it did not make me a bad person. It gave me something to do when I got out. It helped me keep my focus off of using.”

Jane currently combines a part-time work schedule with full-time studies. She is currently in her second year at the local community college and will attend a third year to complete an internship in substance abuse counseling. This fall she attended classes four days per week and worked 25 hours per week. Since her release from the county jail, she has been living at home with her parents and her younger brother. She explains that her relationships with them have greatly improved.

“When I was using, I would come home every two to three weeks for two to three hours,” she says. “There was always screaming and yelling. Now, my dad tells me every morning, ‘Remember how great you are doing.’ Even before using, I did not have this kind of relationship, this kind of bond. My parents know it’s been a hard road.”

When asked to explain what makes her feel good about her life right now, Jane does not hesitate to admit that she is enjoying school, work, and her relationships with family and friends. She no longer feels stuck.

“I am working toward my future,” she says. “I am doing things that I was not doing before. When I was using, my life was about here, now, this instant, this drug. Today, I am looking down the road to see what’s coming.”

CHALLENGES: A CHANGING IDENTITY
There is a truth about human emotions that is often unstated in day-to-day experience: the truth is that each of us can and does experience many different feelings at the same time. Thus, Jane feels pride and joy about her recovery. Yet, at the same time she also feels some confusion. Her biggest challenge right now, she reports, is self-acceptance.
“I want to stop feeling guilty, to stop being mad at myself,” she says. “I know I have faults. No one is perfect. I sometimes hear other people’s opinions of me, and it’s hard to deal with that, and I sometimes feel what’s the point of being clean [sober]. So I have to accept myself. I have to accept what I’ve done, that I am recovering, that I have the strength to do this. I am trying. What I have done is part of who I am, but it does not make me who I am.”

There is another challenge that confronts her, she explains. It is related to her diagnoses. When she started the Re-entry Program, she was diagnosed with depression. Then, it was changed to bi-polar disorder. Her new psychiatrist is not sure if she experiences symptoms of bi-polar disorder or if her symptoms are the result of her drug of choice or the result of the psychotropic medication that she takes. Her psychiatrist is working with her to sort this out. The first step is to reduce the dosage of her meds.

“Does this mean I don’t have a mental illness or does it mean my body is coping?” she asks. “I haven’t decided where I stand on this. The changing diagnosis confuses me. It’s hard enough accepting the fact that there’s something wrong. It does create confusion. Talking about it is confusing.”

**ADVICE: CREATE OPPORTUNITIES FOR HOPE**

The joys and challenges of Jane’s recovery are evidence of the complexity of the journey. They are also evidence of the power of human relationships to support the process of change. Jane does not hesitate to explain that she needs the continuing support of other people. In other words, she needs time-unlimited access to the acceptance that she first felt in the spring of 2004.

“I need support, definitely,” she says. “I would not be where I am if not for the support of my family and friends and counselors. I know there is a possibility that I could slip back: once an addict always an addict. But this does not mean I will slip back. As long as I remember the pain it caused my family, my friends, and myself, this will help keep me from falling back.”

Jane has advice for service providers in mental health and chemical dependency programs that is based upon her experience. She encourages them not to give up on their clients and their clients’ abilities to recover. She also encourages service providers not to be judgmental.

“I’ve heard horror stories about the way some people have been treated [in other programs],” she says. “It put them in a position of shying away from professional help. A judgmental provider can cause extensive damage. Their clients might wait years to get help again.”

Jane also offers words of encouragement to people who experience mental health and substance abuse symptoms but do not seek treatment.

“Get help,” she says. “You cannot control the addiction yourself. Your brain has made this drug a part of itself. Once you get help, don’t give up. A relapse is just a U-turn. If a relapse occurs, take the step and admit it. Then you can turn yourself around again.”

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Paul M. Kubek, MA, is director of communications at the Ohio SAMI CCOE.

The Ohio SAMI CCOE has been providing consultation, training, and other forms of technical assistance to SPVMHC since October 2003.

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**Resources**

IDDT Overview (The Tri-Fold)
www.ohiosamiccoe.case.edu/library/emailresource.cfm?resourceid=87

www.ohiosamiccoe.case.edu/library/emailresource.cfm?resourceid=44

www.ohiosamiccoe.case.edu/library/emailresource.cfm?resourceid=91

www.ohiosamiccoe.case.edu/library/emailresource.cfm?resourceid=26

Persuasion Groups promote recovery.
SAMI Matters newsletter, Fall 2005, p.8-9.

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“I was expecting to go to an office once or twice a week and be shuffled in and out. . . .

The people at the SAMI program were so accepting. . . .

When I realized I could get help and I wasn’t going to be judged or looked down upon, . . .

I decided to keep going.”

—Jane R.

This story appears as an online addendum to the Fall 2005 issue of SAMI Matters. It may be viewed and printed from our web site:


The entire issue of the newsletter may also be accessed online: